

6-2016

Perspectives of Mental Health Treatment

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PERSPECTIVES OF MENTAL HEALTH TREATMENT

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Dale Marie Craig

June 2016

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Approved by:

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ABSTRACT

This study looks at the perceptions of mental health treatment that the general public may have. This study consisted of a sample size of 106 respondents to a survey that was placed on social media web sites. The positivist paradigm was used to assess the general public's perceptions about mental health treatment and mentally ill persons. Descriptive analyses were used to discover the relationship of possible negative perceptions toward mental health treatment the general public may have on a mentally ill person. Findings of the survey showed no significant relationships of negative public perceptions that would adversely affect a mentally ill person from seeking mental health treatment.

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CHAPTER ONE

ASSESSMENT

Introduction

During the assessment phase, the research focus is introduced, as well as the rationale of using the positivism paradigm for the project. In addition, a discussion of the literature review will be discussed to support the reason for the research focus. The theoretical orientation of the study and the potential contribution of the study to micro social work practice is also discussed as well.

Research Focus and Question

The research focus for this study was to gain a better understanding of how the public perceives mental health treatment in Southern California. Having a better understanding of the views of the public will help mental health practitioners in Southern California as to why mental health consumers may not be using the outpatient clinics fully in order to reduce unnecessary hospital admissions. Multiple factors can be contributing to preventing the mentally ill patients from receiving the care that they need in order to reduce multiple hospitalizations.

The research of this study focused on the various factors such as how the general public view people with a mental illness, the importance of psychoeducation, and the need for a supportive environment that could be

contributing to a patient's lack of continuum of care within the outpatient mental health clinics of San Bernardino County. After a patient is discharged from the hospital, the patient should be following up with a psychiatrist within an outpatient clinic in order to receive continuous care such as therapy and refills on their medications.

The question that the research project asked was what are the possible reasons the mentally ill population of San Bernardino are not following up with the outpatient clinic.

The research hypothesis was that there may be negative perceptions about mental health treatment that the general public holds and therefore, the mental health patient may not seek treatment due to these perceptions. The null hypothesis was there is no correlation between the negative perceptions of the general public that mental health patients and their follow with mental health treatment. The dependent variable is the mental health patient and the independent variables is the general public's perception about mental health treatment.

Paradigm and Rationale for Chosen Paradigm

The paradigm and rationale chosen for this study is the positivist perspective. The world view of the positivist perspective identifies the cause and effects and correlational studies of human relationships and the positivist researcher will strive to identify the mechanisms and laws of human nature and to reveal the cause and effect relationships (Morris, 2014). The positivist

perspective uses a quantitative data collection which will aid the researcher in determining how the general public's perception of mental health treatment may be affecting the mental health patient seeking or continuing treatment.

The Positivist paradigm will allow the researcher to gather quantitative data from the general public in order to analyze the correlational effects of perceptions of mental health such as the public's view on what a mental health patient looks like, if they are willing to provide emotional support to a mental health patient, and views on mental health stigmas to determine if they could be having an effect on a mental health patient seeking treatment.

Literature Review

Having a working understanding of the various barriers that mental health patients might encounter while trying to gain access to mental health services must first be understood. The literature review discusses the importance of continuing mental health treatment, the stigma involved with mental health, the effects of homelessness on treatment, the patient's non-compliance with treatment, and the importance of the amount of psychoeducational information that the patient receives concerning their diagnosis.

Importance of Ongoing Treatment

Ongoing treatment is an important aspect of treating mental illness. Hospitalization is just not enough, requiring the mental health patient receive ongoing treatment from a therapist within the outpatient mental health

treatment setting so that the patient can learn how to manage their symptoms and become as fully functional as possible in the least restrictive environment. According to Berghofer, Schmidl, Steiner, and Schmitz (2002) when a patient discontinues their treatment their treatment outcomes will be negatively affected. Dropout rates of newly diagnosed mental illness patient can be as high as 63% after only one service contact (Berghofer et al., 2002). As many as 50 percent of patients who are non-compliant with treatment will relapse within a year of the first episode (Parashos, Xiromeritis, Zoumour, Stamouli, & Theodotou, R., 1999). In order for a mentally ill patient to be able to be as fully functional as possible, it is important that they are able to receive the treatment that they need in outpatient mental health clinics.

