Original Paper

Development of a Scale to Measure the Awareness of Community Mental Health Volunteers' Roles and an Examination of Related Factors

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Abstract

In Japan, as support progresses for individuals with mental illness, community mental health volunteers (hereafter referred to as "volunteers") are expected to play active roles in raising awareness in regard to mental health in local communities. However, volunteers have experienced difficulties maintaining their motivation to continue raising such awareness. Thus, this study developed a scale to measure volunteers' awareness of their roles, and examined the related factors. The participants in this study included a sample of 113 volunteers. Overall, the exploratory factor analysis confirmed the awareness scale, with three factors and 12 items: Factor I, "Understanding and spreading awareness of mental illness," with six items; Factor II, "Understanding and responding to symptoms of mental illness," with three items; and Factor III, "Social engagement," with three items. The reliability of each factor was $\alpha = .840$, $\alpha = .743$, and $\alpha = .758$, respectively. As for its criterion-related validity, the volunteer awareness scale was found to have a significant moderate to negative correlation with both the support outcomes scale and the motivation to continue scale. In addition, an examination of the factors that influenced the volunteers' awareness showed that the volunteers found it worthwhile to raise awareness, while deepening their self-understanding and altruistic motives. Moreover, the volunteers with a higher level of awareness of their roles not only had a greater sense of fulfillment, but also greater motivation to continue performing their respective activities.

1. Introduction

According to Japan's policy on medical care and welfare in mental health, the goals include improving the quality of mental healthcare and supporting individuals in local communities by "moving from a focus on inpatient care to a focus on care in the community." However, according to a recent patient survey

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conducted by the Ministry of Health, Labour, and Welfare, the number of people with mental illness is increasing, especially those with mood and stress-related disorders[1]. For people with mental illness to live in their respective communities with peace of mind, it is insufficient to simply expand access to medical care and support these individuals through such care. Instead, the general public must understand and accept people with mental illness. Yet, the misunderstandings, prejudice, and negative misapprehensions regarding such individuals are so deeply rooted in the general public that they still face pervasive hardship in society[2]. To address this type of stigma, a broader and more appropriate understanding of people with mental illness must be developed by raising awareness in local communities. Thus, various projects aimed at training community mental health volunteers (hereafter referred to as "volunteers") to take on these roles have been implemented by local governments and their initiatives.

As for the roles of volunteers, Ishikawa[3] stated that they have the following four functions: 1) "Improving the quality of life of people with mental illness"; 2) "Bridging the gap between people with mental illness and other members of the community"; 3) "Developing themselves as volunteers"; and 4) "Engaging with others with a sense of the civic value of living side by side." Examples of specific activities include directly working with people with disabilities[4,5], and providing support for interactions and management in the workplaces/ gathering spaces used by such individuals. It appears that by directly interacting with people with mental illness, volunteers become more closely involved with their environment, and discover a sense of self-worth.

Although the aim is to "bridge the gap between people with mental illness and other members of the community[6]," there have been indications that this function can place a significant burden on volunteers, especially in a prejudiced society[7]. In addition, since the means by which volunteers raise awareness in regard to mental health in communities has yet to be clarified, they are often required to take their own initiatives in terms of creativity, motivation, and proactiveness. However, volunteers have experienced difficulties maintaining their motivation to continue performing their respective activities. Ohkura et al[8]. identified one of the challenges as follows: "since volunteers themselves need to apply their awareness to creating activities, some volunteers worry about the significance of their work as a volunteer because they find it difficult to clarify their role."

Let us consider the following example. City A includes a mental health and welfare volunteer program called "A Kokoro Hot Supporters," which aims to eliminate prejudice against mental illness in the local community (in cooperation with certain authorities) and raise awareness of mental health issues. In this program, which has been running for 10 years, the volunteers are appointed by the public health center from among graduates of a volunteer training course (seven classes in total), based on recommendations from local resident organizations (e.g., welfare committees, residents' associations, etc.). Overall, the program focuses on three aspects: 1) Developing awareness raising in communities; 2) Creating networks using existing social resources and organizations; and 3) Creating a place for interactions between local residents and volunteers. More specifically, the volunteers gain a deeper understanding of people with mental illness by interacting with them in various locations such as local welfare centers, medical institutions, and gathering spaces. The volunteers also meet with public health nurses working at, for example, a given elementary school district, to discuss certain issues, disseminate information, and leverage community networks for raising awareness. Through such interactions, the volunteers are able to share their difficulties and concerns, thereby engaging in continuous and progressive activities to raise awareness. However, even in this context, some volunteers have reported a sense of confusion. They have also raised the following questions: "Is this really meaningful for the people involved?"; "Is this a good thing to be doing?"; and "Are these ideas getting through to the citizens?"

