

A COMPARISON IN THE ATTITUDES OF STUDENTS IN HUMAN  
SERVICE FIELDS AND NON-HUMAN SERVICE FIELDS  
REGARDING INDIVIDUALS DIAGNOSED  
WITH MENTAL ILLNESS

By

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This study was conducted to determine if attitudes regarding individuals with mental illness were significantly different between students in human service majors and students in non-human service majors. The research compared the two groups to find differences, which could contribute to the negative stigmas and low unemployment rates of individuals with mental illness. The sample survey was composed of students in human service majors and students in non-human majors attending the University of Wisconsin-Stout.

An analysis of variance was conducted and found seventeen of the twenty attitude statements by the two different groups to be statistically different. These findings suggest that education and awareness about individuals with mental illness needs to be brought forth in course work of students in non-human service majors to aid in eliminating attitudes and stigmas.

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## Chapter I

### INTRODUCTION

The world of work creates opportunities for a diverse range of individuals, however this seems to exclude people diagnosed with mental illness. Only a small minority of individuals with mental illness achieve employment and among them, most experience underemployment throughout their lives (Akabas, 1994). Vocational rehabilitation professionals have struggled with the employment outlook for individuals with mental illness for years. Reasons for the high unemployment rates are unclear, but speculations do exist.

"An estimated four to five million individuals in the United States have severe mental illness" (McReynolds & Garske, 1999, p.45). The unemployment rate for these individuals has been reported at 85% and higher, in which the average unemployment rate for persons with other disabilities is between 50% and 75% (Garske, 1999). This figure shows that employed individuals with mental illness have a low probability for success compared to other disability groups such as mental retardation and learning disabilities.

Most individuals with mental illness have adequate education, qualifications, competencies, and the desire to seek and maintain competitive employment. However, most lack the social skills, personal management, symptom management, cognition, personal hygiene and abilities to cope with stress (McReynolds & Garske, 1999). Also the episodic and unpredictable nature of the disorder, and the side effects of psychopharmacological and psychiatric treatments interfere with ones daily life (West &

Parent, 1995). These deficiencies are what employers seek and consider imperative when hiring and retaining employees.

When an individual with mental illness is hired, it is a challenge to maintain a balance between their strong and weak abilities. Without the proper support and understanding the person is likely to be unsuccessful. According to Sheila Akabas, author of "Workplace responsiveness: Key employer characteristics in support of job maintenance for people with mental illness," "the workplace is often impatient with the needs for accommodation and increasingly interested in the ability of participants to play multiple roles, demanding diversity of function that may be beyond the immediate capacity of persons with mental illness to respond" (Akabas, 1994, p.92).

This impatience can lead to employers becoming frustrated and unwilling to provide the necessary support to their employees with mental illness. The experience can lead employers into developing attitudes and opinions towards hiring and maintaining persons with mental disorders. The negative attitudes circulate throughout the working world and create major barriers in different employment settings.

Poor service quality and negative attitudes not only arise from employers but also rehabilitation professionals. Individuals with mental illness who seek vocational services only have half the success rates as those persons with physical disabilities (Garske, 1999). This is due to the overwhelming increase in caseloads of consumers with mental illness, which consists of the second largest disability category at 17.8 percent of all cases (Garske, 1992). This increase resulted in the deinstitutionalization effort that discharged thousands of patients with mental illness into the community. Rehabilitation professionals did not have the proper training and knowledge to work with these

consumers. This resulted in negative attitudes towards individuals with mental illness, causing poor quality of services from rehabilitation professionals.

Attitudes are a key factor to a person with mental illness succeeding within the world of work. These attitudes affect and cause barriers to individuals seeking employment and services. These formed barriers are resulting in individuals with mental illness not receiving the quality of services needed to treat their disorder. Also the barriers are causing a lack of integration within society. The importance of this study is to determine the attitudes and knowledge towards mental illness of students in human service and non-human service professions who will be seeking and hiring future employees. Research has shown that even though having the education and knowledge a person can still create formed attitudes or beliefs about mental illness. It is important to determine the difference between people who have experience with individuals with mental illness and those who have no familiarity. Determining the difference of attitudes between the two groups of students will aid in learning where these attitudes may originate along with knowing what characteristics and stigmas exist towards individuals with mental illness. This knowledge may lead into understanding why the outlook and success rate for individuals with mental illness is poor.

A review of literature indicates that individuals with mental illness have a low unemployment and service rate compared to any other disability group. Research has also shown that society's negative attitudes and stereotypes are a significant consequence to this low rate. Therefore, the research hypothesis for this study is that negative attitudes and stereotypes are a significant consequence to the low unemployment and service rate of individuals with mental illness.



### Statement of the Problem

The purpose of this study is to describe the attitudes related to unemployment and the level of service towards individuals with mental illness by students in human service and non-human service professions as measured by a Likert scale survey.

### Research Questions

This study will focus on the following objectives:

1. What are the attitudes of students in human service majors regarding individuals with mental illness?
2. What are the attitudes of students in non-human service majors regarding individuals with mental illness?
3. Are there significant differences in attitudes towards individuals with mental illness between the two groups of students?
4. Do these attitudes have an impact on the low employment rate of individuals with mental illness?

## Chapter II

### REVIEW OF LITERATURE

Headache, Allergies, Arthritis! Depression, Anxiety, Bipolar Disorder! Today, the term “mental illness” is as openly discussed as everyday common maladies.

Tylenol, Tivist, Advil! Prozac, Paxil, Lithium! Every other television commercial is an ad for a prescribed medication to cure some mental diagnosis.

“Mother of Five Murdered All”, “Deranged Postal Employee Shoots Co-Workers!” The daily news has stories of parent’s killing their children as a result of being depressed or murderer’s pleading insanity. Even though in most news coverage education towards mental health disorders is provided, it is not the main focus. This daily influence has created formed attitudes and stigmas towards mental illness. Professionals, employers, media, and community members place these attitudes and stigmas upon any individual who may be diagnosed with some form mental illness, which results in barriers to independence, daily living, and employment. In today’s world, we as a society seem to be exposed to the term mental illness whether through media or personal contacts, however as a society we still have fears, misconceptions and a lack of knowledge about this disability. According to The U.S. Department of Health and Human Services (1999), “Stigmatization of mental illness is an excuse for inaction and discrimination that is inexcusably outmoded in 1999.” (p.3).

