دراسة العلاقة بين المعارف والمعتقدات والاتجاهات نحو المرض العقلي : دراسة مطبقة على عينة من طلبة وطالبات الخدمة الاجتماعية في جامعة الكويت

Investigating the relations between knowledge, beliefs, and attitudes toward mental illness on a sample of social work students at Kuwait University

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ملخص البحث: تناولت الدراسة الحالية استكشاف العلاقة بين معارف ومعتقدات واتجاهات طلاب الخدمة الاجتماعية تجاه المرض العقلي. طبقت الدراسة علىٰ عينة قوامها ١١٨ طالب وطالبة من المسجلين في برنامج بكالوريوس الخدمة الاجتماعية في جامعة الكويت. أكمل المشاركون مقياسي الاتجاهات نحو الأمراض النفسية والعقلية (Hirai & Clum, 2000)، ومقياس قصير للبيانات الديموغرافية. وقد تمت معالجة البيانات في برنامج SPSS وتحليلها باستخدام إحصاءات وصفية واستنتاجية. وأشارت أهم النتائج إلىٰ وجود معتقدات سلبية متوسطة إلىٰ منخفضة حول الأمراض العقلية والنفسية والأشخاص المصابين بها لدىٰ أفراد العينة، مع وجود فروق دالة إحصائياً تُعزىٰ للنوع، حيث سجل الطلاب الذكور معتقدات سلبية أكبر مقارنة بالإناث، في حين ارتبطت المعارف السابقة عن المرض العقلي ارتباطاً سلبياً بدلالة إحصائية بالمعتقدات السلبية، حيث سجل الطلاب الأكثر معرفة بالأمراض العقلية اتجاهات سلبية أقل، وتقبلاً أكبر للمرضىٰ العقليين والنفسيين. نوقشت النتائج وعرضت نواحي القصور، كما اختتمت الدراسة بعرض لأهم التوصيات في مجالي دراسة وممارسة الخدمة الاجتماعية.

الكلمات المفتاحية:

المعتقدات، الاتجاهات، الوصمة، الكويت، الخدمة الاجتماعية، المرض العقلي، المعرفة.

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Investigating the relations between knowledge, beliefs, and attitudes toward mental illness on a sample of social work students at Kuwait University

Abstract:

The current study investigates the beliefs and attitudes about mental illness in relation to previous knowledge in a sample of 118 Kuwaiti social work students. Participants completed the BMI Scale (Hirai & Clum, 2000) and a short demographic scale. Data were analyzed using descriptive and inferential statistics. The findings suggest moderate to low negative beliefs about mental illnesses and the mentally ill persons, significant differences based on gender; male students reported greater negative beliefs compared to females. Previous knowledge of mental illness was significantly associated with less negative beliefs. The findings were discussed, limitations described, and implications for social work education and practice were presented.

Keywords:

Beliefs, attitudes, stigma, Kuwait, social work, mental illness, knowledge.

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Introduction:

Social work is a diverse profession with fluid boundaries. In the mental health field, social workers are one of the core professional groups, and the primary providers of psychosocial treatment to individuals with mental health and substance abuse problems (Eack and Newhill, 2008). In the public and community mental health sectors, social workers have well-established expertise in working with people with serious mental illness and associated problems. They also have a vital and emerging role in the private sector (Australian Association of Social Workers, 2019). The roles of Clinical social workers include aiding clients in understanding the causes of emotional distress, developing and implementing methods to resolve the situation, and connecting the client with appropriate community resources (National Association of Social Workers, 1999).

In the United States, social workers provide most of the mental health services. Together with other members of a multi-disciplinary team, they are increasingly involved and contribute to the diagnosis and treatment of all forms of mental disorders, including serious illnesses such as schizophrenia and major depression (Theriot and Lodato, 2012). Social workers are one of the largest groups of professional mental health and substance abuse service providers, with 35.3 clinically trained and active social workers per 100,000 Americans (Clark, 2002). Furthermore, according to the U.S. Bureau of Labor Statistics, the need for social workers specializing in mental health and substance use is expected to grow by 23% from 2012 to 2022 (Bureau of Labor Statistics, 2014), much faster than the average for all other occupations.

In Kuwait, clinical social workers with background in mental health are employed in a variety of practice settings, and often work as part of a team with other mental health professionals. Related areas to the mental health field are alcohol and drug abuse

treatment, individual and family counseling, grief counseling, correctional settings, aging, child welfare, developmental disabilities, and general health care. Social workers are important members of the multidisciplinary health professional teams within the psychiatric field, with a range of roles from working one-on-one with the patients, preparing comprehensive social reports outlining the family, education, work, relationships, behaviors, health, and social support history. To working with the client's family and significant others to help them understand the nature of the diagnoses and the possible psychosocial and behavioral effects of the medications, plus helping both the clients and their families to understand and accept any changes in relation to the illness. Furthermore, social workers help connecting the clients with the different resources available to them in the community as their case managers; their work with the clients at the micro, mezzo, and macro levels is to insure smoother and successful adaptation to the situation and improved quality of life.

Rod Bale (2000), the Medical Director of an expatriate team contracted in 1996 by the government for the development of quality improvements in the provision of mental health services in Kuwait identified the scarcity of social workers as a major deficiency in the system. His report reconfirmed earlier conclusions of a serious need for professional staff in all mental healthcare categories, giving social workers the highest priority of them all (Kaladchibachi & Al-Dhafiri, 2018). More recently, mental health professionals remain understaffed in Kuwait, both at the Kuwait Center for Mental Health, which employs 294 psychiatric nurses, 48 psychiatrists, 17 psychologists, and only eight social workers (Almazeedi & Alsuwaidan, 2014), and nationwide, with 2.62 psychiatrists/100,000, 2.29 psychologists/100,000, and most alarmingly only 0.66 social workers/100,000 (WHO, 2011). In Kuwait, clinical social workers in psychiatric fields are needed, called for, and underrepresented.