Therefore, the purpose of this study was to develop a scale to measure volunteers' awareness of their roles, and examine the related factors. It is hoped that by using this scale, volunteers will be able to evaluate their awareness of their roles. For instance, when the results indicate a low level of awareness, volunteers will be able to share their concerns with others and develop continuous and progressive ways of raising awareness in relation to mental illness in their respective communities.

2. Methods

2.1 Survey period and participants

From May to June of year X, district public health nurses distributed questionnaires to 123 people who had recently taken five or more community mental health volunteer training courses (seven classes in total), and who were active as volunteers. The purpose of this research was explained to these individuals, both in writing and verbally, after which those who gave their consent were included in this study.

2.2 Survey contents and methods

For this study, the researchers independently created a 28-item questionnaire on awareness among community mental health volunteers. In addition to the participants' attributes and the awareness scale, the questionnaire used the support outcomes scale and the motivation to continue volunteering scale.

2.2.1 Questionnaire on the awareness among community mental health volunteers

The participant responses to the 28-item questionnaire were used to examine its construct validity and reliability as well as the level of awareness among the volunteers. In this regard, the questionnaire employed a four-point scale, ranging from 1 ("I agree") to 4 ("I disagree"). For example, a lower score indicated a higher level of awareness in relation to the support activities.

2.2.2 External criteria for the examination of validity

The support outcomes scale[9] (SOS) and the motivation to continue volunteering scale[9] (MCVS) were developed to explore the factors that motivate the volunteers to continue providing their support activities. These scales were adopted as external criteria for examining their validity. Besides, volunteer activities are more likely to produce support outcomes when the effects of volunteering (as support) are recognized, thereby motivating volunteers to continue volunteering in the future[9].

As for each scale, the SOS measured the participants' perceptions of internal psychological processes regarding the extent to which successful results were obtained from volunteer activities. It was comprised of three subscales: 1) "Enhancing the spirit of altruism"; 2) "Expanding human relationships"; and 3) "Enhancing motivation for life." In this case, the responses were based on a five-point scale, ranging from 1 ("Not at all applicable") to 5 ("Very applicable"). For instance, a higher score indicated that better support outcomes were obtained.

Meanwhile, the MCVS measured the participants' motivation to continue volunteering, which was comprised of three subscales: 1) "Self-oriented motivation"; 2) "Other-oriented motivation"; and 3) "Activity-oriented motivation." In this case, the responses were based on a five-point scale, ranging from 1 ("Not at all applicable") to 5 ("Very applicable"). For example, a higher score indicated a higher motivation to continue volunteering.

3. Method of analysis

3.1 Development of a community mental health volunteer awareness scale through factor analysis

This study obtained the mean values and standard deviations of the 28-item questionnaire on awareness among the volunteers, and conducted an exploratory factor analysis of the items in which ceiling and floor effects were not found. In the exploratory factor analysis, the initial solution and scree plot criteria were referred to stepwise; the maximum likelihood method and promax rotation were performed; and the factor loading was set at 0.35 or more. For reliability, Cronbach's α was calculated and the internal consistency was examined with 0.70 as the standard. For criterion-related validity, the correlations between the total scores and subscales of the community mental health volunteer awareness scale, the SOS, and the MCVS were examined by using Spearman's rank correlation coefficient.

3.2 Examination of the factors influencing the community mental health volunteers' awareness of support outcomes and the motivation to continue

A multiple regression analysis was performed using support outcomes and the motivation to continue as the dependent variables, while the mental health welfare volunteer awareness scale (12-item version) was conducted, with the factor structure examined, the motivation to continue, and support outcomes as the independent variables. Through this approach, the researchers examined the factors that influenced the volunteers' awareness associated with support outcomes and the motivation to continue, and created path diagrams.

3.3 Relationship between the awareness among community mental welfare volunteers and years of volunteer experience

Based on the mental health welfare volunteer awareness scale (12-item version), the sample was divided into four groups: 1) Those with high levels of volunteer awareness; 2) Those with low levels of volunteer awareness (median ± 1SD); 3) Those with five years or more of volunteer experience; and 4) Those with less than five years. The relationships between these groups were then examined by using a chi-square or χ^2 test. In this study, IBM SPSS Statistics (Version 22) was used for the statistical analysis, and the significance level was defined as less than 5%.

