Understanding the attitudes towards mental illness among graduate students at a small midwestern religious college

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Abstract

Objective: To describe college students', specifically health care professionals in-training, attitudes towards individuals diagnosed with mental illness.

Participants: Graduate students (n=214) at a small midwestern college. Sixty-two percent enrolled in community psychology; 38% in nursing; and 30% from other graduate programs. Almost all were female (97%) and white (70%).

Methods: A cross-sectional electronic survey design

Results: Community psychology students had significantly more empathy towards individuals with mental illness than other graduate students ($p < 0.05$). Other graduate students ($p = 0.04$) and nursing students ($p = 0.010$) had significantly more acceptance toward deinstitutionalization as compared to community psychology students. Those who indicated higher levels of individual knowledge and personal experience with mental illness had less stigma and pessimistic attitudes ($p \leq 0.05$).

Conclusions: Health care professionals in-training have underlying stigma regarding individuals diagnosed with mental illness. It is imperative for our institutions of higher learning to provide educational opportunities to help decrease this stigma.

Introduction

Nationwide there is an epidemic of discrimination and stigma associated with identifying and treating people with mental illness¹. When looking at stigma and mental health there is a "sense of shame," and with it also "a sign of weakness"². Mental health stigma has become a trigger for adversity for many individuals seeking treatment². Stigma has been defined as, "a product of disgrace that sets a person apart from others"³. Unfortunately, stigmatizing views about mental illness are not limited to members of the general public; even well-trained professionals from most mental health disciplines subscribe to stereotypes about mental illness^{4,5}.

Due to the stigma associated with individuals with a diagnosis of mental health many researchers in the field of psychology have created and examined possible ways to reduce or avoid mental health stigmas. One of the most promising solutions for decreasing stigma is training health care professionals by creating multicultural courses or imbedding materials within college-level courses aimed at increasing awareness and skills when treating individuals diagnosed with mental illness^{6,7}. Boysen and Vogel specifically focused on assessing the multicultural competencies and implicit bias of counselor trainees. Their study found significant implicit bias among a sample of counselor trainees suggesting that the trainees had the presence of implicit bias when working with their diverse clients⁶.

Moreover, individuals who are living with a mental health diagnosis may internalize their negative attitude towards mental illness which may lead them not to seek treatment². Due to the stigma around mental

health from the general population, this has caused individuals within the population to have some sort of bias toward mental illness⁸. One study showed that individuals who had mental health training compared to those who did not, “showed more positive implicit and explicit evaluations of people with mental illness”⁸.

One of the primary objectives of graduate programs in Community Psychology at the Midwest institution where this study was conducted was to “emphasize health and community involvement in prevention, intervention and treatment of mental health issues”. The program believes that it is imperative to be able to train students to identify mental illness and overcome any personal stigma they might have. The purpose of this study was to evaluate the attitudes towards mental illness among graduate students at a small Midwestern University. More specifically to see if there were differences among students enrolled in the Community Psychology Counseling program that is focused on education to overcome some of the stigma associated with mental illness as compared to their graduate student counterparts.

Materials And Methods

We utilized a cross-sectional survey design for this study. We administered an electronic survey in the Spring of 2018 to all graduate students in the departments of community psychology, education, business, and nursing from a small, Midwestern University. We gained permission to use students email from the program deans. We contacted the students up to three times to remind them to complete the survey. The survey included basic demographic questions and a modified version of the valid and reliable Community Attitudes Toward the Mentally Ill (CAMI) questionnaire about personal attitudes towards mental illness⁹. The CAMI is a valid and reliable tool that is “freely granted to use for research, educational, academic and professional purposes”. The CAMI uses four subscales (Authoritarian, Social restrictiveness, Benevolence, and Community Mental Health Ideology) measured on a 5-point Likert scale ranging from 1-strongly disagree to 5-strongly agree to assess attitudes toward individuals diagnosed with mental illness⁹.

Statistical analysis was completed in SPSS¹⁰. We used descriptive statistics to summarize the data. Chi-square analysis was used for dichotomous variables and t-test/ANOVAs was used for continuous variables. A p-value of less than or equal to 0.05 was considered significant. IRB approval was obtained for this study.

Results

A total of 214 out of 600 graduate students completed the electronic survey; a 36% response rate. Sixty two percent of respondents were from the community psychology program; 38% from the graduate nursing program; and 30% from ‘other’ graduate programs (education, nursing, and business). Almost all the respondents were female (97%) and white (70%).

Table 1: Demographics

	All	Community Psychology	Other [^]	Nursing
Total graduate enrollment, 2018	600	104	496	215
n (%)	214 (36%)	64 (62%)	150 (30%)	82 (38%)
Gender				
Female	206 (97%)	60 (94%)	146 (97%)	82 (100%)
Race				
White	148 (70%)	42 (66%)	106 (71%)	62 (77%)
African American	24 (11%)	10 (15%)	14 (9%)	6 (7%)
Asian	10 (5%)	2 (3%)	8 (5%)	4 (5%)
Other	32 (15%)	10 (15%)	20 (13%)	10 (12%)
Age Group (years)				
20-29	56 (26%)	24 (38%)	32 (21%)	18 (22%)
30-39	78 (36%)	18 (28%)	60 (40%)	36 (44%)
40-49	48 (22%)	12 (19%)	36 (24%)	12 (15%)
50-59	26 (12%)	6 (9%)	20 (13%)	14 (17%)
60 and older	6 (3%)	4 (6%)	2 (1%)	2 (2%)
Ever, diagnosed with a mental illness (Yes)	78 (36%)	24 (37%)	50 (33%)	26 (32%)
Ever, Have a friend or family member diagnosed with mental illness (Yes)	178 (83%)	52 (81%)	118 (77%)	70 (85%)
How knowledgeable are you about mental illness? (very knowledgeable)	152 (71%)	54 (84%)	98 (65%)	56 (68%)
Do you believe someone can be born with a mental illness (yes)?	164 (77%)	48 (75%)	116 (77%)	61 (74%)
[^] Other' group includes Nursing students				