Effects of Stigmas

Stigmas are negative beliefs that people have about people with mental illness such as mentally ill people are dangerous (Clark, Welch, Berry, Collentine, Collins, LeBron, & Shearer, 2013). Factors that can contribute to the discontinuity of outpatient care can be linked to stigmas about mental health, homelessness, the patient's support systems, and the patient's personal views about the severity of their illness. Stigmas against mental illnesses can be a contributing factor to why a person diagnosed with a mental illness will not want to seek ongoing outpatient treatment.

A mentally ill patient may avoid ongoing outpatient treatment to conceal from others their mental health issues. Clark et al., (2013) also points out that

many people do not wish to socialized with mentally ill people and are unwilling for a mentally ill person to marry into the family. Concealing their mental illness from others may indicate why people who live alone are more likely to remain in treatment (Berghofer, 2002).

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Effects of Homelessness

Although people who live alone have better rates of staying in treatment, mentally ill homeless people have a tendency to discontinue their treatment. The dynamics of homelessness may be a contributing factor where “duration, stability and mobility have direct relevance to the level of disability, engagement with services and effective treatment” (Holmes, Hodge, Bradley, Bluhm, Hodeges, Didio, & Markulev, 2005). A homeless person may be very transient in their lifestyle and will not be able to remain in a treatment program for very long before they move on to live in another city or a different part of town too far away from their treatment services. Holmes et al. also reports that being shelterless has been associated with poor access to community psychiatric support services (2005). Thus the mentally ill homeless can

become stuck in a cycles of engagement and disengagement with psychiatric services (Holmes et al., 2005).

Effects of Non-Compliance

Another contributing factor to a mental health patient's non-compliance with treatment is that the patient has a lack of knowledge about their diagnosis (Parashos, 1999). Psychoeducation about medications and treatment options will help the mental health patient stay out of the hospital. A lack of knowledge about the side effect of medications, and the type of continuing care that is necessary results in the mental health patient relapsing and needing additional hospitalization (Trauer, 1998).

Conclusion

As we can see from reviewing the literature there are a few important factors that must be looked at while researching the barriers that mentally ill patients in San Bernardino may be encountering that can could prevent them from trying to receive needed outpatient mental health treatment. Some barriers are easier to work with and others will not be such as some of the stigmas towards mental health. Possible improvements to mental health treatment and programs can be outreach programs to the homeless populations, support and psychoeducational groups and ensuing ease of access to the outpatient mental health clinics. All of these factors will be taken into consideration during this project to determine the effects of the public's perceptions of mental health treatment has on the mental health patient.

Theoretical Orientation

The theoretical orientation that was used for this study was general systems theory. General system theory is an orientation that looks at the behaviors of society and people to identify interacting components of systems as a whole (Andreae, 2011). During the study the perceptions of the general public about mental health treatment was examined to determine if negative perceptions about mental health treatment could be affecting whether or not a person were to seek mental health treatment.

Contribution of Study to Micro and/or Macro Social Work Practice

The potential contribution of the study to macro social work practice will be to help identify the various factors that affect the mental health patients of San Bernardino County and their continuum of care. The findings of the study have the potential to help the care providers of the mentally ill to understand how and why some patients might be experiencing difficulties access services that are available to them. New programs might be necessary to implement or possible changes to existing programs to help break down the barriers that the mentally ill patients may be experiencing that prevents them from receiving the services they need.