Despite the expected increase in the number of social work positions needed in the

mental health fields as a result of the growing rates of new and current patients, there is a lack of graduating social workers prepared and/or interested in working with this population. This gap between demand and supply for social workers in mental health is evident both locally and globally. In one hand, there is a documented growing need for mental health social workers, on the other hand, considerable research on social work students' beliefs, attitudes, and career choices indicates that they are generally less interested in working with disadvantaged client groups like the mentally ill, due to stigmatizing beliefs or lack of knowledge and preparedness to work with clients with mental illness, or both. In contrast, social work students are more interested in working with those who have more resources and less severe problems, such as individuals and families with personal or interpersonal problems (e.g., Limb & Organista, 2003; Weiss, Gal, & Cnaan, 2004; D'aprix, et al., 2004).

The attitudes and knowledge of the health professionals on mental illness has been argued to be major determinants of the quality and outcome of care for mentally ill (Poreddi, et al., 2014). Unfortunately, the widespread destructive beliefs and subsequent negative attitudes toward mentally ill is common even among social work students. Stigma and discrimination are the main obstacles facing the mentally ill, and it is the shame and fear of this discrimination that prevents the mentally ill from seeking help for their disorders (Poreddi, et al., 2014). Stigmatization has many detrimental effects on the population living with mental disorders, including refusal to seek treatment, decreased quality of life, fewer job opportunities, decreased opportunities for obtaining housing, decreased quality in healthcare, and decreased self-esteem (Covarrubias and Han, 2011; Corrigan, et al., 2004). Therefore, given its injurious effects, stigmatization is an important issue for the social work field to examine from an ethical dignity and empowerment stand, and best practice and quality service stand (NASW, 2008).

Exploring trends in social work students' beliefs and attitudes toward mental illness

would have implications for social work practice and education. This study intended to explore the social work students' opinion about mental illness for several reasons. Social work students are important component of future psychiatric manpower. To fulfill their role, they need to be educated and trained in such a way to develop positive attitudes toward special need populations like individuals with mental illness (El-Zeiny, 2017). They need to be able to provide mental health care and awareness with a positive attitude both within mental health institutions and in the community. Further, in view of the severe scarcity of mental health personnel, it is of great importance that social work students develop a positive attitude toward psychiatric practice and the mentally ill. Research on student's beliefs and attitudes shows it has an impact on curriculum development, work recruitment, specialty, and career choices in mental health related fields (Werrbach and Depoy, 1993). An investigation of the relationship between knowledge and beliefs about mental illness is of particular importance to social work educators and practitioners, as it can provide significant perceptions about how negative attitudes develop among social workers, and serve to guide the development of professional education and training curricula that focuses on facilitating positive changes of attitudes toward working with individuals with mental illness (Eack and Newhill, 2013).

The current study attempted to examine the topic of mental health stigma among social work students by investigating their beliefs about, and attitudes towards mental illness and the mentally ill in relation to knowledge and demographic variables.

Literature Review

Beliefs, attitudes, stigma, and behaviors

Every person adheres to a set of beliefs and attitudes that, at least in theory, guide

the way he or she interprets events and responds to them. We are consciously aware of most of these beliefs, yet other beliefs are held more implicitly. For example, people tend to believe that something is more likely to be true the more often they have heard it. At times, these beliefs can have an evaluative quality. Typically, the evaluative components of beliefs are referred to as "attitudes" (Burrus & Carney, 2015). Therefore, the messages imbedded in the media portraying the mentally ill as violent and/or unstable, for instance, can negatively influence the way both the public and professionals see and treat them.

A belief is how sure one is that knowledge acquired, or a subjective experience is true. Beliefs can vary in terms of strength, such that the more we are positive about a proposition or opinion to be true, the stronger the belief is. They can refer to objects or events from the past, the present, or the future; beliefs about the future can also be thought of as 'expectations' (Wyer & Albarracin, 2005).

Attitudes are evaluations of a person, object, or event, and they consist of an experiential and an instrumental component (Ajzen, 1991). The experiential component represents the valence of the entity and can be measured with scales ranging from good-bad, to pleasant – unpleasant and so on. The instrumental component represents the utility of an entity and can be measured with scales ranging from useful - useless, to beneficial - harmful, to valuable-worthless. Thus, it can be said that a person has a negative attitude toward the mentally ill if he/she agrees that 'Mentally-ill people are more likely to be criminals', and/or if he/she feels that 'The behavior of people who have psychological disorders is unpredictable' (Items from the Beliefs Toward Mental Illness Scale, 2000).

Although the relationship of beliefs to attitudes is not necessarily agreed upon, one prominent theory of attitudes states that attitudes develop from beliefs (Theory of Planned Behavior; Ajzen, 1991). That is, beliefs about a person, object, or event become

linked to a positive or negative attribute to form an attitude. These positive or negative associations can come from personal experience or from witnessing or learning about others' experiences (e.g., 'Social Learning Theory', Bandura, 1977).

Beliefs and attitudes influence both professional and personal behavior. People's beliefs, and attitudes related to mental illness frame how they experience and express their own emotional problems and psychological distress, and whether they disclose these symptoms and seek care (Center for Disease Control and Prevention, 2012). Further, they set the stage for how people interact with, provide opportunities for, and help support a person with mental illness (Tork and Abdel-Fattah, 2015).

