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## **Stigmatization of mental health service consumers by social workers**

Amelia Grace Wedge

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STIGMATIZATION OF MENTAL HEALTH SERVICE CONSUMERS BY  
SOCIAL WORKERS

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

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

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by  
Amelia Grace Wedge

June 2013

STIGMATIZATION OF MENTAL HEALTH SERVICE CONSUMERS BY  
SOCIAL WORKERS

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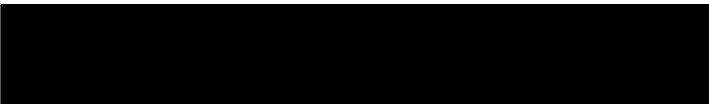
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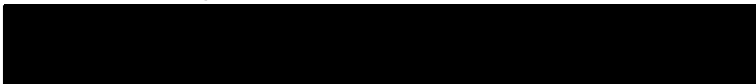
June 2013

Approved by:

  
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## ABSTRACT

In this Positivist study, the researcher asked the question, what factors determine Social Workers' perceptions of consumers who receive mental health services. The study participants were Bachelor's and Master's of Social Work students at a university in Southern California. The participants were given a self-administered questionnaire that consisted of questions about the participant's level of education, experience, and comfort level being around people who use mental health services. A total of 84 students - 69 Master and 15 Bachelor students completed the survey. Quantitative analyses using Univariate and Bivariate procedures were conducted in order to examine whether higher education, personal experience, or mental health work experience helped reduce stigma.

Results of this study suggested that education increased students' levels of stigma towards mental health consumers, but personal and mental health work experience did not influence levels of stigma. Implementing the use of mental health awareness activities, such as having guest speakers who are diagnosed with a mental illness at the university may

help reduce stigma. Further research should be conducted in the area of mental health and stigma.

## ACKNOWLEDGEMENTS

I want to thank Irene Covarrubias for allowing me to use her survey to continue research in the stigma of mental health. I also would like to thank Dr. Laurie Smith for allowing me to collect data with the social work students in the School of Social Work. Thank you to Dr. Teresa Morris for helping me and dealing with me through this journey. Thank you Christina for helping me format when I felt like giving up. Thank you Lisa for taking the time and helping me edit my chapters. Without these people, this project would have not happen; thank you and I appreciate all the time and effort each one has given.

## DEDICATION

I would like to take time to thank everyone who has supported me through this journey of getting my Masters in Social Work. I first would like to thank my Dad and Mom. They sacrificed many things to put my education first and gave me love and support through everything. I never gave up Mom, may you rest in peace. I would also like to thank my friend Christina for nudging me into the applying for my masters in Social Work. If it wasn't for her support, I may not be where I am today. To Adam, for not only being supportive and allowing date night to be paper nights, but for sticking with me through the good and tough times. I thank all my family and friends for understanding the importance of sacrificing social time, and I look forward to seeing them all again. I thank "the best cohort" for not only being great school mates, but being great friends. I've never bonded so quickly with a bunch, and I will never forget the support they gave me when my Mom passed away. Thank you to ALL the professionals who have guided and taught me through this journey. Last but not least, thank you God, I sure did pray to him a lot! Thank you to everyone who supported

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## CHAPTER ONE

### ASSESSMENT

#### Introduction

In this chapter, the research question and hypothesis is introduced. The reason for choosing the positivist paradigm, the literature review, and the theoretical orientation that helps support the reason for this research question are also discussed. This chapter closes with the importance of the research question is to the micro social work practice.

#### Research Question

The research question for this study is what factors determine Social Workers' perceptions of consumers who receive mental health services?

A mental health consumer is someone who receives services for a mental health illness that the person has been diagnosed with by a clinician. "Stigma refers to attitudes and beliefs that lead people to reject, avoid, or fear those they perceive as being different"

(California Department of Mental Health, 2009, pg 12):

When people are diagnosed with a mental illness the stigma attached to that often leads consumers to not want

to seek treatment or tell others because they do not want to be viewed differently. Someone who stigmatizes another person because they are different from them might treat that person with less respect and/or avoid contact with the stigmatized person.

The research hypothesis for this study is that Social Workers who have had a personal experience of mental health services, and/or more experience in the field, and/or more education in the social service field are less likely to stigmatize consumers of mental health services. If the Social Worker has minimal experience in the field and/or a lower level of social service education, and has not had any personal experience in mental health services, the Social Worker is more likely to stigmatize consumers of the mental health services. The rationale for this hypothesis is that when people do not know a certain population and only rely on stereotypes that they hear from hear say they tend to view them in a negative way, however when people have more experience with a population, they are more accepting (California Mental Health Department, 2009).

The independent variables include the Social Worker's level of experience, if they personally went

through mental health services, and also their level of social service education. The dependent variable is the level of stigma the Social Worker has towards consumers of the mental health services.

#### Paradigm and Rationale for Chosen Paradigm

This study was conducted using a positivist perspective. According to Morris (in press) positivism "takes an objective view of the world and is based on philosophical assumptions and theories about probability and sampling that call for gathering quantitative data to addresses research problems" (pg 1, introduction). The reason for adopting the positivist paradigm for this study is that it gives a perspective that leads to a study of the correlation between the experiences the Social Workers has had and the way the Social Worker views mental health consumers. This explained the levels of experience and education, and how those levels affected the levels of stigma a Social Worker might have towards the consumer. This was obtained by the survey collecting an overall idea of the Social Workers' view of mental health services. The quantitative data has questions to help explain what factors help contribute to

a Social Worker's view of mental health. Using the positivist paradigm was the most appropriate way to collect data because the answers were grouped together to give clear and precise data to help the mental health field and future research. The research also chose this because the survey could be distributed right away and work in the time frame of the participants' schedules.

### Literature Review

It is important for Social Workers to educate themselves about the stigma that can be attached to someone who receives mental health services. More importantly a Social Worker needs to be aware of personal bias when dealing with consumers of mental health services. When consumers are seeking mental health services, their recovery is affected by whether or not they encounter negative stigmas that are attached to seeking out mental health services or being diagnosed with a mental illness (Wahl, 1999; Corrigan, 2000). Defined by Whitley & Kite (2010), stigmas are negative views of people in a group who are or do different behaviors compared to those following the norms established by the dominant or privileged group.



Therefore, the stigmatized groups are marked as bad or even dangerous (Whitley & Kate, 2010).