Summary

The assessment section of the study involved a discussion of the research focus of the study. The reasoning of the use of the positive paradigm,

and the system theory was also discussed as well as a review of the literature. A discussion of the possible contribution of the study will have on the mentally ill patients of San Bernardino was also presented.

CHAPTER TWO

ENGAGEMENT

Introduction

The engagement portion of this proposal discusses engagement strategies for the study of the general public's perceptions that the mentally ill patients in San Bernardino County may be encountering while accessing outpatient services. This chapter also covers the researcher's self-preparation, any diversity, ethical, and political issues that may be encountered within the study. The role of technology usage during the study will also be discussed.

Research Site

The study was conducted through a self-administered online survey. The study was posted to Facebook and the Nextdoor social media site through postings that explained the purpose of the survey and invited the participation of the social media users.

Engagement Strategies for Gatekeepers at Research Site

The research was conducted through social media web sites, therefore there were no gatekeepers to consider.

Self-Preparation

During the assessment phase of the study the researcher will develop the research focus and the theoretical orientation by reviewing the literature. All the information that the researcher gained during the assessment phase

was completed before the data gathering process began in the engagement phase. The completed surveys were kept on the survey program's web site and did not contain identifying information in order to protect the confidentiality of the research participant.

Diversity Issues

The researcher will strive to understand all possible diversity issues that may impact the mental health participants. Care was taken in an attempt to address all possible diversity issues during the study. The data collection instrument questions took into account all possible diversity issues within the general population of San Bernardino County. In order not to discriminate against any of the participants, the data collection instrument was kept as simple to understand as possible. Possible diversity issues included social economic status, ethnicity, living situation, and culture.

Ethical Issues

The participants in the study were not harmed during the study by ensuring that the participants could stop at any time during the study and no identifying information was obtained during data collection. The study participants received an informed consent form to sign that informed them of the nature of the study as well as the time frame needed to complete the survey. The study participant's confidentiality and anonymity was protected at all times during and after the study was completed. Participant's names were

not required of the data collection instrument therefore protecting the participant's mental health diagnosis. Participants were not required to complete the entire survey if they chose not to. The completed data collection instruments were kept on the survey's protected website and could only be retrieved by the researcher. The study was approved by the human subjects review board from the Institutional Review Board.

Political Issues

The State of California has been attempting to improve the continuum of care of mental health patients. In November 2004 the state passed proposition 63, the Mental Health Services Act, which embraces a recovery approach to mental health services (Felton, Cashin, & Brown, 2008). A recovery model to mental health care strives to ensure that the patient receives the highest level of care possible in order for the patient to meet their recovery goals. In 2002, The State of California passed the California's Assisted Outpatient Treatment Law otherwise known as Laura's Law. Currently, out of the 58 counties in the state, Nevada County, where Laura's Law originated from, and Orange County are the only counties that have implemented the law. The law is controversial because it authorizes counties to obtain court ordered mental health treatment.

Counties such as San Bernardino are trying to avoid implementing the court ordered mental health care for its citizens. The Department of Behavioral Health in San Bernardino County has recently launched a brand new program

this fall in response to Laura's Law. The new program is striving to build personal working relationships with mental health patients that are high users of psychiatric emergency rooms. The goal is to help and assist the patients overcome the barriers that they are experiencing when trying to access services or the barriers that are preventing them from attempting to access services. Having more knowledge of what the barriers that the mental health patients are experiencing will aid mental health providers to provide better services to the mental health patients.

The Role of Technology in Engagement

Technology was used during the data gathering process of the study as the survey was online and posted to two different social media web sites. The data that was collected during the course of the research project was entered into Statistical Package for the Social Sciences computer program in order to run analysis on the data.

Summary

The engagement process consists of preparing for the research project. The research site was not engaged as there were no gatekeepers. The researcher was personally prepared to begin gathering data and ensured issues regarding diversity, ethics, and the political issues were researched and addressed.

