A Self-Assessment of Mental Health Provider-Based Stigma: Incorporating Client and Family Experiences

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OBJECTIVES
1. To develop a self-assessment of stigma for use by providers of mental health services guided by an empirically-based thematic understanding of the client and family experience.
2. To determine the psychometric properties of the developed self-assessment, as well as correlations with validation items (self-rating of burnout and social desirability bias).
3. To reconcile the discrepancies between the client and family's perspective with providers.
4. Propose implications for social work education.

BACKGROUND
A positive helping relationship between a consumer of services, their family, and mental health provider is an essential element to recovery from mental illness. Any threat to that relationship must be carefully considered. One such threat, provider-based stigma, has the potential to negatively influence a client's engagement with, commitment to, and outcomes associated with treatment.

Provider-based stigma is defined as the negative attitudes, beliefs, and behaviors of mental health providers toward the clients they serve. Often unintentional and unknowingly conveyed, the phenomenon of provider stigma has been indicated in previous research (e.g. Laber, Anthony, Ajdacic-Gross, Rössler, 2004; Laber, Noedl, Brancker, & Rössler, 2006; Noedl, Rössler, & Laber, 2006; Caldwell & Jorm, 2001, Hugo, 2001, Schulze). Other instruments crafted to measure provider stigma have utilized theory in their development, without incorporating the voice of the client (e.g. Wilkes & Abell, 2010; Kennedy, Abell, & Menicic, 2015). To better address the social injustice posed by provider stigma, the present study requires a valid and reliable measure, guided by theory, which also reflects the client and family experience. This study attempts to do so, referencing the five themes of the experience-based model (Charles, 2013) to guide item development. These themes include: blame and shame; disinterest, annoyance, and/or irritation; experience of victimization; and provider threat, provider-approved, deemed exempt (HM20000474).

METHOD
The measure's item pool was generated following Nunnally and Bernstein's (1994) domain sampling method, in reflection of the five themes of the experience-based model, and reviewed by a series of focus groups and stakeholders consultation groups serving as an expert panel. With input from these groups, the MPHASS items pool was refined in an effort to best represent the client and family experience. The survey, hosted on SurveyMonkey.com, included multi-demographic questions: 62 initial items of the MPHASS, one-item professional burnout self-rating, and a 10-item social desirability bias scale: a total of 82 items. A purposive sample of mental health service providers was assembled with assistance from Virginia's DBHDS. In total, 48 public agencies across the Commonwealth of Virginia were invited via email to participate with incentives for individual participation. The Institutional Review Board of Virginia Commonwealth University was consulted prior to data collection; this study was approved, deemed exempt (IRB00000474).

REFERENCES

ANALYSIS (SPSS 21)
Using IBM SPSS Statistic 21, the researchers first conducted univariate analyses evaluating individual item performance. Next, an exploratory factor analysis (EFA), a principal component analysis (PCA) with orthogonal varimax rotation was used, guided by theory suggesting the number of factors to extract. Beginning with a five-factor solution, based on Charles’ work (2013), 2, 3, 4, and 6-factor solutions were specified. A four-factor solution was selected as making the most ‘sense’ theoretically and statistically, and confirmed by sign test inspection. Next, the scale’s length was optimized via item analysis. The developed scale’s reliability was confirmed by computation of Cronbach’s alpha. Additionally, correlations between validation items and scale score were computed to assess construct validity.

RESULTS
An exploratory principal component factor analysis with varimax rotation was conducted on all items. Of the items’ variance, refinement of the measure resulted in a scale of 20-items demonstrating adequate internal consistency, measured by Cronbach’s alpha = 0.847. From these 20-items, four factors of the MPHASS were labeled: Irritation & Impatience (eight items), Choice & Capacity (five items), Adherence & Dependence (five items), Deviate & Depressionalize (three items). Hypothesized relationships between provider self-rating of burnout and MPHASS score (Pearson’s r=0.235, p=0.001) as well as social desirability bias and MPHASS score (r=0.160, p=0.015) were found, lending support to the MPHASS construct validity.

SAMPLE (N=220)
Of the 48 agencies invited to participate, 21 agreed. For an agency response rate of 43.75%. Initially, 309 respondents attempted the survey; missing data deletions resulted in a final sample size of n=220. Demographic and descriptive data are reported below.

DISCUSSION & IMPLICATIONS
Key differences between the client and family experience and the perceptions of providers were noted in the MPHASS' factor solution. It seems that what providers endorse is different from the client and family experience, representing an important implication for the education of social work students, especially those poised to enter the field as mental health providers. Students should be sensitized to these differences in perception, especially how their actions and attitudes can be alternatively perceived.

To be competent in engaging diversity and difference in practice, social work students must, through their education and professional socialization, “earn sufficient self-awareness to influence the influence of personal biases and values in working with diverse groups” (CSWE, 2008, Section 2.1.4). Thus, self-assessment is a supported goal of social work education. A related goal is the instillation of the notion that students will be life-long learners and the importance of engaging their clients as informants to better their practice.

To facilitate achieving these goals, the MPHASS could be used in mental health practice courses, highlighting the utility of self-assessment in effective practice and supervision. By first making use of a formalized self-assessment during one’s professional education, the likelihood that it may be used again, or even influence attitudes and practice behaviors, is greater.

Other implications for education including encouraging students to overcome the influence of social desirability while participating in supervision, confronting provider stigma head-on. Also, the importance of self-care in coping with professional stressors and interpersonal frustrations should be conveyed. Future studies are indicated, including replication and comparing provider scores with those of clients. Limitations include agency response rate, unknown individual level response rate, the potentially burdensome length of the survey package, social desirability, and self-selection bias.

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