AN ANALYSIS OF THE ATTITUDES OF LEADING BLACK PSYCHOLOGISTS AND BLACK GRADUATE STUDENTS TOWARD THE CONCEPT OF COMMUNITY MENTAL HEALTH

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ABSTRACT

AN ANALYSIS OF THE ATTITUDES OF LEADING BLACK PSYCHOLOGISTS AND BLACK GRADUATE STUDENTS TOWARD THE CONCEPT OF COMMUNITY MENTAL HEALTH

By

Walter Charles Barwick

The purpose of this study was to assess the attitudes toward community mental health of black psychologists and black graduate students who were enrolled in mental health training programs. Comparisons were made between the two groups to determine the degree of similarity of attitudes.

The Opinions About Mental Health Questionnaire, developed by Nunnally (1961), was administered to a group of black psychologists who were considered leaders in the field of black psychology and to a group of graduate students enrolled in training institutes sponsored by the National Institute of Mental Health.

Five hypotheses were formulated and tested. Hypothesis I stated that practicing black psychologists would have significantly different attitudes toward community mental health than black graduate students being trained in mental health programs. The second hypothesis stated that a significant relationship would be found between the sex of black psychologists and black graduate students and their attitudes toward community mental health. A third hypothesis was tested to

determine if there was a significant relationship between attitudes toward mental health and the age of black psychologists and black graduate students. Hypothesis IV predicted a significant relationship between the attitudes toward mental health of black psychologists and black graduate students that have lived in urban environments as compared with those who have lived primarily in suburban areas. The final hypothesis stated that a significant relationship would be found between the attitudes toward mental health of black psychologists and black graduate students who have experienced mental illness with friends or relatives as compared with those who have not had such experiences.

The Opinions About Mental Health Questionnaire (OMH) was administered by the investigator to black graduate students (N = 44) enrolled in counselor training programs at Michigan State University and the University of Connecticut at Hartford. All were candidates for the master of arts degree. The OMH was mailed to a selected number (N = 50) of prominent black psychologists who were nominated by two past presidents of the National Association of Black Psychologists. Thirty-one responses were obtained from this group.

Chi square tests of significance were used to test the hypotheses of this study. This was accomplished by using the formula for comparing group percentages or frequencies (McNemar, 1962). In addition to the primary analyses, several supplementary analyses were conducted to further describe the attitudes of blacks toward the concept of community mental health.

Hypothesis I was not supported. No significant differences were found between the mental health attitudes of practicing black psychologists and black graduate students enrolled in mental health training programs. In addition, no significant differences were found between these two groups in terms of their attitudes toward mental health for any of the ten factors of the OMH.

Hypothesis II was supported. A significant sex difference was found between females and males when the two groups of psychologists and students were combined. No differences, however, were found between the attitudes of (1) female psychologists and female graduate students, (2) female psychologists and male psychologists, (3) female students and male students, or (4) male psychologists and male students.

No support was found for Hypotheses III and IV. Age and being reared in an urban versus a suburban environment apparently were not significant variables in determining differences between black psychologists and graduate students in their attitudes toward mental health.

Hypothesis V was supported. Significant differences were found between the mental health attitudes for subjects across groups who reported having had experience with mentally ill friends and relatives as compared with those who had not had such experience. Significant differences were also found between the attitudes of psychologists who had experience with mentally ill significant others as compared with psychologists who had not had this experience. Similar results were found between the attitudes of psychologists and graduate students when experience with mentally ill friends or relatives

was examined. No differences, however, were found between graduate students for the variable of experience with mental illness. Likewise, no significant differences were obtained when comparisons were made between black psychologists and graduate students who had not experienced mental illness among their friends or relatives.

Supplementary and nonhypothesized tests of the results of this study showed significant differences between the mental health attitudes of black psychologists and white psychologists/psychiatrists. These tests, however, must be regarded as tentative due to statistical constraints. In addition, other supplementary analyses described the items on the OMH where the subjects of this study reached consensus.

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CHAPTER I

THE PROBLEM, RATIONALE, AND RELATED RESEARCH

Need

Heart disease and cancer are two of America's greatest killers, yet the victims of these diseases are not perceived by the general population of the United States as being disgraced or repulsive because of their illnesses. While physical diseases such as tuberculosis, syphilis, and cancer have stigmatized their victims at one time, the stigmatization has not been a deterrent toward identifying and controlling these diseases. The Joint Commission on Mental Illness and Health (1960) has noted that the public has faced these problems and attacked them by getting research and treatments in these areas. Public information about these and other diseases seems to have caused a decline in public fear of these victims.

Psychological illness is not seen as a killer of people but as a waster of human potential. Moreover, when compared to physical illness, this type of human difficulty is considered by the general public to be a stigma. Dubos (1959) has indicated that there even seems to be a rejection of certain forms of mental disability that society had heretofore tolerated. For instance, the semi-senile, the extremely timid person, or the village fool can now be found in institutions when once they resided in the community.

Societal treatment of the mentally ill has often been the subject of criticism, yet the appropriate care of the mentally ill remains an unfinished business. For example, the Joint Commission on Mental Health (1960) portrays mental illness as a major health problem and has given wide publicity to the need for understanding those who are afflicted. The stigma of mental illness, however, continues to be attached to individuals who are institutionalized in mental hospitals or who are out-patients in a community. The attitudes of the general public seem to resist change in spite of the various educational efforts that have been made toward understanding mental illness.

Mental health or illness has never elicited the strong support from the public that physical health has enjoyed. In fact, it seems that the mentally ill lack appeal. DeRopp (1957) summed it succinctly when he said:

> Madness severs the strongest bonds that hold human beings together. It separates husband from wife, mother from child. It is death without death's finality and without death's dignity (p. 167).

The Congress of the United States has recognized the problems posed by the attitudes toward and treatment of the mentally ill of our nation. In 1955, Congress enacted the Mental Health Study Act which provided for an objective nationwide analysis and re-evaluation of the human and economic problems of mental illness. This study resulted in resolutions that specifically pointed out that:

1. Experience with certain community out-patient clinics and rehabilitation centers would seem to indicate that many mental patients could be better treated on an out-patient basis at much lower costs than by a hospital.

2. Mental illness is frequently a component of such nationwide problems as alcoholism, drug addiction, juvenile delinquency, broken homes, school failures, absenteeism and job maladjustment in industry, suicide and similar problems.

The above resolutions clearly stressed the need for the concept of community mental health.

In 1960, the federal government directed the National Institute of Mental Health to conduct another study. The Joint Commission on Mental Illness and Health was appointed to study the problem of mental health. Their report, entitled Action for Mental Health, was submitted to Congress in December, 1960. One of the recommendations stated that:

> Community Mental Health clinics serving both children and adults, should be operated as out-patient departments of general or mental hospitals. These clinics may be part of a state or regional system, or independent agencies. In any case, they should be regarded as a main line of defense in reducing the need for prolonged or repeated hospitalization. A national mental health program should set as an objective one fully staffed, full-time mental health clinic available to each 50,000 of population (p. 165).

As a result of these two studies, community mental health centers have been established across the nation. Concurrently, the public appears to be becoming increasingly aware of the concept of community mental health. This increased awareness seems most evident in the cities of this country where the majority of community mental health centers have been established.

During the period of time when community mental health centers were being established, the major urban areas of the United States were becoming increasingly inhabited by Black Americans. In cities such as Detroit, Washington, D.C., and New York City, Blacks

comprise 50 percent or better of the population. Yet, relatively little attention has been paid to the problem of mental health in black communities. In addition, almost no research has been conducted by black researchers as to how community mental health is perceived by Blacks.

Halpert (1965) noted that community attitudes about mental health and those who administer treatment showed a positive increase in importance since the national emphasis on community-based treatment of mental disorders. An appraisal of such attitudes is essential in planning effective programs of treatment and prevention. Such an appraisal appears to be especially needed for planning treatment and prevention programs of mental health for the black communities of this nation.

The results of this study will provide knowledge and information about the attitudes of black psychologists and black mental health graduate students toward community mental health concepts. Since knowledge concerning the current practices in mental health is imparted to students by the established professionals, an understanding of the attitudes of both professional psychologists and students is deemed essential for the maximum utilization of mental health facilities and greater acceptance of responsibility for black community inhabitants.

The assessment of the attitudes of black graduate students toward mental health will enable inferences to be made from this study relative to the training programs of students. There is an obvious need for more information about the effect that training

programs have on black graduate students. Such information would also permit universities and mental health institutes to do a more adequate job of selecting students for mental health training programs.

This study will also be useful to organizations such as the National Association of Black Psychologists. Such organizations can provide programs for informing their members of the implications of community mental health programs for the black population and the attitudes of students who are preparing to take positions in such programs.

The greatest impact of the findings of this study may be in the area of treatment programs for Blacks. The participants of this study are the administrators, consultants, and future directors of mental health programs. Their attitudes toward mental health will directly affect future programs in terms of how they are designed and implemented.

The black graduate students enrolled in mental health training programs who participated in this study were trained under a systemic approach to counseling. Philosophically, the systemic approach places the onus for problems on systems and environmental pressures. The opinions of these students, therefore, may be significantly innovative in terms of their attitudes toward mental health.

Purpose of the Study

In the past there has been very little research on the attitudes of black psychologists. The National Association of Black Psychologists is presenting a stand that research done on and about Blacks should be done by Blacks or with black leadership. Thomas (1970),

past president of the National Association of Black Psychologists, points out this need in the following:

> White psychologists have raped Black communities all over the country. Yes, raped! They have used Black people as the human equivalent of rats run through Ph.D. experiments and as helpless clients for programs that serve middle class white administrators better than they do the poor. They have used research on Black people as green stamps to trade for research grants. They have been vultures (p. 52).

Williams (1974), another past president of the National Association of Black Psychologists, said:

> The perspective of white researchers was misguided and misfocused. Instead of defining the strengths of the Black community and the extent to which it managed to survive in an oppressive society, the focus was almost exclusively on the pathology of the ghetto (p. 116).

He also stated that:

> Black behavioral scientists looked at the same community and saw unusual strengths rather than weaknesses (p. 117).

These two opinions point out the need for assessing the attitudes of black psychologists toward the concept of community mental health by black researchers.