CHAPTER THREE

IMPLEMENTATION

Introduction

The implementation phase the research study consisted of the actual gathering of the data. The research site was identified and discussed as well as who the research participants were and how they were chosen. The data collection instrument is discussed as well as the phases of data collection and data recording will be discussed as well as the data analysis.

Study Participants

Study participants were members of the general public of Southern California who may or may not have experience with mental health treatment. Participants were social media users that replied to posts on the sites asking for their voluntary participation in the study. The participants were male and females over the age of 18 as well as various ethnicities and educational levels.

Selection of Participants

An opportunistic sampling method was utilized to select study participants. Opportunistic sampling utilizes a selection process that is non-random and enables the researcher to collect data when the opportunity presents itself. The opportunistic sampling method was utilized because

selection of participants was limited to users of the social media site that the survey was posted to.

Data Gathering

Data was gathered through a self-administered online survey. The survey was designed to be as easy to understand as possible and had multiple choice options and questions were allowed to be skipped and the participant could quit the survey at any time. Questions were asked concerning the participant's experience with mental health treatment as well as demographic questions such as the participant's ethnicity and educational level.

Once the self-administered survey was completed by the participant, the data collected was kept on the survey web site and only accessible by the researcher. No identifying information was collected on the data collection instrument in order to protect the participant's confidentiality

Phases of Data Collection

Data collection was conducted in early spring 2016 and lasted for one week. The data collection from each participant only occurred one time and no additional participation in the study was required of the participant.

Data Recording

Data was recorded within each of the individual surveys taken by the participants. Each answer choice will be coded with a numeric value and

entered into the Statistical Package of the Social Sciences (SPSS) by the researcher for quantitative analysis.

Data Analysis Procedures

The Statistical Package of the Social Sciences (SPSS) program was used to analyze the data collected from the surveys. Descriptive statistics were run in order to summarize the data to give the researcher a better picture of the data. Inferential statistics were assessed the data and the strengths of the relationships of the dependent and independent variables in order for the researcher to reject the null hypothesis. The dependent variable is the treatment seeking behavior of the mental health patient and the independent variables is the general public perception about mental health treatment.

The research hypothesis was that there may be negative perceptions about mental health treatment that the general public holds and therefore, the mental health patient may not seek treatment due to these perceptions. Once the null hypothesis that there are no correlations of negative perceptions that mental health patients are experiencing when following up with mental health treatment has been rejected, the researcher was able to analyze the relationships of the independent and dependent variables. Univariate statistics were used to determine the correlation and relationships between the dependent variable which was the mental health patient and the independent variable was the general public's perceptions about mental health treatment.

Summary

The research was conducted through an online survey posted on social media websites in Southern California. The participants were opportunistically selected from users of the social media websites. The data was collected with a short survey and data was analyzed to discover the general public's perception of mental health treatment. Findings of the study will be available during Poster Day at California State University San Bernardino.

CHAPTER FOUR

EVALUATION

Introduction

This chapter is a presentation of the findings of the study. A discussion of the analyses of the survey results is presented using descriptive statistics and frequencies of relevance to the study.

Data Analysis

The population sample size of the study had 111 respondents to the study. Of the 111 respondents to the survey, 5 of the responses were omitted due to incomplete surveys. These omitted surveys only consisted of one to three completed questions and were therefore deemed to be insignificant to the study. The following results were compiled with the 106 remaining surveys.

In order to describe the characteristics of the sample population, univariate analysis was used. The resulting frequencies and means for all the variables of the study were tabulated.

Of the remaining 106 respondents to the survey, 61 were Caucasian (57.5%), 12 were Hispanic/Latino (11.3%), 7 were African American (6.6%), and 3 were Native American (2.8%). There was also 1 Asian Indian, 1 Cambodian, 1 Mixed Race, and 1 Vietnamese (0.9%) each.

