

Social Distance from Mental Illness Among Counseling, Social Work, and Psychology Students and Helping Professionals

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Abstract

Negative stereotypes of people with mental illness may lead to stigma of those with mental illness, impacting their self-confidence and willingness to seek mental health treatment. Few studies have looked at the health professional's role and the impact they may have on the stigmatization process of people with mental illness. The purpose of this article was to better understand the concept of social distance among individuals in the helping professions of counseling, social work, and psychology. A total of 305 students and 95 professionals from counseling, social work and psychology participated in this study. Results revealed that counseling, social work, and psychology students, and helping professionals do not differ in their need for social distance from people with mental illness. Helping professionals reported significantly more social distance from people with mental health problems in close personal relationships, compared to their social relationships. In conclusion, there were no significant differences in social distance observed as a function of professional experience.

Keywords: social distance from people with mental illness; counselors; social workers; psychologists

Introduction

The way in which individuals with mental illness are viewed unfavorably by society has been of great interest to researchers. People with mental illness experience social distance, loss of credibility, and social status (Lauber, Nordt, Falcato, & Rossler, 2004). Research suggests that negative stigma tends to extend into the families of people with mental illness and those of non-relatives who live near people with mental illness (Ahmedani et al., 2013), thus making the experience of mental illness and stigma multi-generational, which in turn magnifies both its reach and power.

The degree to which professionals from counseling, psychology, and social work (“helping professionals”) engage in stigmatizing individuals with mental illness as clients is currently gaining traction. While medicine has explored ways to be open-minded and express compassion toward their patients (a traditional hallmark of such work) paradoxically physicians still hold significant levels of negative attitudes toward their patients especially those with mental illness (Brown et al., 2015; Feeg, Prager, Moylan, Smith, & Cullinan, 2014; Kassam, Glozier, Leese, Henderson, & Thornicroft, 2010; Lammie, Harrison, Macmahon, & Knifton, 2010; Lars Hansson, Jormfeldt, Svedberg, & Svensson, 2011; Pattyn, Verhaeghe, Sercu, & Bracke, 2013). However, less is known about how the helping professions perceive their clients with mental illness. For example, a recent study of Mullen and Crowe (2017) found that school counselors held biases and negative attitudes about people with mental illness, and these stigmatizing beliefs drove how school counselors treat them. In another study, Covarrubias et al. (2011) found that social work students distant themselves socially in situations of close contact with individuals with mental illness, despite having a general positive attitude towards people with mental illness. Furthermore, Mannarini and Boffo (2015) in a sample of psychology students found a strong tendency to judge people with addiction disorders; these students were also likely to reject engaging in any interpersonal relationships with them. Other studies suggest that mental health professionals, including therapists and psychologists have more positive attitudes toward people with mental illness when compared to the general population, but therapists and psychologists still continue to hold negative beliefs about the dangerousness of people with mental illness and their desire for social distance (Stuber et al. 2014).

The quality and effectiveness of mental health treatment provided by helping professionals may be extremely contingent upon practitioners’ biases and personal views of people with mental illness (Wang, Locke, & Chonody, 2013). Stigmatizing attitudes may create barriers to forming a partnership and empowering clients (Covarrubias et al., 2011), discourage treatment participation (Corrigan, 2004), and negatively impact recovery expectations of the patient or family unit (Overton & Medina, 2008). Thus, the training received by students in counseling, psychology, and social work is now being discussed in the literature as one pathway to either increase or lessen stigma among people with mental illness. The effectiveness of traditional and didactic teaching about mental health (Cates, May, & Woolley, 2009; Gable, Muhlstadt, & Celio, 2011; Gyllensten et al., 2011; Kendra, Cattaneo, & Mohr, 2012) and specific stigma reduction interventions for helping professional students (Aggarwal et al., 2013; Dipaula, Qian, Mehdizadegan, & Simoni-Wastila, 2011; Ferrari, 2016; Rubio-Valera et al., 2018) have been investigated. Because of this discourse, public awareness campaigns are being implemented and gauged for effectiveness in countries such as the United Kingdom (Henderson et al., 2016) and Sweden (Hansson, Stjernswärd, & Svensson, 2016), but very little is known in the United States on how social distance affects the relationship between the client and helping professional.

Thus, this study aimed to investigate the differences in social distance from people with mental health illness at different milestones of career development in the helping professions of counseling, social work, and psychology, starting from the beginning of professional education and through their long-term professional

career. The study also sought to compare the level of social distance and its trajectories between students and those who were in their career as helper professionals.

Methods

Sample and procedure

Helping profession students were recruited by sending information and invitations about the study using university e-mails and approaching students during classroom instructions. Study participants were representative of a medium-size Midwestern state university. Professionals were invited to participate by sending emails to professional organizations, and approaching them during professional conferences and scientific meetings. The Institutional Review Board approved the study's protocol for the Protection of Human Subjects at a Nebraska University in the United States. Demographic characteristics of the final sample are displayed in Table 1 including gender, age, ethnicity, profession, and professional experience.