### Population

In 2008, the National Survey on Drug Use and Health, (NSDUH), stated 58.7% of adults with a mental illness in the United States received treatment. In the United States, 13.4% of the adult population received some type of treatment for their mental illness. These statistics were gathered from adults who received services in an inpatient and/or outpatient service and/or used prescription drugs for a mental issue (NADUH, 2008). One out of ten children deals with a serious or emotional disorder, yet only about a half receives any mental health services (U.S. Department of Health and Human Services, 1999).

In 2011, 14.3% of California adults needed help for a mental health issue and 10.9% of adults looked for mental health or substance use help through a health care provider. In addition, 9.7 % of adults have used medication to help them cope with a mental illness and 44.5% of adults needed help but did not receive any mental health services (Community Hospital of San Bernardino, 2011).

In San Bernardino County, 8.4% of adults experienced some type of mental health issue in the last year. Specifically, 15.2% needed help for a mental health issue, 12.8% of adults went to a health care provider for mental health or substance use related issues, and 8.2% took medicine for more than two weeks for mental health issues. Over half the adults (53.5%) who needed services for a mental health problem did not receive treatment (Community Hospital of San Bernardino, 2011).

### Stigma

Stigmas are considered to be the biggest and most dangerous barrier to people seeking mental health services (Covarrubias & Han, 2011; Corrigan 2004; Wahl, 1999). Consumers of mental health are defined as, those who within that year, have been diagnosed with a mental, behavioral, and/or emotional disorder that meets the requirements in the *Diagnostic and Statistical Manual of Mental Disorders 4<sup>th</sup> edition text revised* (Covarrubias & Han, 2011). Bathje and Pryor (2011) note that not only being diagnosed is stigmatizing, but actually even seeking treatment can put people at risk of being stigmatized. There are three types of stigmatization that a consumer can face. The first is public stigma which

encompasses the attitudes and feelings expressed by many in the general public toward persons living with mental health challenges or their family members." The second is institutional stigma, which occurs when negative attitudes and behaviors about mental illness, including social, emotional, and behavioral problems, are incorporated into the policies, practices, and cultures of organizations and social systems, such as education, health care, and employment." The third is self-stigma, which occurs when individuals internalize the disrespectful images that society, a community, or a peer group perpetuate and this may lead many individuals to refrain from seeking treatment for their mental health conditions (California Department of Mental Health, 2009, pg 12).

Link and Phelan (2006) explain the five mechanisms connected to stigmas. The first element is people noticing and labeling a difference between themselves and someone else. The second is stereotyping the labeled person that connects them with unattractive characteristics. The third component is distinguishing a gap between them and the stigmatized group; for example,

"them" and "us". The fourth is when the stigmatized group experiences discrimination and their status diminishes to a lower position in society. The last stage is power; the dominate group tries to stay on top by oppressing the lower group, and the lower group tries to reverse or gain back their status.

The public's view of people who seek mental health services has been researched over time. Social Workers are included in the public's view as well. Berkman and Zinberg (1997) state that even though social workers are told to put their judgments aside, they are still affected by the mainstream society. Wahl (1999) states that more and more people are willing to accept mental health services into their communities, however, many people still have a negative reaction to the consumers who seek the services. A study by Bermudez (1997) conducted a group workshop with Marriage and Family Therapists. She had them act out characteristics of other groups. For example, African-American, Caucasian, or Latinos. The study identified that when participants would act like someone from a different group than themselves, they would act out stereotypical behavior,

instead of typical daily tasks that the majority of people do daily.

Even with evidence-based research stating mental health treatment is beneficial and can improve lives; stigmas are still attached to mental health services (Corrigan, 2004). The barriers that stigmas create make it difficult for clinicians to empower and connect with their clients. Consumers are worried about the stigmatization attached with seeking treatment and therefore do not seek treatment or fully invest in treatment (Covarrubias & Han, 2011). Covarrubias and Han (2011) note how people who believe in the stereotypes and believe that people who have mental illnesses are dangerous, expressed an increased desire to keep a distance and not be associated with them. The severity of mental illness is a factor in being stigmatized as well; Corrigan (2004) stated that people with psychotic disorders suffer harsher stigmas than people with anxiety or depression. Many people, including people with a psychotic disorder do not seek treatment or do not finish their treatment due to stigma attached to receiving mental health services.

Stigmas do not only cause people to not continue or seek mental health services, but they can physically and emotionally impact the person as well. Public stigma is when society discriminates against someone seeking treatment from mental health services, but those public stigmas can cause a person to self-stigmatize as well and internalize the public stigma (Bathje & Pryor, 2011). Public stigmas can create less job opportunities, unemployment, less housing opportunities, lower quality in health care, and less social opportunities (Link & Phelan, 2006; Corrigan, 2000; Corrigan, 2004; Covarrubias & Han, 2011). Wahl (1999) stated that consumers experienced stigmas from their communities, families, churches, coworkers, and even mental health providers. When public stigmas are internalized, a person's self esteem can be lowered, their quality of life is lower, they stop talking to friends and family about themselves, can be defensive, have depressive symptoms, and with the fear it generates it can actually worsen their symptoms or create new ones (Covarrubias & Han, 2011; Wahl, 1999; Corrigan, 2004; Link & Phelan, 2006).

Further research needs to be done to understand the effects of stigma on consumers and what actions can be

taken to reduce the stigma. In the consumers that Wahl (1999) studied, they asked for more public education in helping to reduce the stigmas attached to mental health services. Covarrubias and Han (2011) state how further research is important in educating future Social Workers to continue their attempt in decreasing the stigmas. Social contact was addressed multiple times in their research stating that people who have been around or know someone with a mental illness are less likely to have negative stigmas towards people with mental illnesses. Research reviews on anti-stigma programs and what additional steps are needed for further research and participation in these types of groups to reduce the stigma associated with mental health services are needed (Corrigan, 2004).

After review it appears that consumers have to deal with stigma not only in society, but when they walk into a clinic for help as well. That can make a consumer not feel welcomed or want to continue to seek treatment. It is important for a Social Worker to know his or her bias when in the mental health field so that they are not projecting that on to their clients. Research shows how knowing someone with a mental illness, being in the

mental health field and/or having the social service education can help reduce stigma. Therefore, this study will help further fuel the research for Social Workers to be aware of potential stigma of the consumers of the mental health services, to help consumers feel welcomed, and receive the treatment they deserve.