There were more females (69.8%) than males (19.8%) with 11 that preferred not to answer (10.4%). The ages of the participants ranged from 18 to over 76 years with the largest age range was 36-45 years (24.5%) and the smallest range was over 76 years (1.9%). The highest level of education was some college (38.7%), followed by Bachelor degree (17.9%).

Table 1. Demographic Characteristics of the Sample Population

Variable	Frequency (n)	Percentage (%)
Ethnicity (N = 106)		
Caucasian	61	57.5
Hispanic/Latino	12	11.3
African American	7	6.6
Native American	3	2.8
Asian Indian	1	0.9
Cambodian	1	0.9
Mixed Race	1	0.9
Vietnamese	1	0.9
Gender (N = 106)		
Male	21	19.8
Female	74	69.8
Prefer not to answer	11	10.4

Variable	Frequency (n)	Percentage (%)
Age (N = 106)		
18-25	13	13.3
26-35	15	14.2
36-45	26	24.5
46-55	20	18.9
56-65	14	13.2
66-75	5	4.7
76 and over	2	1.9
Prefer not to answer	11	10.4
Education (N = 106)		
Did not Graduate High School	1	0.9
GED	2	1.9
Graduated High School	8	7.8
Some College	41	38.7
Bachelor Degree	19	17.9
Master Degree	11	10.4
Other Post Grad Degree	3	2.8
Trade School	8	7.5
Prefer not to answer	13	12.3

The sample population was also asked about their personal experiences with mental health treatment themselves or someone close to them. Of the 106 participants, 72 (67.9%) have been or someone close to them have been diagnosed with a mental illness and 72 (67.9%) have taken psychotropic medications. The percentages drop with hospitalizations where only 46 (43.4%) have been hospitalized or know someone close to them has

been hospitalized for mental health treatment. In addition, 68 (64.2%) of respondents or someone close to them have participated in individual or group psychotherapy.

Table 2. Experience with Mental Health Care

Variable	Frequency (n)	Percentage (%)
Diagnosed (N = 106)		
Yes	72	67.9
No	32	30.2
I don't know	1	0.9
Prefer not to answer	1	0.9
Psychotropic Mediations (N 106)		
Yes	72	67.9
No	32	30.2
I don't know	2	1.9
Hospitalization (N = 106)		
Yes	46	43.4
No	56	52.8
I don't know	4	3.8
Therapy (N = 106)		
Yes	68	64.2
No	35	33.0
I don't know	3	2.8

Beyond the basic demographics of the characteristics of the sample population, the survey also requested information about how the respondents

view mental health treatment. The majority of the sample considers psychoeducation about a mental diagnosis to be very important (63.2%) and important (16%).

Table 3. Importance of Psychoeducation

Variable (N = 106)	Frequency (n)	Percentage (%)
Very Important	67	63.2
Important	17	16
Neither important or unimportant	14	13.2
Unimportant	4	3.8
Very unimportant	1	0.9
Prefer not to answer	3	2.8

Of the 106 responses, 82 (77.4%) said that they know how to access mental health care for themselves or for someone close to them.

Table 4. Knowledge of Mental Health Care Access

Variable (N = 106)	Frequency (n)	Percentage (%)
Yes	82	77.4
No	19	17.9
I don't know	4	3.8
Prefer not to answer	1	0.9

If a survey respondent or someone they are close to have been diagnosed with a mental illness, 66 (62.3%) said that they would not be embarrassed if others knew about it.

Table 5. Embarrassment of Mental Health Diagnosis

Variable (N = 106)	Frequency (n)	Percentage (%)
Yes	24	22.6
No	66	62.3
I don't know	14	13.2
Prefer not to answer	2	1.9

Providing emotional support to someone with a mental health diagnosis is very important (70.8%) and important (22.6%) to the study participants.

Table 6. Importance of Emotional Support

Variable (N = 106)	Frequency (n)	Percentage (%)
Very Important	75	70.8
Important	24	22.6
Neither important or unimportant	4	3.8
Unimportant	0	0
Very unimportant	0	0
Prefer not to answer	3	2.8

The study participants feel that it is very important (83%) and important (11.3%) that a person with a mental illness receives mental health treatment.