This study looks at various attitudes of students in helping and non-helping majors to determine the difference between the education and knowledge about mental illness, and what attitudes may arise that affect employment and daily life.

The review of literature will look at the definition of mental illness, historical and present attitudes, the meaning of work, and barriers to everyday life and employment.

### Mental Illness

Mental health diagnoses seem to be on the rise. Actors, Actresses, Politician's, Mother's, Father's, Teachers, Students, and Children are being diagnosed with depression, postpartum depression, bipolar depression, schizophrenia, and the list continues on. Society listens, reads and sees personal or tragic stories everyday. Interviews take place with celebrities providing personal stories about diagnoses. Tragic events occur that involve someone who has a mental illness diagnosis and the media takes hold of the story. The media focuses on the drama, however limits the definition of the disorder and what complications may be involved. The question that needs be addressed is, "What is Mental Illness?"

The term mental illness covers a wide range of diagnosable mental or emotional disorders. According to The Department of Health and Human Services (1999), "mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination) associated with distress and/or impaired functioning (p.5)." A mental disorder can be experienced long-term or short-term with mild to strong intensities. The diagnosis and characteristics vary from person to person. Some individuals may need constant and on-going support, while others may need minimal to no support.

The Center for Psychiatric Rehabilitation (1997) indicates that the most common forms of mental illness include anxiety disorders, depressive disorders, and schizophrenia (p.1). Due to the extensive variety and diversity included in mental illness diagnoses,

these three disorders will be the focus. First, anxiety disorders involve severe fear or anxiety associated with particular objects and situations, in which individuals try to avoid exposure to that cause. Examples of this disorder include panic disorders, phobias, obsessive-compulsive disorder, and post-traumatic stress disorder. Second, depressive disorders are characterized as disturbances or changes in mood that usually involve either depression or mania (Center for Psychiatric Rehabilitation, 1997). Disorders involved in this description include major depression, bipolar disorder, dysthymia, and seasonal affective disorder. Third, schizophrenia is a chronic illness in which a person's thoughts seem fragmented and may experience difficulty-processing information. Symptoms are categorized as either negative (social isolation, decrease in motivation and flat affect) or positive (hallucinations, delusions and thought disorder) (Center for Psychiatric Rehabilitation, 1997).

### Perceptions

For centuries individuals with mental illness have been labeled, criticized, and shunned in society. Mental illness was considered "a punishment God gave to sinners, as a spiritual torment due to possession by the devil, or as a moral defect due to weakness of will" (Garske, and Stewart, 1999, p.7). Blame was also brought upon parents and family members with the views that mental illness was due to poor parenting skills, weak character, and inadequate upbringing.

Today the majority of these myths have dissipated but feelings such as fear, mistrust, and anxiety still linger within society. The public tends to misperceive individuals with mental illness as having disturbing and life-threatening behaviors and at times feeling that the illness is unreal since it cannot be seen physically. These stigmas

can place far-reaching effects externally and internally for individuals with mental illness. Externally relatives, friends, neighbors, and employers can reject the individual, and internally aggravating feelings of rejection, loneliness, and depression can persist (Garske & Stewart, 1999). These effects lead to rejection within social and family interactions, employment, and daily living.

Rehabilitation professionals can also hold negative attitudes toward individuals with mental illness. According to author Greg Garske (1999):

Professionals often unwittingly reinforce stigma in their interactions with clients, by holding faulty ideas about the nature of the disability, by perpetuating negative stereotypes, by expecting clients to conform to dictated treatment and dependency roles, and by using unskilled jobs inappropriately. (p.26)

This leads to the problem of individuals with mental illness being underserved within vocational rehabilitation programs and having a low probability for success (Bybee, & Mowbray, 1996).

It is important to examine reasons why attitudes still persist in today's society. Authors Martin, Pescosolido, and Tuch (2000) examined current public attitudes towards people with mental illness to create a comprehensive framework that describes the reasons for acceptance and rejections. Martin et al. (2000) most significant findings were that the "nature of the disturbing behavior has more of a significant effect rather than the identification of mental illness itself" (p.211). They also found that when mental health issues are related to "genetic, biological, or supernatural causes or to stressful life circumstances" (p.212) the public has a greater acceptance. However, if mental health

issues are related to "bad character or the way the individual was raised" (p.212) the public has a higher level of prejudice and creates more social distance.

### Influences of Media

Film and print media has a significant influence on society's perceptions of mental illness. Within films people with mental illness are viewed as "homicidal maniacs, rebellious free spirits, female seductresses, enlightened members of society, narcissistic parasites, or zoo specimens" (Read & Law, 1999, p.218). Print media confirms the "stereotype of violence and dangerousness by requiring the reader to employ the stereotype to make sense of the otherwise inexplicable behavior reported" (Read & Law, 1999, p.218).

Authors Granello, Pauley, and Carmichael (1999), found a study by Wahl and Lefkowitz (1989) comparing two groups of audiences watching a television movie that portrayed a killer with mental illness. One group had a trailer stating that violence was not typical of mental illness and the other group did not have a trailer. The results showed that the warning had no effect indicating that it was ineffective in overcoming influences of the media.

Granello et al. (1999), found another study conducted by Thornton and Wahl (1996) who gave corrective information to one group before reading a newspaper article reporting a violent crime by an individual with mental illness and compared results to another group who did not receive the corrective information. The results showed that when corrective information is presented first, it improves attitudes towards individuals with mental illness.

Both of these studies indicate that the media has a strong influence on people's opinions. Every person views and conceptualizes information differently. By providing educational and medical information, it is possible to eliminate several negative attitudes and stereotypes within society.

### Meaning of Work

A simple job can enhance an individual's self-esteem, self-worth, along with developing a status in society, and creating an opportunity to socialize with various people. Working also provides an individual with financial security, benefits, and a chance to create new skills and abilities.