### Theoretical Orientation

The theoretical orientation of this study is social role theory. Social role theory states that stereotypes happen as a result of peoples' observations about selected people that they come in contact with or hear about. As people see/hear these behaviors they associate these characteristics with other people they meet or hear about who may fall into the same category (Whitley & Kite, 2010). This theory helps identify how "societal norms influence beliefs about social groups" (Whitley & Kite, 2010, pg 29). There is difficulty and reluctance to changing stereotypes as well. For some people, it is hard to release previous ideas of others that is or was portrayed in society (Whitley & Kite, 2010). The reason for choosing this theory for this research project was because stigma stems from what people hear and see in



society. Therefore, some Social Workers believe preconceived notions about their consumers before they even walk into the room. If people have not been in contact with a certain population they will use stereotypes and social norms to fill in what they think of the population. Therefore, if Social Workers do have more education or experience they would have less stigma and go against the stereotypes and be more willing to work close with the consumers of mental health.

#### Contribution of Study to Micro Social Work Practice

This study contributes to the micro practice because it gives an idea of Social Workers' perception and willingness of interaction with people who utilize mental health services. This research shows how certain types of factors contribute to either having a stigma or decreasing stigma towards mental health consumers. Social workers will be more aware of what mental health consumers are experiencing with regards to stigma that might be attached to the social worker.

## Summary

This section starts the study off by introducing the research question and hypothesis. The positivism paradigm is used to help make sure the data will be manageable to be collected. The literature review gives an understanding to the reason why this study is being pursued. The theoretical orientation was introduced along with how it can potentially help micro and macro social work practices.

## CHAPTER TWO

### ENGAGEMENT

#### Introduction

In this chapter engagement is broken down into how the study participants were contacted as well as preparation for communication, understanding the participants and making sure the participants were appropriate for the study. This chapter also discusses how diversity and ethical issues are addressed. Last, it discusses the political issues this study will help within the field and if any technology played a role in this phase of engagement.

#### Engagement Strategies for Gatekeepers at Research Site

In positivism, a research question is developed by the researcher with minimal engagement of the study site (Morris, in press). The reason for this research question is because Social Workers work with the mental health clients and if they have a stigma towards their cliental, then it can cause the clients to not seek treatment.

The researcher made contact with the gatekeeper, the head of the School of Social Work, at the university. The

researcher contacted the gatekeeper by email asking for approval of using the university as the study site and also permission to survey the Bachelor and Master of Social Work students. The researcher informed the gatekeeper of the steps to keep the surveys anonymous. Lastly, the researcher thanked and invited the gatekeeper to Poster Day at the university to see the results of the research project.

### Self Preparation

In positivism, the research question, literature review, and theoretical orientation are developed by the researcher. Through the literature review, the researcher gained the information needed to conduct the research project. In positivism nothing will change in the engagement phase, therefore all the initial work is completed by time the researcher gives the survey to the participants. In choosing students from the university, it is important to consider the fact they might be more willing to help a fellow student out in completing the survey. The researcher has also prepared herself to make the survey as convenient as possible for the students to complete and appreciates their time. The researcher gave

the students four weeks to complete the survey to allow it to be completed at a convenient time with their different schedules. The researcher did this by putting a letter in their mailbox thanking them for their time, inviting them to Poster Day, and adding some additional resources related to this topic if they are interested in learning more.

### Diversity Issues

In order to address possible diversity issues, the researcher is aware and sensitive to diverse situations. The study did not discriminate against any student in the department because the total Social Work population was given the opportunity to be in the study. The researcher was aware and sensitive to mental health stigma and reactions to the survey. The survey itself has been used in previous research and passed previous IRB reviews.

### Ethical Issues

First the director of the Social Work Department approved the researcher access to doing the research project at the university. The research project was approved by the human subjects review board, Institutional Review Board. Participants were not harmed

in the study due to the precautions taken before hand by the researcher. Participants were given a consent form with the survey and allowed to quit the study if they feel they are in danger or harm. Instructions were given to the surveyor so that they know their rights. Anonymity was practiced in this study as well. Students did not put their name on the consent form, just an "X". The survey was given a number for identification that cannot be traced back to the participants' names. The consent form and survey was placed in an envelope and dropped off in the Social Work main office into a box to protect the participant's identity. After the research project was completed and accepted the surveys were destroyed by a shredder.

### Political Issues

Stigmas, defined by Whitley & Kite (2010) as "members of groups who violate the norms established by the dominant or privileged group and, as such, are marked as deviant" (pg 596) is a known word in the mental health community because they have been dealing with it for their whole life (Wahl, 1999). It is important to research how consumers are affected by what Social

Workers' believe about the mental health services. Research findings were shown to the staff of the university at Poster Day. The abstract is provided via online for the public to view. Students of the university can look/check out the research project and read the finding to help keep themselves aware of possible stigmas they might have towards the mental health services. Results were shared with professors to help spread awareness of mental health stigma in the school of Social Work. The university's name will remain anonymous to protect the university from the student's perceptions and not effect enrollment to the university.

#### The Role of Technology in Engagement

Technology was used in this stage of the study in the form of emails for approval from the director of the School of Social Work.

#### Summary

To conclude this section, it is important to discuss the engagement strategies for each stage of the study and to discuss the self preparation that goes into this study. The participants were selected in an unbiased way avoiding any diversity and ethical issues. Political

issues were addressed as well in what will benefit the society. In this beginning stage, emails were the only technology used.



## CHAPTER THREE

### IMPLEMENTATION

#### Introduction

This chapter addresses who was in the study, how the researcher selected the participants and the reasoning for choosing this method. Further it discusses how the data was gathered, phases of the research process, and how the data was recorded.

#### Research Site

The study site was a public university in Southern California. In Fall 2011, the university's population was 14,732 bachelors' students and 2,515 graduate students. There were 9,208 females and 5,525 males in the bachelor programs and 1,160 females and 858 males in the graduate programs (Fall 2011 Statistical Factbook, 2012).

The university has a very diverse population. For Fall 2011, 7,895 students reported being Hispanic, 4,074 reported as Caucasian, 1,487 reported as African American, 1,134 reported as Asian, 71 reported as Native American, and 44 reported as Pacific Islander decent. There are also 483 students who reported as being two or more ethnicities, 834 non-residents. This information

includes both bachelor and graduate students (Fall 2011 Statistical Factbook, 2012). In 2011, there were 93 Bachelor of Social Work students; 80 are female and 14 are males. The average age of these students was 28.1 years. Out of the 93 students, 55 students identified as Hispanic, 19 identified as white, 13 identified as African-American, 1 identified as two or more races, and 6 were unknown (Fall 2011 Statistical Factbook, 2012).