Table 7. Importance of Mental Health Treatment

Variable (N = 106)	Frequency (n)	Percentage (%)
Very Important	88	83
Important	12	11.3
Neither important or unimportant	3	2.8
Unimportant	1	0.9
Very unimportant	0	0
Prefer not to answer	2	1.9

When the participants of the study were asked about their perception of a mentally ill person, 43 (40.6%) think that a mentally ill person is capable of living a full life. Study participants also think of a person with mental illness as someone who is talking to themselves (21.7%). Other perceptions of mentally ill people include 53 participants who think a mentally ill person suffers silently (50%), 25 participants think that mentally ill people are unable to care for themselves (23.6%), 5 participants thought mentally ill people should be locked in an institution (4.7%), 54 participants thought that someone who has a mental illness has potential (50.9%) and 65 participants thought that a mentally ill person should be treated with dignity and respect (61.3%).

Table 8. Perceptions of a Mentally Ill Person

Variable (N = 106)	Frequency (n)	Percentage (%)
Capable of living full life	43	40.6
Person talking to themselves	23	21.7
Person who suffers silently	53	50
Unable to care for themselves	25	23.6
Should be locked in institution	5	4.7
Someone with potential	54	50.9
Should be treated with respect	65	61.3

Data Interpretation

The question that the research project asked was what are the possible reasons the mentally ill population of San Bernardino are not following up with the outpatient clinic.

The purpose of the study was to discern the public's perspectives of mental health treatment within Southern California. The research hypothesis was that there may be negative perceptions about mental health treatment that the general public holds. The null hypothesis was there is a correlation of negative perceptions of the general public that mental health patients are experiencing when attempting to receive services, and therefore, the mental health patient may not seek treatment due to these perceptions.

The null hypothesis was rejected as there are no correlations of negative perceptions of the general public that mental health patients are

experiencing that would affect their mental health treatment. According to the survey results, the general public feel that a person with a mental illness should be receiving emotional support about their illness by those who are close to them. The study respondents also feel that psychoeducation, medication, therapy, and accesses to mental health are important to recovery.

The study sample also indicated that mental illness stigmas have been reduced and are not a factor in preventing a person from receiving mental health treatment. The respondents would not be embarrassed if other knew about their own or someone who is close to them was diagnosis with a mental illness. Very few respondents thought that a person with a mental illness should be placed in a locked mental health institution. The respondents also felt that people with mental illness can live a full and meaningful life, are capable of caring for themselves and others, who has a lot of potential and should be treated with dignity and respect.

Implications of Findings for Micro and/or Macro Practice

Implication of the study's findings on the Micro level of social work practice is that there are other underlying factors that may be contributing to whether or not a mentally ill person chooses to receive treatment or not. Continued involvement of the person who is seeking treatment support system is still an essential element to the person's recovery. The micro practitioner should always be aware of trends within their agency and the population that

they serve to discover possible barriers to a person seeking mental health treatment.

Implication of the study's findings on the Macro level of social work is that we are making grounds in reducing negative stigmas about mental health treatment that the general public may hold. Continued work in reducing negative stigma will still need to be done. Also on the macro level, agencies should look into what barriers might be in place that is preventing a mentally ill person from seeking treatment. Factors to be considered are ease of access to services, long wait times for appointments and funding for mental health treatment programs.

Summary

The findings of the study were presented and discussed. The null hypothesis was rejected using descriptive statistics and frequencies. The study found that according to the study's sample population, there is no correlation to negative perceptions of the general public that would deter a mentally ill patient from seeking mental health treatment.

CHAPTER FIVE

TERMINATION AND FOLLOW UP

Introduction

This chapter will discuss the termination of the study. A discussion of the presentation of the study findings, termination of the study, and any follow up with the participants of the study.