Employment also creates the ability to increase a person's mental well being. According to Sheila Akabas, author of "Workplace Responsiveness: Key Employer Characteristics in Support of Job Maintenance for People with Mental Illness," a study of forty randomly selected patients at a mental health center found a positive effect on satisfaction with life that resulted from employment (Akabas, 1994). Also a study on 230 first time psychiatric admissions after one year of hospitalization examined their current emotional states and stressful working conditions and found that no matter the level of stress entailed, work is less damaging than unemployment to an individual's current emotional state (Akabas, 1994).

The studies prove that employment can increase a person's mental well being, along with providing satisfaction in life. Employment is a strengthening therapy for individuals with mental illness that has ability to lower symptoms. However this ability takes time and the individual needs encouragement and support from employers and others.

### Barriers to Employment and Daily Life

Individuals with mental illness are constantly facing barriers throughout their lives in one-way or another. These barriers stem from the effects of the disorder and the lack of knowledge and awareness of others.

People with mental illness exhibit limitations in everyday functioning which includes difficulties with interpersonal situations, problems coping with stress, difficulty concentrating, and lack of energy or initiative (Garske, 1999). These limitations can result in barriers to adequate housing, meaningful work, routine social interactions, education, loans, health insurance, and obtaining a drivers license (Garske & Stewart, 1999).

Individuals with mental illness also face barriers to employment which include societal stigmatic attitudes of professionals, family members, consumers, and employers; economic incentives of social insurance programs; lack of access to vocational services; and services that emphasize assessment and prevocational goals rather than competitive employment and following supports (Garske & Stewart, 1999). Additional problems may stem from negative interactions with co-workers and supervisors who may lack information about the nature of mental disorder and the person's strengths and limitations (Garske, 1999).

In order for an individual with mental illness to lead a "normal" life and have employment success the barriers need to be broken. Awareness and education need to be brought forth to employers and other members within society. Without education, attitudes and opinions will still create barriers for individuals with mental illness.



## Chapter III

### METHODOLOGY

The purpose of the study was to determine the attitudes towards individuals with mental illness related to unemployment and level of service from persons in human service and non-human service majors at the University of Wisconsin-Stout. The study surveyed current students in human service (Child Development, Dietetics, Early Childhood, Elementary Education, Family & Consumer Educational Services, Hospitality and Tourism Management, Human Development and Family Studies, Mental Health Counseling, Psychology, Special Education, Technology Education, Vocational Rehabilitation, and Vocational, Technical & Adult Education) and non-human service (Apparel Design, Applied Mathematics, Architecture, Business Administration, Construction, Fashion Marketing, Graphic Design, Industrial Design, Industrial Technology, Manufacturing Engineering, Marketing, Packaging, Retail Merchandising & Management, Service Management, Telecommunications Systems, and Training & Development) majors. Each student surveyed was asked common questions regarding mental illness.

In this chapter, specific methodology will be discussed under the following headings: Subjects, Instrumentation, Procedures and Method of Analysis.

#### Subjects

The subjects in this study consisted of 273 students at the University of Wisconsin-Stout. Of those 107 were students in human service majors, 161 were students in non-human service majors and 5 were students with an undecided major.

### Instrumentation

The survey instrument was designed by the researcher to gain information on the attitudes towards individuals with mental illness from students in human service and non-human service majors.

The response format was divided into two parts. The first part gathered demographic information such as sex, age, major, enrollment status from each student surveyed. The second part contained attitude and opinion statements using a likert scale. The instrument was a modified version of the ATDP (Attitudes Toward Persons with Disabilities) scale. The modifications were designed to target specifically persons with mental illness. See Appendix A for a copy of the survey.

The statements in the second part were taken from issues found in the review of literature, and professional journal articles relating to the subject.

The first two research questions ask, “What are the attitudes of students in human service and non-human service majors regarding individuals with mental illness?” Statements 1-20 of the survey instrument measure the attitudes of these two groups using the likert scale. Research question three asks, “Are there significant differences in attitudes towards individuals with mental illness between the two groups of students?” The data gathered from the survey was analyzed to determine the answer. The fourth question asks, “Do these attitudes have an impact on the low employment rate of individuals with mental illness?” Analysis of the data was also used to answer this question.

The survey's purpose was to gather data from students in the human service and non-human service majors and compare their attitudes towards individuals with mental illness, to determine if the attitudes impact the low unemployment rate of this population.

### Procedures

Personal contact was made with specific professors at the University of Wisconsin-Stout to obtain permission to enter classrooms to distribute surveys.

The distribution of the surveys within classrooms took place the week of March 5, 2001.

Each individual student was assured confidentiality and was given the option to participate. The students were also told that the results of the survey would be made available once tabulated to those who made a request.

### Unknowns

The following includes extraneous variables or conditions that would affect the results of the survey:

1. The individual decides not to participate or fill out the survey.
2. The individual misunderstands or misinterprets the questions being asked.
3. The individual skips the question or marks more than one answer due to being indecisive.

### Limitations

The study is limited due to the fact that only small portions of the students at the University of Wisconsin-Stout were surveyed.

### Data Analysis

Due to undefinable variables, attitudes are difficult to precisely measure. However, the survey was anonymous so students most likely answered the questions honestly.

The survey was tabulated by means, frequencies and standard deviations. Histograms were produced to show the distribution of responses for each question and the comparison between distributions for human service major's verses non-human service majors. To supplement the graphical representation of the data Analysis of Variance (ANOVA) tables were also constructed to determine if a statistical difference existed between the responses of human service majors versus non-human service majors. For the purpose of this study a statistical difference was defined using a T Test resulting in a P Value of 0.05 or less.

## Chapter IV

### RESULTS AND DISCUSSION

This chapter will present the results of the survey of students in human service and non-human service fields on their attitudes towards individuals with mental illness. The respondent characteristic information and majors will first be presented. The data gathered from the surveys in relation to the research questions will then be presented, along with findings and discussion.

Accompanying tables have been included. The tables represent the total number of students surveyed in human service fields and non-human service fields (n), the percent of responses (percent), the mean for each Likert scale question (x), and the standard deviation for each item.

