Brief Report

Student Attitudes Toward Persons With Mental Illness: The Influence of Course Work and Level I Fieldwork

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The declining involvement of occupational therapy practitioners in mental health settings has been a source of concern among practitioners and educators alike (Haiman, 1990). Although the tendency for health care students to avoid mental health as a career specialty is not limited to occupational therapy, it is of particular concern to a holistic profession with a long and proud tradition in mental health care. Some authors have suggested that negative attitudes toward mental illness may be one factor in students’ decisions not to enter mental health practice (Cusick, Demartia, & Doyle, 1993; Lyons & Hayes, 1993; Paul, 1996). Lyons and Hayes (1993) found that occupational therapy students held differing attitudes toward various disability groups, with mental illness being among the least favored. Other authors have found that occupational therapy students more frequently rate psychiatric courses negatively than courses in physical disabilities (Christie, Joyce, & Moeller, 1985; Ezersky, Havazelet, Scott, & Zettler, 1989; Wittman, Swinehart, Cahill, & St. Michel, 1989). The purpose of the present study was to investigate the attitudes of occupational therapy students toward persons with mental illness. The specific research questions were as follows:

1. Do occupational therapy students hold different attitudes toward persons with mental illness than toward persons with physical disabilities?
2. Do attitudes toward persons with mental illness change during occupational therapy education and, if so, in what ways?
3. If attitudes change, which is more influential: academic course work, a Level I fieldwork, or both?

Method

Participants

A convenience population of 45 junior students enrolled in a 4-year undergraduate occupational therapy program in Pennsylvania during the 1997–1998 academic year comprised the sample. All but 2 participants were women (95.6%), and all were White. The mean age of the participants was 20.22 years. At the beginning of the study, more than half (57.8%) of the participants reported having had some contact with persons with mental illness in such settings as summer camps, hospitals, or mental health facilities. Approximately half (48.9%) of the participants reported prior personal experience with persons with mental illness defined either as self, a family member, or a close friend. Other sources of information about persons with mental illness before the study were television or movies (88.8%), textbooks and journals (77.8%), newspapers and magazines (66.7%), biographies and personal accounts (42.2%), and works of fiction (24.0%).
Instruments

Two attitude scales were used in the study: Attitudes Towards Disabled Persons Scale–Form A (ATDP-A; Yuker, Block, & Campbell, 1962) and Opinions About Mental Illness Scale (OMI; Cohen & Struening, 1962). The use of standardized scales minimized the risk of errors resulting from repeated ratings with the same instrument (Antonak & Livneh, 1988). The ATDP-A was selected to compare student attitudes toward persons with mental illness and persons with physical disabilities. High scores on the ATDP-A indicate a positive attitude toward persons with disabilities (Yuker & Block, 1986). The Standard ATDP-A (Yuker et al., 1962) assesses attitudes toward persons with physical disabilities. To measure attitudes toward persons with mental illness, we modified the instructions to the ATDP-A, which the scale authors recommend when attitudes toward a specific disability group are sought and are not considered to affect the validity of the scores obtained (Yuker & Block, 1986). Our Mental Illness ATDP-A directed participants to consider when responding to each item their attitudes toward persons with mental illnesses severe enough to cause disability (e.g., schizophrenia, bipolar disorder, depression).

The OMI was selected to measure the content of attitudes toward persons with mental illness. The scale consists of five factors (Cohen & Struening, 1962):

- **Factor A, Authoritarianism**: High scores signify a belief that persons with mental illness are different, inferior, and require coercive authoritarian handling.
- **Factor B, Unsophisticated Benevolence**: High scores represent a moral paternalistic attitude toward persons with mental illness, who are viewed as childlike in nature.
- **Factor C, Mental Hygiene Ideology**: High scores suggest an optimistic view that mental illness is a disease like any other.
- **Factor D, Social Restrictiveness**: High scores imply a belief that persons with mental illness are a threat to the community and must have restrictions placed on them.
- **Factor E, Interpersonal Etiology**: High scores indicate a belief in the influence of life experiences, particularly those during childhood, in the cause of mental illness.

Favorable attitudes toward persons with mental illness are indicated by low scores on Factors A, D, and E and high scores on Factors B and C. The reliability and validity of the factors that comprise the OMI have led to its continued use in mental health research (Holmes, Corrigan, Williams, Canar, & Kubiak, 1999).