The relationship between persons with mental disorders and mental health professionals is a key factor to recovery. Negative beliefs about mentally ill clients and low expectations from them limit the abilities of professionals to develop effective working partnerships with them (Zellmann, Madden, & Aguiniga, 2014). A number of studies on the subject found that social workers, social work students, and other mental health providers often hold a bias against working with alcohol-involved clients (Barral, et al., 2015; Sungu, 2015), and have stereotypes that stigmatize persons with mental disorders (Chung, Chen, & Liu, 2001; Corrigan, et al, 2004; Chaplin, 2000).

Stigma is defined by the World Health Organization (WHO, 2001) as a "mark of shame, disgrace, or disapproval which results in an individual being rejected, discriminated against, or excluded from participating in a range of areas within society". People with mental illness are often stigmatized in a way that could be considered a secondary illness after being labeled with a mental health disorder (Schulze & Angermeyer, 2003). The stigma of mental illness is a complex concept, with multiple domains and subcomponents that have been identified in previous studies (Knaak, et al., 2015). These domains include perceived, public, self, and structured stigma, social distance, dangerousness, recovery, emotional reactions, and social responsibility and

compassion (Burrus & Carney, 2015). The BMI scale used in this study captures most of these domains (detailed description of the scale can be found in the method section).

According to labeling theorists, the self is viewed as a social process subject to the reactions of others (Cooley, 1962, as cited in Lucas & Phelan, 2012), and it posits that people labeled as mentally ill experience negative societal reactions. Stigma, as "the endorsement of a set of prejudicial attitudes and negative emotional responses toward members of a subgroup" (Chan, Mak, & Law, 2009, p.1521), is a common documented social problem facing people with mental illnesses by both the public and professionals (e.g., Zellmann, Madden, & Aguiniga, 2014), and results in the under use of mental health services by clients, and the avoidance to work with the mentally ill by professionals.

Unfortunately, the mechanisms by which negative beliefs develop among social workers are not well known to date. One theoretical explanation is that differences in client group preferences stem from the nature of the social work education received. In a study that surveyed undergraduate and graduate social work students at the University of New Hampshire, to understand whether there was a correlation between education and stigma, and personal contact with people with MI and stigma (Prisloe, 2018). The results demonstrated that taking a class with a mental illness focus reduces desire for social distance, and that contact with people with MI is likely to reduce desire for social distance and stereotyped beliefs (Prisloe, 2018). Perry (2003) found that students who had worked principally with the poor and homeless during their first practice training were significantly more interested in working with these groups than students who had worked with other population groups after graduation. In the same track, Jack and Mosely (1997) found that SW students considered 'lack of field experience with the elderly and people with learning difficulties' as one of the primary reasons for not wanting to work with these groups, and 'good field work experience' as a predicting

factor for the desire to work with them. Another explanation was factors related to desire for professional status, reflection of social work values, and work rewards and conditions, as reported by a large-scale sample of 521 BSW students from four middle eastern schools of social work (Krumer-Nevo & Weiss, 2006).

Milestones of Psychiatric Social Work history

The Global Institute of Social Work website (GISW, 2020) highlighted the major milestones of the history of social work practice within the mental health field, that can be summarized by the following notes. The leading edge of social casework in the 1920s was the practice of psychiatric social work. In 1918, Smith College started the first training program for psychiatric social workers. While the program's first efforts were aimed specifically at soldiers and their families, psychiatric social work rapidly spread to other fields of practice. As one of the responses to war, the Red Cross established training programs for psychiatric social workers, who specialized in serving veterans and their families. Following the success of these services, the Red Cross developed social service departments in federal hospitals in 1926, which later grew into nationwide system of social services connected to Veterans Administration clinics, outpatient clinics, and hospitals. In addition, the development of child guidance clinics that were established to deal with the issues of juvenile delinquents was another great influence in re-positioning psychiatric social work into a leading position. Consequently, the parameter of the child guidance clinics' mission and specialty widened to include children with mental and emotional problems.

In 1921, The New York School of Social Work and the National Committee on Mental Hygiene advocated for the child guidance clinics to be covered by the Commonwealth Fund. Their efforts succeeded in supporting several child guidance clinics, which resulted in rapid spread of its model around the country. The clinics

operated under the 'team' concept involving psychiatrists, psychologists, and social workers. The social work casework's link to psychiatry "helped shed the profession of its stigmatizing attachment to the poor and considered this traditional link with the poverty population as an encumbrance in the quest for professional status" (GISW, 2020, p. 2), social workers became therapists employing psychiatric practice skills in helping diverse clientele groups.

The 1930s was a period when the social work profession re-committed itself to reform. The exigencies created by the great depression were beyond the scope of individual adjustment. As a result, the number of people practicing social work increased, and thousands were recruited into social work through the different public programs. As the decade of the 1930s came to a close, social work had been transformed, from a profession largely focused on individual adjustment and behavioral problems, and had re-discovered reform and systemic intervention and grown large enough to embrace both approaches. Social workers were not only leaders in the charity field but recognized experts in the new arena of public policy. From that point on, the profession continues to grow and mature within the Macro, Mezzo, and Micro practice levels within the different fields of practice, including mental health. Social work was no longer seeking to be recognized as a new profession, it had taken its place as an essential component of a modern society.

Mental health care in Kuwait

Kuwait is a small Middle Eastern oil-exporting Arab Gulf monarchy State located in the northwestern part of the Arabian Gulf. Its north-west borders are with Iraq, and its south and south-west borders are with Saudi Arabia. It was the first Arab Gulf state to establish a constitution and parliament, since independence from Britain in 1962 (Meyer, Rizzo, & Ali, 2007). The Kuwaiti constitution built on the principles of

freedom and social justice, and assures equal rights to all citizens regardless of their backgrounds. The total area of Kuwait is 17.818 square Kilometers, with a current population of 4,245,583 (Kuwait Government Online, 2020).

