Attitudes Toward Mental Health Professionals in a Hospital-Based Community Mental Health Center

John McGuire, Ph.D., Thomas Borowy, Ph.D., Irving Kolin, M.D.

ABSTRACT: This study examined the attitudes of several diverse subject groups in a large medical center toward various mental health professionals. The groups consisted of: 1) general hospital staff; 2) professional mental health workers; and 3) psychiatric in-patients. Subjects evaluated a selection of 11 professional health related role titles (clinical psychologist, physician, psychiatrist, etc.) and the categories “me” and “mental patient” by marking a series of 19 seven-step rating scales, each composed of bipolar anchoring adjectives. Additionally, a “familiarity” rating for each of the role titles was obtained. An “understanding” and a “value” cluster were derived from the 19 adjectives along with an overall favorability-unfavorability score for each role title. It was expected that subjects would “value” mental health professional roles more strongly than they would indicate an “understanding” of these same roles. Secondly, it was expected that the hospital setting itself, the subject’s role within that setting, and the degree of familiarity with the role being rated would have a significant impact on the subject’s attitude. Results generally supported the above expectations. Overall ratings of the professional groups were consistently high, with less difference between the “health” designations (physician, nurse) and the “psych” designations than has been previously reported in the literature.

SITUATIONAL FACTORS IN EXPRESSED ATTITUDES TOWARD MENTAL HEALTH PROFESSIONALS

The typical community mental health center is staffed by a multidisciplinary team of mental health professionals. Previous reports (e.g., Nunally & Kittross, 1958) have established that the public generally places a great deal of trust in those with titles that link them to any of the health professions. This trust places
a burden on the mental health provider to be aware of their inherent position of power and influence, vis a vis patients, and of the attendant responsibility to not abuse this power. We have found, for example, that Masters level clinical psychology students completing their internship in a hospital based community mental health center are often mistakenly addressed as “Dr” and are requested by patients to change medications for them, etc. Counseling analogue research (e.g., Kobocow, McGuire & Blau, 1984), on the other hand, has demonstrated that subjects have such a powerful psychological set for placing trust in individuals identified by the titles experimenters, counselors or interviewers, that they frequently ignore or misinterpret explicit statements limiting the privacy/confidentiality of their interview responses.

Thus, the proliferation of counseling and psychotherapy role/job titles has served to increase confusion on the part of prospective clients as to which helper, with what title, is the most appropriate to consult (Getsinger and Garfield, 1976). Within the mental health field, differentiations have been found among a variety of role titles as to ascribed characteristics and degree of appropriateness regarding presenting problem, (Strong, Hendel & Bratton, 1971; Simon, 1973; Gelso & Karl, 1974; Gelso, Brooks, & Karl, 1975; Schneider, Ellis & Johnson, 1979).

Others have evaluated the attitudes of professionals themselves toward their own and others’ areas of specialization (McCarthy & Peixotto, 1965; Robinson, 1973; West & Walsh, 1975). Nunally & Kittross (1958) assessed public attitudes toward mental health and health-related professionals using a semantic differential rating instrument. These authors found that the public generally regarded all mental health professionals quite favorably. Furthermore, while no significant attitudinal distinctions were found among the role titles psychiatrist, psychoanalyst, psychologist, and research psychologist, there were large and significant differences between these groupings and the “nonpsychological” titles of physician, doctor, nurse, and others. The latter (more medical) groups were rated uniformly more favorably.

In a more recent investigation with college students, McGuire & Borowy (1979) found that expressed attitudes continued to be most positive toward those professionals associated with physical medicine (e.g. physician, nurse). Least positive attitudes were expressed toward those professionals historically associated with mental illness (e.g. psychoanalyst, psychiatrist). However, increased differentiations in attitudes expressed toward various professional groups identified within the “psych” prefix group were found. Of particular note was the finding that the role category “Counseling Psychologist” was rated almost as favorably as the strictly medical title designations. Two cluster scores were derived from combining the ratings of several semantic differential items. These clusters were hypothesized to reflect generalized “value” and “understandability” factors. It was found that the subjects uniformly indicated a higher degree of “valuing” of the professional roles than their ability to understand or comprehend the nature of these individuals/roles. A series of recent studies by Robb (1982, 1983), and Robb & Kendall (1980) using general adult and university student populations, investigating differential responses to psychological specialty/procedure