Studies have been conducted concerning how white psychologists feel about the attitudes toward the concept of community mental health. For example, Nunnally (1969) conducted a study on white psychologists from the American Psychological Association for the purpose of assessing their opinions toward the concept of mental health. However, no studies were located that assessed how black psychologists feel about the concept of mental health. Therefore, this study will concentrate on the attitudes of black psychologists and black mental health students toward the concept of community mental health. This will provide data for a comparison of attitudes of community mental health across racial lines.

Review of Literature

The establishment of the National Institute of Mental Health has given rise to much research concerning the attitudes of the public toward mental health. However, most of the literature has concentrated specifically on mental illness, one part of mental health. Also, there exists a paucity of literature on mental health attitudes and the black community. The following review of the literature and research shows these trends. The literature will be presented according to the following pattern and categories: identification of mental illness, understanding attitudes toward mental health, treatment, and community mental health programs.

Identification of Mental Illness

It has been argued (Phillips, 1967) that the increased ability of the public to identify mental illness may lead to greater public acceptance of the mentally ill. However, Phillips found from a pilot study of 86 randomly selected adults that the ability to correctly identify behavior with mental illness was associated with rejection.

Using identification as an indicator, Lemkau, Spiro, and Crocetti (1972) found in their study of the public's attitudes toward mental illness that a majority of the respondents were able to recognize certain illnesses. They descriptively identified the simple schizophrenic, the paranoid, and the alcoholic. Thus, the authors concluded that there was no tendency on the part of the public to deny mental illness and that popular attitudes toward mental illness are changing.

Crocetti et al. (1972) investigated the attitudes of the public toward mental illness and reported that (1) the public is able to identify the simple schizophrenic, the alcoholic, and the juvenile character disorder as mentally ill and in need of medical care, (2) the public is generally accepting of the medical model of mental illness, and (3) the public is optimistic about the prognosis of the mentally ill.

Understanding the Attitudes Toward Mental Health

Using specific attitudes as variables, Dijkstra (1972) investigated how the public viewed mental patients. The aspects of mental illness considered were recognizability, danger, prognosis, causes, seriousness, and social consequences. The findings revealed that many did not have a clear understanding of mental illness, but had some knowledge of persons suffering from it. There was a readiness to associate with someone who has been in a mental hospital but readiness decreased when it took place in one's personal sphere of life. The results showed a significant belief that the mentally ill would recover completely and a high level of confidence that they constituted no threat to others. Finally, it was noted that actual contact with the mentally ill had no direct relationship with favorable attitudes toward them.

Awareness is a key factor in understanding the mentally ill and mental health concepts. Gurin, Veroff, and Feld (1960) conducted a study which indicated that public information related to mental health and human behavior has, in recent years, increased general

understanding of mental health. It was noted that younger and better-educated people exposed to mental health information have more appreciation of the mental health profession as a helping resource.

Smith (1972) conducted a comparative study on mental health with students at Michigan State University enrolled in sociology classes. The results of her research indicated that little change in mental health attitudes has occurred in the last decade among students at a large university. She also found that knowledge about mental health concepts is only slightly related to ten social characteristics used in the study, with the exception of age where a stronger relationship was found.

Sarbin and Mancus (1970) compared the published reports of the public's attitudes toward mental illness and deviant conduct. The reported analysis indicated that the mental illness paradigm as a formula for understanding and controlling deviant conduct has not been widely accepted by the public. The reports revealed that the central objective of the mental health movement has been to influence the general public to regard mental illness with the same non-rejecting valuations as somatic illness. The authors indicated that social survey reports concluded that the public tends to declare negative valuations on persons diagnosed as mentally ill, but, on the other hand, the public tends to be more tolerant of deviant conduct when not described with mental illness classifications.

Educating the public about mental health is seen as an important factor in community mental health. Nunnally (1961) investigated the extent to which opinion items were repudiated or supported as being

necessary in a public information program. He compared the responses of white clinical and counseling psychologists to psychiatrists. No significant differences were found between psychologists and psychiatrists, nor between clinical and counseling orientations. The experts were in strong agreement about some of the points of view to advocate to the public.

Two of Nunnally's factors showed disagreement between schools of thought. One point of disagreement concerned the kind of psychotherapy to be given clients. There were those psychologists who advocated a directive and interventionist role for the therapist as opposed to those psychiatrists who believed in a more passive role of listening and understanding. This difference of opinion about treatment is a well-known controversy. Another point of disagreement between psychologists and psychiatrists was causal factors. There seemed to be differences of opinions as to what causes mental illness. Psychologists as a group showed more doubt about organic and physical explanations of mental disorders than psychiatrists. On the whole there were no statistically significant differences between the opinions of psychiatrists and psychologists.

The average layman expressed rejection of the superstitious and obvious misconception about mental health. Nunnally concluded that if the issue is one of informing the uninformed, the problem is less complicated, "for it seems easier to supply people with new information when they hold few competing opinions initially than to convert well established opinions (p. 28)."

Professionals in the mental health field realize that stigmatization of the mentally ill is a problem. Nunnally's research (1961) attempted to show (1) to what extent the mentally ill are held in low esteem, (2) whether the public holds different kinds of attitudes toward different kinds of mental illness, and (3) whether attitudes toward the mentally ill correlated with education and age. Results indicated that the mentally ill are regarded with fear and distrust by the public. There were some differences in the kinds of information held by old as compared with young, and by the "more educated" as compared with the "less educated." No significant levels, however, were reached. There was a tendency for the "more educated" to hold less derogatory attitudes toward the mentally ill. It was noted that old and young, "highly educated" and "poorly educated," all seemed to regard the mentally ill as relatively dangerous, unpredictable, and worthless. The author concluded that such negative attitudes may be due to lack of awareness, understanding, and inadequate public information.

Treatment

New directions in mental health (Rusk, 1972) note the failure of traditional therapeutic approaches and point to the need to find more productive ways to care for the mentally ill. Rusk maintains that much of the reason for this failure is that intrapsychic factors are often irrelevant in urban centers where environmental conditions are inadequate for stable mental health. He states that partial care rather than institutionalization is proving to be more effective in reducing mental disturbances. Public attitudes also appear to be

changing toward the provision of mental health services as part of a comprehensive medical program.

Community Mental Health Programs

There is a shortage of trained mental health personnel. Yet, the increased awareness of mental illness and the growing demand from communities for mental health clinics evidences a discrepancy between supply and demand. In a study of community resources in mental health, Robinson et al. (1960) observed that:

> Local community leaders are hungry for advice and help on what to do and how to do it. This interest runs all the way from how to conduct local studies to advice on what kinds of mental health services and programs to establish. There is a great deal of confusion in regard to what kinds of supportive mental health services communities should be developing. Efforts to formulate mental health programs are too often haphazard and uncoordinated, well intentioned, but amateurish and without professional guidance (p. 269).

In their consideration of the kinds of community resources concerned with mental health, the authors noted that public health, public welfare, child welfare, court services, public schools, recreation, church, family agencies, and mental health clinics use a fragmented approach to mental health for a myriad of reasons. As a result of their study, the following recommendations were made:

1. Cultural, social, and economic settings vary and the effects of these factors make it imperative that community mental health programs be shaped according to local needs.

2. States must provide in-depth consultation to locales for planning.

3. The shortage of mental health personnel makes a pressing national need for an effort to recruit college graduates from the

existing manpower pool for advanced graduate work. Then, initial expanded selling of the mental health field is needed.

4. An ongoing research program should be established to conduct studies and experiments in the epidemiology of mental illness, cultural factors in mental illness and health, and methods to supply additional services to fill the gaps in mental health resources.

Yolles (1967) indicated that the magnitude of the mental health problem in terms of population expansion, urbanization, and familiar changes calls for different patterns of social action and new alliances. Changes in public attitudes toward mental illness following World War II have led to the acceptance of the principles of a national, community-based program of mental health services. Such a program would provide available services to all residents of a locale and continuity of care in the treatment of the individual patient. Cooperation between mental health personnel and other health professionals is a necessity. Curricular changes in university programs are required to prepare mental health and medical professionals to accept the responsibility to improve the quality of man's life and his environment.

Summary

The literature tends to show that the public can identify some forms of mental illness and attitudes toward the mentally ill are changing. With the change in attitudes from fear and nonacceptance to understanding, comes the demand for more services for those in need. The trend seems to be toward community mental health clinics comprising comprehensive services for its residents.

A search of the literature evidenced a scarcity of studies of mental illness and mental health related to the black community or black professionals. No studies were located which indicated black respondents or the use of race as a factor.

Hypotheses

The following hypotheses were tested during this investigation.

Hypothesis I: Practicing black psychologists have significantly different attitudes toward the concept of community mental health than black graduate students being trained in mental health programs.

Hypothesis II: There is a significant relationship between the sex of black psychologists and black graduate students and their attitudes toward community mental health.

Hypothesis III: There is a significant relationship between attitudes toward mental health and the age of black psychologists and black graduate students.

Hypothesis IV: There is a significant relationship between the attitudes toward mental health of black psychologists and black graduate students that have lived in urban environments as compared with those who have lived in suburban environments.

Hypothesis V: There is a significant relationship between the attitudes toward mental health of black psychologists and black graduate students who have experienced mental illness with friends or relatives as compared with those who have not had such experiences.

Overview

The organization of the study is as follows: In Chapter II, the experimental subjects, sociological variables, instrument, and statistical design will be discussed. Chapter III will present the results of the analysis of the data. A discussion of the results, conclusions, and a summary are given in Chapter IV.

CHAPTER II

RESEARCH DESIGN AND METHODOLOGY

This chapter contains four main sections. The first section gives a brief description of the subjects that participated in the investigation. The second provides a description of the Opinions About Mental Health (OMH) attitude scale which was given to participants. The five social characteristics collected for each subject and which were related to community mental health attitudes are described in the third section. The fourth presents the design and statistical procedures used during the study.

Subjects

The subjects that responded to the community mental health attitude scale were black graduate students and black psychologists. Thirty students at Michigan State University and 16 students of the University of Connecticut at Hartford were administered the OMH. However, two questionnaires were found to be improperly completed and were not included in the results of this investigation. All subjects were enrollees in urban counseling training institutes sponsored by the National Institute of Mental Health during the 1973-74 academic year. The institute programs led to the master of arts degree. The student group for whom complete results were available from the administration of the OMH was comprised of 24 males and 20 females.