Termination of Study

Termination of the study with each participant occurred upon the completion of the survey. Each participant as thanked for their input within the debriefing statement at the completion of the survey as well as informed that their participation in the study was helping mental health professionals to understand the general public's perceptions of mental health and mental health treatment. Additional basic information about how to seek mental health treatment was given to each participate at the end of the survey.

There is to be no follow up with the study participants, unless they requested additional information or study results.

Communicating Findings to Study Site and Study Participants

The identification of the study participates was confidential, therefore, the findings of the study cannot be directly communicated to the study participants. The study participants were informed that if they should like to see the results of the study that they may do so by accessing the Scholar

Works database at the Pfau Library, State University, San Bernardino after December, 2016.

Ongoing Relationship with Study Participants

No ongoing relationship with the study participants is planned.

Termination with the study participants occurred during the individual completion of each study participants survey.

Dissemination Plan

The findings of the study will be communicated through Poster Day at California State University San Bernardino for the staff and students of California State University San Bernardino.

Results of the study can also be obtained from the Scholar Works database at the Pfau Library, State University, San Bernardino after December, 2016. No other dissemination plan is necessary as the study did not take place within a research site or agency.

Summary

Termination of the study occurred as each study participant completed the study survey, and therefore no further contact with the anonymous participants will occur. The study participants may access the results of the study by accessing the Scholar Works data base through the Pfau Library.

The results of the study will also be communicated through Poster Day at California State University, San Bernardino.

APPENDIX A
DATA COLLECTION INSTRUMENT

DATA COLLECTION INSTRUMENT

Please make the best choice for each question:

1. What is your gender?
 - Male
 - Female
 - Prefer not to answer

2. What is your age?
 - 18–25
 - 26-35
 - 36–45
 - 46-55
 - 56-65
 - 66-75
 - 76 +

3. What is your ethnicity (Race)?
 - Causation
 - Vietnamese
 - Filipino
 - Samoan
 - African American
 - Laotian
 - Koran
 - Asian Indian
 - Native American
 - Cambodian
 - Hawaiian
 - Native Guamanian
 - Chinese
 - Japanese
 - Unknown
 - Other
 - Prefer not to answer

4. What is your highest level of education?
Did not graduate High School
Graduated High School
GED
Trade School
Some College
Bachelor Degree
Master Degree
Other Post Grad Degree

5. Have you or someone you are close to have ever been diagnosed with a mental illness?
Yes
No
I don't know
Prefer not to answer

6. Have you or someone close to you have been hospitalized for a mental health issue?
Yes
No
I don't know
Prefer not to answer

7. Do you or someone close to you take medications for a mental health illness?
Yes
No
I don't know
Prefer not to answer

8. Have you or someone close to you have been treated for mental illness such as individual or group therapy?
Yes
No
I don't know
Prefer not to answer

9. How important is it to you to obtain information about a mental health diagnosis?
Not at all important
Very unimportant
Nether important or unimportant
Very important
Extremely important
Prefer not to answer
10. Do you know how to access mental health treatment for yourself or someone close to you?
Yes
No
I don't know
Prefer not to answer
11. If you or someone close to you has a mental health diagnosis, would you feel embarrassed if others knew about it?
Yes
No
I don't know
Prefer not to answer
12. How important is it you to provide emotional support to people who you are close to who have been diagnosed with a mental illness?
Not at all important
Very unimportant
Nether important or unimportant
Very important
Extremely important
Prefer not to answer
13. How important to you that people who have a mental health diagnosis receive treatment?
Not at all important
Very unimportant
Nether important or unimportant
Very important
Extremely important
Prefer not to answer

14. Please check all that apply:

When you think of a person with a mental illness, what comes to your mind?