Based on a review of mental health related services in the 22 countries comprising the Arab League, conducted by Okasha and colleagues (2012), Kuwait was the first to develop mental health policy in the region. As indicated in the WHO's Mental Health Atlas (2005), "the components of the Kuwaiti policy are advocacy, promotion, prevention, treatment and rehabilitation" (p. 1). Also based on the same study's survey (Okasha et al., 2012), Kuwait was one of the earliest to implement a substance abuse policy in 1983 despite being one of the later countries to develop a national mental health program in 1997.

The first building designated for mental health services in Kuwait was built in 1940 as part of Kuwait's public healthcare system (Al-Qimlas, 2015). In 1949, a center was added to specialize in psychiatry and neurology. By 1959, the public mental health center became what is known today as the 'Psychological Medicine Hospital'. In 1965, the government opened psychiatric clinics within the general hospitals in various areas within Kuwait, as an extension of the Psychological Medicine Hospital. Then, in 1992, after liberation from the Iraqi invasion and occupation, the Al-Reggai Center was established, which specialized in Posttraumatic Stress Disorder (PTSD) and associated symptoms (Al-Qimlas, 2015).

The Ministry of Health (MOH) has been the principal healthcare provider in the country over the years. Although several private hospitals have taken up some of the load under the MOH supervision, delivery of psychiatric services is limited to the MOH hospitals (Zahid & Al-Zayed, 2009).

Today, the hospital is renamed as "Kuwait center for Mental Health" indicating a more holistic approach as the hospital is fully established, with the component

departments of psychiatry, nursing, psychology, social work, and pharmacy. The Center is one of the largest hospitals in the country with a clinical capacity of 1000 beds. It has 30 wards, covering its different clinics that include the general psychiatric, addiction, forensic psychiatry, rehabilitation, pediatric and adolescents, and the elderly clinics, which provide services to the clients from all six governorates of Kuwait. The Center is the only government center in the country that specializes in the provision of medicinal treatments for psychological and mental disorders, such as depression, anxiety, obsessive-compulsive disorders, schizophrenia, and bipolar disorders (Kuwait Center for Mental Health, 2017). The social work and psychology departments evolved over time and began making substantial contributions to the delivery of services at all levels despite their scarceness.

The center received 32,181 patients in the outpatient clinics during 2016, including 7,512 suffering from schizophrenia, 4636 bipolar disease, 3724 depression patients and 2716 new cases of psychiatric disorders in the same year from both citizens and expatriates (Kuwait Center for Mental Health, 2017). The documented rates of psychological and mental disorders correspond to the international rate when compared to the population of Kuwait, which is around 30% of the total population (Almohsen, 2017).

Beliefs of College Students

Based on a review of the literature of social work and related fields such as nursing and psychology, it was determined that a need exists for additional research in this area to provide further understanding about the beliefs of their students. The need is more pressing in fields that will produce practitioners who may play vital roles in the lives of special needs populations like individuals diagnosed with mental illness such as social workers.

Church and his colleagues (2009) investigated the attitudes of graduate and undergraduate social work students toward both mentally ill offenders and the general population prisoners at the University of Alabama. The study used a convenient sample of 125 social work students. A one-way-ANOVA indicated a statistically significant attitudinal difference between undergraduate social work students and first year MSW students regarding their overall attitudes toward mentally ill offenders, with the later having attitudes that are more tolerant. The researchers referred this difference to possible limited focus of the BA curriculum on the population of offenders, and the possible higher exposure of the graduate students to direct contact with the same population.

Eack and Newhill (2008) conducted a survey of 118 MSW students at the University of Pittsburg to examine the relationship between social work students' knowledge about, contact with, and attitudes toward persons with schizophrenia. The results indicated that students' knowledge about and contact with persons with schizophrenia were significantly related to better attitudes toward this population.

Another study conducted by Theriot and Lodato (2012) compared attitudes toward mental illness and perceptions of professional danger among new SW students (n=64) and other university students (n=111) in the Southeastern United States. The results showed that new SW students generally had more positive attitude toward mental illness, less fear, less avoidant, and more willingness to help people with severe mental illness than students from other majors did.

In Jordan, a quasi-experimental, one group pretest-posttest design was employed to test the attitudes of 193 Jordanian nursing students toward mental illness and the effectiveness of teaching and contact in changing these attitudes (Hamaideh & Mudallal, 2009). Results showed that nursing students had positive attitudes towards mental illness, students with previous contact with mental patients had significantly

lower negative attitudes, and students' attitudes towards mental illness were changed significantly and positively in all scales after taking a course about mental illness.

In Saudi Arabia, a study by Shahrour and Rehmani (2009) measured the stigmatizing attitudes of the staff of King Abdulaziz Hospital toward patients with mental illness. The findings reported that hospital staff had high scores for caring attitude for patients with psychiatric illness, medium scores for fear, avoidance, and dangerousness, and low scores for angry feelings toward the patients. In addition, the results found discriminatory behavior resulting from feeling that these patients are dangerous (Shahrour & Rehmani, 2009)

In Oman, Al-Adawi and colleagues (2002) examined whether social factors influence a person's attitude toward people with mental illness (PWMI); they compared attitudes of medical students, relatives of patients, and members of the community. Medical students and members of the community thought PWMI tend to have 'peculiar' and 'stereotypical' appearances, and the majority preferred that facilities for psychiatric care be located away from the community (Al-Adawi, et al., 2002). The findings suggested that neither sociodemographic factors nor previous exposure to PWMI was related to attitudes. Although the attitudes of Omanis varied in complex ways, traditional beliefs about mental illness have yet to be altered by exposure to a biomedical model of mental illness. This study largely suggests that the extent of stigma varies according to the cultural and sociological backgrounds of society.