Students who participated in the urban counseling institutes represented all geographical areas of the United States. To be selected for an institute, the students had to possess an A.B. or B.S. degree from an accredited college or university. They also were required to have a background of prior involvement in urban communities and to have demonstrated an interest in returning to work in urban communities upon obtaining their M.A. degrees.

Although these graduate students cannot be said to represent a random sample of all black students in mental health training programs in the United States, they do represent two different training programs where a considerable number of black students were concentrated who came from various geographical areas of the nation. To what extent the opinions of black students in this study would differ from those of a random sample of all black mental health students at this point in time is unknown; however, it would seem unlikely that such differences would be significant.

Two past presidents of the National Association of Black Psychologists were each asked to submit lists of sixty nationally known leading black psychologists involved in the area of community mental health. A third list of sixty nationally known leading black psychologists was compiled by the researcher. The basis for selection on each of these lists were: contributions to black psychology, publications, research performed, and papers or programs presented nationally by these individuals. Fifty of the black psychologists were selected on the basis of being nominated on at least two of the above mentioned lists.

This group of subjects was confined to black psychologists due to limited resources, and because there are very few studies conducted on black psychologists as a group. The inclusion of other black mental health experts, such as social workers, social anthropologists, and sociologists would have resulted in a more extensive survey of attitudes toward community mental health. However, the difficulty and expense in locating black mental health workers in disciplines other than psychology were so great that the sample was limited to selected black psychologists.

At this point in history, the number of black psycholgists is not of sufficient size to warrant a random sample of this group. No effort, therefore, was made to obtain a representative sample of black psychologists. The emphasis was placed on obtaining a sample of the leaders among the black psychologists. Fifty leaders were selected by the process mentioned above and their responses to the OMH questionnaire were solicited by mail.

Obviously, there is a question as to how representative this group of black psychologists is of the total population of black psychologists. The group, however, can be considered representative of leaders among black psychologists.

Demographic characteristics of the subjects surveyed in this investigation can be seen in Appendix B.

Instrument

The questionnaire that was used for surveying the attitudes of black graduate students and black psychologists toward community mental health was primarily based on Nunnally's (1961) work (see

Appendix A). The instrument consists of 56 opinion items concerning mental health. It is self-administering and has provisions for one of two responses, "Agree" or "Disagree." If an item was left blank, it was not scored. Nunnally was interested in the particular direction that attitudes represent, not the degree of depth of the attitude.

In constructing the instrument used for this study, Nunnally collected 3,000 statements related to causes, symptoms, prognosis, treatment, incidence, and social significance of mental health problems from three primary sources. One source consisted of expert opinions taken from mental hygiene books. A second source was professional publications which provided opinion items from those doing research or writing in the area of mental health. The third source was 200 public information pamphlets and other media which were available to the general public. The content of newspapers, magazines, radio and television programs were examined for opinion items concerning mental health.

Two hundred personal interviews were also conducted with an "opinion panel" which was organized for that particular purpose. The respondents lived in central Illinois and the panel was an approximate representation of the United States population in terms of education, sex ratio, income, religious affiliation, and age. Eight of those interviewed were mothers with children in psychotherapy and twelve interviews were with wives of men who were in mental hospitals. The interviews revealed a wide range of public opinions, such as the belief that the blood of the insane is blue to a belief that mental illness is not a hopeless condition.

The 3,000 statements obtained by the procedures mentioned above were then examined for duplication in meaning. Two hundred and forty items remained after the initial selection process.

Three studies were conducted in order to condense and refine the instrument. Major dimensions of public information about mental health phenomena were identified by Nunnally (1957) in a survey of residents of Champaign-Urbana, Illinois. A second study involved factor analysis of the items. Nunnally (1957) was able to identify ten major factors and to reduce the number of items on the questionnaire to 50. The new form was used in studies conducted in Knoxville, Tennessee, and in Eugene, Oregon, to test the application of the information factors on the general public.

After several years of experimenting with the 50-item form of the OMH, Nunnally (1961) expanded the instrument to a final 60-item form. Four items from Nunnally's (1961) revised attitude scale were removed from the present study because of duplication of items. Fifty-six items, then, were contained in the instrument administered to black students and psychologists.

Attitude scales present some methodological problems. Validity, reliability, questionnaire construction, sampling, and administration are some of the problems frequently mentioned in the literature. Nunnally's (1961) instrument seems to overcome these problems very well. The instrument is a self-administered questionnaire and all the items were expressed in a language the average person with a high school education could understand. The method of questionnaire construction has been described above and appears to follow accepted

procedure for the development of this type of instrument. Nunnally was assisted with construction of this instrument by Osgood who developed the Semantic Differential Test (Osgood, Suci, and Tannenbaum, 1957).

Nunnally's scale was the subject of his book Popular Conceptions of Mental Health (1961) and on many occasions has been used by researchers interested in attitudes about mental health. He has published at least seven significant pieces of research (1957, 1958a, 1958b, 1958c, 1958d, 1959a, 1959b, 1961) on measurement of attitudes about mental health since 1957.

The validity of the OMH depends upon its internal consistency and content validity. A factor analysis was conducted on the 22 items that showed the largest standard deviations. A correlational matrix was developed and analyzed by the principal axes method. Communality estimates were used to fill the diagonal elements of the matrix. A series of single plane rotations were used on the five factors with the largest variance to obtain orthogonal solution. Results of the factor analysis demonstrated that there are different schools of thought about mental health and that there were items that differentiated between psychologists and psychiatrists.

There is evidence to support the inference that response set tendencies should not influence the scores of this questionnaire (Nunnally, 1961). Nunnally attempted to decrease the tendencies of people to agree with all item forms by including a check-recheck item pattern of duplicate items. This was an attempt to make sure the phrasing of an item didn't influence the response (Nunnally and Husek,

1958a). Nunnally (1958b) also conducted studies to test the clarity of rating procedures and the directions for self-administration of the questionnaire. He did not rely on single questions but used repetitious items with some changes being made in similar items to check the responses of subjects.

Smith (1972) conducted a study that has given the best evidence for reliability of the OMH scale. Smith found that there was no difference between responses of sociology students at Michigan State University to the OMH in 1962 as compared to a similar group who responded to the OMH in 1972. She reported reliability coefficients of .978 and .958. This suggests a positive test for reliability.

Nunnally has made more attempts at establishing the validity and reliability of the OMH than is done for most opinions or attitude scales. Also research such as that done by Smith (1972) indicates the instrument is suitable for research of the type presented by this investigation.

Social Variables

As previously stated, Nunnally's questionnaire was shown to contain ten factors (see Appendix C and Appendix D). These ten factors have been related to five social variables in order to determine if certain social characteristics may influence the attitudes of black students and psychologists about community mental health. The ten factors are listed below and are paired with the relevant social variables.

Factors	Social Variables
1. Look and act different	Experience
2. Sex distinction	Sex
3. Guidance and support	Experience
4. Hopelessness	Attitude
5. External causes vs. personality	Environment
6. Non-seriousness	Attitude
7. Age function	Age
8. Organic causes	Environment
9. Will power	Experience
10. Avoidance	Experience

A social variable was derived for each factor by means of logical analysis. For example, it logically follows that the attitudes of people toward mentally ill individuals will depend on their experience with such people as to whether they look and act differently from the so-called normal population. Likewise, it is assumed that the sex of a respondent will be an important variable in determining the attitudes of individuals toward the items which comprise the sex distinction factor of the mental health questionnaire.

Specifically, the social variables and their corresponding factors from the mental health attitude questionnaire were studies in an attempt to answer the following questions:

1. What is the relationship between the age of respondents and their attitude toward community mental health?
2. What is the relationship between the sex of respondents and their attitudes toward community mental health?

3. What is the relationship between the type of environment in which respondents were reared (farm, rural, non-farm, small town, city) and their attitudes toward community mental health?

4. What is the relationship between experience with mental illness (relatives or close friends) by respondents and their attitudes toward community mental health?

Data relevant to the social variables listed above were obtained from the subjects of this study by requesting them to complete a general information form (see Appendix E) at the time they responded to the community mental health questionnaire. All subjects gave the requested information.

Procedures

The Opinions About Mental Health attitude scale (OMH) was administered to black graduate students enrolled in the Michigan State University and the University of Connecticut-Hartford Urban Counseling Programs (N = 41) during one of their scheduled classes by the investigator. The students were told of the purpose of the study and that the responses of each student would be kept confidential. They were encouraged to give frank and honest responses to the attitude scale. They were also instructed that the attitude scale would take approximately 25 minutes to complete.

The 50 black psychologists were mailed the OMH attitude scale along with a covering letter (see Appendix F) that explained the purpose of the study. Thirty-one questionnaires were returned. The returns included questionnaires from 24 males and 7 females. Nineteen subjects did not respond.

The responses of subjects were scored and recorded by the investigator. These data were then compiled to facilitate statistical computations and data analysis.

Statistical Analysis

Chi square tests of significance were used to test the hypotheses of this study. Observations were arranged in the form of two-by-two contingency tables. Independence of relationships between black graduate students and black psychologists were determined for age, sex, environment in which subjects were reared, and experience with mentally ill family members and friends. Within each set of relationships, different categories for each variable were analyzed.

The formula for comparing groups (McNemar, 1962) by means of the chi square test of differences between frequencies or percentages is as follows:

$$\chi^2 = \frac{D^2}{S_D^2} = \frac{(AD - BC)^2 N}{(A+B)(C+D)(A+C)(B+D)}$$

In addition to the tests relevant to the hypotheses, several supplementary analyses were conducted to provide additional information of interest and to further describe the attitudes of blacks toward the concept of community mental health. Chi square tests were used in conducting the supplementary analyses.

CHAPTER III

ANALYSIS OF RESULTS

This chapter contains a report of the statistical analysis of the results of the study. Since the chi square test of significance was used to test all of the hypotheses of this study, the data have been arranged in two-way contingency tables by group and response category. The predetermined level of confidence to indicate support for any hypothesis was .05.

Hypothesis I

Table 3.1 presents the results of the data relevant to Hypothesis I. This hypothesis was stated as follows:

> Practicing black psychologists have significantly different attitudes toward the concept of community mental health than black graduate students being trained in mental health programs.