Table 1

Demographic characteristics of the sample

	Students (<i>n</i> = 302)	Professionals (<i>n</i> = 95)
	<i>M</i> (<i>SD</i>) or <i>n</i> (%)	
Gender		
<i>Male</i>	55 (18.2%)	14 (14.7%)
<i>Female</i>	247 (81.8%)	81 (85.3%)
Age (years)	23.4 (5.9)	41.9 (12.3)
Ethnicity		
<i>White / Caucasian</i>	251 (83.1%)	89 (93.7%)
<i>Hispanic/Latino</i>	27 (8.9%)	3 (3.2%)
<i>Black/African American</i>	8 (2.6%)	0 (0%)
<i>Other</i>	16 (5.3%)	3 (3.2%)
Profession		
<i>Counseling</i>	87 (28.8%)	34 (35.8%)
<i>Social work</i>	104 (34.4%)	23 (24.2%)
<i>Psychology</i>	111 (36.8%)	38 (40.0%)
Professional experience		
	Students (<i>n</i> = 302)	Professionals (<i>n</i> = 95)
1-2 years of bachelor studies	66 (21.9%)	Up to 5 years of professional experience 28 (29.5%)
3-4 years of bachelor studies	140 (46.4%)	6-15 years of professional experience 41 (43.2%)
Master studies or higher	96 (31.8%)	More than 15 years of professional experience 26 (27.4%)

Participants in the study could choose to complete the online questionnaire or to answer an equivalent paper and pencil version. All participants could withdraw their participation at any time of the study. Three hundred and five counseling, social work, and psychology students from their first year of bachelor studies to Ph.D. studies, and 95 psychology, social work, and counseling professionals participated in the project. Data from three students were excluded from further analysis due to the high number of missing items.

Measures

The Social Distance Scale was created for the purpose of this study based on the Bogardus Social Distance scale (Wark & Galliher, 2007). Traditional social distance questions of the scale were expanded with specific aspects of social distance relevant for distancing from people with mental illness (Mann & Himelein, 2004). Nine different situations to assess close contact (see Table 2) were provided to the respondents. For example, we asked respondents to evaluate, on a 5-point scale (1 = very uncomfortable; 5 = very comfortable), how comfortable they would feel in close contact with someone who had a mental illness. Participants were asked not to give their reactions to the best or the worst person with mental illness, but consider the entire group of people with mental illness in general.

Table 2

Summary of Exploratory factor analysis results for Social Distance Scale using Maximum Likelihood estimation with Oblimin rotation (n = 397).

Items	Factor Loadings	
	Social contact	Close personal contact
1. Having a conversation with a person with mental illness	0.86	0.15
2. Sharing a living space with a person with mental illness	0.44	-0.43
3. Having a person with mental illness as a neighbor	0.67	-0.13
4. Collaborating with a person with mental illness on a work project	0.81	-0.05
5. Being friends with a person with mental illness	0.70	-0.12
6. Dating a person with mental illness	0.05	-0.80
7. Having a person with mental illness take care of your children when you are away	0.02	-0.80
8. One of your children marrying a person with mental illness	-0.08	-0.92
9. Recommending someone with mental illness for a job	0.34	-0.49
Eigenvalues	5.29	1.16
% of Variance	58.71	12.85

Note: Factor loadings over 0.40 appear in bold.

We used exploratory factor analysis of the scale items using the Maximum Likelihood method with Oblimin rotation which revealed a two-factor structure, representing two aspects of social distance: social distance in close personal relationships and social relationships. Examples of close personal relationships are dating or marrying someone with a mental illness, trusting a person with mental illness to take care of your children, and recommending someone with a mental illness for a job. Examples of social relationships are having conversations with a person with mental illness, collaborating on work projects, being friends, or having a neighbor with mental illness. Responses to the factors were moderately correlated, $r = -0.63$. Results of the factor analysis are displayed in Table 2.

As item 2 had very similar factor loadings on both factors, it was removed from the scale in further analysis. Reliability analysis of the two developed subscales supported the high reliability of this instrument in our study sample: social distance in social relationships Omega = 0.86, 95% CI [0.84, 0.89]; social distance in close personal relationships Omega = 0.88, 95% CI [0.86, 0.90]. Scores on the subscales ranged from 4 to 20, with higher scores representing the stronger need for social distance.

Possible bias of social desirability was evaluated using The Balanced Inventory of Desirable Responding (BIDR) (Paulhus, 1991). The BIDR consists of two subscales: self-deceptive positivity, which measures the respondent's tendency to give self-reports that are honest, but positively biased; and impression management, which measures deliberate self-presentation. Respondents were asked to evaluate each statement on a 7-point scale from 'not true' to 'very true.' Higher scores represent stronger self-deceptive positivity and more expressed deliberate self-presentation. Both subscales demonstrated satisfactory internal consistency in this study: self-deceptive positivity Omega = 0.64 [0.59, 0.70]; impression management Omega = 0.67 [0.62, 0.73].

Statistical analysis

Data were analyzed using IBM SPSS Statistics 20.0. Descriptive statistics were conducted to describe the study sample and are expressed as means and standard deviations for quantitative variables, and as numbers and percents for categorical variables. Repeated measures ANCOVA was used to compare levels of social distance in personal and social relationships and to compare levels of social distance between professions controlling for social desirability and other variables in the study. MANCOVA was used to analyze differences in the desire for social distance in subgroups with different professional experience controlling for social desirability and other variables. Reliability of the scales was computed using the R package 'Userfriendlyscience' (Peters, 2014). The criterion of statistical significance in all tests was $p < 0.05$.