#### Demographic Information

The following information describes the respondent characteristics in relation to demographics (see Table 2). The sample consisted of 273 survey participants. Thirty-nine percent (n=107) were students in human service majors and fifty-six percent (n=161) were in non-human service majors. A small portion (one and eight-tenths percents (n=5)) of the responses were students in undecided majors. This group was insignificant to the study since the focus was to compare the attitudes of students in human service and non-human service majors, therefore the responses of the undecided majors were not included in the analysis.

The respondents were asked to identify what major they were in. Majors within the human service division included forty-one percent (n=44) in Vocational Rehabilitation, twenty-one percent (n=23) in Mental Health Counseling, nine and three-tenths percent (n=10) in Special Education, six and five-tenths percent (n=7) in

Hospitality & Tourism, two and one-tenth percent (n=6) in Dietetics, four and seven-tenths percent (n=5) in Technology Education, two and eight-tenths percent (n=3) in Vocational, Technical & Adult Education, two and eight-tenths percent (n=3) in Family & Consumer Educational Services, one and nine-tenths percent (n=2) in Early Childhood, one and nine-tenths (n=2) in Psychology, nine-tenths percent (n=1) in Child Development, and nine-tenths percent (n=1) in Elementary Education.

Majors within the non-human service division included thirty-three percent (n=53) in Business Administration, thirty-two percent (n=51) in Construction, fifteen percent (n=24) in Packaging, five and sixth-tenths percent (n=9) in Retail Merchandising & Management, two and five-tenths percent (n=4) in Graphic Design, one and nine-tenths percent (n=3) in Service Management, one and nine-tenths percent (n=3) in Telecommunications Systems; one and two-tenths percent (n=2) in Apparel Design, one and two-tenths percent (n=2) in Fashion Marketing, one and two-tenths percent (n=2) in Industrial Technology, one and two-tenths percent (n=2) in Manufacturing Engineering, six-tenths percent (n=1) in Applied Mathematics, six-tenths percent (n=1) in Architecture, six-tenths percent (n=1) in Industrial Design, six-tenths percent (n=1) in Marketing, six-tenths percent (n=1) in Training & Development, and six-tenths percent (n=1) in Interior Decorating. (See Table 1)

The second question classified the respondents by gender. Within human service majors, twenty percent (n=21) were males and eighty percent (n=86) were females. In non-human service majors, sixty-three percent (n=101) were males and thirty-seven percent (n=60) were females. (See Table 2)

The third question asked the respondents what age category they fell within. Within human service majors, twenty-two percent (n=24) were 18-20, thirty-two percent (n=34) were 21-23, fifteen percent (n=16) were 24-26, two and eight-tenths percent (n=3) were 27-29; and twenty-eight percent (n=30) were 30 and over. In the non-human service majors, fifty-three percent (n=86) were 18-20, thirty-six percent (n=58) were 21-23, five and five-tenths percent (n=9) were 24-26, six-tenths percent (n=1) was 27-29, and four and three-tenths percent (n=7) were 30 and over. (See Table 2)

The final question asked the respondents to identify whether they were undergraduate or graduate students. Within human service majors, fifty-eight percent (n=62) were undergraduate students and forty-two percent (n=45) were graduate students. In non-human service majors, ninety-nine percent (n=159) were undergraduate students and one and two-tenths percent (n=2) were graduate students. (See Table 2)

Table 1

## Characteristics of Respondents - Majors

Item	Freq	Percentage
<b>Human Service Majors</b>		
Vocational Rehabilitation	44	41
Mental Health Counseling	23	21
Special Education	10	3.9
Hospitality & Tourism	7	6.5
Dietetics	6	2.1
Technology Education	5	4.7
Vocational, Technical & Adult Education	3	2.8
Family & Consumer Educational Services	3	2.8
Early Childhood	2	1.9
Psychology	2	1.9
Child Development	1	0.9
Elementary Education	1	0.9
Total	107	90.4
<b>Non-Human Service Majors</b>		
Business Administration	53	23
Construction	51	32
Packaging	24	15
Retail Merchandising Mgmt	9	5.6
Graphic Design	4	2.5
Service Mgmt	3	1.9
Telecommunications Systems	3	1.9
Apparel Design	2	1.2
Fashion Merchandising	2	1.2
Industrial Technology	2	1.2
Manufacturing Engineering	2	1.2
Applied Mathematics	1	0.6
Architecture	1	0.6
Industrial Design	1	0.6
Marketing	1	0.6
Training & Development	1	0.6
Interior Decorating	1	0.6
Total	161	90.3



Table 2

## Characteristics of Respondents

Item	Freq	Percentage
<b>Gender Classification</b>		
Human Service Majors		
Males	20	21
Females	86	80
Total	106	101
Non-Human Service Majors		
Males	101	63
Females	60	37
Total	161	99
<b>Age Classification</b>		
Human Service Majors		
18-20	24	22
21-23	34	32
24-26	16	15
27-29	3	2.8
30 +	30	28
Total	107	99.8
Non-Human Service Majors		
18-20	86	53
21-23	58	36
24-26	9	5.5
27-29	1	0.6
30 +	7	4.3
Total	161	99.4
<b>Status</b>		
Human Service Majors		
Undergraduate	62	58
Graduate	45	42
Total	107	100
Non-Human Service Majors		
Undergraduate	159	99
Graduate	2	1
Total	161	100

## Findings

An accurate measurement of attitudes can be difficult to obtain, due to indefinable variables. However, each student completed the survey anonymously which may suggest they answered the questions honestly.

### Research Question Analysis

The students who participated within the survey were asked to answer questions using a Likert scale. The Likert scale contained response choices between one, which meant strongly disagree through five, which meant strongly agree. An answer of three-meant neutral or no opinion. To evaluate the differences between responses from human service and non-human service majors an analysis of variance (ANOVA Table) was constructed (see Appendix A). ANOVA tables calculate a 95% confidence interval around the mean response for each category to determine if any difference in means is statistically significant.