In Qatar, a study of a convenient sample of 282 Qatar University students who completed a survey consisted of four sections: demographic, beliefs, attitudes, help-seeking and treatment preferences associated with mental illness, reported beliefs reflecting poor mental health literacy by the majority of participants (Zolezzi, et al., 2017). Stigmatizing attitudes that were endorsed by the majority of students included believing that people with mental illness cannot have regular jobs (60.2%), that they

are dangerous (65.7%), and that they would not marry someone with a mental illness (88.9%). Additionally, 33.6% of students indicated that they would be ashamed to mention if they were or someone in their family had a mental illness.

Despite the body of studies with diverse range of topics related to beliefs and attitudes of professionals serving people with mental illness, social work students have not been investigated adequately and cross culturally. The existing literature on social work students' beliefs about mental illness has a noticeable gab of focusing on samples drawn mainly from North American universities that needed to be decreased by exploring other diverse populations (Theriot & Lodato, 2012).

Study Purpose & Questions

To effectively prepare social work students for work with individuals with mental and psychological disorders, educators must first determine students' beliefs and attitudes toward this population, thus this was the focus of the present study. To the researcher's knowledge, there has not been one study conducted in Kuwait that explores the beliefs and attitudes of SW students toward mental illness, which will likely influence their career choices and compromise their ability to work successfully in related fields.

social work students' beliefs about individuals with mental illness, investigate the possible correlations between students' beliefs and their previous knowledge related to mental health, and the effects of different demographic factors. To reflect to this purpose, the following questions were explored:

(1) What do undergraduate SW students believe about mental illness and individuals diagnosed with mental illness?

(2) Do students' beliefs differ as a function of previous knowledge about mental illness?

(3) Is there a significant difference between male and female students' beliefs about

mental illness?

(4) Is there a significant association between students' age and their beliefs about mental illness?

(5) Do students' beliefs differ as a function of different nationalities?

Methodology

Sample & Procedures

A non-probability convenient sample was drawn from the study population of all social work students enrolled at Kuwait University in the SW bachelor program from 2011 to 2013. The sample included social work students of all levels, drawn from ten professional social work classes.

Participants were recruited from three classes of social work during the Fall-2012 semester (principles and ethics of SW-115, human behavior and the social environment-212, seminar in special topics in SW-425), three during Spring-2013 semester (principles and ethics of SW-115, SW Skills-216, SW research seminar-476), two during Summer-2013 semester (Introduction to social work and social services-111, SW with individuals and families-313), and two classes during Fall-2013 semester (SW skills-216, human behavior and the social environment-212). Students were surveyed during their scheduled classroom sessions, and the completion of the study's survey took place during the last 15 minutes of class. The instructor informed students that their participation in this study was completely voluntary and would not affect their grade or standing in the class or with the university in any way. During the survey, the instructor was required to leave the classroom, while students returned the unsigned surveys to a blank envelope located at the front of the classroom. In all, 118 students completed the survey, with a response rate of 100% usable surveys (n = 118).

Data Collection & Instrumentation

In Kuwait, there is no official institutional review board (IRB), yet the researcher applied the required ethical considerations. Participation was voluntary, all prospect participants gave their consent in writing or verbally, there were no risks anticipated from taking part in the study nor choosing not to, and all data were collected and analyzed anonymously.

The survey instrument included two parts; the first was a brief demographic survey created by the researcher. Demographic questions addressed included gender, age, nationality, and a question whether the participant took a course or more with content about mental illness as part of their curriculum as an indication of 'previous knowledge'. Nationality was specified as Kuwaitis, GCC (nationals of one of the 5 Arabian Gulf States of KSA, Qatar, Bahrain, Oman, and the UAE), Arab, and unspecified. The second part of the instrument consisted of the Beliefs toward mental illness scale (BMI).

The Beliefs toward mental illness scale (BMI) (Hirai & Clum, 2000) is a 21-item self-report measure of negative stereotypical views of mental illness. There is a Total Scale Score, and three subscales based on factor analysis: Dangerousness (e.g., A mentally ill person is more likely to harm others than a normal person), Poor social and interpersonal skills (e.g., Most people would not knowingly be friends with a mentally ill person), and Incurability (e.g., Psychological disorder is recurrent). The poor social skills subscale also taps feelings of shame about mental illness and the perception that the mentally ill are untrustworthy (e.g., I would be embarrassed if a person in my family became mentally ill). Items are rated on a four-point Likert scale ranging from 'strongly disagree' (0) to 'strongly agree' (5), with higher scores reflecting greater negative beliefs.

The BMI was translated from its original language of English to Arabic by the researcher and was then translated into English again by an English language center

faculty member to ensure translation accuracy. In the primary validity study of the BMI, Cronbach's alpha was high among American (0.89) and Asian students (0.91); the measure held promising evidence of validity (Hirai & Clum, 2000). In the current study, the reliability of the scale reported similar high scores when applied to Kuwait University students (Cronbach alpha = .87 for the Total scale, .70 for the Dangerousness subscale, .80 for the Poor social skills subscale, and .70 for the Incurability subscale). Furthermore, the test-retest reliability of the total BMI scale ranged from r = 0.82 (N = 8) for a seven-day interval, to r = 86 (N = 11) for a two-week interval.

Data Analysis

All data were analyzed using the statistical package for social sciences (SPSS) version 23.0 software. First, descriptive analysis was conducted to describe the sample and to evaluate students' beliefs and attitudes toward people with mental illness. Second, t-tests, Pearson correlation, and analysis of variance were conducted to answer the study questions.