The results shows in Table 3.1 do not support Hypothesis I. No significant differences in attitudes toward mental health as measured by the OMH Questionnaire were found between black psychologists and black graduate students enrolled in mental health training programs. In fact, the chi square value of .65 was so small that the two groups appear to be homogenous in terms of their attitudes toward community mental health. To reach significance at the .05 level of confidence, the chi square value would have to reach 3.841. A higher proportion of both groups of subjects disagreed with the items of the OMH than agreed.

TABLE 3.1.--χ^2 Test of Significance of Differences in Responses of Black Psychologists and Black Graduate Students to the OMH Questionnaire.

Group	Frequencies		Total
	Agree	Disagree	
Psychologists (N = 31)	578	963	1,541
Students (N = 44)	828	1,304	2,132
Total	1,406	2,267	3,673

Degrees of freedom: 1
χ^2 = .65

Analysis of the Factors of the OMH

As pointed out in Chapter II, Nunnally (1957) performed a factor analysis of the items of the OMH Questionnaire. He located ten factors (see Appendix C and Appendix D). Since Hypothesis I was not supported, in terms of responses by subjects to all items of the OMH questionnaire, it was of interest to determine if black psychologists and black graduate students differed significantly on any of the specific factors of the OMH. Tables 3.2 through 3.11 show the results of chi square tests for the responses of the two groups of subjects.

TABLE 3.2.--χ^2 Test of Significance of Differences in Responses of Black Psychologists and Black Graduate Students to Factor #1 (Look and Act Different) of the OMH Questionnaire.

Group	Frequencies		Total
	Agree	Disagree	
Psychologists (N = 31)	37	128	165
Students (N = 44)	36	178	214
Total	73	306	379

Degrees of freedom: 1
χ^2 = 1.82

TABLE 3.3.--χ^2 Test of Significance of Differences in Responses of Black Psychologists and Black Graduate Students to Factor #2 (Sex Distinction) of the OMH Questionnaire.

Group	Frequencies		Total
	Agreee	Disagree	
Psychologists (N = 31)	52	52	104
Students (N = 44)	69	79	148
Total	121	131	252

Degrees of freedom: 1
χ^2 = .29

TABLE 3.4.--χ^2 Test of Significance of Differences in Responses of Black Psychologists and Black Graduate Students to Factor #3 (Guidance and Support) of the OMH Questionnaire.

Group	Frequencies		Total
	Agree	Disagree	
Psychologists (N = 31)	68	114	182
Students (N = 44)	114	144	258
Total	182	258	440

Degrees of freedom: 1
$\chi^2 = 2.09$

TABLE 3.5.--χ^2 Test of Significance of Differences in Responses of Black Psychologists and Black Graduate Students to Factor #4 (Environment vs. Personality) of the OMH Questionnaire.

Group	Frequencies		Total
	Agree	Disagree	
Psychologists (N = 31)	59	75	134
Students (N = 44)	97	100	197
Total	156	175	331

Degrees of freedom: 1
$\chi^2 = .87$

TABLE 3.6.--χ^2 Test of Significance of Differences in Responses of Black Psychologists and Black Graduate Students to Factor #5 (Non-Seriousness) of the OMH Questionnaire.

Group	Frequencies		Total
	Agree	Disagree	
Psychologists (N = 31)	104	130	234
Students (N = 44)	137	178	315
Total	241	308	549

Degrees of freedom: 1
χ^2 = .04

TABLE 3.7.--χ^2 Test of Significance of Differences in Responses of Black Psychologists and Black Graduate Students to Factor #6 (Hopelessness) of the OMH Questionnaire.

Group	Frequencies		Total
	Agree	Disagree	
Psychologists (N = 31)	34	55	89
Students (N = 44)	47	75	122
Total	81	130	211

Degrees of freedom: 1
χ^2 = .002

TABLE 3.8.--χ^2 Test of Significance of Differences in Responses of Black Psychologists and Black Graduate Students to Factor #7 (Age Function) of the OMH Questionnaire.

Group	Frequencies		Total
	Agree	Disagree	
Psychologists (N = 31)	115	166	281
Students (N = 44)	167	202	369
Total	282	368	650

Degrees of freedom: 1
$\chi^2 = 1.27$

TABLE 3.9.--χ^2 Test of Significance of Differences in Responses of Black Psychologists and Black Graduate Students to Factor #8 (Organic Causes) of the OMH Questionnaire.

Group	Frequencies		Total
	Agree	Disagree	
Psychologists (N = 31)	33	68	101
Students (N = 44)	47	102	149
Total	80	170	250

Degrees of freedom: 1
$\chi^2 = .04$

TABLE 3.10.--χ^2 Test of Significance of Differences in Responses of Black Psychologists and Black Graduate Students to Factor #9 (Will Power) of the OMH Questionnaire.

Group	Frequencies		Total
	Agree	Disagree	
Psychologists (N = 31)	35	52	87
Students (N = 44)	53	74	127
Total	88	126	214

Degrees of freedom: 1
χ^2 = .05

TABLE 3.11.--χ^2 Test of Significance of Differences in Responses of Black Psychologists and Black Graduate Students to Factor #10 (Avoidance) of the OMH Questionnaire.

Group	Frequencies		Total
	Agree	Disagree	
Psychologists (N = 31)	42	121	163
Students (N = 44)	64	161	225
Total	106	282	388

Degrees of freedom: 1
χ^2 = .32

No significant differences were observed for any of the factors of the OMH. The relatively small chi square values indicate that the psychologists and graduate students are homogenous in terms of their attitudes toward community mental health. In other words, the proportion of black psychologists indicating agreement or disagreement on the various items composing the factors of the OMH was relatively similar to the proportion of black graduate students making these responses to the OMH.

Hypothesis II

The chi square values obtained for the tests of Hypothesis II are shown in Tables 3.12, 3.13, 3.14, 3.15, and 3.16. Hypothesis II was stated as follows:

> There is a significant relationship between the sex of black psychologists and black graduate students and their attitudes toward community mental health.

The results of the chi square test of the differences in responses of black females and black males to the OMH Questionnaire are shown in Table 3.12.

TABLE 3.12.--χ^2 Test of Significance of Differences in Responses of Black Females and Black Males to the OMH Questionnaire.

Groups	Frequencies		Total
	Agree	Disagree	
Black females (N = 27)	552	792	1,344
Black males (N = 48)	854	1,475	2,329
Total	1,406	2,267	3,673

Degrees of freedom: 1
χ^2 = 6.92. (Significant at the .02 level of confidence.)

Sex differences in attitudes toward mental health were also studied for the following: (1) female psychologists versus female graduate students, (2) female psychologists versus male psychologists, (3) female graduate students versus male graduate students, and (4) male psychologists versus male graduate students. No significant differences between these sex groupings were observed. The chi square tests for these sex differences are shown in Tables 3.13, 3.14, 3.15, and 3.16.

TABLE 3.13.--χ^2 Test of Significance of Differences in Responses Between Black Female Psychologists and Black Female Graduate Students to the OMH Questionnaire.

Group	Frequencies		Total
	Agree	Disagree	
Black female psychologist (N = 7)	147	205	352
Black female graduate student (N = 20)	405	587	982
Total	552	792	1,344

Degrees of freedom: 1
χ^2 = .11

TABLE 3.14.--χ^2 Test of Significance of Differences in Responses Between Black Female Psychologists and Black Male Psychologists to the OMH Questionnaire.

Group	Frequencies		Total
	Agree	Disagree	
Black female psychologists (N = 7)	147	205	352
Black male psychologists (N = 24)	436	739	1,175
Total	583	944	1,527

Degrees of freedom: 1
$\chi^2 = 2.48$

TABLE 3.15.--χ^2 Test of Significance of Differences in Responses Between Black Female Graduate Students and Black Male Graduate Students to the OMH Questionnaire.

Group	Frequencies		Total
	Agree	Disagree	
Black female graduate student (N = 20)	405	587	992
Black male graduate student (N = 24)	420	719	1,139
Total	825	1,306	2,131

Degrees of freedom: 1
$\chi^2 = 3.40$

TABLE 3.16.--χ^2 Test of Significance of Differences in Responses Between Black Male Psychologists and Black Male Graduate Students to the OMH Questionnaire.

Group	Frequencies		Total
	Agree	Disagree	
Black male psychologists (N = 24)	436	739	1,175
Black male graduate students (N = 24)	420	719	1,139
Total	856	1,458	2,314

Degrees of freedom: 1
χ^2 = .10

Hypothesis III

Hypothesis III was stated as follows:

> There is a significant relationship between attitudes toward mental health and the age of black psychologists and black graduate students.

Hypothesis III was not supported. Chi square tests were conducted to determine if significant differences existed between (1) psychologists and graduate students in the age category of 20-33 years of age, (2) psychologists and graduate students in the age category of 34 years and over, (3) psychologists who were 20-33 years of age and psychologists 34 years of age and older, (4) graduate students who were 20-33 years of age and graduate students who were 34 years and older, and (5) all subjects who were 20-33 years of age and subjects who were 34 years of age and older. The results of these tests and their supporting data are presented in Tables 3.17 through 3.21. None of the tests for any of the age groupings of subjects was significant. All chi square values were relatively small.

TABLE 3.17.--χ^2 Test of Significance of Differences in Responses of Black Psychologists and Black Graduate Students (20 to 33 Years of Age) to the OMH Questionnaire.

Group	Frequencies		Total
	Agree	Disagree	
Black psychologists (20 to 33 years of age) (N = 11)	194	341	535
Black graduate students (20 to 33 years of age) (N = 33)	602	966	1,568
Total	796	1,307	2,103

Degrees of freedom: 1
χ^2 = .99

TABLE 3.18.--χ^2 Test of Significance of Differences in Responses of Black Psychologists and Black Graduate Students (34 Years of Age and Over) to the OMH Questionnaire.

Group	Frequencies		Total
	Agree	Disagree	
Black psychologists (34 years and over) (N = 20)	384	622	1,006
Black graduate students (34 years and over) (N = 11)	226	338	564
Total	610	960	1,570

Degrees of freedom: 1
χ^2 = .55

TABLE 3.19.--χ^2 Test of Significance of Differences in Responses Between Black Psychologists (20 to 33 Years of Age) and Black Psychologists (34 Years and Over) to the OMH Questionnaire.

