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Working with mental illness and the preparation of social workers

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PREPARATION OF SOCIAL WORKERS

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ABSTRACT

Social workers are often the front line responders for individuals with mental illness. However, there has been limited research related to how social workers are prepared, what the best practices are, and what suggestions have been made to improve preparation in this kind of setting. This research study included a cross-sectional mixed methods study examining the knowledge and preparation of social work professionals as well as recommendations for improving education. The results indicated that social work educators and professionals are competent in their knowledge of mental health. The qualitative responses indicated three overarching themes: (1) confidence in abilities but acknowledgement of the need for of resources, support, or practice; (2) a systemic perspective of experiences; and (3) realities of working in mental health. Respondents also provided several recommendations for improving education in order to better prepare social workers to work in mental health. The results of this study can be used to enhance future research, practice, and policy built around mental health preparation.

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LITERATURE REVIEW

INTRODUCTION

Mental health is the emotional, psychological, and social well-being of an individual. It determines how individuals make choices, handle stress, and communicate with others (DHHS, 2016). Mental illness can distort these processes and interrupt normal everyday activities. It can affect a person's mood, thought process, feelings, and behaviors. The National Alliance on Mental Illness (NAMI, 2016) found that one in every four people will be affected by a mental illness within a given year and one in 17 will be diagnosed with a serious illness such as schizophrenia or bipolar disorder. Mental illness can have a major impact on those diagnosed, as well as family, friends, and other close acquaintances. According to NAMI (2016), mental illness is the third most common cause of hospitalization for both children and adults. It can lead to school dropout, suicide, and homelessness. Over one-third of students are dropouts and it is the 10th leading cause of suicide (NAMI, 2016). This shows how prominent mental illness is within society.

Social workers are often the front line responders to individuals with mental illnesses, and it is important that they are competent in this area so that they can best help to enhance the quality-of-life of these individuals. In regard to coursework, most social work undergraduate students are not required to take a course designed explicitly around mental health. In addition, graduates of accredited social work masters programs are

often only required to take one class on psychopathology and diagnosis. Likewise, little to no research, beyond textbooks used in a classroom, exists that presents information on how social workers are prepared, what the best practices are, and what suggestions have been made to improve preparation in this kind of setting. There are more than 90 million people that live in areas with a shortage of mental health professionals (Rishel & Hartnett, 2015). It would require 6,000 additional practitioners to meet the needs of these individuals (Rishel & Hartnett, 2015). Therefore, this study was designed as an initial step in developing an understanding of the preparation of social workers for working with mental health issues.

Preparing Social Workers to Work in the Mental Health Field

There has been research on social work mental health education in Australia (Sheehan & Ryan, 2010) and in England (Karban, 2010). Sheehan and Ryan (2010) acknowledged the growing need for social workers in Australia and explored the curricula of social work schools. They found that only nine of the 20 respondent schools were found to offer a separate mental health class and that by including more mental health skill development, greater local contextualization, more attention to an anti-oppressive agenda, and more explicit links to field education, they can improve the mental health curriculum (Sheehan & Ryan, 2010). Karban (2010) explored the implications of social work and mental health education in regard to the new 3-year degree in England. Although these studies may provide relevant and specific information regarding issues related to mental health preparation in these countries, they do not discuss preparation of mental health social workers in context that is relevant to

undergraduate and graduate social work students in the United States.

      Although there is no specific research relating to the overall mental health preparation of undergraduate social work students in the United States, there is research related to specific aspects of working with mental health. For example, research has been done on working with mental health in the military (Rishel & Hartnett, 2015). Rishel and Hartnett (2015) found that combining the Integrated Mental and Behavioral Health Training Program (IMBTP), a training that provides additional coursework on military personnel, veterans, and their families, with the MSW program was beneficial to students. Another study by Hersh and Brown (1977) that examined preparation of mental health personnel for the delivery of mental retardation services. Although this study is relatively old, the specialized training led to better outcomes. There has also been research on how to enhance social work practice with older adults (Lee, Collins, Mahoney, Dittrich, & Boucher, 2006). Lee and colleagues (2006) identified that there is a growing need for culturally and age-appropriate services for the elder population. Their study examined and reported on best practices for integrating aging content into an MSW program. Likewise, there has been research on developing curriculum to enhance social work communication skills with children (Lefevre, Tanner, Luckock, 2008). Each of these studies highlights the importance of enhancing the social work curriculum in relevant fields of social work practice; however, none of these studies directly relate to enhancing mental health preparation of social work students.