In 2011, the Masters of Social Work Program had 157 enrolled students. Of the 157 student, 138 were female and 19 were male. The average age of these students was 33 years old. Out of the 157 students, 56 students identified as Hispanic, 56 students identified as white, 23 students identified as African-American, 6 students identified as Asian, 5 students identified as more than two races, 1 student identified as Native American, and 10 students were considered unknown (Fall 2011 Statistical Factbook, 2012).

### Study Participants

The researcher distributed 230 survey packets to the Bachelor's and Master's students. Out of the 230 packets,

84 were returned properly with the consent form and survey in the envelope.

Table 1. Demographics

		Number	Percentage	
Education Level	BSW	15	17.9	
	MSW	69	82.1	
	Total	84	100.0	
Age (Mean)	31.73	82	97.6	
	Missing	2	2.4	
Ethnicity	White	31	36.9	
	African-American	11	13.1	
	Latino	33	39.3	
	Asian	3	3.6	
	Two or more	2	2.4	
	Other	3	3.6	
Gender	Missing	1	1.2	
	Male	11	13.1	
	Female	73	86.9	
	Transgender	0	0	

This table shows the demographics for the students who participated in the study. There were a total of 84 students with 15 from the BSW program and 69 from the MSW program. Age ranged from 22-55, with two participants withholding their age, the mean being 31.73. The Latino and White ethnicity dominated the population with Latinos

being 39.3% and Whites being 36.9%. African-American population was 13.1%, Asian was 3.6% and two or more was 2.4%. A total of 3.6% stated they were other and one person withheld their ethnicity information. The participants were dominated by 86.9% females, 13.1% males, and no one stated they were transgender.

#### Selection of Participants

The sample was the total population of the Bachelor's and Master's School of Social Work students at the university. Due to the variation of students' schedules and to get a greater response rate, the whole population was sampled. The sampling method used in this study was convenience sampling, as the study population was available and convenient to be surveyed. The researcher made an announcement to each cohort about the study, how the survey was left in their mailboxes, and to return the survey once completed to the Social Work department's main office. A cohort is a group of students, roughly twenty, who complete the program together by taking all their classes together.

## Data Gathering

Data was gathered with a survey instrument that included items using the Guttman and Likert scales (see Appendix A). The survey instrument was self administered. The survey was in each participant's Social Work mailbox. Signs were put up directing students' to check their mailboxes. The drop box was located in the Masters of Social Work office next to the office assistant and the door was locked when no one occupying the room. The survey was 31 questions that include the participant's demographics and beliefs. Questions on the survey were towards whether a Social Worker feels comfortable with people who have a mental health diagnoses and use mental health services. For example, "Have you had a family member that is diagnosed with a serious mental illness? If Yes, how intimate/close do you consider this relationship to be"; Not, somewhat, or close? Also, "If I were a landlord I would probably rent an apartment to someone I knew was diagnosed with a serious mental illness." Participants answered using a 4 point Likert Scale.

All participants were given the survey in their mail boxes. The packet included: an informed consent form,

instructions on how to fill the survey out, an envelope to put the survey in once completed and instructions to drop it off in a box at the School of Social Work main office. It was a self administered survey due to the students' different schedules and working with their schedules to best accommodate a time for the surveys to be completed. Another reason for a self administered survey was because the researcher is a current classmate with some of the participants. The researcher did not want to be present to persuade the participants or make them uncomfortable in any way, to where they could not fill out the survey honestly. Since this is a positivist study, the survey questions were developed prior to data gathering. The research obtained approval from Irene Covarrubias (Covarrubias & Han, 2011) to use her questionnaire that was used in the study, Mental Health Stigma about Serious Mental Illness among MSW Students: Social Contact and Attitude.

#### Phases of Data Collection

Data collection started in the Winter quarter of January 2013. In January, the surveys were distributed into all Bachelor's and Master's of Social Work students'

mailboxes. The researcher made multiple signs and announcements to each cohort to help the students remember to complete the survey if they wish to do so by the deadline at the end of February 2013.

#### Data Recording

The surveys were given numbers to identify and add the information into Statistical Package for the Social Sciences (SPSS). For example, one of the independent variable measured the contact the participant has with someone with a mental illness. The answers were given numbers as well to identify. The first part they answered was as yes (1) or no (2). The second part determined how close their relationship is with the person; not (1), somewhat (2), and close (3). If a participant did not have a relationship with someone who has a diagnosis, then it will be rated with a zero, (0).

There are 12 questions about the stereotypes that are attached with people who have been diagnosed with a mental illness as being dangerous or violent. They are recorded as followed: strongly disagree (1), disagree (2), agree (3), and strongly agree (4).

The dependent variable is the measurement of stigma related to people diagnosed with a mental illness. They were measured by restrictions and social distance. Restriction had five questions and measure on the 4 point Likert scale. Social distance was also five questions and measured on a 4 point Likert scale.

#### Data Analysis Procedures

The positivist study was a descriptive study. A descriptive study measures the correlation between the independent variable and dependent variable (Morris, 2006). The survey was given to the total population and since they all did not respond, the findings can only be generalized to the sample that participated in this study. The researcher also removed herself from any location where a student was completing the survey to make sure she did not persuade the participant in any way.

Data was analyzed by using the computer software, Statistical Package for the Social Sciences (SPSS). The first test to be run was the descriptive statistics. Morris (in press, pg 3) explains this as the summarizing of data. This part is called Univariate Analysis and that



looks "at the distribution of the values of each variable" through central tendency: mean, medium, mode. The Bivariate Analysis was the one tailed t-tests to determine if the research collected was significant to the hypothesis. The research chose this because the hypothesis had a direction. The independent variables are the level of experience working in the mental health field, education in social work, and/or experience as a consumer of mental health services. The dependent variable was how much stigma a person may have about a person diagnosed with a mental illness from the encounters they have experienced with mental health.

#### Summary

Selection of participants was gathered from students from a public university in Southern California. The total population of the Bachelor and Master of Social Work program was selected to complete the self administered survey that was distributed into their mailbox. Data was recorded on the surveys and analyzed through SPSS.

