

# Avoiding the Advantageous: Identifying Mental Health Treatment Barriers in High-Risk Professions



Hannah Paauw

## Introduction

Mental illness is a widespread concern throughout America. In fact, 1/5 Americans have a mental illness and 1/25 have a diagnosable serious mental illness. It is so prevalent that 30-40% of disability benefits cover mental illness. Worse yet, there is a large treatment gap. Only about 43.3% of adults with a diagnosable mental illness received treatment in 2018 and mental illness symptoms usually precede treatment by 11 years.

A major reason for the treatment gap may be the stigma that surrounds mental illness. Reactions to mental illness include fear and exclusion, authoritarianism, and benevolence. In addition, mental illness create and “us” vs “them” stigma that is brought on personally when an individual seeks out mental health treatment.

The populations of interest for this study include those in law enforcement and those in health care. Both have high rates of mental illness exposure as well as high rates of mental health needs. Those in law enforcement are charged with enforcing order, interact with some of the most serious cases of mental illness, and have high rates of suicide and burnout. Those in health care are supposed to care for patients, are at high risk for emotional exhaustion, have more self-stigma, and may risk personal and professional roles.

The hypotheses for the current study include:

1. Males will have higher rates of implicit bias, while both genders will have similar rates of explicit bias
2. Those in law enforcement will have higher rates of implicit bias
3. Lower implicit bias, increased mental health knowledge, and a positive perception of mental health will increase help-seeking behavior

## Methods & Procedure

**The Implicit Association Task (IAT):** Measures how strongly an individual associates a target pair (ex. mental ailments and physical ailments) with a category (ex. harmless and dangerous). Weaker associations indicate a negative bias and stronger associations indicate a positive bias given by a D score (Carpenter et al., in press).

**Community Attitudes Toward the Mentally Ill (CAMI):** 40-item scale that measures explicit bias against mental illness in the community. Four dimensions are measured including: authoritarianism, benevolence, social restrictiveness, and community mental health ideology (Taylor & Dear, 1981).

**Attitudes Toward Seeking Professional Psychological Help:** 10-item scale was used to determine attitudes that professionals have about seeking professional psychological help for themselves (Fishcher & Farina, 1995).

**Knowledge about Mental Illness Scale:** This scale includes 17 factual statements about mental illness. Participants answered on a five-point Likert scale their belief of the statement being true (Wahl et al., 2012).

## Demographic Highlights

<b>Sample</b>	89	62.9% female
<b>Age Range</b>	19-81	( <i>M</i> = 44.44, <i>SD</i> = 14.6)
<b>Professions</b>	<b>19 Law enforcement (12 correctional officers; 6 police officers) 30 Health care (14 nurses; 1 physician; 14 other health care professionals); 24 Control (12 business professionals; 6 farmers); 8 Teachers; 8 Miscellaneous</b>	
<b>Other Information</b>	<b>Above average Socioeconomic status (<i>M</i>=6.1 <i>SD</i>= 1.3) At least Associate's degree (75.3%)</b>	

## Results

Hypothesis 1: No significant difference in explicit bias between genders [ $t(85)=-.524, p=.60$ ]; Males ( $M=122.15, SD=4.53$ ); Females ( $M=122.72, SD=5.16$ )

No significant difference in implicit bias [ $t(87)=-.938, p=.35$ ]; Males ( $M=.16, SD=.58$ ) Females ( $M=.27, SD=.50$ )

Hypothesis 2: No significant difference between any group's implicit bias [ $F(2, 71)=.13, p=.879$ ] Law enforcement ( $M=.23, SD=.61$ ), Health Care ( $M=.29, SD=.47$ ), Control ( $M=.32, SD=.56$ )

When teachers added [ $F(3,78)=2.60, p=.06$ ] Teachers ( $M=-.24, SD=.23$ )

Hypothesis 3: Significantly correlated with psychological help seeking behavior: knowledge about mental health [ $r(84)=.47, p<.00$ ], mental health importance [ $r(82)=.62, p<.00$ ], belief that a normal life is feasible [ $r(83)=.41, p<.00$ ], feasibility to receive treatment [ $r(83)=.45, p<.00$ ], having family and friends with mental diagnosis [ $r(75)=.23, p=.05$ ]

Overall IAT Results: Faster association with the compatible block (mental illness + dangerous) [ $t(88)=3.99, p<.00, CI (95\%)=.11 - .34$ ; Cohen's  $d=.42$ ]

## Implicit Association Task

Target Pairs:

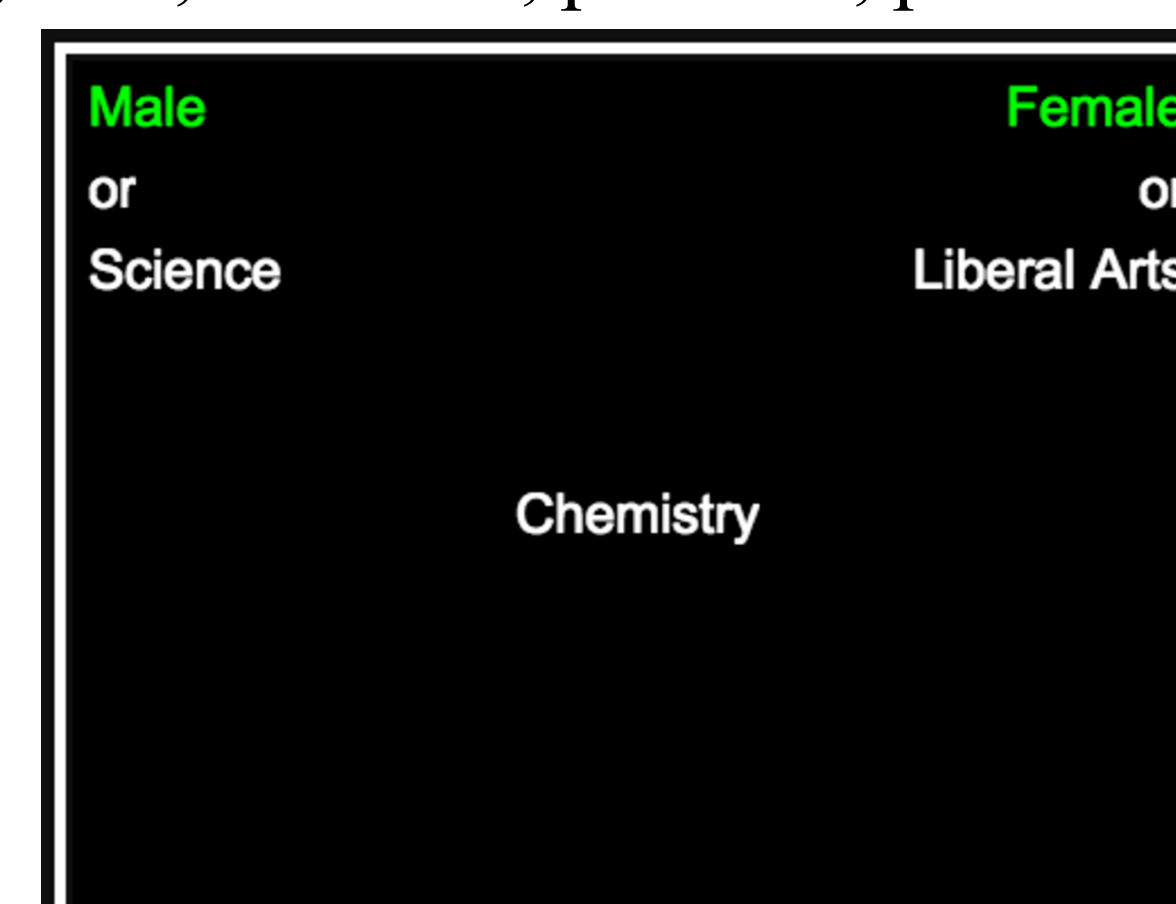
Mental disorders: schizophrenia, bipolar, depression, OCD, PTSD, psychosis, addiction

Physical disorders: diabetes, cancer, stroke, heart disease, arthritis, asthma, epilepsy

Categories:

Dangerous: unsafe, dangerous, aggressive, mean, scary, evil, violent

Harmless: safe, gentle, nice, harmless, peaceful, pleasure, angelic



## Discussion

This study found no significant difference between implicit or explicit bias levels between males and females. This finding could be beneficial to the future of mental health training as both genders are starting from relatively the same baseline.

There were no differences between the three target experimental groups in implicit bias scores. In addition, the overall implicit bias scores indicated that individuals associated mental illness with danger. This leads to the conclusion that there is a systemic mental health bias in the population. Also, health care professions do not have lower implicit bias scores, even though they are tasked with caring for patients. Those in health care and law enforcement often have mental health training, and the fact that they do not have lower implicit bias scores than the controls may indicate that training sessions are not advantageous.

Because the study was disseminated through social media and the researcher's personal connections, there was another group that participated, high school teachers. Interestingly all the teachers had a negative d-score for their implicit bias towards mental illness. About 3/4 of the teachers that participated in the study had previous mental health training. Information from these training session could be utilized in other training sessions to create the most proactive training methods.

When examining what factors are involved in help seeking behavior, it was found that amount of training and explicit bias was not correlated. This result again supports that mental health training provided to individuals in law enforcement and health care are not advantageous for others or themselves.

Future studies should add a group of teachers and work to expand the number of participants. More individuals in law enforcement should be the focus as many other studies do not involve this group.

Some limitations of this study include it being conducted during a global pandemic and having only Midwestern participants. In addition, over 100 participants were lost by failing to complete the computerized IAT correctly.

## References

- Carpenter, T., Pogacar, R., Pullig, C., Kouril, M., Aguilar, S., LaBouff, J. P., Isenberg, N., & Chakroff, A. (in press). Survey-software Implicit Association Tests: A methodological and empirical analysis. *Behavior Research Methods*.
- Fischer, E. H., & Farina, A. (1995). Attitudes toward seeking professional psychological help: A shortened form and considerations for research. *Journal of College Student Development, 36*(4), 368–373.
- Taylor, S. M., & Dear, M. J. (1981). Scaling Community Attitudes Toward the Mentally Ill. *Schizophrenia Bulletin, 7*(2), 225-240. doi:10.1093/schbul/7.2.225
- Wahl, O., Susin, J., Lax, A., Kaplan, L., & Zatina, D. (2012). Knowledge and Attitudes of Middle School Students Toward Mental Illness Questionnaire. *PsycTESTS Dataset*. doi:10.1037/t31766-000