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Comparing perceived public stigma and personal stigma of mental health treatment seeking in a young adult sample

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ABSTRACT

Perceived public stigma regarding seeking mental health treatment can be a barrier to accessing services for young adults. While factors associating with personal stigma regarding how one would view and treat others have been identified, the discrepancies between perceived and personal stigma have received less research attention. We designed the current study to expand on previous research and examine the discrepancies between perceived public stigma and personal stigma among a sample of 386 primarily White and Asian college students. Participants completed surveys of mental health symptoms, treatment experience and attitudes, perceived public, and personal stigma. Overall, participants generally reported greater perceived public stigma than personal stigma; an effect that was particularly evident for women and those with mental health symptoms. The majority of participants disagreed with items assessing personal stigma. Negative attitudes toward treatment and anxiety symptoms associated with perceived public stigma, while male gender, Asian ethnicity, and negative attitudes toward treatment associated with personal stigma. Findings have implications for interventions and marketing programs to help change perceptions about mental health stigma to encourage utilization of services for those young people who could benefit from care.

1. Introduction

Mental health disorders are highly prevalent among young adults in the United States. Findings from the National Comorbidity Survey reveal that more than 50% of young adults aged 18–29 have met criteria for any mental health disorder in their lifetime (Kessler et al., 2005). Between one-tenth and one-third currently meet diagnostic criteria for a mood or anxiety disorder and approximately 15–20% meet criteria for a substance use disorder (Slutske, 2005; Wu et al., 2007; Blanco et al., 2008; Read et al., 2011; Eisenberg et al., 2012). The majority of young adults also report experiencing subclinical but substantial symptoms of these disorders (e.g., feeling sad, overwhelmed, exhausted, or anxious) (Lauterbach and Vrana, 2001; Eisenberg et al., 2007b; Smyth et al., 2008; American College Health Association, 2012).

Despite the prevalence of mental health disorders and clinically significant symptoms, young adults are unlikely to seek mental health care for such concerns (Wang et al., 2000; Eisenberg et al., 2007a; Wu et al., 2007). For example, Blanco et al. (2008) found in a sample of over 5000 college- and non-college-attending young adults that, although approximately 47% met criteria for a mental health disorder in the past year, only approximately one-fifth of those meeting criteria utilized mental health treatment services in the past year. Few young adults in general perceive a need for mental health services, even among those with clear need based on measures indicating likely depressive, anxiety, or alcohol use disorders (Eisenberg et al., 2007a; Wu et al., 2007). Even those that perceive a need for care may still not seek treatment and the gap between perceived need and actual receipt of care is greatest among young adults compared to other age groups (SAMHSA, 2006).

Multiple logistical and attitudinal barriers prevent young adults from engaging in treatment, such as personal attitudes that seeking care will not be beneficial, belief one can handle problems on their own, concerns about cost, and lack of awareness of treatment options (Rickwood et al., 2007; Sareen et al., 2007; Mojtabai et al., 2011). One of the most cited barriers is stigma against mental health disorders and against those who receive treatment for these concerns. *Public stigma* in particular is defined as the degree to which the general public holds negative views and discriminates against a specific group (Corrigan, 2004).

The perception of public stigma from others (i.e., others would view one negatively if they sought treatment) is a major barrier to mental health treatment seeking among young adults. Indeed, one-fifth of college students with unmet mental health needs have cited "I worry what others will think of me" as a major barrier to

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seeking care (Eisenberg et al., 2007a). Data from the National Survey on Drug Use and Health finds that upwards of one-third of individuals report concerns about stigma affected their decision to not seek treatment despite perceiving a need (SAMHSA, 2006; Mason et al., 2013). Findings from the National Cormorbidity Survey replication study reported approximately one-fifth of individuals in mental health care dropped out of treatment due to perceived public stigma (Mojtabai et al., 2011). Not only is perceived stigma a major barrier to treatment seeking (Corrigan, 2004), but it can exacerbate anxiety and depressive symptoms, substance abuse, social isolation, medication non-compliance, and treatment drop-out (Link et al., 1999; Sirey et al., 2001; Britt et al., 2008; Keyes et al., 2010). Perceived stigma affects initiation and engagement in treatment for individuals beyond the United States as well, suggesting it is a global concern that warrants further attention (Sareen et al., 2007; Andrade et al., 2013).