4. Ethical considerations

The district's public health nurses explained the purpose of this research, the required cooperation, and the ethical considerations to the potential participants, after which their written consent was obtained. In addition, this study was conducted with the approval of the City A Health Center Ethics Committee.

5. Results

5.1 Participant attributes

Among the 123 targeted participants, 117 completed the questionnaire, after which 113 valid responses were obtained (91.9%). Overall, the participants included 95 women (84%). In terms of age groups, 49 (43%) participants were in their 70s (the largest age group), followed by 44 in their 60s (39%), 16 in their 50s (14%), three in their 40s (3%), and one participant in the 30-39 age group (1%). The number of years of volunteer experience ranged from five years to less than seven years for 48 (42.5%) participants, and from one year to less than four years for 65 participants (57.5%).

5.2 The reliability and validity of the community mental health volunteer awareness scale

5.2.1 Factor analysis

The mean values and standard deviations of the 28-item questionnaire were calculated, and a stepwise factor analysis was conducted for the items in which floor and ceiling effects were not observed. Meanwhile, the change in eigenvalues was 4.86, 1.54, 1.15, 0.84, 0.81, etc. Based on the interpretability of the factors, it was determined that a three-factor structure was appropriate, after which an exploratory factor analysis was performed with the maximum likelihood method and promax rotation. Table 1 presents the final factor patterns and inter-factor correlations. Overall, the factor analysis confirmed the awareness scale, with three factors and 12 items: Factor I, "Understanding and spreading awareness of mental illness," with six items; Factor II, "Understanding and responding to symptoms of mental illness," with three items; and Factor III, "Social engagement," with three items. The extent to which the three factors and 12 items explained the total variance was 62.9%.

5.2.2 Examination of reliability

To examine the reliability, the α coefficient was calculated for each factor (Table 1). In this case, Factor I was α = .840, Factor II was α = .743, and Factor III was α = .758, with the standard α coefficient.

Table 1 Results of factor analysis of mental health welfare volunteer awareness scale (n=113)

Factor name and question item / α coefficient	Mean value	SD	Factor I	Factor II	Factor III
Factor I: Understanding and spreading awareness of mental illness / α =.840					
18. Interacting with people with mental illness and deepening understanding of mental illness	1.35	.33	.85	-.14	-.04
21. Independent learning through lectures and newspaper articles, etc. on people with mental illness	1.44	.43	.79	-.03	-.05
17. Communicating with people at community events, etc. about what volunteers do	1.41	.38	.69	.00	-.01
16. Working with other organizations to eliminate prejudice in the area	1.47	.46	.58	.12	-.01
15. Eliminating prejudice against mental illness	1.65	.58	.52	.21	-.01
12. Working to turn the area into an environment that accepts people with mental illness as they are	1.50	.46	.48	.01	-.01
Factor II: Understanding and responding to symptoms of mental illness / α =.743					
28. Thinking about how to cope with personal stress	2.04	.84	-.06	.85	.00
27. Telling someone directly that they seem tired or are responding differently from how they usually respond	2.28	.88	-.06	.84	-.02
25. Responding correctly to mental illness	1.60	.59	.18	.44	-.02
Factor III: Social engagement / α =.758					
7. Understanding the role of volunteering and the locations where it takes place (workplaces, etc.)	1.50	.48	-.04	-.16	1.01
8. Communicating with the community about the status quo of mental health in wider society	1.70	.69	.01	.17	.70
4. Broadening the social lives of people with mental illness	1.55	.42	.08	.12	.38
Correlation between factors			Factor I	Factor II	Factor III
I			—	.45***	.58***
II				—	.49***
III					—

Factor extraction method: Maximum likelihood method. Rotation method: Promax rotation. Square frames and bold type indicate factor groups. Items with factor loading less than .35 have been deleted.

5.2.3 Examination of criterion-related validity

    As shown in Table 2, the correlations between the total scores and subscales of the community mental health volunteer awareness scale, and the total scores and subscales of the SOS and MCVS were calculated. Overall, a significant weak to moderate (r = -.34 to r = -.66) negative correlation was found in the SOS, while a significant moderate (r = -.40 to r = -.67) negative correlation was found in the MCVS.