Results

Description of sample characteristics

The average student participated in the study was 21.6 years old (SD = 2.53), with a range of 18-30 years. The vast majority of students were females (96.6%). The sample was primarily Kuwaitis (94.9%), with the remaining respondents identified as GCC nationals (1.7%), unspecified (2.5%), and one Arab (.8%). Over one third of participating students had taken a class or more with mental health content (39%) (see Table 1).

Table 1. Demographic and Descriptive Characteristics (n=118)

Characteristic	*M*	*SD*	Frequency	%
Gender				
Male			4	3.4
Female			114	96.6
Age	21.6	2.53		
Nationality				
Kuwaiti			112	94.9
GCC			2	1.7
Arab			1	0.8
Unspecified			3	2.5
Took a course of more with MH content:				
Yes			46	39
No			72	61

Student Beliefs

To answer the first research question about what SW students believe about mental illness and individuals diagnosed with mental illness, the analysis started with descriptive statistics of the total and subscale measures. The highest Total score on the BMI scale was 73 and the lowest score was 16 (out of a possible highest 105 to lowest 0), with average score of 38 (SD = 10.43), average score for Dangerousness subscale was 9.88 (SD = 2.99), 18.6 (SD = 5.99) for Poor interpersonal skills, and 9.51 (SD = 3.94) for Incurability among the participating social work students (n = 118).

Dangerousness of mental illnesses. Most students agreed (62.7%) or strongly agreed (13.6%) that 'a mentally ill person is more likely to harm others than a normal person' (see Table 2). More than one third of students (38.2%) either agreed or strongly agreed that they were 'afraid of people who are suffering from psychological disorder because they may harm them'. A majority of 65.2% of students either agreed or strongly agreed that 'The behavior of people who have psychological disorders is unpredictable'. However, statements 'It may be a good idea to stay away from people who have psychological disorder because their behavior is dangerous', and 'Mentally ill people are more likely to be criminals', had less percentages of student agreement (28% & 38.2% respectively).

Incurability of mental illnesses. The majority of students (84.7%) agreed or strongly

agreed that 'Mental disorders would require a much longer period of time to be cured than would other general diseases'. Over one third of students (39.8%) either agreed or strongly agreed that 'Psychological disorder is recurrent'. Roughly, half of students (44%) either agreed or strongly agreed that 'Individuals diagnosed as mentally ill suffer from its symptoms throughout their life'. Yet only one-third (33.1%) either agreed or strongly agreed that 'People who have once received psychological treatment are likely to need further treatment in the future'. One forth (24.6%) agreed that they 'believe that psychological disorder can never be completely cured', and only 11% of students either agreed or strongly agreed that 'Psychological disorder is unlikely to be cured regardless of treatment'.

Poor interpersonal skills of individuals with mental illness. Two-thirds (75.4%) of students either strongly agreed or agreed that 'Most people would not knowingly be friends with a mentally ill person'. Two-thirds (75.5%) also agreed, 'A person with psychological disorder should have a job with only minor responsibilities'. Nearly, two-thirds (63.6%) of students agreed with the statement of 'I am afraid of what my boss, friends and others would think if I were diagnosed as having a psychological disorder'. More than one-half of students indicated agreement or strong agreement with the statement that 'It might be difficult for mentally ill people to follow social rules such as being punctual or keeping promises'. Half of the students (49.1%) either agreed or strongly agreed 'Mentally ill people are unlikely to be able to live by themselves because they are unable to assume responsibilities'. Slightly less than one-half of all students (46.6%) agreed or strongly agreed with statement 'I would not trust the work of a mentally ill person assigned to my work team', and (45.8%) agreed, 'A person with psychological disorder is less likely to function well as a parent'. Finally, concerning feelings of being associated with individuals with mental illness, (17.8%) of students either agreed or strongly agreed that they 'would be embarrassed if a person in my family became mentally ill'. However, only (11%) of students agreed with the statement 'I would be embarrassed if people knew that I dated a person who once received psychological treatment'.

Table 2. Student Beliefs about Mental Illness (n = 118)

Statements	*SD #*	*SD %*	*D #*	*D %*	*A #*	*A %*	*SA #*	*SA %*
Dangerousness:								
1.A mentally ill person is more likely to harm others than a normal person	7	5.9	21	17.8	74	62.7	16	13.6
2.Mental disorders would require a much longer period of time to be cured than would other general diseases	2	1.7	16	13.6	79	66.9	21	17.8
3.It may be a good idea to stay away from people who have psychological disorder because their behavior is dangerous	14	11.9	73	61.9	26	22	5	4.2
6.Mentally ill people are more likely to be criminals	24	20.3	64	54.2	29	24.6	1	0.8
13.I am afraid of people who are suffering from psychological disorder because they may harm me	18	15.3	55	46.6	39	33.1	6	5.1
Poor interpersonal and social skills:								
4.The term 'psychological disorder' makes me feel embarrassed	29	24.6	56	47.5	29	24.6	4	3.4
5.A person with psychological disorder should have a job with only minor responsibilities	7	5.9	22	18.6	75	63.6	14	11.9
8.I am afraid of what my boss, friends and others would think if I were diagnosed as having a psychological disorder	6	5.1	37	31.4	63	53.4	12	10.2
11. It might be difficult for mentally ill people to follow social rules such as being punctual or keeping promises	6	5.1	41	34.7	60	50.8	11	9.3
12.I would be embarrassed if people knew that I dated a person who once received psychological treatment	47	39.8	58	49.2	10	8.5	3	2.5
14.A person with psychological disorder is less likely to function well as a parent	13	11	51	43.2	52	44.1	2	1.7
15.I would be embarrassed if a person in my family became mentally ill	40	33.9	57	48.3	18	15.3	3	2.5
19. Mentally ill people are unlikely to be able to live by themselves because they are unable to assume responsibilities	13	11	47	39.8	55	46.6	3	2.5
20. Most people would not knowingly be friends with a mentally ill person	4	3.4	25	21.2	76	64.4	13	11
16.I would not trust the work of a mentally ill person assigned to my work team	6	5.1	57	48.3	50	42.4	5	4.2
Incurability:								
7.Psychological disorder is recurrent	9	7.6	62	52.5	45	38.1	2	1.7
9.Individuals diagnosed as mentally ill suffer from its symptoms throughout their life	8	6.8	58	49.2	41	34.7	11	9.3
10. People who have once received psychological treatment are likely to need further treatment in the future	18	15.3	61	51.7	35	29.7	4	3.4
18.I do not believe that psychological disorder is ever completely cured.	38	32.2	51	43.2	25	21.2	4	3.4
21. The behavior of people who have psychological disorders is unpredictable	5	4.2	36	30.5	72	61	5	4.2
17. Psychological disorder is unlikely to be cured regardless of treatment	48	40.7	57	48.3	13	11	0	0