Results

Comparison of social distance between professions

When we compared the social distance measures between counseling, social work, and psychology students and performed an ANCOVA, we also controlled for age, gender, impression management, and self-deceptive. Our findings revealed no significant differences between levels of social distance in close personal and social relationships in students' sample ($F(1, 291) = 0.90, p = 0.34, \text{Partial } \eta^2 = 0.003$) (Figure 1). There was no statistically significant interaction between age ($F(1, 291) = 0.16, p = 0.69, \text{Partial } \eta^2 = 0.001$), gender ($F(1, 291) = 0.43, p = 0.52, \text{Partial } \eta^2 = 0.001$), impression management ($F(1, 291) = 0.86, p = 0.35, \text{Partial } \eta^2 = 0.003$) and self-deceptive positivity ($F(1, 291) = 1.07, p = 0.30, \text{Partial } \eta^2 = 0.004$) that we observed. Furthermore, no within-subject effect of profession in students was found ($F(2, 291) = 0.52, p = 0.59, \text{Partial } \eta^2 = 0.004$).

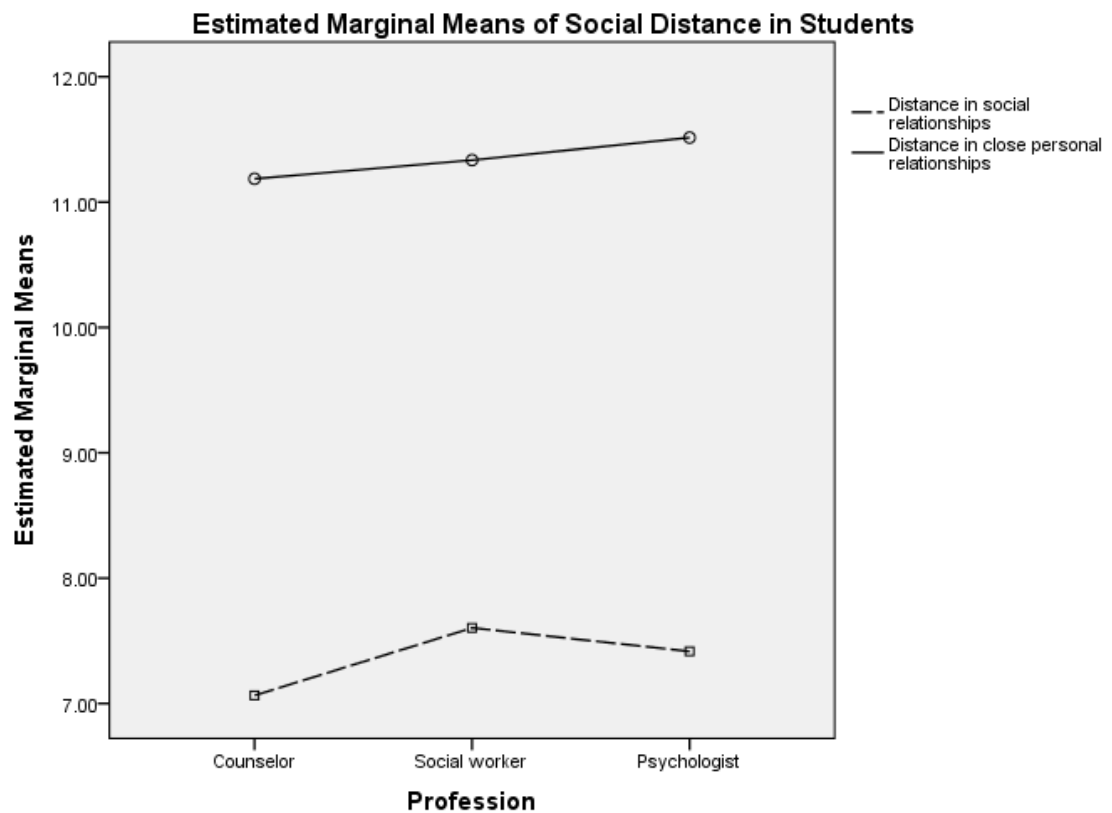


Figure 1. Distributions of social distance scores in counseling, social work and psychology students, when age, gender, and social desirability is controlled.

However, when we compared the social distance measures among counseling, social work, and psychology professionals and controlled for age, impression management and self-deceptive positivity (gender was not included into analysis due to uneven distributions between professions), the findings revealed significant differences in levels of desire for social distance from people with mental illness in close personal and social relationships ($F(1, 89) = 5.32, p = 0.02, \text{partial } \eta^2 = 0.056$) (Figure 2). Pairwise comparison with Bonferroni adjustment revealed that professionals reported significantly a stronger desire for social distance from people with mental illness in close personal relationships than in social relationships (estimated marginal means 11.29 ($SE 0.36$) and 6.48 ($SE 0.24$), $p < 0.001$). In addition, self-deceptive positivity ($F(1, 89) = 3.28, p = 0.07, \text{partial } \eta^2 = 0.036$), impression management ($F(1, 89) = 0.47, p = 0.50, \text{partial } \eta^2 = 0.005$), and profession ($F(2, 89) = 0.85, p = 0.43, \text{partial } \eta^2 = 0.019$) were not related to the desire for social distance, but a significant interaction with age among professionals was observed ($F(1, 89) = 6.49, p = 0.01, \text{partial } \eta^2 = 0.068$).