Group	Frequencies		Total
	Agree	Disagree	
Black psychologists (20-33 years of age) (N = 11)	194	341	535
Black psychologists (34 years and over) (N = 20)	384	622	1,006
Total	578	963	1,541

Degrees of freedom: 1
χ^2 = .54

TABLE 3.20.--χ^2 Test of Significance of Differences in Responses Between Black Graduate Students (20 to 33 Years of Age) and Black Graduate Students (34 Years and Over) to the OMH Questionnaire.

Group	Frequencies		Total
	Agree	Disagree	
Black graduate students (20 to 33 years of age) (N = 33)	602	966	1,568
Black graduate students (34 years and over) (N = 11)	226	338	564
Total	828	1,304	2,132

Degrees of freedom: 1
χ^2 = .50

TABLE 3.21.--χ^2 Test of Significance of Differences in Responses Between Black Respondents (20 to 33 Years of Age) and Black Respondents (34 Years and Over) to the OMH Questionnaire.

Group	Frequencies		Total
	Agree	Disagree	
Black respondents (20 to 33 years of age) (N = 44)	796	1,307	2,103
Black respondents (34 years and over) (N = 31)	610	960	1,570
Total	1,406	2,267	3,673

Degrees of freedom: 1
χ^2 = .38

Hypothesis IV

Tables 3.22 through 3.26 show the results of the data that are relevant to Hypothesis IV. This hypothesis was stated as follows:

> There is a significant relationship between the attitudes toward mental health of black psychologists and black graduate students that have lived in urban environments as compared with those who have lived in suburban environments.

Hypothesis IV was not supported. None of the tests showed significant differences for any of the comparisons. Relative low chi square values were obtained in all of the tests and these indicate that being reared in either an urban or suburban environment is not a significant variable in determining the attitudes of black psychologists and graduate students toward community mental health.

Table 3.22.--χ^2 Test of Significance of Differences in Responses to the OMH Questionnaire Between All Respondents Who Lived in a Suburban Environment and Those Who Lived in an Urban Environment for the First 18 Years of Their Lives.

Group	Frequencies		Total
	Agree	Disagree	
Suburban environment (N = 7)	116	209	325
Urban environment (N = 54)	991	1,684	2,675
Total	1,107	1,893	3,000

Degrees of freedom: 1
χ^2 = .25

(Data were not available for 4 psychologists and 10 graduate students for this variable.)

TABLE 3.23.--χ^2 Test of Significance of Differences in Responses to the OMH Questionnaire Between Black Psychologists and Black Graduate Students Who Lived the First 18 Years of Their Lives in a Suburban Environment.

Group	Frequencies		Total
	Agree	Disagree	
Black suburban psychologists (N = 3)	50	105	155
Black suburban students (N = 4)	66	104	170
Total	116	209	325

Degrees of freedom: 1
χ^2 = 1.50

(Data were not available for 4 psychologists and 10 graduate students for this variable.)

TABLE 3.24.--χ^2 Test of Significance of Differences in Responses to the OMH Questionnaire Between Black Psychologists and Black Graduate Students Who Lived the First 18 Years of Their Lives in an Urban Environment.

Group	Frequencies		Total
	Agree	Disagree	
Black urban psychologists (N = 24)	447	738	1,185
Black urban graduate students (N = 30)	544	946	1,490
Total	991	1,684	2,675

Degrees of freedom: 1
χ^2 = .25

(Data were not available for 4 psychologists and 10 graduate students for this variable.)

TABLE 3.25.--χ^2 Test of Significance of Differences in Responses to the OMH Questionnaire Between Black Psychologists Who Lived in a Suburban Environment and Those Who Lived in an Urban Environment for the First 18 Years of Their Lives.

Group	Frequencies		Total
	Agree	Disagree	
Black suburban psychologists (N = 3)	50	105	155
Black urban psychologists (N = 24)	447	738	1,185
Total	497	843	1,340

Degrees of freedom: 1
χ^2 = 1.81

(Data were not available for 4 psychologists for this variable.)

TABLE 3.26.--χ^2 Test of Significance of Differences in Responses to the OMH Questionnaire Between Black Graduate Students Who Lived in an Urban Environment for the First 18 Years of Their Lives and Those Who Lived in a Suburban Environment.

Group	Frequencies		Total
	Agree	Disagree	
Black suburban graduate students (N = 4)	66	104	170
Black urban graduate students (N = 30)	544	946	1,490
Total	610	1,050	1,660

Degrees of freedom: 1
χ^2 = .31

(Data were not available for 10 graduate students for this variable.)

Hypothesis V

Hypothesis V was stated as follows:

> There is a significant relationship between the attitudes toward mental health of black psychologists and black graduate students who have experienced mental illness with friends or relatives as compared with those who have not had such experience.

This hypothesis was supported by the findings of this study. Tables 3.27 through 3.31 show the results of the tests of the hypothesis.

It should be noted that in the above mentioned tables that the number of subjects is not consistent with the number of psychologists and graduate students who completed the OMH Questionnaire. This inconsistency occurs as the result of given different weights to respondents who indicated different degrees of experience with significant others

who were believed to be mentally ill. For statistical purposes, those respondents who indicated that they had experienced mentally ill friends and relatives were given a double weight. Likewise, those who had not had experience with either mentally ill friends or relatives were also given a double weight. All other degrees of experience with the mentally ill, or the lack of such experience, were given single weights. In other words, some of the subjects were considered as two subjects while others were considered as one for the purpose of these statistical calculations.

Table 3.27 presents the chi square test of significance between all black respondents, across groups, to the OMH Questionnaire who have had experience with mental illness among their relatives or friends, or both, as compared with those who have not had such experiences.

TABLE 3.27.--χ^2 Test of Significance of Differences in Responses to the OMH Questionnaire Between Black Respondents Who Have Experienced Significant Others With Mental Illness and Those Who Have Not Had This Experience.

Group	Frequencies		Total
	Agree	Disagree	
Significant others who have experienced mental illness (N = 54)	1,240	2,337	3,577
Significant others who have not experienced mental illness (N = 88)	1,681	2,694	4,375
Total	2,921	5,031	7,952

Degrees of freedom: 1
χ^2 = 12.73. (Significant at the .01 level of confidence.)

The chi square value of 12.73 shown in Table 3.27 was significant at the .01 level of confidence. This data suggests that experience with mental illness among significant others is an important variable in determining the attitudes of black psychologists and graduate students toward mental health. Sixty-six percent of the responses of those who had experienced mental illness disagreed with items on the OMH as compared with 62 percent of the responses of those who had not experienced mental illness with people who were considered to be significant in their lives. Disagreement with the items of the OMH usually indicates that respondents are relatively sophisticated in their attitudes toward mental health.

A further examination of the differences between black psychologists who have had experience with significant others who were mentally ill as compared with those who have not had this experience is shown in Table 3.28.

A chi square value of 12.00 (significant at the .01 level of confidence) was obtained. Experience with mentally ill family members or friends is apparently a factor in determining the attitudes of black psychologists toward mental health. Sixty-eight percent of the responses of the psychologists who reported significant others who were mentally ill were in disagreement with the items on the OMH. This is in contrast to the 62 percent of the responses marked disagree by those who had not had experience with mentally ill persons who were considered significant others.

TABLE 3.28.--χ^2 Test of Significance of Differences in Responses to the OMH Questionnaire Between Black Psychologists Who Have Experienced Significant Others With Mental Illness and Those Who Have Not Had This experience.

Group	Frequencies		Total
	Agree	Disagree	
Black psychologists with significant others who experienced mental illness (N = 30)	755	1,580	2,334
Black psychologists without significant others who experienced mental illness (N = 30)	549	905	1,454
Total	1,304	2,485	3,788

Degrees of freedom: 1
χ^2 = 12.00. (Significant at the .01 level of confidence.)

When the responses of black psychologists and black graduate students who reported they had had experience with significant others who were mentally ill were compared, another significant difference was obtained. These results are reported in Table 3.29.

Table 3.29 shows a chi square value of 16.07 which was significant at the .01 level of confidence. Sixty-eight percent of the responses of the psychologists, as compared with 61 percent of the responses of graduate students, indicated disagreement with the items on the OMH. Again, disagreement indicates a relative sophistication in attitudes toward mental health.

TABLE 3.29.--χ^2 Test of Significance of Differences in Responses to the OMH Questionnaire Between Black Psychologists and Black Graduate Students Who Have Experienced Significant Others With Mental Illness.

Group	Frequencies		Total
	Agree	Disagree	
Black psychologists with significant others who experienced mental illness (N = 30)	755	1,580	2,335
Black graduate students with significant others who experienced mental illness (N = 24)	485	757	1,242
Total	1,240	2,337	3,577

Degrees of freedom: 1
χ^2 = 16.07. (Significant at the .01 level of confidence.)

Other tests between black graduate students who reported experience with mental illness via their friends or relatives as compared with those who had not reported this experience were not found to be significant. Likewise, no significant differences were obtained when comparisons were made between black psychologists and black graduate students who had not experienced mental illness among their friends and relatives. These results are presented in Tables 3.30 and 3.31.

TABLE 3.30.--χ^2 Test of Significance of Differences in Responses to the OMH Questionnaire Between Black Graduate Students Who Have Experienced Significant Others With Mental Illness and Those Who Have Not Had This Experience.

Group	Frequencies		Total
	Agree	Disagree	
Black graduate students with significant others who experienced mental illness (N = 24)	485	757	1,242
Black graduate students without significant others who experienced mental illness (N = 58)	1,132	1,789	2,921
Total	1,617	2,546	4,163

Degrees of freedom: 1
χ^2 = .02

TABLE 3.31.--χ^2 Test of Significance of Differences in Responses to the OMH Questionnaire Between Black Psychologists and Black Graduate Students Who Have Not Experienced Significant Others With Mental Illness.

Group	Frequencies		Total
	Agree	Disagree	
Black psychologists without significant others who experienced mental illness (N = 30)	549	905	1,454
Black graduate students without significant others who experienced mental illness (N = 58)	1,132	1,789	2,921
Total	1,681	2,694	4,375

Degrees of freedom: 1
χ^2 = .42

Supplementary Analyses

The following analyses were not relevant to the hypotheses considered in this study. They are included to provide additional information of interest and to further describe the attitudes of blacks toward the concept of community mental health.

One item of interest was to compare the responses to the OMH of black psychologists who participated in this study with those of white psychologists/psychiatrists. Responses of which psychologists/psychiatrists to the OMH were obtained from Nunnally's (1961) research. The results of this comparison are presented in Table 3.32.