      There has been some research relating to mental health and other fields, outside of social work. A study by Fox and Chamberlain (1988) explored the preparation of nurses

for working with the chronically mentally ill. This was a relatively early study in which the researchers recognized the growing need for competent professionals in providing long-term psychiatric care. Although the study focused mostly on nurses, they concluded that all mental health professionals should have multidisciplinary experience working with the chronically mentally ill. Specifically, social workers should be taught a profession-specific course on how to assess and obtain support for community resources and financial support for this population (Fox & Chamberlain, 1988). This study is relevant to preparing social workers to work in mental health; however, as previously stated, it was not specifically related to the preparation of undergraduate and graduate-level social work students in the United States.

Need for Mental Health Preparation

　　Mental health stigma. One reason that social workers need to be prepared for working with mental health and illness is stigma. According to Evans-Lacko et al. (2010), stigma can encompass a person's knowledge, attitudes, and behaviors. Negative stigma is associated with ignorance, prejudice, and discrimination (Mental Health Commission, 2010). Three out of four people with mental illness have experienced some form of stigma (Mental Health Commission, 2010). Stigma may be harmful to an individual because it can bring out negative feelings of shame, blame, hopelessness, and distress (Mental Health Commission, 2010). Stigma can also be misrepresented as the truth. An example of a common stigma is that individuals with mental health issues are violent and unpredictable. However, those with serious mental illness commit only 3-5% of violent acts (DHHS, 2016). It is important that professionals working with individuals who have

been diagnosed with mental illness understand these stigmas so they are aware of what these individuals are dealing with. Having the knowledge of stigma and mental health can help enhance a positive relationship between professional and client.

Personal experience of mental illness. Professionals with their own experiences with mental health may have an effect on success when working with individuals. A study by Deckert and Statz-Hill (2016) explored the job satisfaction outcomes of mental health workers who have dealt with their own mental health issues. Individuals with lived mental health experiences have been found to be good consultants, mentors, volunteers, or employees to people dealing with similar issues. This study concluded that individuals with personal experiences of mental illness were effective, and in some cases, better than providers without personal mental health problems. This study shows that mental health experiences, stigmas, and perceptions can improve job satisfaction. This knowledge will be important in showing whether it can also improve preparation to work in this type of setting.

Social worker stress and burn-out. Burn-out is a common stressor among individuals working in the mental health field. Burn-out can be defined as high levels of emotional exhaustion, cynical attitudes, and diminished sense of personal accomplishment (Salyers et al., 2015), all of which negatively impact the individual social worker and their work with clients. Salyers and colleagues (2015) studied the relationship between staff burnout and quality of care. Researchers found that burnout is significantly associated with self-reported quality of care provided to clients. Figley (2002) found that it is important for social workers to find a balance between putting

personal feelings aside and providing empathy and support. There needs to be a balance in order to effectively and objectively help a client. Too much empathy could lead to burnout, however, too little compassion could lead to ineffective treatment.

Purpose

The purpose of this research is to explore the experiences of social work professionals and social work educators in Tennessee related to mental health knowledge, positive and challenging experiences of working with mental health issues, and perceived need for enhancing social work education. As mentioned before, little to no literature exists, beyond textbooks used in classrooms, that presents information on how social workers are prepared, what the best practices are, and what suggestions have been made to improve preparation in this kind of setting. The specific research questions were: (1) What is the level of mental health of social workers and social work educators?; (2) Is there a significance difference in mental health knowledge between social work professionals and social work educators?; (3) For professionals, what have been the most positive and most challenging experiences that social workers working with mental health issues have faced? For educators, what have been the experiences of social work educators in preparing students for working with mental health issues?; and (4) What suggestions do social professionals and social work educators have for improving mental health training and education for social work students?