## CHAPTER FOUR

### EVALUATION

#### Introduction

This chapter explains data analysis, interpretation of findings, and implications for social work micro and practice.

#### Data Analysis

The research hypothesis for this study was that Social Workers who have had a personal experience of mental health services, and/or more experience in the field, and/or more education in the social work field are less likely to stigmatize consumers of mental health services. If the Social Worker has minimal experience in the field and/or a lower level of social service education, and has not had any personal experience in mental health services, the Social Worker is more likely to stigmatize consumers of the mental health services. Univariate and bivariate analysis was done to test the hypothesis.

#### Univariate Analysis

In this study, the univariate analysis explains the percentage of students who chose each answer. For items

numbers 1, 2, 6, 7, 12, the strongly agree correlates with less stigma. Item numbers 3, 4, 5, 8, 9, 10, 11 the strongly disagree correlates with less stigma.

Table 2. Univariate Data Percentages on Education

Educa tion	MSW	n= 69			BSW	N= 15		
	Stron gly Agree	Agree	Disag ree	Stron gly Disag ree	Stron gly Agree	Agree	Disag ree	Stron gly Disag ree
Item #1	23.2%	62.3%	11.6%	2.9%	13.3%	80%	6.7%	0%
Item #2	0%	31.9%	39.1%	24.6%	6.7%	13.3%	80%	0%
Item #3	4.3%	24.6%	33.8%	36.2%	0%	0%	53.3%	40.0%
Item #4	0%	8.7%	47.8%	43.5%	0%	0%	60%	40%
Item #5	1.4%	13.0%	29.0%	55.1%	0%	6.7%	46.7%	46.7%
Item #6	50.7%	43.5%	1.4%	0%	20%	80%	0%	0%
Item #7	49.3%	46.4%	2.9%	0%	46.7%	53.3%	0%	0%
Item #8	0%	1.4%	31.9%	65.2%	0%	0%	60%	40%
Item #9	0%	4.3%	39.1%	50.7%	0%	0%	66.7%	33.3%
Item #10	0%	4.3%	52.2%	39.1%	0%	13.3%	66.7%	20.0%
Item #11	0%	11.6%	68.1%	17.4%	0%	13.3%	73.3%	13.3%
Item #12	34.8%	49.3%	8.7%	4.3%	26.7%	53.3%	6.7%	6.7%

The table addresses the percentages from the participants who stated they were either MSW or BSW. The

items listed on the left are the 12 Likert questions that asked about social contact and attitudes of people who are diagnosed with a mental illness. Majority of BSW and MSW students chose the non-stigmatizing direction except for item number two. Item two asked if you were a parent would you allow someone with a diagnosis to babysit your child. 13.3% of Masters students stated they would allow, and 31.9% of BSW students stated they would allow someone with a diagnosis to baby sit their child.

Table 3. Univariate Data Percentages on Personal Experience

Personal Experience	Yes	N=20			no	N=62		
	Strongly Agree	Agree	Disagree	Strongly Disagree	Strongly Agree	Agree	Disagree	Strongly Disagree
Item #1	20.0%	65.0%	15.0%	0%	21.9%	65.6%	9.4%	3.1%
Item #2	0%	30.0%	55.0%	0%	1.6%	28.1%	43.8%	26.6%
Item #3	0%	25.0%	25.0%	50.0%	4.7%	18.8%	40.6%	32.8%
Item #4	0%	10.0%	40.0%	50.0%	0%	6.3%	53.1%	40.6%
Item #5	0%	5.0%	40.0%	50.0%	1.6%	14.1%	26.6%	57.8%
Item #6	60.0%	35.0%	5%	0%	40.6%	54.7%	0%	0%
Item #7	45.0%	55.0%	0%	0%	50.0%	45.3%	3.1%	0%
Item #8	0%	5.0%	40.0%	50.0%	0%	0%	35.9%	55.0%
Item #9	0%	5.0%	35.0%	55.0%	0%	3.1%	46.9%	45.3%
Item #10	0%	0%	50.0%	45.0%	0%	8.1%	58.1%	33.9%
Item #11	0%	0%	70.0%	25.0%	0%	15.6%	68.8%	14.1%
Item #12	30.0%	60.0%	10.0%	0%	34.4%	46.9%	7.8%	6.3%

The table addresses the percentages from the participants who stated they were diagnosed with a mental illness or not diagnosed with a mental illness. The items

listed on the left are the 12 Likert questions that asked about social contact and attitudes of people who are diagnosed with a mental illness. Majority of students chose the non-stigmatizing answers, but again item number two had some differences. Students with personal experience or not both agreed around 30% that they would allow someone with a diagnosis to baby sit their child. On the other side, people with personal experience chose only disagree (55%) instead of strongly disagree (0%), unlike people with no personal experience chose strongly disagree (26.6%) over disagree (43.8%).

Table 4. Univariate Data Percentages on Mental Health Work Experience

Mental Health Work Experience	No experience	n=36			Yes experience	N=48		
	Strongly Agree	Agree	Disagree	Strongly Disagree	Strongly Agree	Agree	Disagree	Strongly Disagree
Item #1	8.3%	77.8%	13.9%	0%	31.3%	56.3%	8.3%	4.2%
Item #2	2.8%	13.9%	63.9%	19.4%	0%	39.6%	33.3%	20.8%
Item #3	0%	27.8%	38.9%	27.8%	6.3%	14.6%	35.4%	43.8%
Item #4	0%	8.3%	63.9%	27.8%	0%	6.3%	39.6%	54.2%
Item #5	2.8%	16.7%	33.3%	44.4%	0%	8.3%	31.3%	60.4%
Item #6	41.7%	52.8%	2.8%	0%	47.9%	47.9%	0%	0%
Item #7	36.1%	61.1%	2.8%	0%	58.3%	37.5%	2.1%	0%
Item #8	0%	2.8%	47.2%	50.0%	0%	0%	29.2%	68.8%
Item #9	0%	2.8%	55.6%	36.1%	0%	4.2%	35.4%	56.3%
Item #10	0%	8.3%	72.2%	16.7%	0%	4.2%	41.7%	50.0%
Item #11	0%	22.2%	69.4%	8.3%	0%	4.2%	68.8%	22.9%
Item #12	19.4%	58.3%	11.1%	5.6%	43.8%	43.8%	6.3%	4.2%



The table addresses the percentages from the participants who stated they had no experience with the mental health or that they did have experience working in mental health. The items listed on the left are the 12 Likert questions that asked about social contact and attitudes of people who are diagnosed with a mental illness. Most students' chose the non stigmatizing directions in their answers, but again item number two had some differences. Students with no mental health work experience only agreed 13.3% to allow their child to be baby sat by someone diagnosed with a mental illness, unlike students with mental health work experience agreed 31.9%. Item number 11, not allowing people with a mental illness to foster or adopt children, had some differences as well. People without experience agreed 22.2% that they should not, and people with experience agreed they should not only 4.2%.

