Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

Community Attitudes Toward People with Mental Illness:
The Effects of Time, Location and Demographic Variables
A thesis presented in partial fulfilment of the requirements for the Degree of Master of Arts in Psychology at Massey University
AMBER WAKEFIELD
2003

Abstract

Deinstitutionalisation in New Zealand followed the worldwide trend of transferring mentally ill patients from psychiatric institutions into community-based care. The closure of psychiatric hospitals in favour of community care relied on positive and accepting attitudes of community members. At the time of the closure of Lake Alice psychiatric hospital in 1995, the remaining 12 chronically mentally ill patients were transferred into a community mental health facility in Wanganui. The present study investigated whether community attitudes towards mental illness change over time and if attitudes are influenced by geographical proximity to community mental health facilities. The study also investigated the influence of demographic variables, and prior contact, awareness and agreement with the community mental health facility on attitudes. Attitudes among the Wanganui community were measured by survey using the Opinions about Mental Illness scale (OMI, Cohen & Struening, 1959) and the Comfort in Interaction Scale (CI, Beckwith & Mathews, 1994). There were two samples used in the present study, one taken in 1995 comprising of one hundred and fifty seven respondents, and one taken in 1996 comprising of one hundred and forty-one respondents. Time was found to be a partially significant influence on attitudes among the respondents. Geographical proximity was not found to be significant. The results were consistent with the hypothesis that time, awareness of the community mental health facility, occupation and prior contact with people who have a mental illness produced a significant effect on attitudes toward people with mental illness among community members. Overall, attitudes as measured by the OMI and CI were positive and accepting of people with a mental illness.

Acknowledgements

Firstly, I would like to express my gratitude to Dr. Nikolaos Kazantzis for his guidance, depth of knowledge and extensive research skills. Nik's time, patience and contributions to my work throughout the year were highly valued.

Secondly, I would like to thank my partner Andrew for his ongoing support and understanding of my studies. Thanks for the mix of fun, intellectual challenge and inspiration that you have bought to my life throughout the past six years.

Thirdly, I extend my thanks and appreciation to the support that I have had from both my immediate and extended family. Thank you all for your encouragement and enthusiasm, it has not gone unnoticed.

Table of contents

Abstrac	ot
Acknov	vledgements
Table o	of contents
List of t	tables
Chapte	er One
	Introduction 1
	General overview
	Present Study Direction 5
Chapte	er Two
	A New Zealand Context
	Overview
	Oakley Investigation
	Deinstitutionalisation
	Lake Alice Psychiatric Hospital 1950-199511
	Intensive learning centre (ILC) program
	Conclusions
Chanta	an Thurse
Chapte	er Three
	Synopsis of Research on Community Attitudes Toward Mental Illness 17
	Overview
	Rationale for Research
	Patterns and Trends of Research

Chapter Four

	Empirical Research on Community Attitudes Toward Mental lilness
	Overview
	General Findings in the Literature on Attitudes Toward Mental Illness 24
	Research on the Impact of Time and Geographical Proximity
	on Attitudes Toward Mental Illness
	Variables that Influence Community Attitudes Toward Mental Illness
	Studies conducted in New Zealand
	Conclusion
Chapte	er Five
	Methodological Issues in Conducting Research on Community Attitudes43
	Overview
	Methodological Issues
Chapte	er Six
	The Present Study
	Overview
	Aims and Objectives of the Present Study
	Hypotheses
Chapt	er Seven
	Method 53
	Respondents
	<i>Measures</i>
	Opinions about Mental Illness Scale

	Comfort in Interaction Scale 62
	Design and Procedure
	Statistical Analysis Procedure
	Data Screening70
Chapte	er Eight
	Results
	Effects of Time on Attitudes
	Effects of Location on Attitudes
	Effects of Location and Time on Attitudes
	Effects of Age on Attitudes77
	Effects of Gender on Attitudes
	Effects of Occupation on Attitudes
	Effects of Awareness on Attitudes
	Effects of Awareness and Agreement on Attitudes 82
	Effects of Contact on Attitudes
Chapte	er Nine
	Discussion
	Review of the Main Aims and Findings 85
	Limitations to the Present Study 91
	Further Research
	<i>Conclusions</i>
REFER	RENCES 101

APPENDICES

Appendix A:	New Zealand Government Legislation for Mental Health 121
Appendix B:	Community Placements in New Zealand 127
Appendix C:	Questionnaire used in the Present Study 133
Appendix D:	Map of Targeted Areas 1, 2, 3
Appendix E:	Comparison Table of 1991, 1996, and 2001, Income
	And Demographic Data (Statistics New Zealand) 147
Appendix F:	Statistical Assumptions of MANCOVA 151
Appendix G:	Newspaper Clippings From Wanganui Chronicle (1995) 155

List of Tables

Table 1.	Sample Demographic Information
Table 2.	Socio-economic Characteristics of Income Per Area
Table 3.	Scores of the OMI and CI Measures for 1995 and 1996 Data
	Collections
Table 4.	Scores on the OMI and CI Measures by Location and Time
Table 5.	Scores on the OMI and CI Measures as a Function of Age 78
Table 6.	Mean Gender Scores on the OMI and CI Measures79
Table 7.	Mean Occupation Scores on the OMI and CI Measures 80
Table 8.	Respondents Agreement and Awareness of the Community
	Mental Health Facility
Table 9.	Scores on the OMI and CI Scales by Awareness of the
	Community Mental Health Facility and Attitudes
Table 10.	Scores on the OMI and CI Measures as a Function of
	Prior Contact
Table 11.	Socio-economic Characteristics of Income Per Area
	(1991, 1995, 1996)
Table 12.	Population Count (1991, 1996, 2001)