#### Research Question One

Research question one asked, “What are the attitudes of students in human service majors regarding individuals with mental illness?” (See Table 3)

An ANOVA was constructed to determine the 95% confidence interval for the mean response for students in human service majors. Of interest was whether or not the means response was neutral (or equal to 3). A One-Sample t-test provides a p-value for the null hypothesis that the mean response is 3. For this study the mean response was 2.24 with a standard deviation of 0.457 and a 95% confidence interval of (2.157, 2.332). This mean is clearly less than the neutral response of 3. The Histogram below shows the

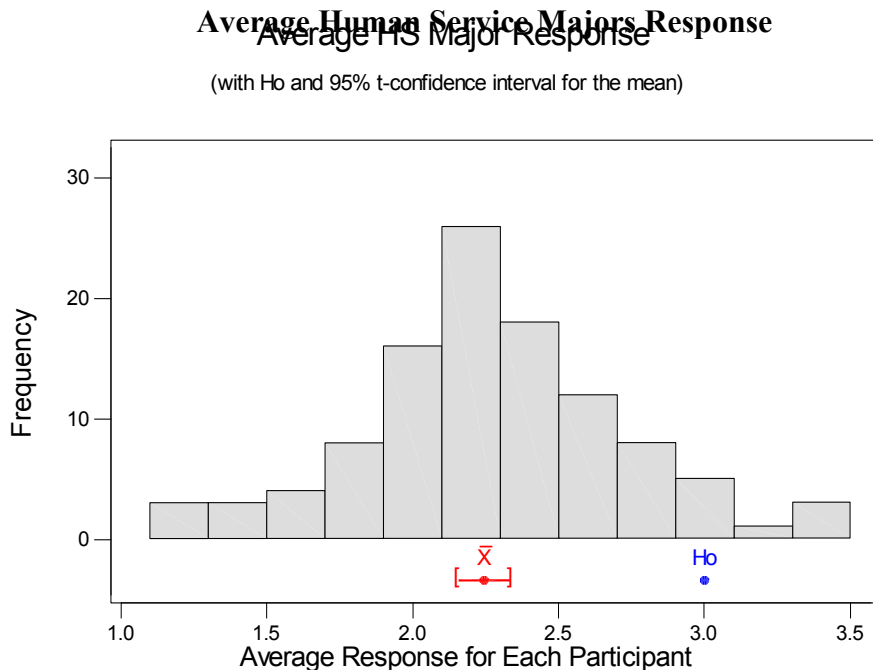
distribution of the average response for each human service major along with the 95% confidence interval for the mean. (See Table 4)

Table 3

Human Service Majors Attitudes Toward Individuals with Mental Illness: Means and Standard Deviations

Attitude Statements	Mean	Standard Deviation
1.	2.36	.98
2.	1.62	.93
3.	2.55	.65
4.	2.06	.75
5.	2.85	1.19
6.	2.00	.74
7.	1.66	.79
8.	2.03	.95
9.	2.52	.89
10.	2.63	1.06
11.	2.07	.89
12.	2.27	.99
13.	1.77	.83
14.	1.80	.73
15.	2.38	.97
16.	2.47	1.00
17.	1.79	.74
18.	3.37	.93
19.	2.70	1.07
20.	1.97	.69

Table 4



### Research Question Two

Research question two asked, "What are the attitudes of students in non-human service majors regarding individuals with mental illness?" (See Table 5)

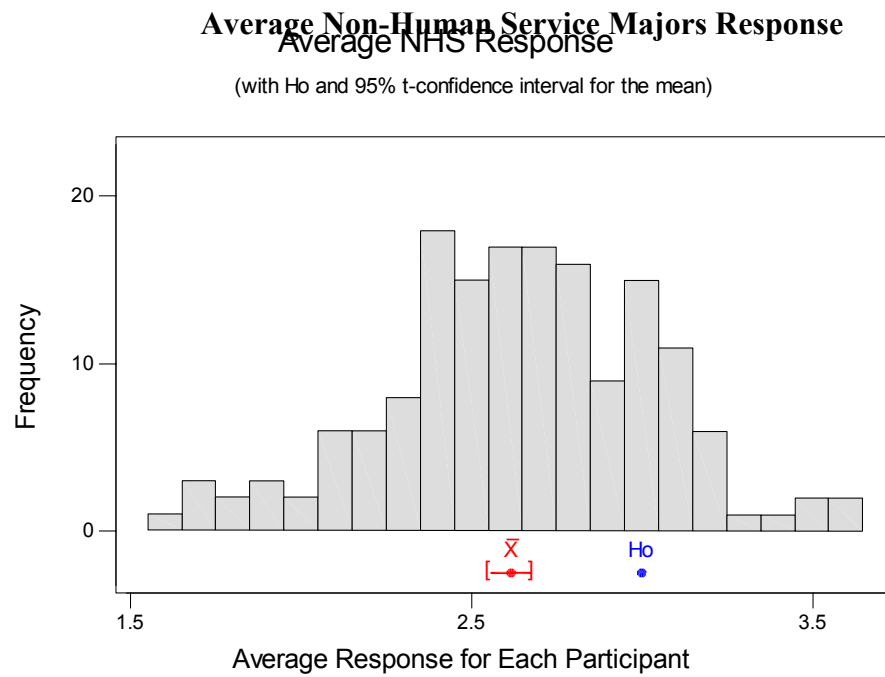
For this study the mean response was 2.62 with a standard deviation of 0.389 and a 95% confidence interval of (2.557, 2.678). This mean is clearly less than the neutral response of 3. The Histogram shows the distribution of the average response for each non-human service major along with the 95% confidence interval for the mean. (See Table 6)

Table 5

Non-Human Service Attitudes Towards Individuals with Mental Illness: Means & Standard Deviations

Attitude Statements	Means	Standard Deviations
1.	2.81	1.02
2.	2.24	.96
3.	2.64	.69
4.	2.43	.75
5.	3.25	1.04
6.	2.60	.89
7.	2.29	.98
8.	2.34	.91
9.	2.73	.71
10.	2.99	.94
11.	2.21	.81
12.	2.57	.89
13.	2.27	.91
14.	2.29	.83
15.	2.63	.82
16.	2.89	.91
17.	2.17	.75
18.	3.36	.80
19.	3.19	.89
20.	2.45	.73

Table 6



### Research Question Three

Research question three asks if there are any significant differences in attitudes towards individuals with mental illness between human service majors and non-human service majors. (See Table 7)

Table 7

Means and P Values of Students in Human Service and Non-Human Service Majors and Their Attitudes Towards Individuals with Mental Illness