Procedure

Approval for the study was obtained from the Institutional Review Board of the researchers’ university. Participants were recruited with a standard informed consent form; all responses were confidential and anonymous. The study spanned a period of 10 months. The Standard ATDP-A was administered 4 months before the start of course work in psychosocial rehabilitation and 3 months after the completion of a 2-week Level I fieldwork in a mental health setting. The Mental Illness ATDP-A and OMI were administered at three different times: once at the start of the psychosocial rehabilitation course work, once at the conclusion of course work, and once after the 2-week Level I fieldwork experience.

Course Content

Learning about mental illness occurred in two concurrent courses: Psychosocial Rehabilitation and Pathological Conditions II. Psychosocial Rehabilitation provided the theoretical knowledge and practical skills for clinical practice in mental health. About one third of Pathological Conditions II focused on learning about adult mental disorders. Both courses engaged students in learning activities that have been demonstrated to promote positive attitudes toward persons with mental illness and that included information about the lives of persons with mental illness, consumer and family member presentations, demythologization of mental illness, and reflections on autobiographical accounts (Yuker, 1988).

Level I fieldwork experiences were designed to provide an initial introduction to client treatment. Fieldwork experiences were scheduled during the summer break immediately after course work. Participants spent 80 hours observing mental health programs in a variety of settings and interacting with persons with mental illness.

Results

The results were first analyzed across time, using a repeated-measures analysis of variance (ANOVA) with a Greenhouse-Geiser correction for repeated measures. Where significant changes were identified, the data were further analyzed with paired t tests. Significant differences were found between the Standard ATDP-A and Mental Illness ATDP-A mean ratings, \( F(4, 176) = 21.20, p < .001 \) (see Figure 1), and between the means of three of the five OMI factors at the different rating times: Factor A, \( F(2, 88) = 7.35, p = .001 \); Factor D, \( F(2, 88) = 12.86, p < .001 \); and Factor E, \( F(2, 88) = 7.66, p = .001 \) (see Table 1).

Differences in Attitudes Toward Persons With Mental Illness and Persons With Physical Disabilities

Ratings on the Mental Illness ATDP-A at the start of course work were significantly less favorable than pretest
ratings on the Standard ATDP-A, $t(44) = -7.01, p < .001$. Although Mental Illness ATDP-A ratings improved after course work and Level I fieldwork, they remained significantly less favorable than Standard ATDP-A ratings both before, $t(44) = -3.75, p < .001$, and after, $t(44) = -4.98, p < .001$, educational experiences. No significant differences in Standard ATDP-A pretest and posttest ratings, $t(44) = .38$, were found.

Changes in Content of Attitudes Toward Persons With Mental Illness

OMI factors expressing negative attitudes toward persons with mental illness changed in a significant, favorable direction after course work: Factor A, $t(44) = -3.88, p < .001$; Factor D, $t(44) = -5.88, p < .001$; and Factor E, $t(44) = -4.11, p < .001$. The two OMI factors expressing positive attitudes (B and C) showed no significant change. After Level I fieldwork, a significant change occurred for two factors: Factor D, $t(44) = 3.37, p < .01$, and Factor E, $t(44) = 2.29, p < .05$. These factors became less favorable, so after course work and Level I fieldwork, only OMI Factor A remained significantly changed and more favorable, $t(44) = -2.02, p < .05$.

Changes After Course Work and Level I Fieldwork

At the end of psychosocial rehabilitation course work, Mental Illness ATDP-A scores showed a significant change in a favorable direction, $t(44) = 3.24, p < .002$. There were no significant changes in Mental Illness ATDP-A ratings after Level I fieldwork, $t(44) = -0.7$, although ratings continued to be more favorable than those at the start of course work, $t(44) = 2.89, p = .006$. As described previously, two of the three OMI factors that had become more favorable after course work became less favorable after a Level I fieldwork experience.

Other Findings

Homogeneity of the participants limited examination of the data by descriptive variables. The data were separated into two groups to evaluate whether prior personal experience with persons with mental illness influenced ratings. Repeated-measures ANOVA revealed no significant differences in the Standard ATDP-A and Mental Illness ATDP-A or OMI factor scores between participants with ($n = 22$) or without ($n = 23$) prior personal experience.