As Nunnally (1961) had used a seven point scale in measuring attitudes of the psychologists/psychiatrists, the responses to the lower three points of his scale were collapsed for purposes of this comparison and considered as disagree responses. Likewise, the upper three points of the scale were collapsed into an agree response. Responses to the fourth or middle part of Nunnally's scale (an omit response) were not considered or included in the data reported in Table 3.32. As a result of these alterations, the results shown in Table 3.32 must be regarded as tentative and are included here for descriptive purposes only.

Table 3.32 shows a significant chi square value of 16.20. Given the constraints mentioned in the above paragraph, it appears that black psychologists differ in their attitudes toward mental health from the white psychologists/psychiatrists included in Nunnally's (1961) study. Seventy-two percent of the responses of the black

TABLE 3.32.--χ^2 Test of Significance of Differences of Responses of Black Psychologists and White Psychologists/Psychiatrists to the OMH Questionnaire.

Group	Frequencies		Total
	Agree	Disagree	
Black psychologists (N = 31)	256	646	902
White psychologists or psychiatrists (N = 100)	947	1,721	2,668
Total	1,203	2,367	3,570

Degrees of freedom: 1
χ^2 = 16.20. (Significant at the .01 level of confidence.)

psychologists were in the disagree category while 65 percent of the responses of the whites were in the disagree category.

As no significant differences were observed between the attitudes of black psychologists and black graduate students in terms of their attitudes toward mental health, it was of interest to learn of the particular items of the OMH Questionnaire where consensus of attitudes could be observed. Eighty-five percent agreement or disagreement among and between these groups was arbitrarily chosen as indicating consensus. Tables 3.33, 3.34, and 3.35 present the results of these observations.

TABLE 3.33--Items of the OMH Questionnaire for Which Consensus Was Observed Among Black Psychologists.[a]

Factor and Item	Percent	Agree/Disagree
I. Look and Act Different		
Item #12. You can tell a person who is mentally ill from his appearance.	92	Disagree
Item #26. The insane laugh more than normal people.	100	Disagree
Item #39. Most of the people in mental hospitals speak in words that can be understoood.	87	Agree
II. Sex Distinction		
Item #31. It is easier for women to get over emtoional problems that it is for men.	100	Disagree
Item #22. Women have no more emotional problems than men do.	90	Agree
Item #14. Women are more likely to develop mental disorders than men.	92	Disagree
V. Non-Seriousness		
Item #23. Emotional problems do little damage to the individual.	93	Disagree
Item #7. The seriousness of the mental health problem in this country has been exaggerated.	87	Disagree
VII. Age Function		
Item #3. Children sometimes have mental breakdowns as severe as those of adults.	90	Agree
Item #19. Older people have fewer emotional problems than younger people.	87	Disagree

[a]85 percent was considered a majority consensus.

TABLE 3.34.--Items of the OMH Questionnaire for Which Consensus Was Observed Among Black Graduate Students.[a]

Factor and Item	Percent	Agree/Disagree
I. Look and Act Different		
Item #12. You can tell a person who is mentally ill from his appearance.	92	Disagree
Item #26. The insane laugh more than normal people.	91	Disagree
II. Sex Distinction		
Item #31. It is easier for women to get over emotional problems than it is for men.	86	Disagree
V. Non-Seriousness		
Item #23. Emotional problems do little damage to the individual.	88	Disagree
VI. Hopelessness		
Item #40. There is not much that can be done for a person who develops mental disorder.	97	Disagree

[a]85 percent was considered a majority consensus.

TABLE 3.35.--Items of the OMH Questionnaire for Which Consensus Was Observed for Black Psychologists and Graduate Students.[a]

Factor and Item	Psychologists		Students	
	%	Agree/Disagree	%	Agree/Disagree
I. Look and Act Different				
Item #12. You can tell a person who is mentally ill from his appearance.	92	Disagree	92	Disagree
Item #26. The insane laugh more than normal people.	100	Disagree	91	Disagree
II. Sex Distinction				
Item #31. It is easier for women to get over emotional problems than it is for men.	100	Disagree	86	Disagree
V. Non-Seriousness				
Item #23. Emotional problems do little damage to the individual.	93	Disagree	88	Disagree

[a]85 percent was considered a majority consensus.

Table 3.33 shows that the psychologists surveyed in this study reached consensus on nine items of the OMH Questionnaire. The consensus reached by graduate students on items of the OMH is presented in Table 3.34. Eight-five percent or more of the students gave the same responses to five items. The items on which both groups reached a common consensus are shown in Table 3.35. Consensus was reached in four items. It is interesting to observe that common consensus occurred only for items where disagreement was expressed.

Summary

The results of this study did not support the hypothesis that practicing black psychologists would have significantly different attitudes toward community mental health than black graduate students being trained in mental health programs. A sex difference between males and females in their attitudes toward mental health was found when the respondents were grouped together without regard to professional status. No differences, however, were found between male and female psychologists, female psychologists and female graduate students, female graduate students and male graduate students, or male psychologists and male graduate students.

No significant differences between psychologists and graduate students in their attitudes toward mental health were found in relation to their age or being reared in urban as compared with suburban environments. A significant relationship was found between all respondents to the OMH Questionnaire, across groups, who reported having had experience with mentally ill relatives or friends, or both, as compared with those who had not had such experiences. Significant differences were also obtained between psychologists who had experience with mentally ill friends or relatives as compared with those who had not had such experiences. The attitudes of black psychologists toward mental health also differed significantly from graduate students when the variable of experience with mentally ill friends and relatives was considered.

A supplementary analysis, unrelated to the hypotheses of the study, showed that black psychologists who participated in this

investigation differed significantly in their attitudes toward mental health from white psychologists who responded to the OMH Questionnaire in Nunnally's (1961) study. These results, however, must be regarded as tentative due to alterations made in the rating scale used by Nunnally's subjects.

Items of the OMH Questionnaire on which psychologists, graduate students, and a composite of these groups reached consensus (85 percent agreement) were presented. The psychologists were found to have reached consensus on the largest number (nine) of items.

CHAPTER IV

SUMMARY, DISCUSSION, AND CONCLUSIONS

Summary

The purpose of this study was to assess the attitudes toward community mental health of black psychologists and black graduate students who were enrolled in mental health training programs. Comparisons were made between the two groups to determine the degree of similarity of attitudes.

The Opinions About Mental Health Questionnaire, developed by Nunnally (1961) was administered to a group of black psychologists who were considered leaders in the field of black psychology and to a group of graduate students enrolled in training institutes sponsored by the National Institute of Mental Health.

Five hypotheses were formulated and tested. Hypothesis I stated that practicing black psychologists would have significantly different attitudes toward the concept of community mental health than black graduate students being trained in mental health programs. The second hypothesis stated that a significant relationship would be found between the sex of black psychologists and black graduate students and their attitudes toward community mental health. A third hypothesis was tested to determine if there was a significant relationship between attitudes toward mental health and the age of black psychologists and black graduate students. Hypothesis IV predicted a

significant relationship between the attitudes toward mental health of black psychologists and black graduate students that have lived in urban environments as compared with those who have lived primarily in suburban areas. The final hypothesis stated that a significant relationship existed between the attitudes toward mental health of black psychologists and black graduate students who have experienced mental illness with friends or relatives as compared with those who have not had such experiences.

The Opinions About Mental Health Questionnaire (OMH) was administered by the investigator to black graduate students (N = 44) enrolled in counselor training programs at Michigan State University and the University of Connecticut at Hartford. All were candidates for the master of arts degree. The OMH was mailed to a selected number (N = 50) of prominent black psychologists who were nominated by two past presidents of the National Association of Black Psychologists. Thirty-one responses were obtained from this group.

Chi square tests of significance were used to test the hypotheses of this study. This was accomplished by using the formula for comparing group percentages or frequencies (McNemar, 1962). In addition to the primary analyses, several supplementary analyses were conducted to further describe the attitudes of blacks toward the concept of community mental health.

Hypothesis I was not supported. No significant differences were found between the mental health attitudes of practicing black psychologists and black graduate students enrolled in mental health training programs. In addition, no significant differences were

found between these two groups in terms of their attitudes toward mental health for any of the ten factors of the OMH.

Hypothesis II was supported. A significant sex difference was found between females and males when the two groups of psychologists and students were combined. No differences, however, were found between the attitudes of (1) female psychologists and female graduate students, (2) female psychologists and male psychologists, (3) female students and male students, or (4) male psychologists and male students.

No support was found for Hypothesis III and IV. Age and being reared in an urban environment versus a suburban environment apparently were not significant variables in determining differences between black psychologists and graduate students in their attitudes toward mental health.

Hypothesis V was supported. Significant differences were found between the mental health attitudes for subjects across groups who reported having had experiences with mentally ill friends and relatives as compared with those who had not had such experience. Significant differences were also found between the attitudes of psychologists who had experiences with mentally ill significant others as compared with psychologists who had not had this experience. Similar results were found between the attitudes of psychologists and graduate students when experience with mentally ill friends of relatives was examined. No differences, however, were found between graduate students for the variable of experience with mental illness. Likewise, no significant differences were obtained when comparisons were made between black psychologists and graduate students who had not experienced mental illness among their friends of relatives.

Supplementary and nonhypothesized tests of the results of this study showed significant differences between the mental health attitudes of black psychologists and white psychologists/psychiatrists. These tests, however, must be regarded as tentative due to statistical constraints. In addition, other supplementary analyses described the items on the OMH where the subjects of this study reached consensus.

Discussion

One explanation as to why no significant differences were found between the mental health attitudes of practicing black psychologists and black graduate students could be the lack of validity and reliability of the OMH Questionnaire in reflecting the attitudes of Blacks toward mental health. The OMH, however, was derived from over 3,000 statements of opinion about mental health made by the public, experts, and mass media. Statements were obtained that related to the causes, symptoms, prognosis, treatment, incidence, and social significance of mental health problems. Content validity of the items of the OMH may be examined by reading the items found in Appendix A. The items of the OMH appear to be broad in orientation and scope for opinions of mental health.

When significant differences were not found between groups on the total number of items of the OMH, each of the ten factors comprising the OMH was examined to determine if differences existed between psychologists and graduate students for any of the factors. Since no differences were found, the attitudes of the respondents to the OMH appeared to be consistent for the different aspects of mental health attitudes measured by the OMH.