Attitude Statements	Human Service Means	Non-Human Service Means	P Value
1.	2.36	2.81	0.00
2.	1.62	2.24	0.00
3.	2.55	2.64	0.29
4.	2.06	2.43	0.00
5.	2.85	3.25	0.00
6.	2.00	2.60	0.00
7.	1.66	2.29	0.00
8.	2.03	2.34	0.00
9.	2.52	2.73	0.04
10.	2.63	2.99	0.00
11.	2.07	2.21	0.22
12.	2.27	2.57	0.01
13.	1.77	2.27	0.00
14.	1.80	2.29	0.00
15.	2.38	2.63	0.03
16.	2.47	2.89	0.00
17.	1.79	2.17	0.00
18.	3.37	3.36	0.92
19.	2.70	3.19	0.00
20.	1.97	2.45	0.00

This researcher used an alpha level of .05 meaning any P value less than .05 indicates a statistical difference between mean responses. In all cases where there was a statistical difference, the students in human service majors answered more positively than the students in non-human service majors.

An analysis of variance table was constructed for each question individually to compare mean responses between the two groups. The analysis found seventeen out of twenty attitude statements by the two different groups to be statistically different.

Overall the attitudes of students in non-human service majors seemed less positive than those of students in human service majors. However all attitudes were still on the positive side. There were two questions that showed more of a difference in response between the two groups. The questions were items 5 and 19. Item 5 stated “Persons with mental illness are different from others.” Item 19 stated “You have to be careful of what you say when you’re with persons with mental illness.” Students in human service majors tended to show more disagreement, while students in non-human service majors were more neutral.

Three questions out of twenty showed no difference in opinion. These three questions were not as influential towards employment.

#### Research Question 4

This question deals with how the attitudes of the two groups may impact the employment rate of individuals with mental illness. In general the attitudes between students in human service majors and students in non-human service majors were positive. However, students in non-human service majors tended to be more neutral in response.

#### Discussion

The findings in this study demonstrated a difference of attitudes between students in human service majors and students in non-human service majors towards individuals with mental illness. On average students within human service majors tended to show more acceptance towards individuals with mental illness, while students within non-human service majors were more neutral. The differences of opinion can lead to the



discussion of the various levels of education and awareness towards individuals with mental illness taught to the two comparative groups throughout their educational studies.



## Chapter V

### CONCLUSIONS AND RECOMMENDATIONS

#### Summary

The researcher chose to explore the attitudes of persons in human service fields and non-human service fields in relation to the unemployment and level of service towards individuals with mental illness. A survey instrument was created to administer to students attending the University of Wisconsin-Stout who were participating in human service majors and non-human service majors. The instrument was designed around issues that were determined through a review of literature. The survey was distributed within classrooms the week of March 5, 2001. The results of the survey were analyzed to determine the attitudes of the groups and to determine if there was a difference in attitudes between the two groups.

#### Conclusions

Each research question will be restated, along with a conclusion summary.

1. What are the attitudes of students in human service majors regarding individuals with mental illness?

The results of the survey show that the attitudes of students in human service majors are more positive, which may demonstrate that this group of students has more education and familiarity towards individuals with mental illness. According to the research, having more awareness about this population decreases the negative attitudes and stigmas that society creates. The results show that students in human service fields would be more likely to employ and work with individuals diagnosed with mental illness.

2. What are the attitudes of students in non-human service fields regarding

individuals with mental illness?

The attitudes of students in non-human service majors were more neutral. Educational courses and direct experiences about individuals with disabilities is not as likely to be part of the curriculum as with students in human service majors. By providing more education about individuals with mental illness, students in non-human service majors may show a stronger acceptance level.

3. Are there significant differences in attitudes towards individuals with mental illness between the two groups of students?

The analysis of variance determined that seventeen of twenty attitudinal statements were statistically different between the two groups. The results indicated that both groups demonstrated positive attitudes towards individuals with mental illness, however students in human service majors tended to be stronger.

4. Do these attitudes have an impact on the low employment rate of individuals with mental illness?

Through the analysis of variance, it was determined that on seventeen of twenty issues there were statistical differences between the two groups of students. The results indicate that students in human service majors may have more awareness about individuals with mental illness compared to students in non-human service fields. Students in human service majors do have more exposure to individuals with mental illness through course content and direct experiences. However, students in non-human service majors may lack the course content, they still may be exposed to individuals within the community.

### Recommendations

It is recommended that this study be repeated in a larger city or metropolitan University where exposure to disabilities is not as common. This study took place at the University of Wisconsin-Stout, which offers the Vocational Rehabilitation major. Students attending Stout are more exposed to individuals with disabilities within the school setting and community. Conducting the study in an area that may not involve a high degree of exposure may produce different results.

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## Appendix A



## HUMAN SUBJECTS CONSENT FORM

I understand that by returning the/this questionnaire, I am giving my informed consent as a participating volunteer in this study. I understand the basic nature of the study and agree that any potential risks are exceedingly small. I also understand the potential benefits that might be realized from the successful completion of this study. I am aware that the information is being sought in a specific manner so that no identifiers are needed and so that confidentiality is guaranteed. I realize that I have the right to refuse to participate and that my right to withdraw from participation at any time during the study will be respected with no coercion or prejudice.

NOTE: Questions or concerns about participation in the research or subsequent complaints should be addressed first to the researcher Lori Besser, 406 Meadowood Lane, Burnsville, MN, 55337, phone (612) 308-4447 or research advisor Dr. Robert Peters, Program Director, Vocational Rehabilitation, 250F Vocational Rehabilitation Building, Menomonie, WI, 54751, phone (715) 232-1983 and second to Dr. Ted Knous, Chair, UW-Stout Institutional Review Board for the Protection of Human Subjects in Research, 11 HH, UW-Stout, Menomonie, WI, 54751, phone (715) 232-1126.