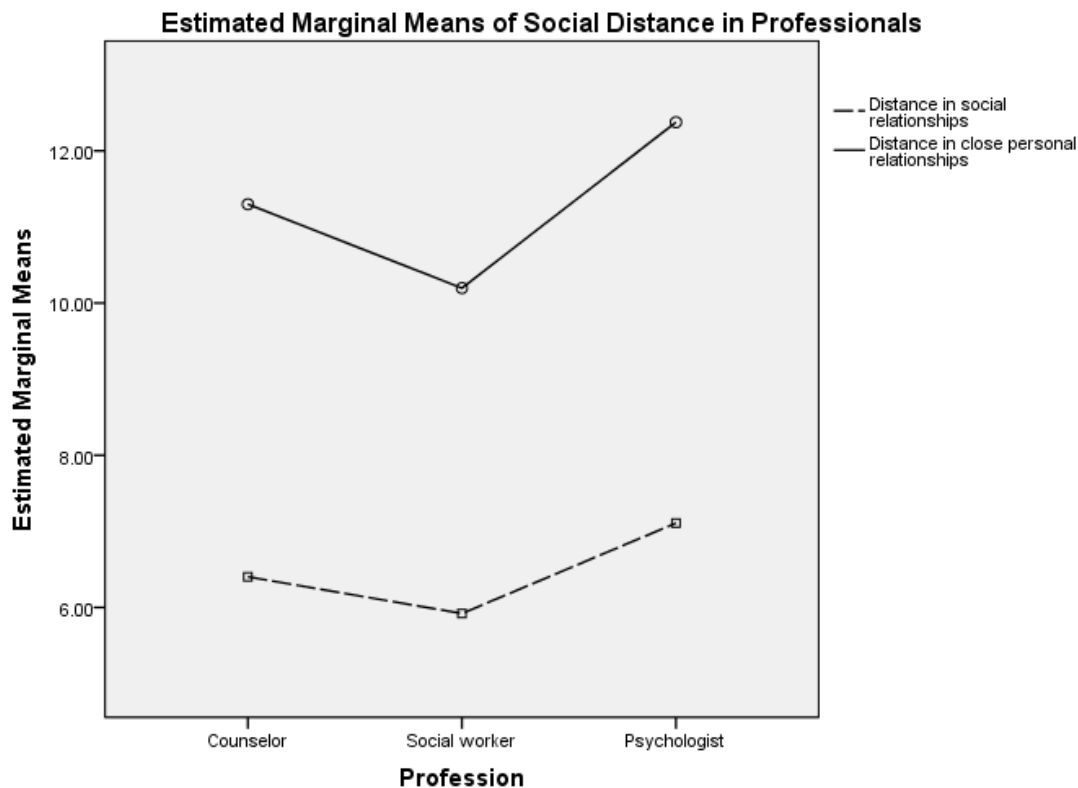


Figure 2. Distributions of social distance scores in counseling, social work and psychology professionals, when age and social desirability is controlled.

Analysis of social distance as a function of professional experience

To evaluate the impact of professional experience on social distance, we divided the study sample into six groups of professional experiences: 1-2 years of bachelor studies, 3-4 years of bachelor studies, master and doctoral studies, up to 5 years of independent professional practice, 6-15 years of professional practice, and more than 15 years of professional practice. We included gender, age, and social desirability measures as covariates in the analysis.

A non-significant Box's M test ($p = 0.07$) indicated sufficient homogeneity of covariance matrices of social distance scores. A significant multivariate effect on social distance was observed for level of professional experience (Wilks's lambda = 0.95, $F(10, 764) = 2.07$, $p = 0.03$, partial $\eta^2 = 0.26$) and self-deceptive positivity (Wilks's lambda = 0.98, $F(2, 382) = 3.84$, $p = 0.02$, partial $\eta^2 = 0.20$). Age (Wilks's lambda = 1.00, $F(2, 382) = 0.48$, $p = 0.62$, partial $\eta^2 = 0.003$), impression management (Wilks's lambda = 1.00, $F(2, 382) = 0.68$, $p = 0.51$, partial $\eta^2 = 0.004$), and gender (Wilks's lambda = 1.00, $F(2, 382) = 0.09$, $p = 0.91$, partial $\eta^2 = 0.000$) were not related to social distance from people with mental illness.

Moreover, univariate tests showed that professional experience was significantly related only to social distance in close personal relationships ($F(5) = 2.71$, $p = 0.02$, partial $\eta^2 = 0.03$), but not in social relationships ($F(5) = 1.30$, $p = 0.27$, partial $\eta^2 = 0.02$) (see Figure 3 and 4). However, pairwise comparisons of main effects based on estimated marginal means with a Bonferroni adjustment for multiple comparisons revealed no statistically significant differences in the desire for social distance as a function of professional experience (counseling, social work and psychology) ($p > 0.05$).