Table 2   Correlations among community mental health volunteers' awareness, support outcomes, and motivation to continue volunteering（n=113）

	Total score on community mental health volunteer awareness scale	Factor I: Understanding and spreading awareness of mental illness	Factor II: Understanding and preventing symptoms of mental illness	Factor III: Social engagement
Total score on support outcomes scale	-.66***	-.62***	-.52***	-.45***
Enhancing the spirit of altruism	-.50***	-.44***	-.48***	-.34***
Expanding human relationships	-.65***	-.65***	-.43***	-.44***
Enhancing motivation for life	-.60***	-.53***	-.50***	-.42***
Total score on motivation to continue volunteering scale	-.67***	-.53***	-.64***	-.49***
Self-oriented motivation	-.65***	-.51***	-.59***	-.46***
Other-oriented motivation	-.53***	-.40***	-.53***	-.41***
Activity-oriented motivation	-.66***	-.56***	-.59***	-.47***

Spearman's rank correlation coefficient   ***p＜.001

5.3 Examination of the factors regarding the awareness among community mental health volunteers that influence their support outcomes and the motivation to continue

    A multiple regression analysis was performed to examine the effect of the awareness scale on support outcomes and the motivation to continue. For support outcomes (R^2 = .546, p = .001) a significant effect was observed in "Other-oriented motivation" (β = .540, p = .005) and "Broadening the understanding of mental illness" (β = − .364, p = .043) (Table 3). In this case, the path diagram is shown in Figure 1. As for the motivation to continue (R^2 = .551, p = .001), a significant effect was found in "Enhancing motivation for life" (β = .556, p = .003) and "The total score of the awareness scale" (β = − .390, p = .027) (Table 4). In this case, the path diagram is shown in Figure 2.

5.4 Relationship between the awareness among community mental health volunteers and years of volunteer experience

    The total scores of the awareness scale were divided into groups, based on the median scores (± 1 SD). Overall, 18 participants were in the high awareness group (25.8 ± 1.7 points), whereas 26 were in the low awareness group (12.5 ± 0.8 points). The volunteers were then divided into groups, based on the number of years of volunteer experience, e.g., five or more years of experience (five to seven years) and less than five years (one to four years). Subsequently, four groups were created: 1) 15 participants with high awareness and five or more years of experience; 2) seven participants with low awareness and five or more years of experience; 3) three participants with high awareness and less than five years of experience; and 4) 19

participants with low awareness and less than five years of experience. Finally, a $\chi 2$ test was performed to examine the relationship among the four groups, based on the volunteers' awareness and years of experience, after which a significant relationship was found (p = .001). As shown in Table 5, the high awareness group had a significant number of participants with five or more years of experience, while the low awareness group had a significant number of participants with less than five years of experience.

Table 3 Factors of awareness among community mental health volunteers influencing support outcomes (n=113)

	B	SE B	β
Explanatory variables			
Other-oriented motivation	.753	.233	.540**
Spreading understanding of mental illness (Factor I)	-.647	.297	-.364*
R^2	.546***		

Dependent variable: Total score on support outcomes scale
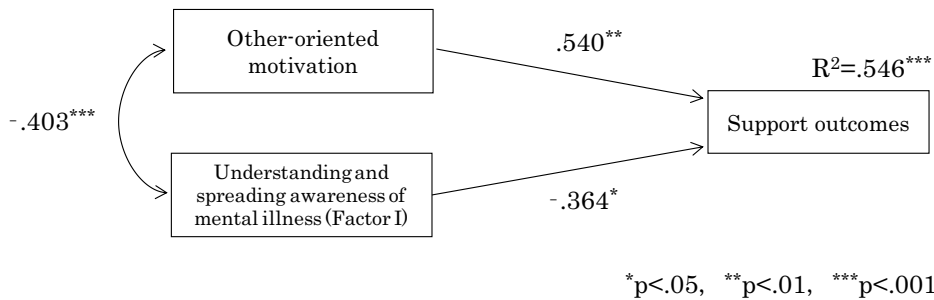*p < .05, **p < .01, ***p < .001

Figure 1 Factors influencing support outcomes

Table 4 Factors of awareness among community mental health volunteers influencing motivation to continue (n=113)

	B	SE B	β
Explanatory variables			
Enhancing motivation for life	2.519	.732	.556**
Total score on community mental health volunteer awareness scale	-.692	.286	-.390*
R^2	.551***		