METHODOLOGY

Sample

This was a mixed methods, cross-sectional research study examining social work professionals and social work educators in Tennessee. Participants were either a working or retired social worker or social work educator with a bachelors of social work (BSW) or a masters of social work (MSW) degree. Participants must have practiced in the mental health field for at least one year and have worked in a professional setting within the last five years. The sample consisted of primarily females (78.6%), and more than half of respondents were social work professionals (57.1%). The other respondents were either educators (28.6%), both a practitioner and an educator (4.8%), or their data was missing (9.5%). Please see Table 1 for additional demographic information.

Table 1. *Demographic Characteristics of the Sample (N= 42).*

Variable	Frequency (N)	Percentage
Gender		
Male	5	11.9
Female	33	78.6
Missing	4	9.5
Age		
21-30	7	16.7
31-40	5	11.9
41-50	9	21.4
51-60	8	19.0
61-70	3	7.1
Missing	5	11.9

Table 1. *Continued*

Factor	Frequency (N)	Percentage
Race/ethnicity		
Native American/Alaskan Native	1	2.4
African American	4	9.5
Multi-racial	1	2.4
White (Non Hispanic/Euro-American)	31	73.8
Other	1	2.4
Missing	4	9.5
Education level		
4-year college degree (Bachelor's)	8	19.0
Masters degree	19	45.2
PhD or other advanced degree	11	26.2
Missing	4	9.5
Type of employment		
Educator	12	28.6
Other professionals	24	57.1
Both	2	4.8
Missing	4	9.5
Years of experience working in mental health		
≤ 5	17	40.5
6-15	14	33.3
≥ 16	5	11.9
Missing	6	14.3
Years of experience with general social work		
1-5	11	26.2
6-15	14	33.3
16+	12	28.6
Missing	5	11.9
Years of experience as an educator		
1-5	7	16.7
6-15	4	9.5
16+	5	11.9
Missing or N/A	26	61.9

Recruitment

Participants who identified as social work professionals and met the criteria were recruited through Facebook (i.e., a post on the Chattanooga Social Workers page) and word-of-mouth. Social work educators were identified through their public institutional web page and received an individual email with an invitation to participate in the study.

Data collection

This survey was an Internet survey, and data were collected over approximately three months. The Qualtrics survey website was used for collecting data anonymously. Prior to data collection, this survey was approved by the University of Tennessee at Chattanooga Institutional Review Board.

Measures

Mental health knowledge. Knowledge of mental health was measured through the 12-item Mental Health Knowledge Schedule (MAKS; Evans-Lacko, Henderson, & Thornicroft, 2010). This instrument is used to assess mental health knowledge and stigma-related to mental health among individuals. There are six items that test the knowledge of mental illness conditions (Evans-Lacko et al., 2010). There are also six stigma-related mental health knowledge areas, these areas include: help-seeking, recognition, support, employment, treatment, and recovery. The internal reliability and test-retest reliability is moderate to high (Evans-Lacko et al., 2010).

Open-ended questions. Opened ended questions that were asked to social workers included:

(1) What have been your experiences working with mental health issues been like (e.g., types of mental health issues, specific employment or job roles, etc.)?

(2) How have you learned how to work with mental health issues (e.g., college education, continuing education, special trainings, etc.)?

(3) What have been the most positive and most challenging experiences that you have had working with mental health issues?

(4) After graduating with your social work degree, do you feel that you were adequately prepared to work with mental health issues? Please describe why you feel this way.

(5) What suggestions do you have for improving social work education related to mental health at the bachelor's degree level? The master's degree level?

Opened ended questions for social work educators included:

(1) Prior to becoming a social work educator, did you have job experience working in mental health?

(1a) What have been your experiences working with mental health issues been like (e.g., types of mental health issues, specific employment or job roles, etc.)?

(2) How have you learned how to work with or teach about mental illness (e.g., college education, continuing education, special trainings, etc.)?

(3) As a social work educator, have you taught a mental health course?

(3a) Whether you answered yes or no, how do you incorporate mental health issues

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into the courses you teach?