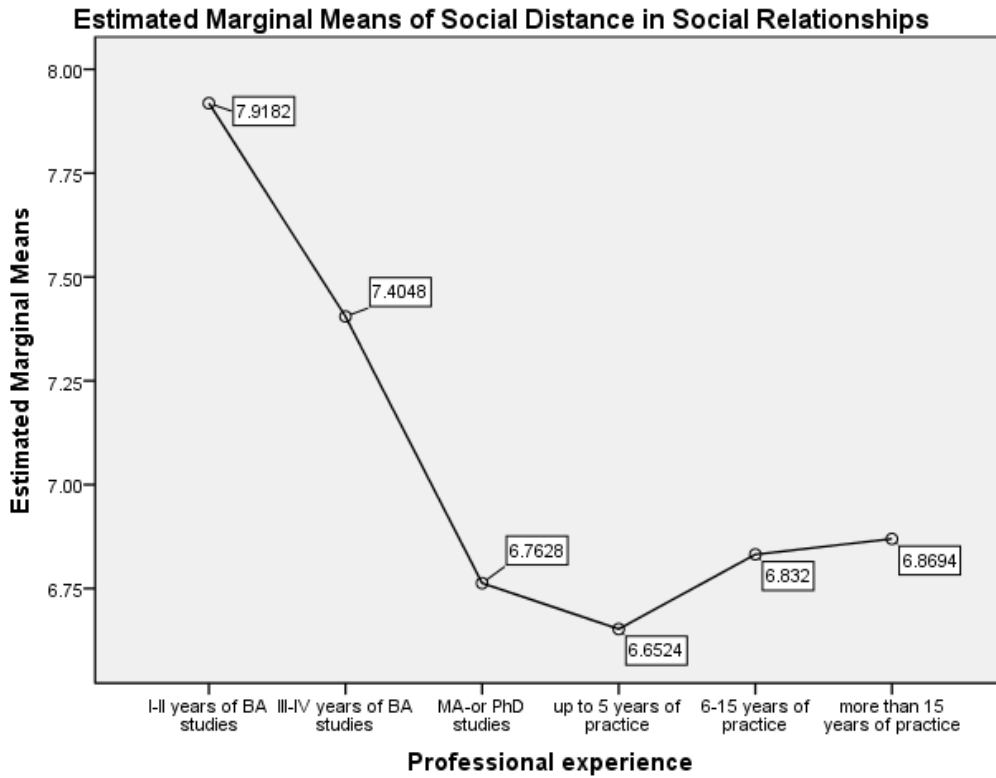


Figure 3. Relationship between professional experience and social distance in social relationships when age, gender, and social desirability is controlled.

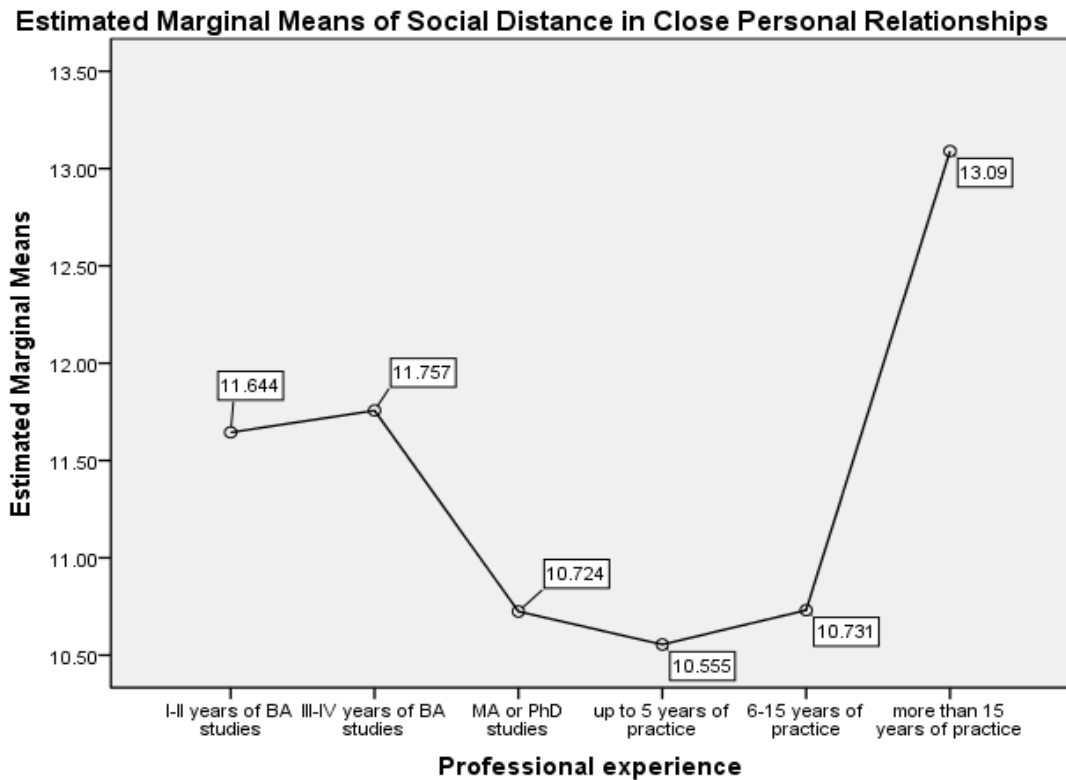


Figure 4. Relationship between professional experience and social distance in close personal relationships when age, gender, and social desirability is controlled.

Discussion

In the present study, we aimed to compare the need for social distance from people with mental illness among helping professional students and helping professionals of three disciplines counseling, social work, and psychology. We also assessed their desire for social distance at different milestones of professional career development.