Based on the above data, it appears unlikely that a lack of reliability and validity in the OMH was a direct cause of the nonsignificant results of this study. A more plausible explanation of why no significant differences were found between psychologists and graduate students is that these groups have had similar environmental experiences that have produced similar attitudes toward mental health. Both groups, for example, have had similar educational experience. Being Black and members of a minority race, they have had somewhat similar social learning experiences in a predominantly white society. This assumption of similarity is further supported by the results of the study which showed no significant differences between the attitudes of the groups in terms of age or whether they had been reared in an urban or suburban environment. Although a significant sex difference was found when males and females from both groups were combined, these differences were not apparent when females were compared with males in terms of being psychologists or graduate students.

The assumption of similarity of attitudes between psychologists and graduate students does not appear to be compromised by the significant differences found between groups for subjects who had experienced mental illness first-hand with friends and relatives when compared with those who had not had such experience. Rather, these results indicate that individuals who have had similar environmental experiences tend to have similar attitudes toward these experiences. The impact of experiencing mental illness in individuals who are significant in the lives of the subjects certainly is a learning experience that is likely to produce specific attitudes toward mental health.

The influence of the environment as a possible important variable in producing nonsignificant results between the mental health attitudes of black psychologists and black graduate students can be observed in the development of Black pride and unity. Since the advent of slogans such as "Black is Beautiful!" and "Black Power" in the 1960s, Blacks have demonstrated a somewhat common point of view as a race and as a minority culture. High value has been expressed by Black leaders for developing and expressing an appreciation for black history, literature, and the contributions made by black individuals. Concurrently, with the development of cohesiveness among Blacks, professional mental health organizations and journals have been established by Blacks to voice their attitudes and values. It would seem improbable that black psychologists and graduate students would be unaffected by cultural trends. Rather, it would seem that these groups would be involved in these environmental developments and this would tend to shape their attitudes toward mental health in similar ways.

A sex difference was found when the mental health attitudes of all males and females, regardless of professional status, were compared. No differences were found, however, when comparisons were made between male and female psychologists, or male and female graduate students. It should be noted that the number of female psychologists was small (N = 7) and this might influence the findings. These results suggest that with a larger sample of the population, significant differences might be found between black males and females in the categories mentioned above. In addition, it is well known that, at least in the past, environmental conditions in a predominantly white society have

been more favorable for black females than for black males. They have, for example, had more opportunities for work within the white society and, thus, have had more chances to have their attitudes influenced in a different fashion than black males.

Finally, the results of nonsignificant differences between black psychologists and graduate students can be compared with the significant differences found in a nonhypothesized test of the differences between mental health attitudes of black psychologists and those of white psychologists/psychiatrists. While these results must be treated with caution due to statistical considerations, they did show that the attitudes of black psychologists were significantly different from those of whites. This is tentative evidence that the mental health attitudes of Blacks studied during this investigation are, indeed, valid and representative of this group.

Conclusions

The conclusions that can be drawn from the results of this study are limited by the possible constraints mentioned earlier in this report. It seems reasonable, however, to conclude that there were no significant differences in the mental health attitudes, as measured by the OMH Questionnaire, of the black psychologists and black graduate students who participated in this investigation. The procedures used in obtaining the responses of the subjects of the study necessarily restrict the generalization of the results beyond the original groups surveyed.

It also seems reasonable to conclude that the best possible explanation for the lack of differences between groups is the similarity

of environmental experiences of the two groups. The Black culture appears to have been a primary factor in forming the attitudes of the two groups of subjects.

A final conclusion appears to be warranted if the conclusion, again, is confined to the subjects of this study. In Chapter I, it was pointed out that an understanding of the attitudes of professional, black psychologists and graduate students was necessary in order to obtain maximum utilization of community mental health facilities by members of the black community, to assess the effects on attitudes that training programs are having on black students in mental health training programs, and to communicate appropriate attitudes to Blacks with regard to the various aspects of community mental health. It seems apparent that black graduate students are reflecting similar attitudes to those of black psychologists. This may be due to the training programs in which these particular students were enrolled, or due to more indirect influences of black psychologists on the attitudes of students via the mass media, scholarly journals, or professional organizations. It is probable that a combination of these factors is responsible for forming the attitudes of the black graduate students.

Recommendations

The results of this study suggest the following recommendations:

1. A replication of this study should be undertaken with subjects who are obtained from diverse training programs and from the population of black psychologists other than those who are leaders in the field. Efforts should be made to include a sufficient number of

female psychologists and graduate students to adequately test for a sex difference in attitudes.

2. A comprehensive study of any differences in the mental health attitudes of black psychologists and graduate students as compared with those of white psychologists and students would be useful in determining if different types of training programs should be provided for black students enrolled in mental health training programs.

3. Studies should be conducted to compare the attitudes of the nonprofessional, black population toward mental health with the attitudes of black psychologists and graduate students.

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APPENDICES

APPENDIX A

THE OPINIONS ABOUT MENTAL HEALTH QUESTIONNAIRE

Department

Counseling Psychology

OPINIONS ABOUT MENTAL HEALTH
(Prepared by J. Nunnally, 1961)

On the following pages you will find a number of statements about mental health problems. We want to know how you feel about each statement. We would like you to make a decision for each opinion as to whether you support it or not. Our primary interest is in what you think and not in whether the opinions are true or false. For each opinion you will be provided with a rating scale as follows:

Disagree	Agree
_____	_____
_____	_____

Because of your scientific background you may find it difficult to rate some of the opinions in the questionnaire. The language in which the opinions are expressed is most likely not that which you would want to use in discussing the problem. You may find it difficult to give a judgement on statements of this level of simplicity. However, these are the things that people actually say, and it is about these opinions that the judgement of experts will have to be made. With these considerations in mind, please try to make a judgement about each of the opinions in the questionnaire.

Please make one check mark for each statement.

Thank you for participating in the study.

	Disagree	Agree
The best way to mental health is by avoiding morbid thoughts.	☐	☐
Mental disorder is one of the most damaging illnesses that a person can have.	☐	☐
Children sometimes have mental breakdowns as severe as those of adults.	☐	☐
Nervous breakdowns seldom have a physical origin.	☐	☐

	Disagree	Agree
The mentally ill have not received enough guidance from the important people in their lives.	☐	☐
Women are as emotionally healthy as men.	☐	☐
The seriousness of the mental health problem in this country has been exagerated.	☐	☐
Helping the mentally ill person with his financial and social problems often improves his condition.	☐	☐
Mental Patients usually make a good adjustment to society when they are released.	☐	☐
The good psychiatrist acts like a father to his patients.	☐	☐
Early adulthood is more of a danger period for mental illness than later years.	☐	☐
You can tell a person who is mentally ill from his appearance.	☐	☐
People who become mentally ill have little will power.	☐	☐
Women are more likely to develop mental disorders than men.	☐	☐
Most mental disturbances in adults can be traced to emotional experiences in childhood.	☐	☐
The mentally ill pay little attention to their personal appearance.	☐	☐
People who keep themselves occupied with pleasant thoughts seldom become mentally ill.	☐	☐
Few people who enter mental hospitals ever leave.	☐	☐
Older people have fewer emotional problems than younger people.	☐	☐

	Disagree	Agree
People cannot maintain good mental health without the support of strong persons in their environment.	☐	☐
Will power alone will not cure mental disorders.	☐	☐
Women have no more emotional problems than men do.	☐	☐
Emotional problems do little damage to the individual.	☐	☐
Mental illness can usually be helped by a vacation or change of scene.	☐	☐
Disappointments affect children as much as they do adults.	☐	☐
The insane people laugh more than normal people.	☐	☐
Psychiatrists try to show the mental patient where his ideas are incorrect.	☐	☐
Mental disorder is not a hopeless condition.	☐	☐
Mental health is one of the most important national problems.	☐	☐
Mental disorder is usually brought on by physical causes.	☐	☐
It is easier for women to get over emotional problems than it is for men.	☐	☐
A change of climate seldom helps an emotional disorder.	☐	☐
The main job or the psychiatrist is to recommend hobbies and other ways for the mental patient to occupy his mind.	☐	☐
Psychiatrists try to teach mental patients to hold in their strong emotions.	☐	☐
X-rays of the head will not tell whether a person is likely to become insane.	☐	☐

	Disagree	Agree
Almost any disease that attacks the nervous system is likely to bring on insantiy.	☐	☐
If a person concentrates on happy memories he will not be bothered by unpleasant things in the present.	☐	☐
Mental health is largely a matter of trying hard to control the emotions.	☐	☐
Most of the people in mental hospitals speak in words that can be understood.	☐	☐
There is not much that can be done for a person who develops a mental disorder.	☐	☐
Most clergymen will encourage a person with a mental disorder to see a psychiatrist.	☐	☐
Feebleminded children are less obedient than normal children.	☐	☐
Most people who "go crazy" try to kill themselves.	☐	☐
Few of the people who seek psychiatric help need the treatment.	☐	☐
Most people can recognize the type of person who is likely to have a nervous breakdown.	☐	☐
If a child is jealous of a younger brother it is best not to let him show it in any way.	☐	☐
Early training will not make the child's brain grow faster.	☐	☐
Most suicides occur because of rejection in love.	☐	☐
Many of the people who go to mental hospitals are able to return to work in society again.	☐	☐

	Disagree	Agree
Children usually do not forget about frightening experiences in a short time.	☐	☐
Disappointments do not affect children as much as they do adults.	☐	☐
Most of the insanity cases are found in people over fifty years of age.	☐	☐
Good emotional habits cannot be taught to children in school as easily as spelling can.	☐	☐
The eyes of the insane are glassy.	☐	☐
People who go from doctor to doctor with many complaints know that there is nothing really wrong with them.	☐	☐
A person cannot rid himself of unpleasant memories by trying hard to forget them.	☐	☐

APPENDIX B

DEMOGRAPHIC DATA FOR BLACK PSYCHOLOGISTS AND BLACK GRADUATE STUDENTS USED IN THIS STUDY

TABLE B.1.--Demographic Data for Black Psychologists and Black Graduate Students Used in This Study.