Dependent variable: Total score on motivation to continue volunteering
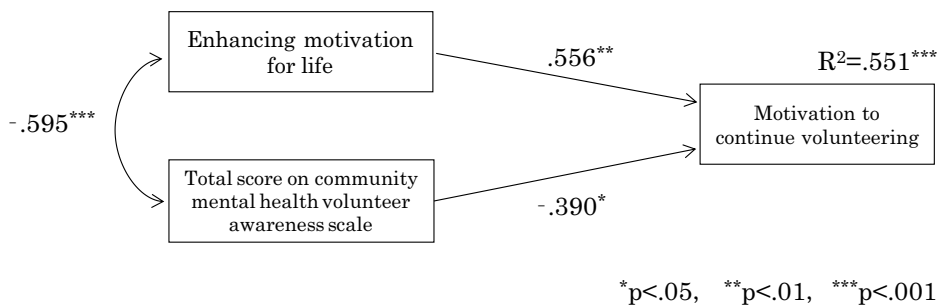*p < .05, **p < .01, ***p < .001

Figure 2 Factors influencing motivation to continue volunteering

Table 5　Relationship between community mental health volunteer awareness and years of experience

			Community mental health volunteer awareness scale			
			High-scoring group	Low-scoring group	Total score	χ^2 value
Years of experience	5 or more years (5 to 7 years)	Number of people	15	7	22	13.54***
		(Adjusted residual)	(3.7)	(-3.7)		
	Less than 5 years (1 to 4 years)	Number of people	3	19	22	
		(Adjusted residual)	(-3.7)	(3.7)		
		Number of people	18	26	44	

χ^2 Test　　***p < .001

6. Discussion

6.1 Community mental health volunteer awareness scale

To understand the extent of the awareness among community mental health volunteers, a standard scale consisting of 28 items was created and a factor analysis was conducted, resulting in a three-factor, 12-item scale. The reliability of the scale was then examined, demonstrating a high degree of internal consistency and a definite correlation among the factors.

As for Factor I, "Understanding and spreading awareness of mental illness," it focused on the volunteers' awareness of their roles and how they could deepen their understanding of mental illness by interacting with people with mental illness in community events and discussions. In particular, this factor included elements regarding their awareness of the stigma of mental illness. Moreover, the volunteers verbalized their own experiences and communicated them to others, thereby enhancing their persuasiveness and making it easier for them to communicate with the general public. In this way, Factor I constituted an important process for fostering awareness of the volunteers' roles.

Regarding Factor II, "Understanding and responding to symptoms of mental illness," it focused on the volunteers' awareness of their roles in relation to helping others understand the importance of mental health and how to deal with such issues. It is important to note that anyone can develop a mental health problems, due to fatigue or stress. However, if members of the general public are unwilling to acknowledge mental illness, due to misunderstandings and misapprehensions, then the symptoms may worsen. Thus, this factor is significant in terms of developing volunteers' awareness of their roles in helping members of the general public better understand the symptoms and preventative measures of mental illness.

As for Factor III, "Social engagement," it focused on raising the volunteers' awareness of people with mental illness living in local communities, by familiarizing the general public with issues such as *hikikomori* (social isolation). Overall, this factor required the volunteers to actively (and creatively) engage with members of society through a wide range of activities.

In sum, it is possible for volunteers to use this awareness scale to perform self-evaluations and confirm the extent of their role awareness and the related issues. The results can also be used as a basis for discussing various issues (e.g., difficulties and concerns) with relevant experts, who can provide different approaches to managing these issues.

6.2 Factors regarding the awareness among community mental health volunteers that affect support outcomes and the motivation to continue

As noted by Ishikawa[3], one function as noted for volunteers, "Developing themselves as volunteers" is related to improving their own mental health and expanding their values as they interact with people with mental illness. Ishikawa also stated that volunteers' self-fulfillment and self-efficacy increase by feeling

that they are needed and that they can contribute to the overall cause. However, in reality, volunteering generally consists of spreading information and raising awareness among the general public. In this regard, volunteers without a strong awareness of their purpose may find it difficult to achieve a sense of fulfillment and find the motivation to continue. Senoo et al[9]. noted that it is easier to derive support outcomes when such outcomes are recognized, for example, by acknowledging that volunteering is effective. Moreover, the better the outcomes derived by volunteers, the stronger their motivation to continue and the more likely they will volunteer in the future. Thus, this study conducted a multiple regression analysis to examine the effects of volunteer awareness on support outcomes and the motivation to continue.