Traditionally, the phenomenon of social distance has been analyzed as a single construct (Covarrubias et al., 2011). However, our results imply that at least two components of social distance – distance in social/formal relationships and distance in more intimate/personal relationships - may be extracted. A significant discrepancy in these two aspects might be observed through the career of the helping professionals. Helping professionals expressed significantly more desire for social distance in personal relationships than informal social relationships. These results are in line with previous findings. Covarrubias et al. (2011) found that social work students held positive feelings about people with mental illness who were in their social network. Interestingly, they were not willing to hire people with a history of mental illness as a babysitter and were less willing to support the possibility of marriage with children with someone with a mental illness. In another study involving a sample of healthcare professionals, Stuber et al. (2014) found that the majority of helping professionals stated they would not accept a person with mental illness as a coworker or for marrying into their family. Looking at this phenomena from a different angle, Hansson et al. (2011) demonstrated that negative attitudes held by professionals are clearly understood and recognized by patients and that these stigmatizing beliefs are shared between patients and staff.

Our results indicated that counseling, social work, and psychology students and professionals did not differ in their need for social distance from people with mental illness when age and social desirability were controlled. Our research study adds to the already limited number of studies comparing stigmatizing attitudes towards people with mental illness between professionals of different helping professions. Interestingly, Smith and Cashwell (2010) found that social work students and professionals expressed a stronger need for social distance than psychology and counseling students. Similarly, Endriulaitiene et al. (2016) found that psychologists expressed less stigma of people with mental illness compared to social workers and professionals in medicine.

Previous research has revealed that understanding mental health generally helps to decrease the stigma of mental illness (Mårtensson, Jacobsson, & Engström, 2014; Pranckevičienė et al., 2016). However, in our study, no significant positive differences in social distance were observed as a function of professional experience. Although a slight trend might be observed in this study that social distance in social relationships decreases while in school, an opposite trend was found in close personal relationships. Highest social distance scores were found in most experienced professionals. Several factors might explain these results. Firstly, due to the cross-sectional design of our study, the cohort effect could not be excluded. However, other studies also reported an increase in stigmatizing beliefs of mental illness among counselors, social workers and psychologist. For example, a recent study of Lithuanian psychologists and social workers found the stronger desire for social distance from people with mental illness is most experienced by psychologists with more than ten years of professional experience and social workers with less than five years of professional practice (Pranckeviciene et al., 2018). Overton and Medina (2008) noticed that stress and workplace toxicity affected how helping professionals perceived their clients who exhibited considerable stereotypes of mental illness. Thus, their stigmatizing beliefs are constantly reinforced in the workplace. Finally, professional burnout might be related to increasing negative attitudes towards people with mental illness (Dattilio, 2015; Di Benedetto & Swadling, 2014), suggesting the importance for professionals to practice self-care and monitor their levels of burnout. Moreover, self-deceptive positivity was significantly related to social distance measures in our study, indicating that students and helping professionals still have some level of self-illusion. Even though the participants in this study may have felt they were unbiased, the results suggested differently. These results illustrate the importance of social desirability

measures in stigma research even when the respondents are mental health professionals. In a study by Casad et al. (2013) it was stated that increasing students awareness about their own implicit biases is an important goal of professional education. Our results imply that not only students, but mental health professionals might benefit from anti-stigma interventions and personal myth busting (Knaak, Modgill, & Patten, 2014; Ungar, Knaak, & Szeto, 2016).

Implications

An implication from this study would be that stigma orientated interventions need to be developed to change staff-patients relationships. Further research is needed to determine to what extent helping professionals are aware of their implicit biases and its personal and social impact. Despite some of the differences in professional education in this study, it might be expected that psychology, social work, and counseling students, and professionals need additional training about mental illness, social distance, and stigma. More research into what is explicitly done to work with implicit bias in training programs may shed more light on this process. Furthermore, regardless of the training or work being done with people with mental illness, biases still exist. Practitioners may need to have an ongoing process of self-evaluation to determine how their biases influence their treatment services with people with mental illness.

Strengths and Limitations

This study has several limitations. First, this is a cross-sectional study. A longitudinal design is needed to more thoroughly investigate the trajectory of social distance from people with mental illness through the course of a professional career. A larger representative sample of mental health professionals would have helped to increase the statistical power of our findings. It may be useful, therefore, to replicate this study using a larger sample size. There are other limitations to this study including the use of self-report data and the fact that validity was not reported for the measures employed.

Additionally, a more diverse sample across both gender and ethnicity might lead to greater understanding of this topic. A control group of students and professionals from non-mental health-related fields is needed to evaluate the level of social distance in broader contexts. Only the phenomena of social distance were analyzed in this study. Examining individual, environmental, and cultural aspects might be relevant to the understanding of stigmatizing attitudes of mental health students and helping professionals. Lastly, there is a need to examine the training programs' effectiveness on implicit bias in the fields of counseling, social work, and psychology to understand social distance from mental illness. One strength of the study, however, was that a wide range of professional experiences were examined to include comparisons of different professions (counseling, social work and psychology) controlling for social desirability occurred.

Conclusions

Based on this study counseling, social work, and psychology students and helping professionals do not differ in their need for social distance from people with mental illness. Helping professionals reported significantly more social distance from people with mental illness in close personal relationships, compared to social relationships. No significant positive differences in social distance were observed as a function of professional experience.