Note. SD = strongly disagree, D = disagree, A = agree, SA = strongly agree

Relationship between knowledge and beliefs. Utilizing four independent samples t-tests to compare students who took a class or more with mental illness content (as a measure of knowledge) and students who did not, to answer the research question, 'Do students' beliefs differ as a function of previous educational knowledge about mental illness?' Students with no previous knowledge of mental health (n=72) scored significantly higher on all subscales and total scale compared to students with previous knowledge (n=46), indicating greater negative beliefs and attitudes. On the dangerousness subscale (t (116) = 6.79, p < .000), on the poor interpersonal subscale (t (116) = 10.49, p < .000), on the incurability subscale (t (116) = 8.21, p = .000), and on the total score (t (116) = 13.56, p< .000) (see Table 3).

Table 3. Results of t-tests and Descriptive Statistics of Dangerousness, Poor Interpersonal Skills, Incurability, and Total BMI by Knowledge

Outcome	Group						95% CI for Mean Difference	t	df
	Took a Course			No Course					
	M	SD	n	M	SD	n			
Dangerousness	8.49	2.66	67	11.71	2.38	51	2.27,4.15	6.79**	116
Poor Interpersonal Skills	14.97	4.16	67	23.37	4.49	51	6.82,9.99	10.49**	116
Incurability	7.43	2.98	67	12.24	3.35	51	3.64,5.96	8.21**	116
Total BMI	30.90	6.60	67	47.31	6.38	51	14.02,18.81	13.56**	116

** $p < .01$

Beliefs by gender. To address the question of 'Is there a significant difference between male and female students' beliefs about mental illnesses and individuals diagnosed with them?' Four independent samples t-tests were calculated. Results indicated a statistically significant effect of gender, with male students reporting higher scores (M = 11.5, SD = 1.3) than females (M = 9.44, SD = 3.99) for the Incurability subscale, t (116) = 2.76, p < .005. However, there was no significant effect of gender on the Dangerousness and Poor interpersonal skills subscales, nor for the Total scale.

Beliefs by age. The study found that students' total BMI mean scores and all subscale mean scores did not significantly correlate with their ages (p>0.05).

The relationship between beliefs and nationality. Analysis of one-way ANOVA showed no significant effect of the nationality of students on their beliefs toward mental illness. Despite of the non-significant differences found, the two GCC nationals had the highest average on the total score of 49 (SD = 1.41), followed by the 112 Kuwaitis (M = 38, SD = 10.45), then the three students with unspecified nationality (M = 34.33, SD = 9.07).

Discussion

The current study sheds a small yet an important light into an undiscovered area of social work research in Kuwait. Issues related to social work students' beliefs and attitudes toward mental illness might be well researched, documented, and benefited from in education and practice internationally, but that is not the case in Kuwait, where this study was the first. This pioneer study made use of a survey-based methodology to measure the beliefs of BSW students at Kuwait University about mental illness. Additionally, an analysis was carried out to assess the effect of previous mental health knowledge, gender, age, and nationality on attitudes.

Although the subsequently described relationships were identified within the context of the current study and its limited sample, these results may suggest relationships that deserve further investigation. The main purpose of the current study besides investigating Kuwaiti undergraduate social work students' beliefs and attitudes toward mental illness, was exploring the possible correlations between previous knowledge about the subject and participants' levels of mental health stigma.

With regard to the first research question related to SW students' beliefs and attitudes, the overall rates scored in the current study findings fall within the range of similar previous studies utilizing the BMI scale (e.g., Gur, Sener et al., 2012; Unal et al.,

2010). The findings suggest moderate to low negative beliefs of social work students. This finding agrees with the findings of Wahl and Aroesty-Cohen (2010) who reviewed what studies published from 2004-2009 revealed about the beliefs and attitudes of psychiatric professionals and reported that most of the studies revealed overall positive and improved attitudes. However, the strong agreement with statements of fear of unexpected and harmful behaviors of individuals diagnosed with mental illness, along with low expectations of keeping responsibilities, in the current study highlight the need for greater knowledge and awareness for social work students to elevate the level of acceptance, trust, and willingness to work with individuals with mental illness. Social psychological theories of attitude and stereotype development suggest that inadequate knowledge about a group of people may lead to negative attitudes toward that group (Allport, 1954, as cited in Katz, 1991). Since the information that encompasses stereotypes is usually incomplete and negative in nature, lack of knowledge constitutes a primary mechanism by which negative attitudes and stereotypes develop and are maintained (Katz, 1991). Within the field of mental health and social work education, numerous studies have supported this premise, arguing for the importance of providing social workers and related professionals with appropriate and accurate information about mental illness, as a method of ameliorating negative attitudes and stereotypes (Eack & Newhill, 2008).