(4) What suggestions do you have for improving social work education related to mental health at the bachelor's degree level? The master's degree level?

(5) Is there anything else that you would like me to know about your values and attitudes toward preparing social work students to work with mental health issues?

Demographic information. Demographic information was also collected. This included: age in years, sex, race/ethnicity, education level, type of employment, years of experience working with mental health, years of experience with general social work, and (if applicable) years of experience as an educator.

Data analysis

This survey used descriptive statistics to report on the quantitative measures and demographic variables. It also reported on correlations and/or regressions of quantitative measures. The mean, median, and mode scores were calculated to determine the responses of the Mental Health Knowledge Schedule (Evans-Lacko et al., 2010), the instrument used to determine participants' knowledge of mental health. An independent sample t-test was calculated to determine the difference in means of the scores from educators and professionals.

Grounded theory methodology was used to analyze the open-ended questionnaires (Corbin & Strauss, 2007). One independent coder conducted the analysis, but the data and themes were discussed with the thesis advisor in order to reduce bias. Grounded theory is an organized process of analyzing the open-ended responses of participants to

identify emerging themes (Corbin & Strauss, 2007). The researcher first used open coding to understand and dissect participant's language to begin labeling common themes among the participants. Next, axial coding was used to categorize the properties or dimensions of the data and make linkages among participant responses. Finally, selective coding was used to identify the overarching themes in the overall responses.

RESULTS

Mental Health Knowledge

The knowledge of mental health was calculated through the Mental Health Knowledge Score. The overall mean, median, and mode was calculated to find the overall knowledge of mental health among the respondents. The highest score possible was 30 and the mean scored among participants was 25.88(2.25). The median and mode was 26. The minimum score was 20 and the maximum was 30. This means that the social work educators and professor who responded to the survey had a pretty good overall knowledge of mental health.

An independent t-test was conducted to compare the means of educator's scores compared to professional's scores on the MAKS. Educator's mean scores of questions 1 through 6 were compared to the professionals mean scores as well as the overall score for the mental health knowledge schedule. This was used to determine whether there was a difference in mental health knowledge from the educators and professors.

Table 2. *Independent sample t-test*

Variable	Professionals Mean(SD)	Educators Mean(SD)	*t*	*df*	*p*
MAKS_Employment	4.38(.711)	4.67(.492)	-1.27	34	.212
MAKS_Support	4.71(.690)	4.67(.651)	.174	34	.863

Table 2. *Continued*

Variable	Professionals Mean(SD)	Educators Mean(SD)	*t*	*df*	*p*
MAKS_Treatment	4.71(.464)	4.67(.492)	.249	34	.805
MAKS_Therapy	4.92(.282)	4.75(.452)	1.36	34	.183
MAKS_Recovery	3.29(1.517)	3.75(1.215)	-.909	34	.370
MAKS_Help-seeking	4.04(1.122)	3.08(1.240)	2.334	34	**.026***
MAKS_Total	26.04(2.40)	25.58(2.35)	.543	34	.591

** Correlations are significant at the .05 level

Overall. No significant difference was found in the total mental health knowledge scores ($t(34) = .543, p > .05$). The mean of the educators ($M = 25.58, SD = 2.35$) was not significantly different from the mean of the social work professionals ($M = 26.04, SD = 2.40$). This means that no significant differences were found in the respondent's overall answers in relation to their knowledge of mental health.

Mental illness and employment. No significant difference was found in the scores from the question in the MAKS concerning mental illness and employment ($t(34) = -1.27, p > .05$). The mean of the educators ($M = 4.67, SD = .492$) was not significantly different from the mean of the social work professionals ($M = 4.38, SD = .711$). Social work educators and professionals had similar perceptions of whether persons with mental health problems wanted to have paid employment.

Mental illness and support. No significant difference was found in the scores from the question in the MAKS concerning mental illness and support ($t(34) = .174, p > .05$). The mean of the educators ($M = 4.67, SD = .651$) was not significantly different

from the mean of the social work professionals (M = 4.71, SD = .690). Social work educators and professionals had similar perceptions that they would know how to get a friend professional help for a mental health problem.