Overall community psychology students ($M=2.93, SD=0.25$) had significantly more compassion and empathy (Benevolence) towards individuals with mental illness as compared to their 'other' graduate student ($M=2.79$; $SD=0.23$) counterparts ($t=-3.88$; $p<0.05$). On the other hand 'other' graduate students ($M=2.93$; $SD=0.26$) had significantly more acceptance toward deinstitutionalization of those with mental illness and also having mental health facilities in the community (Community Mental Health Ideology) as compared to community psychology students ($M=2.85$; $SD=0.28$) ($t=1.98$; $p=0.04$). There was no difference between the subscales of Authoritarian or Social restrictiveness between these two groups.

When comparing community psychology student with only nursing students; community psychology students had significantly more Benevolence ($MD=0.17$; $p<0.05$) and less stigma on Social Restrictiveness ($MD=0.11$; $p=0.006$) as compared to their graduate nursing student counterparts. On the other hand, the nursing graduate students had significantly less stigma than community psychology students around Community Mental Health Ideology ($MD=0.13$; $p=0.010$). There was no difference in Authoritarian between these two groups.

Table 2: Group comparisons of CAMI domains

CAMI results (mean)	Community Psychology	Other	t-score	p-value
Authoritarian (Higher more stigma)	2.78	2.72	1.38	0.17
Benevolence (Higher less stigma)	2.93	2.79	3.88	<0.05*
Social Restrictiveness (Higher more stigma)	2.71	2.78	1.96	0.05*
Community Mental Health Ideology (Higher less stigma)	2.85	2.93	1.98	0.05*
* Independent sample t-tests $p < 0.05$				
CAMI results (mean)	Community Psychology	Nursing	t-score	p-value
Authoritarian (Higher more stigma)	2.78	2.7	1.78	0.076
Benevolence (Higher less stigma)	2.93	2.76	4.16	<0.05*
Social Restrictiveness (Higher more stigma)	2.71	2.81	2.77	<0.05*
Community Mental Health Ideology (Higher less stigma)	2.85	2.97	2.62	0.01*
* Independent sample t-tests $p \leq 0.05$				

Additionally, we looked at the difference between community psychology students just entering the program (≤ 30 credits completed) and those leaving the program (> 30 credits completed) and we found no significant difference in any of the four subscales.

We also explored how individual knowledge and personal experience with mental illness impacts students' attitudes. Overall, respondents who indicated that they were 'very knowledgeable about mental illness' indicated significantly less pessimistic attitudes (Authoritarian) than those that indicated they were 'not very knowledgeable' (MD=0.05, $p \leq 0.05$)

Those who indicated that they had 'ever, had a family member or friend diagnosed with a mental illness' (M=2.72) showed significantly less pessimistic attitudes (Authoritarian) and a greater level of acceptance toward deinstitutionalization (Community Mental Health Ideology) than those who indicated that they 'never, knew someone diagnosed with a mental illness' (Authoritarian; MD=0.07; $p \leq 0.05$; Community Mental Health Ideology; MD=0.08).

Discussion

Overall, our data suggests that stigma towards individuals with mental illness exists, even among health care professionals in training, such as community psychologists and nurses that are on the front lines caring for these individuals. Our findings are similar to others who have looked a stigma in nurses and counselors^{6,12}.

Community psychology students seem to have a high level of empathy and compassion for individuals with mental illnesses, even more so than their nursing counterparts. These are promising results given that the community psychology graduate programs goal is to encourage the exploration of individual stigma associated with individuals diagnosed with mental illness.

Interestingly when comparing other' graduate students, nursing students and community psychology student the community psychology students had more stigma around deinstitutionalization of those with mental illness and having mental health facilities in the community (Community Mental Health Ideology).

This is an interesting and perplexing finding. It would be interesting to explore further but it could be hypothesized that since students in community psychology are often employed in these types of institutions, they see the need for these types of institutions throughout the community.

Additionally, knowing someone with a diagnosis of a mental illness or even a perceived greater knowledge of mental illness seemed to significantly decrease students' pessimistic attitudes and increase their acceptance of people with mental illness in the community. Research has suggested that more education and knowledge of persons diagnosed with mental illness will lead to an overall better understanding of mental illness are less likely to have stigma and can decrease negative stereotypes^{13,14}. Several studies have shown that participation in education programs specific to mental illness can lead to decreased stigma as well^{5,13-17}.

This study had several limitations that diminishes the generalizability of the results such as a small sample of graduate students from a small, local university. We also were only able to receive responses from 36% of the graduate students. Even with these limitations, we were able to further add to the literature around stigma of people diagnosed with mental health disorders within health care professionals in-training, specifically community psychologist. It is our hope that we can use these data to help inform future standalone professional development, internship opportunities or by embedding curriculum into existing classes.

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Competing Interests

The authors have no conflict of interest.