A person capable of living a full life

A person standing on the corner talking to themselves

A person who suffers silently

A person who is unable to care for themselves or others

A person who needs to be in a locked institution

A person who with some help has a lot of potential

A person who should be treated with dignity and respect

APPENDIX B
INFORMED CONSENT

College of Social and Behavioral Sciences
School of Social Work

Informed Consent

The study in which you are being asked to participate is designed to investigate the public's perspective of mental health treatment in Southern California. This study is being conducted by Dale Craig, a graduate student, under the supervision of Dr. Zoila Gordon, a Title IV-E faculty of Social Work, California State University, San Bernardino. This study has been approved by the Institutional Review Board Social Work Sub-committee, California State University, San Bernardino.

PURPOSE: The purpose of this study is to gain a better understanding about how people living in Southern California view mental health treatment.

DESCRIPTION: The study consists of a short survey asking for your experiences and personal views about mental health treatment.

PARTICIPATION: Your participation is completely voluntary and you do not have to answer any questions you do not wish to answer. You may skip or not answer any questions and can freely withdraw from participation at any time.

CONFIDENTIAL: Your answers to the questions will remain confidential and your name or other identifiable information will not be requested during the survey.

DURATION: The survey will take about 10 to 15 minutes to complete.

RISKS: There are no foreseeable risks to your participation in the study. Your confidentiality will be maintained because your name will not be on the surveys and participation in the survey will not affect your access to mental health services.

BENEFITS: You will be helping mental health professionals and students at California State University to better understand the public's view on mental health treatment.

CONTACT: For questions regarding the research and your rights contact Dr. Zoila Gordon, a Title IV-E faculty of Social Work, California State University, San Bernardino. (909)537- 7222, E-mail: zgordon@scusb.edu.

RESULTS: Results of the study can be obtained from the ScholarWorks database at the Pfau Library, California State University, San Bernardino after December, 2016.

909.537.5501 · 909.537.7029

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393



College of Social and Behavioral Sciences
School of Social Work

CONFIRMATION STATEMENT: I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

ONLINE AGREEMENT: SELECTING THE 'I AGREE' OPTION ON THE WEBPAGE INDICATES CONSENT TO PARTICIPATE IN THE STUDY

909.537.5501 · 909.537.7029

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

The California State University · Bakersfield · Channel Islands · Chico · Dominguez Hills · East Bay · Fresno · Fullerton · Humboldt · Long Beach · Los Angeles · Maritime Academy · Monterey Bay · Northridge · Pomona · Sacramento · San Bernardino · San Diego · San Francisco · San Jose · San Luis Obispo · San Marcos · Sonoma · Stanislaus

APPENDIX C
DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

This study you have just completed was designed for mental health professionals to gain a better understanding of how the public views mental health treatment. If you feel you need to access mental health treatment, please see your regular physician or insurance company for a referral. If you feel that you may hurt yourself or someone else, please call 911 or visit your local emergency room.

Thank you for your participation. If you have any questions about the study, please feel free to contact Dale Craig or Professor Zoila Gordon at (909) 537-7222. If you would like to obtain a copy of the group results of this study, please contact Professor Zoila Gordon at (909) 537-7222. at the end of Spring Quarter of 2016.

APPENDIX D
INSTITUTIONAL REVIEW BOARD APPROVAL

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s) Dale Craig
Proposal Title Perceptions of Mental Health Treatment

SW1567

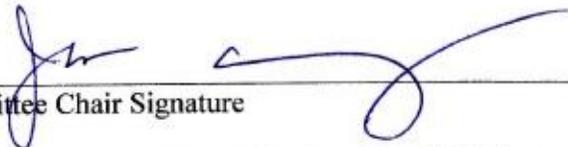
Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

Proposals:

- approved
- to be resubmitted with revisions listed below
- to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

- faculty signature missing
- missing informed consent debriefing statement
- revisions needed in informed consent debriefing
- data collection instruments missing
- agency approval letter missing
- CITI missing
- revisions in design needed (specified below)



Committee Chair Signature Date 3/1/16

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

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