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References

- Aggarwal, A. K., Thompson, M., Falik, R., Shaw, A., O'Sullivan, P., & Lowenstein, D. H. M. (2013). Mental illness among us: A new curriculum to reduce mental illness stigma among medical students. *Academic Psychiatry, 37*, 385–391.
- Ahmedani, B. K., Kubiak, S. P., Kessler, R. C., De Graaf, R., Alonso, J., Bruffaerts, R., ... Anthony, J. C. (2013). Embarrassment when illness strikes a close relative: A world mental health survey consortium multi-site study. *Psychological Medicine, 43*(10), 2191–2202. <https://doi.org/10.1017/S003329171200298X>
- Brown, R., Griggs, M., Cummins, J., Nittler, J., Gordy-Panhorst, K., & Hoffman, K. G. (2015). What can a brief narrative exercise reveal about medical students' development as patient-centered physicians and their attitudes toward patients with mental illness? *Academic Psychiatry : The Journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry, 39*(3), 324–328. <https://doi.org/10.1007/s40596-015-0291-3>
- Casad, B. J., Flores, A. J., & Didway, J. D. (2013). Using the implicit association test as an unconsciousness raising tool in psychology. *Teaching of Psychology, 40*(2), 118–123. <https://doi.org/10.1177/0098628312475031>
- Cates, M. E., May, K. L., & Woolley, T. W. (2009). Attitudes of pharmacy students toward mental illness across the professional curriculum. *The International Journal of Pharmacy Education and Practice, 5*(1) 1-7.
- Corrigan, P. (2004). How stigma interferes with mental health care. *The American Psychologist, 59*, 614–625. <https://doi.org/10.1037/0003-066X.59.7.614>
- Covarrubias, I., Han, M., & Lauber, S. (2011). Mental health stigma about serious mental illness among MSW students: Social contact and attitude. *Social Work, 56*(4), 317–325.
- Dattilio, F. M. (2015). The self-care of psychologists and mental health professionals : A review and practitioner guide. *Australian Psychologist, 50*(April), 393–399. <https://doi.org/10.1111/ap.12157>
- Di Benedetto, M., & Swadling, M. (2014). Burnout in Australian psychologists : Correlations with work-setting, mindfulness and self-care behaviours. *Psychology, Health and Medicine, 19*(6), 705–715.
- Dipaola, B. A., Qian, J., Mehdizadegan, N., & Simoni-Wastila, L. (2011). An elective psychiatric course to reduce pharmacy students' social distance toward people with severe mental illness. *American Journal of Pharmaceutical Education, 75*(4) 1-7.
- Endriulaitienė, A., Markšaitytė, R., Žardeckaitė-Matulaitienė, K., Pranckevičienė, A., Tillman, D. R., & Hof, D. D. (2016). Burnout and stigma of seeking help in Lithuanian mental health care professionals. *European Proceedings of Social and Behavioural Sciences* (pp. 254-265) <https://doi.org/10.15405/epsbs.2016.07.02.25>
- Feeg, V. D., Prager, L. S., Moylan, L. B., Smith, K. M., & Cullinan, M. (2014). Predictors of mental illness stigma and attitudes among college students: using vignettes from a campus common reading program. *Issues in Mental Health Nursing, 35*(9), 694–703. <https://doi.org/10.3109/01612840.2014.892551>
- Ferrari, A. (2016). Using celebrities in abnormal psychology as teaching tools to decrease stigma and increase help seeking. *Teaching of Psychology, 43*(4), 329–333. <https://doi.org/10.1177/0098628316662765>
- Gable, K. N., Muhlstadt, K. L., & Celio, M. A. (2011). A mental health elective to improve pharmacy students' perspectives on mental illness. *American Journal of Pharmaceutical Education, 75*(2), 1-6.
- Gyllensten, A. L., Svensson, B., Björkman, T., Hansson, L., Leufstadius, C., Reg, O. T., ... Sandlund, M. (2011).