#### Bivariate Analysis

Using one-tailed t test, the researcher is comparing the independent variables (education, personal experience, and mental health work experience) with the 12 Likert scale questions to determine if the independent

variables correlate with the dependent variable, level of stigma.

Table 5. T-Tests of Education, Personal Experience and Mental Health Work Experience

Variable	Mean	Std. Deviation	Std. Error Mean	1-tailed p value	t
Education					
MSW	2.52	.20161	.02482	.05	-1.695
BSW	2.45	.11701	.03021	.113	-1.223
Personal Experience					
Yes	2.49	.15191	.03485	.286	-.492
No	2.51	.20095	.02552	.323	-.570
Mental Health Work Experience					
No	2.52	.17558	.02968	.322	.466
Yes	2.50	.20173	.02974	.319	.474

The t-test table shows the overall mean, standard deviation, standard error mean, the t, and the one-tailed test to determine significance. The findings in this study showed that there was a negative correlation with education. The BSW students had a lower rate of stigma compared to the MSW students. For personal experience and mental health work experience, the findings were not

significant, but the means showed a trend that those participants who had personal experience or some type of mental health work experience tended to answer the questions that were not as stigmatizing.

### Data Interpretation

The research project studied mental health stigma, and what may cause social workers to have stigma. Participants' education level, personal experience, and mental health work experience were correlated with levels of stigma.

The findings suggest that for this sample of students, education can have an impact on mental health stigma, but not in the way the literature review suggested. The higher the education, the more stigmas the student had. This could be that in the masters program the students start to learn about the severe and persistently mental ill, but some students have not personally interacted with this population. Therefore, if the student only has knowledge through hearsay and not personal interaction, stereotypes are harder to break away from. If the student had mental health work experience the data went in the direction of fewer

stigmas. So if a student does not get personal interaction and only learns through literature, they might have more stigma than someone who has physical experience in the mental health field. Further research should be conducted to see how education impacts social work students' beliefs of people diagnosed with a mental illness.

Although personal experience and mental health work experience were not significant, the direction was the same way previous research was stated. Hearing someone's story, knowing someone, or being someone diagnosed with a mental illness can help be variables in reducing stigma. When someone experiences something personally, they are less likely to believe the stereotypes and go with their personal view of what they saw or heard.

#### Implications of Findings for Micro Practice

The importance of this study is that it helps further the research in stigma and the mental health field. It is important to be aware of bias when working in the mental health field, learning how to reduce stigma, and creating a positive atmosphere for people wanting to seek mental health services.

Further research needs to be done on what causes stigma or what can reduce stigma. From the findings of this study, it would be important to introduce reducing stigma implications into the education field; for example, having events about mental health awareness. Another implication could be having a guest speaker who is either diagnosed with a mental illness or someone in the mental health field come share their stories and experiences with the students (Pinfold, Thornicroft, Huxley, & Farmer, 2005). Spreading awareness can help reduce stigma, and these types of events can be held at a university (Gruttadaro & Crudo, 2012).

The recovery model is a strengths based approach which emphasizes on empowering clients by not focusing on the negative, but instead focusing on the client's strengths and their future goals (Anthony, 1993, Anderson & Munchel, 2005). Some universities do not discuss this type of approach or do not discuss it until the final year of curriculum. Introducing empowerment based theories might help students see potential and a positive outlook for people who are diagnosed with a mental illness.

## Limitations

Limitations that apply to this study were the lack of participants compared to the population given the surveys. There were 230 surveys distributed, and only 84 participants returned the survey. There were 69 returned from MSW and 15 from BSW. There was a lack of external validity because the researcher chose to survey the whole population, instead of using random sampling, and a minimal amount was returned. This could have been because the researcher had limited contact with the BSW students due to schedule conflicts. Also the return box was located in the Masters' School of Social Work office and the office closed before night classes began. Students were instructed to put surveys under the door if closed, but some students may have not got the memo or wanted to put it under the door due to the envelope being thick and hard to fit under the door. The sample was not a representative sample but a convenience sample and that may not have accurately reflected the perspectives of the total student population as well.

Additionally, many participants wrote they would like to explain their answers or did not answer questions because they wrote "it depends". Future research should

be in qualitative so the participant can elaborate on the answers.

#### Summary

The chapter discussed how the independent variables affected the level of stigma. Not all the tests were significant, but the research shows some interesting finds about stigma. The findings help continue research, but it is important to continue research in this field to be aware of bias, and how stigma can be reduced in the mental health field. Implicating awareness activities in school is one suggestion.

## CHAPTER FIVE

### TERMINATION AND FOLLOW UP

#### Introduction

The following chapter ends with explaining the plans for ending the relationships with the study site and the study participants. This chapter also addresses the plans for communication between the researcher and the study site and participants. There is an overall evaluation of the study and a dissemination plan for the study's findings.

#### Termination of Study

The termination documentation was provided to participants in their personal mailboxes. Termination and follow-up was a letter acknowledging and thanking students for taking time to be part of the study. It also invited them to Poster Day which was June 11, 2013. Information about additional articles and agencies were included in the letter (See Appendix C). If participants felt the need, they could have met with the researcher at poster day at the end of the school year at the university campus as well.



### Communicating Findings to Study Site and Study Participants

The findings were presented on a poster to the staff and students of the university. The research discovered from this study is available in the university's library as the researcher's research project. It is available to future students who need additional resources on stigma. Upon request, the researcher provided results to the director of the School of Social Work.

### Ongoing Relationship with Study Participants

There was no ongoing relationship with the study participants after poster day and no need to further the relationship.