### BACKGROUND INFORMATION

Please answer the following questions by filling out the appropriate space:

- 1.) FEMALE \_\_\_\_\_  
MALE \_\_\_\_\_
- 2.) AGE: 18-20 \_\_\_\_\_  
21-23 \_\_\_\_\_  
24-26 \_\_\_\_\_  
27-29 \_\_\_\_\_  
30+ \_\_\_\_\_
- 3.) MAJOR \_\_\_\_\_
- 4.) UNDERGRADUATE \_\_\_\_\_  
GRADUATE \_\_\_\_\_

Please read the following statements regarding mental illness and rate your agreement or disagreement using the following scale:

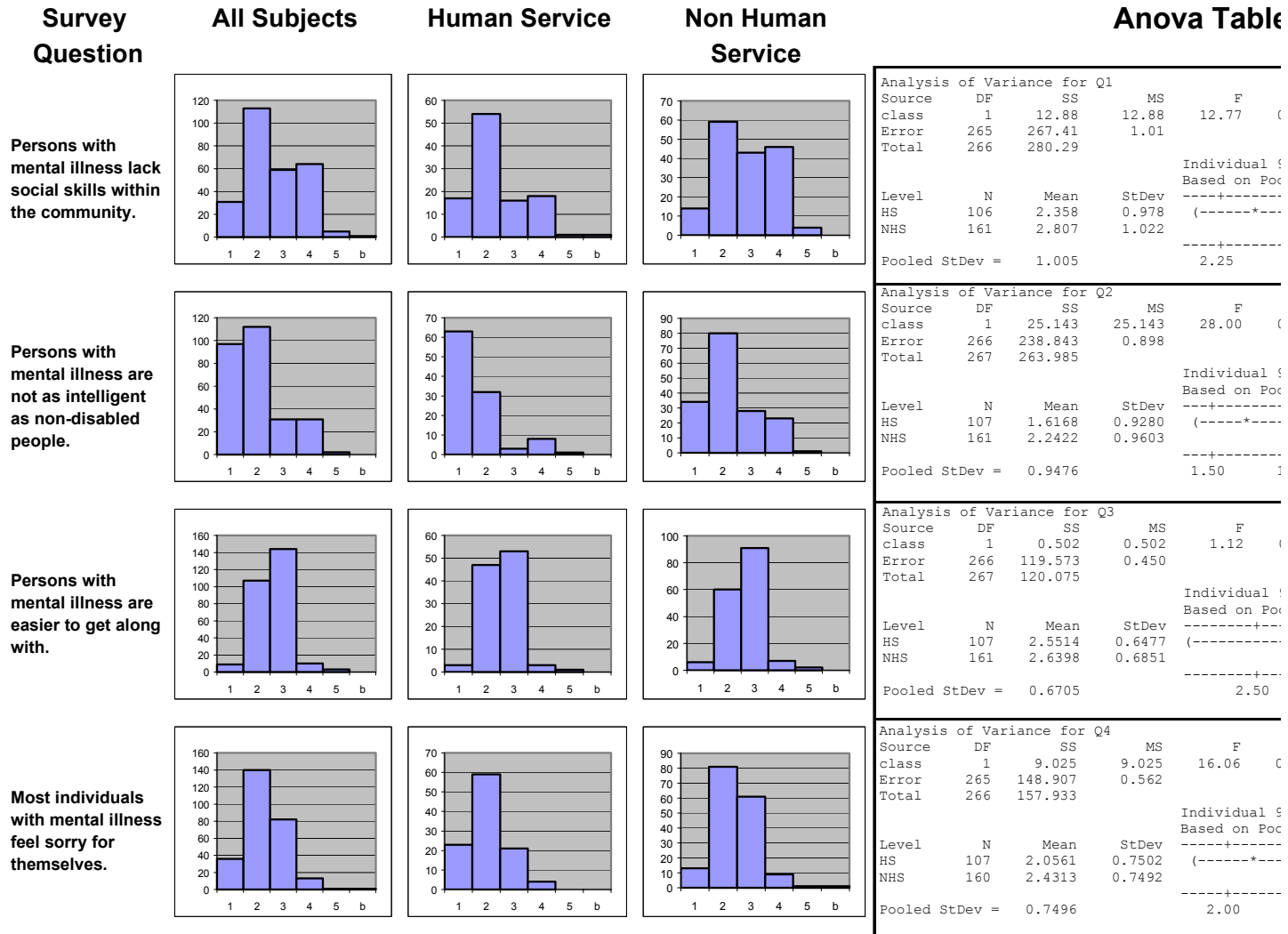
- |                      |                   |
|----------------------|-------------------|
| 1. Strongly Disagree | 4. Agree          |
| 2. Disagree          | 5. Strongly Agree |
| 3. No Opinion        |                   |

- |  |    |   |   |   |    |
|--|----|---|---|---|----|
| 1. Persons with mental illness lack social skills within the community.                            | SD | D | N | A | SA |
| 2. Persons with mental illness are not as intelligent as non-disabled people.                      | SD | D | N | A | SA |
| 3. Persons with mental illness are easier to get along with.                                       | SD | D | N | A | SA |
| 4. Most individuals with mental illness feel sorry for themselves.                                 | SD | D | N | A | SA |
| 5. Persons with mental illness are different from others.  | SD | D | N | A | SA |
| 6. Persons with mental illness need constant supervision at work                                   | SD | D | N | A | SA |
| 7. It would be best for disabled persons to live and work in special communities.                  | SD | D | N | A | SA |
| 8. It is up to the government to take care of persons with mental illness.                         | SD | D | N | A | SA |
| 9. Most people with mental illness worry a great deal.   | SD | D | N | A | SA |
| 10. Persons with mental illness should not be expected to meet the same standards as non-disabled. | SD | D | N | A | SA |
| 11. Persons with mental illness are not as happy as non-disabled ones.                             | SD | D | N | A | SA |
| 12. Persons with mental illness are harder to get along with than those with non-disabilities.     | SD | D | N | A | SA |

12. Persons with mental illness are harder to get along with than those with non-disabilities. SD D N A SA
13. It is almost impossible for a person with mental illness to lead a normal life. SD D N A SA
14. You should not expect too much from persons with mental illness. SD D N A SA
15. Persons with mental illness tend to keep to themselves much of the time. SD D N A SA
16. Persons with mental illness are more easily upset than non-disabled people. SD D N A SA
17. Persons with mental illness cannot have a normal social life. SD D N A SA
18. Most persons with mental illness feel that they are as good as other people. SD D N A SA
19. You have to be careful of what you say when you're with persons with mental illness. SD D N A SA
20. Persons with mental illness are often grouchy. SD D N A SA

