

# Personal experience, work seniority improve mental health professionals' outlook

February 4 2014

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One might think that after years of seeing people at their worst, mental health workers would harbor negative attitudes about mental illness, perhaps associating people with mental health issues as less competent or dangerous. But a new study suggests the opposite.

In a survey of 731 [mental health](#) professionals in Washington state, the more seniority employees had on the job, the more positively they viewed people with [mental illness](#). The survey also linked mental health workers' [positive attitudes](#) with having advanced degrees and reporting a mental illness themselves.

"The results suggest that the more exposure you have personally and professionally to mental illness, the more positive attitudes you'll have," said Jennifer Stuber, lead author of the paper and an assistant professor of social work at the University of Washington.

Pervasive, stigmatizing views of people with mental illness can create barriers for their employment, housing, medical treatment and social relationships, wrote Stuber in the study published online in January by *Psychiatric Services*.

Mental health workers having these biased, denigrating views could set low expectations for improvement for individuals seeking treatment, she said.

The study, funded by the Substance Abuse and Mental Health Services

Administration and National Institute of Mental Health, is among the first in the United States to examine attitudes among mental [health professionals](#).

"On one hand, it may be the case that mental health professionals become hardened, because they see people at their worst and become discouraged if treatment is slow," Stuber said. "On the other hand, more experience may make mental health professionals more empathetic to their clients and aware of the possibility of recovery."

Stuber and her research team conducted 30-minute online surveys assessing the perceived competence and dangerousness of individuals with depression and schizophrenia. A sample of mental health professionals – counselors, social workers, psychologists, case managers and others – living in Washington read vignettes portraying people who had symptoms of depression or schizophrenia.

Then the participants answered questions gauging how much distance they would want to keep from the people in the vignettes. Would they want the person as their neighbor, housemate, co-worker or spouse? How likely is the person to be dangerous or make responsible financial or treatment decisions? Such questions are used in other surveys that measure stereotypes and stigmas such as those against people who are gay or use drugs.

Stuber and her colleagues found that mental health workers who had at least a four-year college degree, a job position denoting greater seniority (for example, program manager) and a mental illness themselves had more positive attitudes about people with [mental health problems](#).

"The finding that stands out the most is that almost a third of mental health professionals disclosed that they received a diagnosis of mental illness in the past," Stuber said. "This prior experience was associated

with less [negative attitudes](#), which has implications for how we think of the relevance of that experience in recruiting for a mental health workforce."

The researchers compared the findings to attitudes held by non-experts, composed of close to 400 adults taking the biennial national General Social Survey.

Overall, mental [health workers](#) held more positive attitudes than did the general public. For instance, 40 percent of [mental health providers](#) and 70 percent of the general public indicated they wouldn't want someone with schizophrenia as a co-worker. Similarly, 35 percent of [mental health workers](#) and 70 percent of the public considered people with schizophrenia to be dangerous.

"The study shows that even though [mental health professionals](#) have by and large more favorable views about mental health patients than the public, stigmatizing attitudes still exist," Stuber said.

For instance, she said, people have persistent misguided beliefs that individuals with schizophrenia are dangerous and prone to violence.

"We know that mental illness alone isn't a predictor of violence. But when combined with alcohol, drugs or abuse, a prior history of violence mental illness can be a contributing factor to violence," Stuber said. "We need to train mental health providers to reject inaccurate public perceptions about people with mental illnesses."

**More information:** [ps.psychiatryonline.org/article...  
px?articleid=1814533](https://ps.psychiatryonline.org/article...px?articleid=1814533)

Provided by University of Washington

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