### Dissemination Plan

The researcher also distributed the study to her internship supervisor. The reason for this is because Social Work interns work with the mental health population at that location. In group supervision, articles are discussed on reducing stigma and being non-judgmental towards consumers of mental health services. This information in a group supervision setting will help distribute the information directly to the field. The

researcher has also been in contact with an author of a resource used in the literature review and provided the study to the author. A presentation of the findings was presented in the researcher's mental health seminar as well.

### Summary

Termination and follow-up was addressed with the survey, and if participants requested a follow-up they could have met the researcher at Poster Day at the university. The research collected was transferred on to a poster and presented to the university's staff. In addition, a selection of people in the field received a copy of the study to disperse the findings into the field of mental health.

APPENDIX A  
DATA COLLECTION INSTRUMENT(S)

Thank you for taking the time and doing this survey! Please remember to sign with an “X” on the consent form and put the date on the consent form before proceeding to the survey.

In answering the statements on the survey, please read each statement fully and choose the answer which best represents your personal answer.

Once the consent form and survey are completed, please put the consent form and the survey into the envelope provided and return in to Room 432, main office of the Social Work department on the 4<sup>th</sup> floor. There will be a box designated for this study to turn it in to. (Turn left from elevators and another left)

Thank you again for taking the time to fill out this survey. I understand that you are very busy and I appreciate you taking the time to complete this survey. In doing this survey, you not only help this research project, but future studies in Social Work.

## SURVEY/QUESTIONARE

### **SERIOUS MENTAL ILLNESS: BELIEFS, EXPERIENCES, AND OPINIONS SURVEY**

*Please answer these questions to the best of your knowledge.*

*There are no right or wrong answers and answers cannot be traced to you.*

1. Are you a BSW student? ☐ NO ☐ YES

Please check one

Junior.....☐

Senior .....☐

2.Are you a MSW student? ...☐ NO ☐ YES

Please check one

1<sup>st</sup> Yr Full Time .....☐

2<sup>nd</sup> Yr Full Time.....☐

1<sup>st</sup> Part Time.....☐

2<sup>Nd</sup> Part Time.....☐

3<sup>rd</sup> Part Time .....☐

3. How old are you? \_\_\_\_\_

4. What is your ethnicity? :

☐ White ☐ African-American/Black ☐ Latino/Hispanic ☐ Two or more  
ethnicities ☐ Asian ☐ Other: \_\_\_\_\_

5. How many years of experience do you have in the social work field  
(including internship and paid experiences)? \_\_\_\_\_

6. How many years have you worked directly with those diagnosed with a  
mental illness ? ☐ None ☐ \_\_\_\_\_ years

7. Please check the box that indicates your gender: ☐ male ☐ female  
☐ transgender

8a. Have you had a friend that is diagnosed with a mental illness? ☐ YES  
☐ NO (If no skip to question 9)

8b. If Yes, how intimate/ close do you consider this  
relationship to be:

- ☐ Not intimate/close at all
- ☐ Somewhat intimate/close
- ☐ Very intimate/close

9a. Have you had a family member that is diagnosed with a mental illness?

☐ YES    ☐ NO (If no skip to question 10)

9b. If Yes, how intimate/ close do you consider this relationship to be:

☐ Not intimate/close at all

☐ Somewhat intimate/close

☐ Very intimate/close

10. Have you ever been diagnosed with a mental illness?

☐ YES    ☐ NO

11a. Do you know someone in a community which you belong to that is diagnosed with a mental illness?

☐ YES    ☐ NO

11b. If Yes, how intimate/ close do you consider this relationship to be:

☐ Not intimate/close at all

☐ Somewhat intimate/close

☐ Very intimate/close

*Please Rate the Following Statements:*

12. If I were a landlord I **would** probably rent an apartment to someone I knew was diagnosed with a mental illness:

☐ Strongly Agree    ☐ Agree    ☐ Disagree    ☐ Strongly

Disagree

13. If I were a parent, I **would** probably hire someone to baby-sit my children even after learning the babysitter was diagnosed with a mental illness.

☐ Strongly Agree    ☐ Agree    ☐ Disagree    ☐ Strongly

Disagree

14. If I were a parent, I would **object** to my son or daughter marrying someone I knew was diagnosed with a mental illness:

☐ Strongly Agree    ☐ Agree

☐ Disagree    ☐ Strongly Disagree

15. If I were an employer, I would **not** hire someone after learning they were diagnosed with a mental illness:

☐ Strongly Agree    ☐ Agree    ☐ Disagree    ☐ Strongly

Disagree

16. For someone diagnosed as seriously mentally ill, the **most** important aspect of that person's identity is his or her mental health diagnosis.

☐ Strongly Agree    ☐ Agree    ☐ Disagree    ☐ Strongly

Disagree



17. With treatment, it is **likely** for someone to recover (managing symptoms/no severe impairments in areas of functioning) from a mental illness: ☐ Strongly Agree

☐ Agree      ☐ Disagree      ☐ Strongly Disagree

18. I would **feel comfortable** having colleagues who have been diagnosed with a mental illness working with me at my place of employment:

☐ Strongly Agree      ☐ Agree      ☐ Disagree      ☐ Strongly  
Disagree

19. I approve of **restricting** the right to vote for someone who is diagnosed with a mental illness:

☐ Strongly Agree      ☐ Agree      ☐ Disagree      ☐ Strongly  
Disagree

20. I approve of **revoking** the drivers license for those individuals diagnosed with a mental illness:

☐ Strongly Agree      ☐ Agree      ☐ Disagree      ☐ Strongly  
Disagree

21. In my opinion, people diagnosed with a mental illness **should be required** to have government supervision to be allowed to act as the primary caretakers of children:

☐ Strongly Agree      ☐ Agree      ☐ Disagree      ☐ Strongly  
Disagree

22. In my opinion people diagnosed with a mental illness should **not** be allowed to be foster or adoptive parents:

☐ Strongly Agree    ☐ Agree    ☐ Disagree    ☐ Strongly Disagree

23. I approve of **allowing** people with a mental illness to obtain employment as mental health service providers: ☐ Strongly Agree    ☐ Agree    ☐ Disagree  
☐ Strongly Disagree

24a. (Please check the box corresponding to the statement **you most agree** with.) Involuntary holds or hospitalizations for people diagnosed with bipolar disorder, schizophrenia, or major depression are...

- ☐ a. **never** necessary.
- ☐ b. necessary for **indefinite amounts** of time.
- ☐ c. necessary **only if** a competent professional deems necessary.