In contrary with some previous literature such as Hengartner and colleagues study (2012) that reported positive associations between age and negative attitudes, and Gonzales and his colleagues (2005) that reported significant negative associations between age and negative attitudes toward mental illness and significant differences according to ethnicity, the current study found no significant effect of neither age nor nationality. This might be related to the fact that the current sample has small age and nationality variations to detect any possible existing difference statistically.

Similar to findings of previous studies reporting females having more positive

beliefs and opinions about the curability of mental illnesses, and putting smaller social distance between themselves and people with mental illnesses (Marie & Miles, 2008; Phelan & Basow, 2007; Smith & Cashwell, 2011), the current study reported that overall, male students had greater negative and stigmatizing beliefs, while female students found to have more favorable, accepting, and optimistic attitudes related to Incurability and Dangerousness subscales. Yet, male students found less embarrassed and have more positive beliefs about Interpersonal and social skills of individuals with mental illness compared to female students as assessed by the BMI. This finding contradicts with results from other studies from diverse cultural background such as a study conducted in Sweden where females had greater open-mindedness and were positive to pro-integration, but they were also fearful and avoidant, more so than males, relative to persons with mental illness (Ewalds-Kvist, Hogberg & Lutzen, 2012). As noted in different studies, the effect of gender on specific aspects of mental illness stigma is inconsistent, and maybe related to other cultural and social aspects that are beyond the scope of the current study, which could be an issue to be explored further in future research.

Previous knowledge of mental illness assessed in the current study by taking a course or more with content about mental health proved to distant participated students with knowledge from those without on all dimensions of beliefs as having significantly less negativity and mental health stigma. Individuals with more familiarity with, and knowledge about mental illness were more accepting of people with mental illness, perceived them to be less dangerous, more capable to handle interpersonal relationships, and felt they could improve with treatment (Eack and Newhill, 2008). These findings suggest that additional education to those less knowledgeable students can help to raise awareness and reduce stigma, which will positively affect their interests in working within the psychiatric social work field as interns and can influence their career choices after graduating.

Findings of studies from diverse cultures continue to prove the strong correlations between knowledge and minimized stigma of individuals with mental illness (e.g., Hamaideh & Mudallal, 2009; Eack & Newhill, 2008; Theriot & Lodato, 2012; Church II et al., 2009). Knowledge appears to be one major driving force behind belief and attitude formation regardless of cultural background.

Study limitations & future research

Despite the importance of the current study and its findings, there are limitations and areas of improvements and future research. First, given the pioneer and exploratory nature of this study, we are unable to claim any definitive conclusions regarding causal correlations between the studied factors, nor can we compare them to previous national studies. Second, this study was based on a relatively all-Kuwaiti convenient sample of students from the single and only social work program in Kuwait. Replication of the current study with larger and more diverse samples by widening the scope of study population to GCC and Arab social work students is warranted. Such research will allow the exploration of, and comparison between differences and similarities in beliefs and attitudes and related factors across cultures, and help guide the development of improved regional curriculum and practice of social work profession. Finally, given the inclusive culture of the social work profession in general, students may have felt pressured to respond to the survey in an idealized manner toward individuals with mental illness (Zellmann, Madden, & Aguiniga, 2014) despite anonymity of the survey, and this is a persistent issue for all self-reporting instruments and measurements.

Implications for social work practice

Despite these limitations, the results of this study highlighted several important

implications for social work as they relate to the study population. First, given that knowledge was significantly related to social work students' attitudes among our sample, it is important to ensure that students are receiving the knowledge and mastering the skills they need to work appropriately and effectively with individuals with mental illness, by continuously reviewing and updating the social work curriculum.

Second, to work within the area of expertise with the appropriate competencies is one of the most important principles governing social work practice (NASW, 2008). Yet, the job market and government-controlled employment strategies often drive employment patterns among social workers, rather than areas of interest or professional competence. As a result, many social workers who have not received mental health training are employed in settings in which they have direct client contact with mentally and/or emotionally challenged individuals. Therefore, we suggest that all social work students be exposed to at least the basic theories and practice modalities related to mental health as general practitioners regardless of their area of specialization, in addition to continuous education and in job training.

Third, many studies stress the need to include both information and personal contact and familiarity with individuals with mental illnesses for decreased stigma, comfortable social worker-client relationship, and successful intervention outcomes (Eack & Newhill, 2008). One of the most promising options for achieving this goal is to adopt an education, training, and career development models that coordinate theoretical knowledge with the field placement and internship with specific number of contact hours with clients. Other options include encouraging volunteer work of social work students and early career social workers at mental institutions to allow building familiarity and confidence in dealing with clients with mental illness. Furthermore, organizing academic field visits for social work students to mental health centers and attending professional seminars on real-case discussions can increase their knowledge.

Lastly, inviting senior social workers with MH practice experiences to deliver lectures and workshops on how to better understand and deal with people with mental illnesses ethically, lawfully, skillfully, therapeutically, and above all, justly can go along way in helping students gain the experience needed, and build their confidence in their ability to work as psychiatric social workers.

To conclude, the inclusion of core courses in mental health in social work curricular, and allowing opportunities to engage positively with persons living with mental illness, could pave the road for minimizing stigma and increasing students' interests into getting a career in mental health after graduation.

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