Preference Toward Mental Health Practice

To minimize bias created by a declaration of practice preference, participants were asked about their interest in a career in mental health only after the Level I fieldwork. At the completion of a Level I fieldwork, 75.6% of the participants stated that they would consider working in mental health if a position were available when they graduated compared with only 22.2% who stated that they had held an interest in mental health at the start of the psychosocial rehabilitation course work. The significance of the difference in percentages exceeded the $p < .001$ level, using the McNemar test.

Discussion

The finding that the participants’ initial attitudes toward persons with mental illness were less favorable than atti-

Table 1

<table>
<thead>
<tr>
<th>OMI Factor</th>
<th>Time 1*</th>
<th>Time 2b</th>
<th>Time 3*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$M$ (SD)</td>
<td>$M$ (SD)</td>
<td>$M$ (SD)</td>
</tr>
<tr>
<td>A. Authoritarianism</td>
<td>17.71 (4.50)</td>
<td>15.38 (4.31)***</td>
<td>16.18 (5.68)</td>
</tr>
<tr>
<td>B. Unsophisticated Benevolence</td>
<td>47.64 (4.48)</td>
<td>48.42 (4.32)</td>
<td>48.89 (4.56)</td>
</tr>
<tr>
<td>C. Mental Hygiene Ideology</td>
<td>27.76 (3.23)</td>
<td>28.76 (3.32)</td>
<td>27.71 (4.30)</td>
</tr>
<tr>
<td>D. Social Restrictivenessa</td>
<td>16.07 (5.36)</td>
<td>12.64 (4.75)***</td>
<td>15.07 (4.97)**</td>
</tr>
<tr>
<td>E. Interpersonal Etiolod</td>
<td>9.85 (4.11)</td>
<td>7.84 (3.59)***</td>
<td>8.91 (4.20)*</td>
</tr>
</tbody>
</table>

Note. $N = 45$. OMI = Opinions About Mental Illness Scale.

*Start of psychosocial rehabilitation course work. bEnd of course work. cAfter 2-week Level I fieldwork in a mental health setting. dSignificant repeated measures analysis of variance, $p < .001$.

*Significant paired-sample $t$ tests, $p < .05$. **Significant paired-sample $t$ tests, $p < .01$. ***Significant paired-sample $t$ tests, $p < .001$. 

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tudes toward persons with physical disabilities is consistent with the reports of others (Elliot, Hanzlik, & Gliner, 1992; Lyons & Hayes, 1993). Participants’ attitudes became more favorable after course work. OMI Factors A, D, and E accounted for this significant change, indicating that the participants viewed persons with mental illness as less dangerous, needing fewer restrictions, and having a biological illness that they did not cause. These findings are consistent with reports in the nursing literature of student attitude changes after course work (Keane, 1991).

In the present study, course work was more effective in achieving favorable attitudes than contact with persons with mental illness during a Level I fieldwork experience. There have been similar findings in the occupational therapy literature looking at the influence of Level I fieldwork on student attitudes toward persons with physical disabilities (Lee, Paterson, & Chan, 1994; Wise & Page, 1980). Lee et al. (1994) proposed that Level I fieldwork only reinforces already-existing attitudes.

Finally, participant attitudes toward persons with mental illness after both course work and contact, although improved, remained significantly less favorable than their attitudes toward persons with physical disabilities. This finding suggests that overcoming negative attitudes toward persons with mental illness is not easily accomplished.

Implications for Occupational Therapy

The results of this study have important implications, as the occupational therapy profession considers the decline in mental health practitioners. Gilbert and Strong (1997) suggested that some occupational therapy students begin their education unaware of mental health as a practice area. Lyons and Ziviani (1995) criticized occupational therapy curricula for not developing positive values in mental health. Other authors questioned whether mental health courses are poorly taught or whether students lack the emotional and intellectual maturity to learn the material (Christie et al., 1985).

The findings presented in this study suggest that student attitudes toward persons with mental illness is one of many factors to be considered during curriculum design. Although the influence of attitudes on actual practice choice was not addressed, one of the most encouraging findings was the shift toward a willingness to consider future practice in mental health. It may be that graduating students facing a changing health care environment will increasingly choose to explore traditional and emerging opportunities in mental health.

Limitations and Directions for Future Research

Methodological limitations of the study include the use of a single, small, nonrandomized sample without a comparison group; the faculty members’ dual role as instructors and researchers; and the use of instruments developed in the 1960s to measure contemporary attitudes. The specific learning experiences that brought about the attitude change require further study, as does the role of attitudes as they relate to practice preferences, career paths, and client outcomes. ▲

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References