Mental illness and treatment with medication. No significant difference was found in the scores from the question in the MAKS concerning mental illness and treatment with medication ($t(34)$ = .249, p > .05). The mean of the educators (M = 4.67, SD = .492) was not significantly different from the mean of the social work professionals (M = 4.71, SD = .464). Social work educators and professions perceived that medication could be an effective treatment for people with mental health problems.

Mental illness and psychotherapy. No significant difference was found in the scores from the question in the MAKS concerning mental illness and psychotherapy ($t(34)$ = 1.36, p > .05). The mean of the educators (M = 4.75, SD = .452) was not significantly different from the mean of social work professionals (M = 4.92, SD = .282). Social work educators and professionals had similar perceptions that psychotherapy could be an effective treatment for mental health problems.

Mental illness and recovery. No significant difference was found in the scores from the question in the MAKS concerning mental illness and recovery ($t(34)$ = -.909, p > .05). The mean of the educators (M = 3.75, SD = 1.215) was not significantly different from the mean of the social work professionals (M = 3.29, SD = 1.517). Both social work educators and professionals had similar perceptions of whether a person with severe mental health problems could recover.

Mental illness and help-seeking. A significant difference in the means of

educators and professionals from the question in the MAKS concerning mental illness and help-seeking was found ($t(34) = 2.334$, $p < .05$). The mean of the educators was significantly lower ($M = 3.08$, $SD = 1.24$) than the mean of the social work professionals ($M = 4.04$, $SD = 1.12$). Social work educators were less likely to believe that people with mental health problems would go to a healthcare professional for help than social work professionals. Perhaps this is because they think people would go to a mental health provider instead.

Qualitative Analysis

There were three overarching themes that emerged from the open-ended questions. These include (1) confidence in abilities but acknowledgement of the need for of resources, support, or practice; (2) a systemic perspective of experiences; and (3) realities of working in mental health. Participant responses are described with example quotes below. The (P #) refers to the individual participant.

Confidence and need for resources, support, or practice. The first major theme that emerged from the results was confidence and needs for resources, support, or practice. Overall, participants felt that there was confidence in their abilities to work with mental health coupled with the belief that it took additional resources, support, or practice to become knowledgeable. Educational experience or mental health curriculum alone did not prepare them to work with individuals with severe mental illnesses. Many respondents reported that they didn't feel prepared right after getting their bachelors in social work; however, after additional resources such as "trainings," "good supervision," and "practice experience," they reported feeling prepared to work with individuals with

mental illness. One social worker commented, "I didn't feel ready at the time. As I grew as a professional and began becoming aware of resources available in the community to best help these individuals I began feeling more comfortable" (P 20). Another social worker stated, "With some specialized training and good supervisor support, I felt that I became well prepared to work with individuals who deal with mental health problem (P 3). Likewise, another stated, "I did not feel very prepared once I graduated from undergrad, but I received very good trainings from my first place of employment that helped me feel more competent" (P 18). These are all examples of how specific training or workshops along with furthering education helpful for allowing social workers to better prepare themselves. Multiple respondents felt that you cannot fully be prepared for everything, therefore, training, support, and practice is important. For example, one respondent reported that "each person dealing with mental health issues is different. There is no one size fits all for helping people with mental illness" (P 17). This is one reason that different types of training, as well as experience are needed.

Systemic perspective of experiences. The second overall theme found was systemic perspective of experiences. Respondents seemed to be aware of multiple issues happening on multiple levels that impact their work with mental health. Social workers reported both positive and negative perspective of experiences of working with individual clients, their own experiences of mental illness, client families, and environmental issues. When thinking of needed improvements or discussing their experiences, participants rarely focused on just one aspect of the mental health field. These systemic issues have both helped and hindered their work with those dealing with a mental health diagnosis. Multiple respondents reported that the individual client had an impact on their

experiences. Clients' negative patterns and successful response to treatment were two ways in which clients could impact perception. For example one social worker said that "Watching clients that are struggling receive the help they need and get better," (P 18) is the most positive experience of working with clients with mental illnesses. However, another stated, "It was painful to watch clients go on and off medication and thus cycle in and out of stability (P 3)." Another example of an individual-level systemic perspective is how social workers viewed having personal experience with mental illness. One social worker reported that they have a mental illness themselves and that "I get to use my own experiences with mental illness, in addition to my training/education, as a tool" (P 23). On the other hand, another reported the challenges of their mental health experiences, reporting that work sometimes causes them to "have triggers with tragedy" (P 22), which makes it easy to "bring work home" or struggle with self-care.