Based on the findings, support outcomes were significantly affected by awareness related to "Other-oriented motivation" and "Broadening the understanding of mental illness," with a significant moderate correlation found among the variables (Table 3 and Figure 1). In this case, "Other-oriented motivation" included items such as making others happy, helping others and society, and alleviating distress in others. As for "Broadening the understanding of mental illness," it consisted of items regarding the spreading of information and eliminating prejudice in society, based on the volunteer's self-awareness. In other words, successful support outcomes enable volunteers to feel a sense of satisfaction and fulfillment by spreading information and raising awareness in the general public. It also appears that this process is influenced by their altruistic motives of making a contribution for people with mental illness.

Finally, the motivation to continue volunteering over the long term was significantly influenced by "Enhancing motivation for life" and "The total score on the awareness scale," with a significant moderate correlation found among the variables (Table 4 and Figure 2). In this regard, "Enhancing motivation for life" consisted of items related to positive emotions that influenced self-improvement and emotional fulfillment, while "The total score on the awareness scale" included items related to deepening the understanding and raising awareness of people with mental illness, understanding symptoms and how to manage them, and broadening the understanding that mental health is an important issue for everyone. In terms of the psychology of volunteering, when the effectiveness of volunteers is recognized, support outcomes are more likely to be obtained, thus motivating volunteers to continue volunteering[9]. In the case of community mental health volunteers, although visible outcomes can be difficult to obtain, it appears that individuals with a solid awareness of their roles can achieve an overall sense of fulfillment in their work.

6.3 Relationship between the awareness among community mental health volunteers and years of experience

The correlation between the volunteers' awareness, support outcomes, and the motivation to continue (Table 2) indicated that those with higher awareness had better support outcomes and greater motivation to continue volunteering. In terms of the relationship between volunteer awareness and years of experience, those with more years of experience (five years or more) had significantly higher levels of awareness in relation to volunteering. In other words, those with a greater awareness of their roles in relation to volunteering experienced support outcomes (e.g., a sense of accomplishment and fulfillment), which, in turn, fueled their motivation to continue volunteering. However, when the volunteers were asked about their concerns, they indicated that when they first started volunteering, they were unable to understand the purpose of interacting with people with mental illness or distributing advertisements for mental health support. There were also limited opportunities for the volunteers to be directly appreciated by people with mental illness. In this regard, volunteering to raise awareness is structured in such a way that it often goes unseen by the people it affects. As a result, volunteers are less likely to feel a sense of accomplishment and fulfillment.

In regard to counteracting this effect, let us again consider City A, in which volunteering is managed by certain groups in each district. In this case, the volunteers share their concerns and problems, after which they receive suggestions from those with more experience and expertise. However, volunteering in mental health can sometimes include working with individuals with invisible disabilities, such as mental illness, which differs from volunteering with older people or those with physical disabilities. Moreover, it

can be difficult for volunteers to understand their specific roles and the details of their activities. Thus, it is beneficial to foster a sense of fellowship among volunteers by organizing groups[6]. Experts[5] have also suggested that volunteers become enabled to concentrate on their activities and increase their motivation by regularly attending study sessions and discussing their interpersonal concerns in relation to volunteering. Similarly, volunteering in City A includes opportunities for volunteers to receive support, by discussing their concerns, being recognized for their efforts, and receiving advice during regular briefing sessions and training courses with district public health nurses. This type of support system not only plays a crucial role in giving volunteers a sense of meaning in their activities, but it also develops their awareness of their roles and influences their motivation to continue volunteering.

7. Summary and future research recommendations

This study developed a scale to measure the awareness of a sample of community mental health volunteers regarding their roles, and examined the related factors. To create communities in which people with mental illness can live comfortably, we must improve the general public's understanding of such people and reduce the prejudice and stigma attached to mental illness. In this process, community mental health volunteers will most likely play increasingly active roles. Therefore, it will be useful to have effective support systems in place that can advise volunteers on their current activities and concerns, and develop their awareness of their roles in the field of mental health.

Finally, there are two research recommendations worth noting. First, future studies should conduct surveys in various organizations, by using the aforementioned scales, and then compare the results to determine the most effective support systems for developing more independent and diverse volunteers. Second, the true value of a society in which people with mental illness can live comfortably must be of proven effectiveness in their subjective awareness. In this regard, further exploratory studies should consider different approaches to maintaining a sustainable and effective corps of community mental health volunteers.

Acknowledgements

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