24b. If you choose “c” as your answer: In your opinion, how long should a professional be allowed to mandate an involuntary hold:

☐ No limit should be placed on length of time

☐ \_\_\_\_\_ day(s)

25. Have you ever participated in trainings about mental illness that focus on consumer perspectives (those receiving treatment)? ☐ YES ☐ NO

25 b. If yes, please list trainings:

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26. In your role as a professional and student (at your internship, in classes, or other social work activities) how often do you hear social work colloquies/classmates refer to people using their mental health diagnosis? For example: "It was the bipolar kid." Or "The schizophrenic guy is here."

- ☐ a. Never
- ☐ b. Rarely (just a couple of times)
- ☐ c. Often (about an average of once per week)
- ☐ d. Very Often (almost on a daily basis)

Please check the box on the following grid that **most** corresponds with your beliefs:

27. People diagnosed with <u>bipolar disorder</u> are...	Strong ly  Disagr ee	Disag ree	Agre e	Str ong  ly  Agr

				ee
a. more dangerous than the general public				
b. more violent than the general public				
c. more self controlled than the general public				
d. more aggressive than the general public				
e. more of a risk to others if not medicated				

*Please check the box on the following grid that **most** corresponds with your beliefs:*

28. People diagnosed with <u>schizophrenia</u> are...	Strong ly Disagr ee	Disag ree	Agree	Stron gly Agree
a. more dangerous than the general public				

b. more violent than the general public				
c. more self controlled than the general public				
d. more aggressive than the general public				
e. more of a risk to others if not medicated				

29a. Are you a member of an organization, interest group, or advocacy group that focuses on issues regarding mental illness ☐ YES ☐ NO

29b. If yes, please list the names of each group you belong to:

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*Please check the box on the following grid that **most** corresponds with your beliefs:*

30. People diagnosed with <u>major depression</u> are...	Strongly Disagree	Disagree	Agree	Strongly Agree
--	-------------------	----------	-------	----------------

a. <b>more dangerous than the general public</b>				
b. <b>more violent than the general public</b>				
c. <b>more self controlled than the general public</b>				
d. <b>more aggressive than the general public</b>				
e. <b>more of a risk to others if not medicated</b>				

31. The following statements are about your beliefs surrounding recovery (managing symptoms/no severe impairments in areas of functioning) and severe mental illness. Please indicate the response you most agree with.

- ☐ a. Recovery is possible but only with use of psychotropic medication.
- ☐ b. Recovery is possible without the use of psychotropic medication.
- ☐ c. Recovery is never possible.

Thank you for completing this survey!

(Special Thanks to Irene Covarrubias, for allowing the researcher to apply her survey)

Covarrubias, I. & Han, M. (2011). Mental health stigma about serious mental illness among MSW students: Social contact and attitude. *Social Work*, 56(4), 317-325.

Some parts have been edited to fit the researcher's project.

APPENDIX B  
INFORMED CONSENT

## **INFORMED CONSENT**

The study in which you are being asked to participate is designed to investigate Bachelor and Master of Social Worker students' views on consumer mental health services. This study is being conducted by Amelia Wedge under the supervision of Dr. Teresa Morris, Professor of Social Work, California State University, San Bernardino. This study has been approved by the School of Social Work Sub-Committee of the Institutional Review Board, California State University, San Bernardino.

**PURPOSE:** The purpose of the research project is to study the factors that contribute to Social Workers level of stigma towards consumers of mental health services.

**DESCRIPTION:** Please read this consent form completely and sign (with only an "X") if you agree to the terms. Please read the cover sheet instructions on how to fill out the survey. Next fill out the survey. Once completed with the consent form and survey, please put the consent form and the survey in the envelope provided. Please return the envelope to office SB-432 in the box provided by Feb 28<sup>th</sup>, 2013. The process is completed after turning in. Thank you.

**PARTICIPATION:** In consenting to doing the following survey, Stigmatization of Mental Health Service Consumers by Social Workers, you are acknowledging you are the only one taking this survey and are reporting your honest answers. Participation is voluntary, refusal to participate will involve no penalty and you,



the participant, may discontinue participation at any time without penalty, if you feel uncomfortable in answering the questions.

**CONFIDENTIALITY OR ANONYMITY:** You do not have to worry about the survey being able to be connected to your name. Surveys will be anonymous and will only report that the participants are BSW and MSW students. The university's name is omitted in the research project itself. You, the participants will not put your names on any documents, and will just mark an "X" for agreeing to be part of the study. Once you have completed, the survey will be put in an envelope and dropped off in the Social Work office, in a box to keep all surveys anonymous as well. Surveys will be given a number to reference in the data collection. After the research has been collected, entered into Statistical Package for the Social Sciences, (SPSS), and the research project is completed all surveys will be shredded.

**DURATION:** Reading the consent form, directions, and filling out the survey will take about 15-30 minutes of your time.

**RISKS:** There are no physical foreseeable risks due to the survey. There might be some discomfort with the questions asked in the survey. If for any reason during the survey you feel discomfort and want to stop the survey you can.

**BENEFITS:** You not only help the researcher with her research project, but you help further the research of stigma in the mental health field. Thank You!!

**CONTACT:** For any questions in regards to this study or participant's rights please contact:

Dr. Teresa Morris

(909)-537-5561

Tmorris@csusb.edu

**RESULTS:** Results can be obtained at California State University, San Bernardino Masters of Social Work Poster Day.

The research project will also be in the university's library.

**SIGNATURE:** (please just mark an "X", do not put your name.

Mark: \_\_\_\_\_ Date: \_\_\_\_\_

APPENDIX C  
DEBRIEFING STATEMENT

## Thank You!

I just wanted to take the time and say thank you for taking your own personal time and completing my questionnaire for my research project, Stigmatization of Mental Health Service Consumers by Social Workers. I appreciate you being honest and helping further research in the Social Work field.

I wanted to take this time and invite you to Poster Day to see the results, my poster, and many other students' research projects as well. Please come and join us and feel free to ask questions.

Some inspirational resources that I would like to share if you have further interest are located below.

Riverside County of Mental Health <http://rcdmh.org/>

They have introduced the Recovery Model in their clinics.

Mental Health Stigma about Serious Mental Illness among MSW students:  
Social Contact and Attitude by Irene Covarrubias and Meekyung Han, 2011.

Article that helped inspire me to do my research project

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