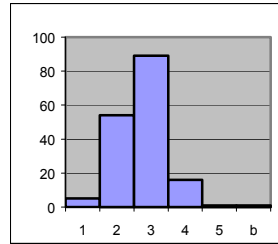
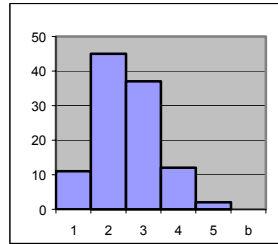
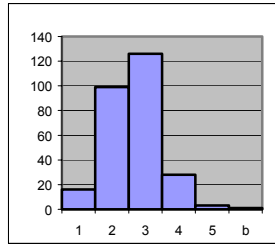
## Appendix B

# Graphical Summary of Survey Results with ANOVA Tables:





**Most people with mental illness worry a great deal.**



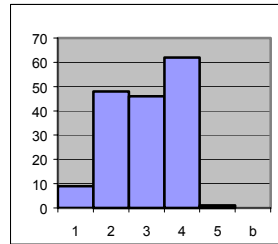
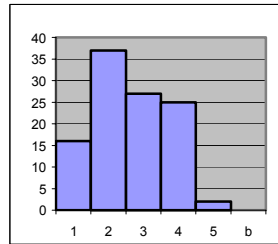
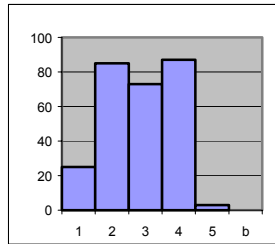
Analysis of Variance for Q9					
Source	DF	SS	MS	F	
class	1	2.607	2.607	4.20	0.0
Error	265	164.592	0.621		
Total	266	167.199			

Level	N	Mean	StDev	Individual 95% Based on Pooled
HS	107	2.5234	0.8939	(-----*-----)
NHS	160	2.7250	0.7089	(-----*-----)

Pooled StDev = 0.7881      2.40      2.55

**Persons with mental illness should not be expected to meet the same standards as non-disabled.**



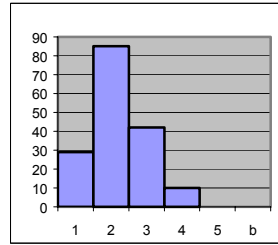
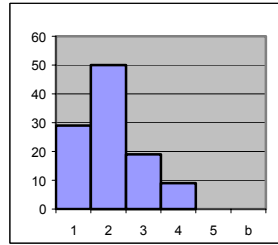
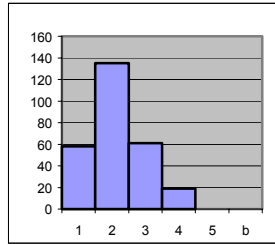
Analysis of Variance for Q10					
Source	DF	SS	MS	F	
class	1	8.396	8.396	8.56	0.0
Error	266	261.022	0.981		
Total	267	269.418			

Level	N	Mean	StDev	Individual 95% Based on Pooled
HS	107	2.6262	1.0598	(-----*-----)
NHS	161	2.9876	0.9420	(-----*-----)

Pooled StDev = 0.9906      2.60

**Persons with mental illness are not as happy as non-disabled ones.**



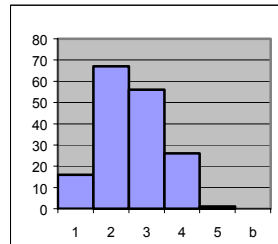
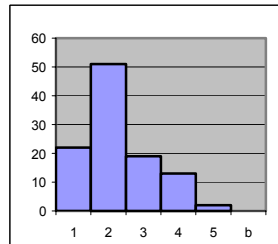
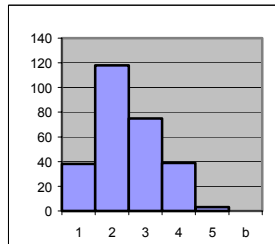
Analysis of Variance for Q11					
Source	DF	SS	MS	F	
class	1	1.090	1.090	1.54	0.2
Error	266	187.638	0.705		
Total	267	188.728			

Level	N	Mean	StDev	Individual 95% Based on Pooled
HS	107	2.0748	0.8870	(-----*-----)
NHS	161	2.2050	0.8071	(-----*-----)

Pooled StDev = 0.8399      1.92      2.04

**Persons with mental illness are harder to get along with than those with non-disabilities.**



Analysis of Variance for Q12					
Source	DF	SS	MS	F	
class	1	5.563	5.563	6.41	0.0
Error	266	230.705	0.867		
Total	267	236.269			

Level	N	Mean	StDev	Individual 95% Based on Pooled
HS	107	2.2710	0.9864	(-----*-----)
NHS	161	2.5652	0.8929	(-----*-----)

Pooled StDev = 0.9313      2.20

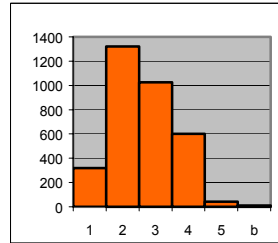
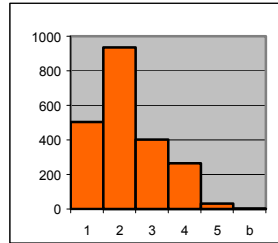
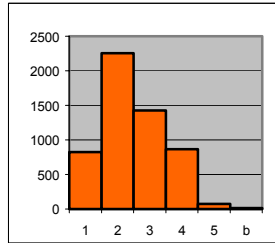








**All Questions Combined**



Analysis of Variance for ALL					
Source	DF	SS	MS	F	
ALL-CLAS	1	177.791	177.791	192.70	0.0
Error	5345	4931.330	0.923		
Total	5346	5109.120			

Level	N	Mean	StDev	Individual 95% Based on Poole
HS	2138	2.2442	0.9966	(--*--)
NHS	3209	2.6164	0.9357	

Pooled StDev =	0.9605	2.25	2.
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