- Attitudes in healthcare students towards mental illness - A pre- and post multicenter university program survey. *The International Journal of Allied Health Sciences and Practice*, 9(3), 1–8.
- Hansson, L., Jormfeldt, H., Svedberg, P., & Svensson, B. (2011). Mental health professionals' attitudes towards people with mental illness: Do they differ from attitudes held by people with mental illness? *International Journal of Social Psychiatry*, 59(1), 48–54. <https://doi.org/10.1177/0020764011423176>
- Hansson, L., Stjernswärd, S., & Svensson, B. (2016). Changes in attitudes, intended behaviour, and mental health literacy in the Swedish population 2009–2014: an evaluation of a national antistigma programme. *Acta Psychiatrica Scandinavica*, 134, 71–79. <https://doi.org/10.1111/acps.12609>
- Henderson, C., Robinson, E., Evans-Lacko, S., Corker, E., Rebollo-Mesa, I., Rose, D., & Thornicroft, G. (2016). Public knowledge, attitudes, social distance and reported contact regarding people with mental illness 2009–2015. *Acta Psychiatrica Scandinavica*, 134, 23–33. <https://doi.org/10.1111/acps.12607>
- Kassam, A., Glozier, N., Leese, M., Henderson, C., & Thornicroft, G. (2010). Development and responsiveness of a scale to measure clinicians' attitudes to people with mental illness (medical student version). *Acta Psychiatrica Scandinavica*, 122(2), 153–161. <https://doi.org/10.1111/j.1600-0447.2010.01562.x>
- Kendra, M. S., Cattaneo, L. B., & Mohr, J. J. (2012). Teaching abnormal psychology to improve attitudes toward mental illness and help-seeking. *Teaching of Psychology*, 39(1), 57–61. <https://doi.org/10.1177/0098628311430315>
- Knaak, S., Modgill, G., & Patten, S. B. (2014). Key ingredients of anti-stigma programs for health care providers: a data synthesis of evaluative studies. *Canadian Journal of Psychiatry. Revue Canadienne de Psychiatrie*, 59(10), S19–S26.
- Lammie, C., Harrison, T. E., Macmahon, K., & Knifton, L. (2010). Practitioner attitudes towards patients in forensic mental health settings. *Journal of Psychiatric and Mental Health Nursing*, 17(8), 706–714. <https://doi.org/10.1111/j.1365-2850.2010.01585.x>
- Lauber, C., Nordt, C., Falcato, L., & Rossler, W. (2004). Factors influencing social distance towards people with mental illness. *Community Mental Health Journal*, 40(3), 265–274.
- Mann, C. E., & Himelein, M. (2004). Factors associated with stigmatization of persons with mental illness. *Psychiatric Services*, 55(2), 185–187.
- Mannarini, S., & Boffo, M. (2015). Anxiety, bulimia, drug and alcohol addiction, depression, and schizophrenia: what do you think about their aetiology, dangerousness, social distance, and treatment? A latent class analysis approach. *Social Psychiatry and Psychiatric Epidemiology*, 50(1), 27–37. <https://doi.org/10.1007/s00127-014-0925-x>
- Mårtensson, G., Jacobsson, J. W., & Engström, M. (2014). Mental health nursing staff's attitudes towards mental illness: an analysis of related factors. *Journal of Psychiatric and Mental Health Nursing*, 21(9), 782–788. <https://doi.org/10.1111/jpm.12145>
- Mullen, P. R., & Crowe, A. (2017). Self-stigma of mental illness and help seeking among school counselors. *Journal of Counseling and Development*, 95, 401–411. <https://doi.org/10.1002/jcad.12155>
- Overton, S. L., & Medina, S. L. (2008). The stigma of mental illness. *Journal of Counseling & Development*, 86, 143–151. <https://doi.org/10.1002/j.1556-6678.2008.tb00491.x>
- Pattyn, E., Verhaeghe, M., Sercu, C., & Bracke, P. (2013). Medicalizing versus psychologizing mental illness: what are the implications for help seeking and stigma? A general population study. *Social Psychiatry and Psychiatric Epidemiology*, 48(10), 1637–1645. <https://doi.org/10.1007/s00127-013-0671-5>
- Paulhus, D. L. (1991). Measurement and control of response bias. In J. R. Robinson, P. R. Shaver, & L. S.

- Wrightsman (Eds.), *Measures of personality and social psychology attitudes* (pp. 17–59). San Diego: Academic Press.
- Peters, G.-J. Y. (2014). The alpha and the omega of scale reliability and validity. *The European Health Psychologist*, 16(2), 56–69.
- Pranckevičienė, A., Endriulaitienė, A., Markšaitytė, R., Žardeckaitė-Matulaitienė, K., Tillman, D. R., Hof, D. D., & Hof, K. (2016). Psichologijos ir socialinio darbo studentų nuostatos dėl psichikos loga sergančių asmenų. *Visuomenės Sveikata*, 72, 57–68.
- Pranckeviciene, A., Zardeckaite-Matulaitiene, K., Marksaityte, R., Endriulaitiene, A., Tillman, D. R., & Hof, D. D. (2018). Social distance in Lithuanian psychology and social work students and professionals. *Social Psychiatry and Psychiatric Epidemiology*. <https://doi.org/10.1007/s00127-018-1495-0>
- Rubio-Valera, M., Aznar-Lou, I., Vives-Collet, M., Fernandez, A., Gil-Girbau, M., & Serrano-Blanco, A. (2018). Reducing the mental health-related stigma of social work Students: A Cluster RCT. *Research on Social Work Practice*, 28(2) 1–9. <https://doi.org/10.1177/1049731516641492>
- Stuber, J. P., Rocha, A., Christian, A., & Link, B. G. (2014). Conceptions of mental illness: attitudes of mental health professionals and the general public. *Psychiatric Services*, 65(4), 490–497. <https://doi.org/10.1176/appi.ps.201300136>
- Ungar, T., Knaak, S., & Szeto, A. C. H. (2016). Theoretical and practical considerations for combating mental illness stigma in health care. *Community Mental Health Journal*, 52(3), 262–271. <https://doi.org/10.1007/s10597-015-9910-4>
- Wang, D., Locke, C., & Chonody, J. (2013). Differences by race in social work students' social distancing, treatment options, and perceptions of causes of mental illness. *Journal of Social Service Research*, 39(5), 646–661. <https://doi.org/10.1080/01488376.2013.816410>
- Wark, C., & Galliher, J. F. (2007). Emory Bogardus and the origins of the social distance scale. *The American Sociologist*, 38(4), 383–395. <https://doi.org/10.1007/s12108-007-9023-9>