One social worker reflected on their experience working with families and mental illness. They reported that "having families reconnect with or communicate better with each other" (P 21) is one of the most positive experiences about working with individuals with mental health illness. Another reported that the most challenging experience is that "it is hard to work with a family as a whole when the family has been treating the client a certain way for a long time. It is difficult to shift that theme in the home and help the family understand the client's mental health better and how to respond to it better" (P 14). This shows the differences in positive and negative experiences when working with families of individuals with mental illnesses.

In regards to environmental issues, most social workers reported that lack of

resources resulted in negative experiences for both clients and themselves. Rural places, crisis, shortage of providers, and insurance are examples of areas in which respondents felt were lacking in resources. For example, one social worker stated, "Seeing the shortage of providers which created a long wait list for needed services" (P 4), was the most difficult experience of working with individuals with mental illnesses. Another said that specifically, "Insurance-currently tenncares new Health Link program which is cutting case management to a majority of clients and increasing cm caseloads" (P 5), is the most difficult.

Realities of working in mental health. The third overall selective theme is realities of working in mental health. Despite feeling competent and able, many participants stressed that working with mental illness is a difficult job. For example, one social worker stated, "Students are generally caring and committed but experience excessive difficulties with the job market due to work overload, rationing of care, and low pay (P 9)." Another stated, "patience and understanding self care" is important knowledge for social work students to gain.

Preparing Students to Work with Mental Health

There were many suggestions and recommendations reported on preparing students to work in mental health and improving mental health education. Of these responses there were suggestions on how to improve content knowledge, self-awareness, and how to leverage existing resources/supports. "A required course on mental health," "knowledge of basic diagnoses at BSW level," "interviewing" or "interning" individuals who work in mental health field are all content suggestions social workers had for

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improving education. Trauma was the most common area that social workers felt needed to be addressed in education. An understanding of "self-care," "stigma," and "biases" were three ways that were reported on how to improve overall self-awareness. A lack of resources was a concerning issue throughout the whole survey. In order to address lack of resources social workers responded that we should leverage the existing supports. Having knowledge of the lack of services was reported as well. One social work reported, "they need to learn about self-care, appropriate and inappropriate intervention, and barriers that clients face in accessing mental health services (P 4)."

DISCUSSION

The overall knowledge of mental health among participants was relatively high. There were no significant differences between the overall mean scores of educators and other professionals in relation to multiple aspects of mental health knowledge. The open-ended responses yielded three overall themes: (1) confidence in abilities but acknowledgement of the need for of resources, support, or practice; (2) a systemic perspective of experiences; and (3) realities of working in mental health. Despite the level of mental health knowledge, confidence of participants, and experience, this study yielded multiple suggestions for improving mental health education for social work students.

As stated previously, the overall knowledge and understanding of mental health among professionals and educators is high. This could mean that social workers do a relatively good job preparing students to work in mental health fields. However, it is important to note that many of the respondents had worked in the field for multiple years. It is also important to note that having "book knowledge" of mental health is important, but many participants identified that having practice experience was largely important. Being knowledgeable of mental health is important, as is may decrease stigma related to mental illness. Persons who have stigma against mental illness are more likely to experience psychological distress themselves (Masuda, Price, Anderson, Schmertz, & Calamaras, 2009). In addition, Masuda and colleagues (2009) found that stigma relates to

being less flexible in making judgments or decisions towards people diagnosed with mental health disorders. The social work code of ethics explicitly calls for social workers to be invested in the dignity and worth of clients, be competent, as well as to pursue social justice (NASW, 2008). Therefore, having knowledge of knowledge of mental health is important for practicing ethically and being prepared to work with mental illness.