	Black Psychologists		Black Graduate Students	
	N	%	N	%
Age				
20 - 33	11	35.48	33	75.00
34 - Above	20	64.52	11	25.00
Total	31	100.00	44	100.00
Sex				
Male	24	77.42	24	54.55
Females	7	22.58	20	45.45
Total	31	100.00	44	100.00
Marital Status				
Married	20	64.52	21	47.73
Single	3	9.68	16	36.36
Other	8	25.80	7	15.91
Total	31	100.00	44	100.00
Major				
Clinical Psych.	12	38.71	4	9.09
Counsel. Psych.	12	38.71	40	90.91
Other	7	22.58	0	0.00
Total	31	100.00	44	100.00

TABLE B.1.--Continued.

	Black Psychologists		Black Graduate Students	
	N	%	N	%
Community Type				
Suburban	3	9.68	4	9.09
Urban	24	77.42	30	68.18
No Response	4	12.90	10	22.73
Total	31	100.00	44	100.00
Mental Illness Significant Other				
With	30	50.00	24	27.27
Without	30	50.00	58	72.73
Total	60	100.00	82	100.00

APPENDIX C

FACTORS OF THE OMH

Factors of the OMH

Factor	I	Look and Act Different - The mentally ill are recognizably different in manner and appearance from normal persons. They have glassy eyes and small brains, Laugh more than normal people, and pay little attention to their personal appearance.
Factor	II	Sex Distinction - Women are more prone to mental disorders than men are. Women worry more than men and more often have "nervous breakdowns."
Factor	III	Guidance and Support - Mental health can be maintained by depending on strong persons in the environment. The therapist explains to the patient the origins of his troubles and tells the patient where his ideas are incorrect. The mentally ill are persons who lacked affection in childhood.
Factor	IV	External Causes vs. Personality - The individual's state of mental health is dependent on the pressures in his immediate environment. Mental troubles are caused by physical exhaustion, financial and social problems. A cure can be effected by a vacation or change or scenery. The opposite point of view is that the individual's state of well-being is dependent on his personal history, especially his childhood.
Factor	V	Non-Seriousness - Emotional difficulties are relatively unimportant problems that cause little damage to the individual. Good emotional habits are easy to develop and maintain. (This factor differs from the hopelessness factor in that hopelessness is concerned with the likelihood of recovery and the value of treatment, regardless of the extent to which the problems are damaging. To illustrate, an individual may have a disorder, such as an allergy, which would be hopeless in the sense of being incurable, but not serious in the sense of being debilitating.)
Factor	VI	Hopelessness - There is little that can be done to cure a mental disorder. Few of the inmates of mental hospitals return to work in society. Psychiatrists cannot tell whether a condition is curable.

Factor VII — Age Function - Persons become more susceptible to emotional disorders as they grow older - an apparent analogy with the increasing susceptibility to some of the "physical" disorders. Children are less affected by frightening experiences. Older persons are more prone to insanity and recover more slowly from "nervous breakdowns."

Factor VIII — Organic Causes - Mental disorder is brought on by organic causes like poor diet and diseases of the nervous system. It is associated with physical symptoms like brain damage and can be cured by "physical means."

Factor IX — Will Power - Will power is the basis of personal adjustment. Once adjustment is lost, the psychiatrist exercises his own will power to bolster the patient's failing will. Persons who remain mentally ill do not "try" to get better. Most of the people who seek treatment do not need it, and those who do are not very worthwhile persons.

Factor X — Avoidance of Morbid Thoughts - Preoccupation with pleasant thoughts is the basis of mental health. Mental disturbances can be avoided by keeping busy, reading books on "peace of Mind," and not discussing troublesome topics. Psychiatrists must have a good sense of humor. The psychiatrist recommends hobbies and other ways for the patient to occupy himself.

(Nunnally, 1961, pp. 17-18)

APPENDIX D

ITEMS INCLUDED IN THE TEN FACTORS OF THE OMH

Items of the OMH Included in the Ten Factors of the OMH

Factors:

I Look and Act Different

Item # 12 You can tell a person who is mentally ill from his appearance.

Item # 16 The mentally ill pay little attention to their personal appearance.

Item # 26 The insane laugh more than normal people.

Item # 39 Most of the people in mental hospitals speak in words that can be understood.

Item # 45 Most people can recognize the type of person who is likely to have a nervous breakdown.

Item # 54 The eyes of the insane are glassy.

II Sex Distinction

Item # 6 Women are as emotionally healthy as men.

Item # 14 Women are more likely to develop mental disorders than men.

Item # 22 Women have no more emotional problems than men do.

Item # 31 It is easier for women to get over emotional problems than it is for men.

III Guidance and Support

Item # 5 The mentally ill have not received enough guidance from the important people in their lives.

Item # 8 Helping the mentally ill person with his financial and social problems often improves his condition.

Item # 10 The good psychiatrist acts like a father to his patients.

Item # 27 Psychiatrists try to show the mental patient where his ideas are incorrect.

III Guidance and Support (Cont'd.)

Item # 33 The main job of the psychiatrist is to recommend hobbies and other ways for the mental patient to occupy his mind.

Item # 34 Psychiatrists try to teach mental patients to hold in their strong emotions.

Item # 42 Most clergymen will encourage a person with a mental disorder to see a psychiatrist.

IV External Causes vs. Personality

Item # 15 Most mental disturbances in adults can be traced to emotional experiences in childhood.

Item # 20 People cannot maintain good mental health without the support of strong persons in their environment.

Item # 24 Mental illness can usually be helped by a vacation or change or scene.

Item # 32 A change of climate seldom helps an emotional disorder.

Item # 38 Mental health is largely a matter of trying hard to control the emotions.

V Non-Seriousness

Item # 2 Mental disorder is one of the most damaging illnesses that a person can have.

Item # 7 The seriousness of the mental health problem in this country has been exaggerated.

Item # 9 Mental patients usually make a good adjustment to society when they are released.

Item # 23 Emotional problems do little damage to the individual.

Item # 29 Mental health is one of the most important national problems.

Item # 44 Few of the people who seek psychiatric help need the treatment.

Item # 49 Many of the people who go to mental hospitals are able to return to work in society again.

V Non-Seriousness (Cont'd.)

Item # 55 People who go from doctor to doctor with many complaints know that there is nothing really wrong with them.

VI Hopelessness

Item # 18 Few people who enter mental hospitals ever leave.

Item # 28 Mental disorder is not a hopeless condition.

Item # 40 There is not much that can be done for a person who develops a mental disorder.

VII Age Function

Item # 3 Children sometimes have mental breakdowns as severe as those of adults.

Item # 11 Early adulthood is more of a danger period for mental illness than later years.

Item # 19 Older people have fewer emotional problems than younger people.

Item # 25 Disappointments affect children as much as they do adults.

Item # 46 If a child is jealous of a younger brother it is best not to let him show it in any way.

Item # 47 Early training will not make the child's brain grow faster.

Item # 50 Children usually do not forget about frightening experiences in a short time.

Item # 51 Disappointments do not affect children as much as they do adults.

Item # 52 Most of the insanity cases are found in people over fifty years of age.

Item # 53 Good emotional habits cannot be taught to children in school as easily as spelling can.

VIII Organic Causes

Item # 4 Nervous breakdowns seldom have a physical origin.

Item # 30 Mental disorder is usually brought on by physical causes.

VIII Organic Causes (Cont'd.)

Item # 35 X-rays of the head will not tell whether a person is likely to become insane.

Item # 42 Feebleminded children are less obedient than normal children.

Item # 36 Almost any disease that attacks the nervous system is likely to bring on insantiy.

IX Will Power

Item # 13 People who become mentally ill have little will power.

Item # 21 Will power alone will not cure mental disorders.

X Avoidance

Item # 1 The best way to mental health is by avoiding morbid thoughts.

Item # 17 People who keep themselves occupied with pleasant thoughts seldom become mentally ill.

Item # 37 If a person concentrates on happy memories he will not be bothered by unpleasant things in the present.

Item # 43 Most people who "go crazy" try to kill themselves.

Item # 48 Most suicides occur because of rejection in love.

Item # 56 A person cannot rid himself of unpleasant memories by trying hard to forget them.

APPENDIX E

GENERAL INFORMATION FORM

General Information

1. Age_____. 2. Male_____. Female_____.

3. Professional field_____. Number of years in profession_____.

4. Married_____, Single_____, Widowed_____,

Separated_____, Divorced_____.

5. In what size community did you live during most of the first 18 years of your life? (check one below)

a. _____on a farm

b. _____in the open countryside, but not on a farm.

c. _____town or city,

(1) with approximate population of_____
(please estimate)

(2) is this a suburb? yes_____ no_____.

6. Have any of your good friends ever been mentally ill? (circle appropriate category).

a. No.
b. Yes, a middle-aged man.
c. Yes, a middle-aged woman.
d. Yes, an elderly man.
e. Yes, an elderly woman.
f. Yes, a boy.
g. Yes, a girl.
h. Yes, several friends.

7. Has any member of your family ever been mentally ill? (circle appropriate category).

a. No.
b. Yes, a grandparent.
c. Yes, a parent.
d. Yes, a husband or wife.
e. Yes, a son or daughter.
f. Yes, a brother or sister.
g. Yes, some other relative.
h. Yes, several members.

THAT'S ALL
THANK YOU VERY MUCH.

APPENDIX F

COVER LETTER TO PSYCHOLOGISTS

EAST LANSING PUBLIC SCHOOLS

EAST LANSING HIGH SCHOOL
Freshman-Sophomore Division Office
509 Burcham Drive
East Lansing, Michigan 48823
Telephone 332-2545
Walter Barwick, Division Principal

Dear Colleague:

As a PH.D. candidate in counseling psychology at Michigan State University, I am in the process of collecting research data and ask your cooperation. You are one of a group of 50 leading Black psychologists being asked to complete these forms.

My concern is with the attitudes of Black psychologists toward the concept of community mental health. I have taken the liberty to enclose a copy of the attitudinal and history forms. I would appreciate your completing and returning them to me by November 1, 1973, in the enclosed envelope. I realize how busy you must be, so if you would take the time right now to complete the form, it will be out of your way and much appreciated.

Dr. Thomas Gunnings, Professor of Psychology at Michigan State University, is assisting with this project.

Needless to say, research by Blacks and for Blacks should be our concern and cannot succeed without your participation.

Sincerely,

Walter Barwick
Divisional Principal

WB/mn

Enclosures