The respondents of the open-ended questions concluded that they were mostly confident in their ability to work with mental illness but required more training, supervision, and practice to feel prepared. There were no participants that reported feeling completely confident in their abilities immediately following graduation and upon entering a mental health practice setting. Because there is not a lot of research related to the subject, it is difficult to interpret the research findings. However, there has been past research related to mental health training, feeling prepared to work with mental health in other professions, and in other countries. For example, according to Terry (2011), who introduced mental health training similar to CPR first aid in Wales, mental health courses have the potential to improve the response given to persons dealing with a mental health problem. Specifically, receiving first aider training in working with persons dealing with mental illness can help build confidence in the person who is reaching out (Terry, 2011). In another recent study, specifically related to working with mental illness among the homeless population, staff who were trained were more confident in reaching out appropriately (Vamvakas & Rowe, 2001). Because respondents of this study felt they needed additional training after graduation, incorporating additional, ongoing training may be beneficial for social work professionals working in mental health.

Limitations

Despite the importance of this study and the multiple gaps that this study fills, there are limitations to generalizing the results of this study. First, the sample is relatively small and represents social work educators and professionals living in Tennessee. This means that generalizability of results may be limited. Another limitation is that the Mental Health Knowledge Schedule was the only scale used to measure knowledge of mental health. This scale is short, which is good for participants, but limited in what can be interpreted. Third, the demographic characteristics of the participants were similar, meaning the sample was not very diverse in age, gender, and race. Over 70% of participants were white and 78.6% were female. Although this is reflective of many social work practice settings and among social work educators, this also limits the generalizability of findings.

Recommendations

Research implications. There are many implications and recommendations for future research, practice, and policy based on the results of this study. First, based on the literature review, there is a lack in research on how social workers are prepared, what the best practices are, and what improvements need to be made to improve preparation for working with mental illness. There is a growing body of research that discusses mental health preparation in other fields outside of social work or with specific populations of clients. However, there is a lack of research and evidence-informed practices to support social work students and social workers entering the field following a degree. Future research should also survey students and new professionals to compare responses, not

only educators or professionals with multiple years of experience. Finally, research is needed to determine the level of effectiveness of newer social workers and more seasoned social workers when dealing with mental health. This will provide information on whether more assistance and education is needed as social workers gain more experience in the field.

Practice implications. Based on the results of this study, many social workers recommended having exposure to mental illness before exiting school in order to feel prepared. Although case scenarios and role play activities in class can be helpful for students, they may need more preparation for dealing with more intense practice situations. Allowing students to shadow professionals, sit in with clients intakes or therapy sessions, gain real-life experience assisting those with mental illness, interview mental health professionals, or intern at a mental health facility would allow them the exposure necessary to feel confident. It is recommended that activities such as case scenarios and role plays be used to prepare the student first, but that students be given the opportunity to practice these skills in actual practice settings as well.

Policy implications. Policy is another area that could be improved upon in the preparation of social workers. Required mental health course work, special training sessions, and specific competency areas can be required by Council on Social Work Education in order for social work programs to be accredited. In addition, although social workers must pass a licensure test before becoming licensed as a social worker, states have differing requirements for course work. Not all states require a mental health, psychopathology, or diagnosis related course prior to licensure, yet each of these

constructs appears on the national licensure test. Finally, state-level mental health licensure boards should consider requiring a continuing education course on mental health and diagnosis for licensed professionals. Many states already have specific requirements for social workers when it comes to obtaining continuing education credits to maintain their license. However, mental health and diagnosis is not a standardized requirement.

Conclusion

      Social workers are often front line responders for individuals with mental illness. Social work professionals are mostly competent in their knowledge of mental health following a social work degree. In addition, social work professionals are mostly confident in their abilities after gaining some practice experience. However, professionals often need additional resources, support, and practice to feel competent and prepared when beginning their career. Due to the lack of research in this area, more attention needs to be paid to helping new social workers develop the confidence and competence to be effective mental health workers.

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