Few studies have examined the validity of perceived public stigma. That is, while youth may perceive that others would view them negatively if they sought treatment, it is not clear if these perceptions are accurate. One way to test these perceptions is to compare perceived public stigma (i.e., how one thinks others would view and treat them) with personal stigma (i.e., how one actually would view and treat others themselves). For example, Eisenberg et al. (2009) found that the majority of a large sample of college students (65%) agreed that "most people would think less of someone who has received mental health treatment" yet 85% of them disagreed with the statement, "I would think less of someone who has received mental health treatment." Similar findings have been reported for adolescents and perceived versus actual stigma related to symptoms of depression, with Australian youth reporting greater levels of perceived stigma (e.g., "most people believe that depression is a sign of personal weakness") compared to personal stigma (e.g., "depression is a sign of personal weakness) (Calear et al., 2011). These findings suggest that young adults may overestimate public stigma against mental health treatment particularly in relation to their own personal stigma attitudes. However, to date no studies have examined perceptions or misperceptions of how the study *participants themselves* would be treated by the general public for seeking treatment for mental health concerns. Likewise, prior work has not examined what factors (e.g., demographics; mental health symptoms common in college such as anxiety, depression, and heavy alcohol use) influence the degree of misperception between perceived public stigma and actual attitudes toward seeking treatment.

1.1. The present study

We designed the current study to expand on previous research and examine factors associated with perceived public stigma and personal stigma attitudes regarding mental health treatment seeking among young adults. For this study, perceived public stigma was conceptualized as how an individual believed others would view and treat them if they sought treatment, while personal stigma referred to how the individual him/herself would view and treats others who seek treatment. In our analyses, we included demographic factors known to associate with attitudes toward treatment and treatment utilization; specifically, age, sex, and ethnicity, as young adult males and individuals identifying as Asian have demonstrated less favorable attitudes toward seeking mental health treatment in several studies (Kim and Omizo, 2003; SAMHSA, 2006; Eisenberg et al., 2007a; Elhai et al., 2008; Masuda et al., 2009; Nam et al., 2010). Based on previous research, we hypothesized that males, Asian students, those with no mental health treatment experience, and those with unfavorable attitudes toward treatment (i.e., those unlikely to seek treatment themselves) would report greater perceived public stigma (e.g., Vogel et al., 2005; Elhai et al., 2008; Gonzalęz et al., 2011). We also hypothesized these groups would similarly report greater levels of personal stigma. Since young adults with mental health concerns report more stigma-related barriers to treatment than those without these concerns (e.g., Hoge et al., 2004; Pietrzak et al., 2009), we hypothesized that those reporting mental health concerns such as depression, anxiety, and risky alcohol use would be more likely to endorse greater perceived public stigma. Yet given their likely need for services and potential insight into how treatment could help others like themselves, we hypothesized those with mental health symptoms would report reduced personal stigma attitudes compared to those without symptoms. Lastly, we utilized within-person analyses to examine discrepancies between participants' reports of perceived public stigma and personal stigma attitudes. We hypothesized participants would be more likely to report that others would view and treat them negatively for seeking treatment than they themselves would view or treat others (i.e., greater perceived public stigma than personal stigma attitudes; Eisenberg et al., 2009; Lally et al., 2013). We explored factors associated with discrepancies between perceived public stigma and personal stigma attitudes among participants. Determining if and to what extent perceived public stigma is misperceived by young people can inform future research and intervention efforts with youth.

2. Methods

2.1. Participants and procedure

Surveys were distributed to college students during mass testing day as part of introductory psychology courses at a large west coast university. Students attending class that day were able to complete packets of research surveys by university researchers and receive course credit. Those not attending were able to complete an alternate assignment specified by their professor (e.g., write a paper). Survey packets containing measures for this study were distributed to a random half of the approximate 780 students in attendance. Three-hundred and eighty-six survey packets were returned with our study measures completed. Participant demographics are found in Table 1.

2.2. Measures

2.2.1. Demographics.

Participants responded to items assessing age, sex, ethnic background, and class year.

2.2.2. Perceived public stigma and personal stigma

Participants completed the perceived public stigma subscale of the perceived stigma and barriers to care for psychological problems measure developed for use with young adult service members and college students (Hoge et al., 2004; Britt et al., 2008). The measure included six items regarding one's beliefs about how others would view them if they were to seek mental health treatment (see items in Table 2). Specifically, participants were asked to rate from "1 strongly disagree" to "5 strongly agree" how each of the six items might affect their decision to seek treatment for a psychological problem (e.g., a stress or emotional problem such as depression, anxiety attacks, or substance use concerns) from a mental health professional (e.g., a psychologist or counselor). Higher scores reflected greater perceived public stigma (α=0.86). Wording of the items followed from previous work with college students (Britt et al., 2008; α=0.82) and changes in wording from "my peers" to "my unit" or "leadership" have also displayed adequate reliability in young adult military samples (e.g., α=0.89 in Blais and Renshaw (2013); α=0.94 in Britt et al. (2008)). These six items was then followed by the same 6 items slightly reworded for this study's purposes to reflect how much the participant agreed with each item if they knew a student at their school who was struggling with a psychological problem and they decided to seek treatment from a mental health professional. Higher scores reflected greater personal stigma. Internal reliability of this modified scale was adequate, α=0.89.

2.2.3. Mental health symptoms

Participants completed measures of current symptoms for depression, general anxiety, and risky alcohol use. For depressive symptoms, participants completed the Patient Health Questionnaire 2-item (Kroenke et al., 2003), where participants reported frequency of "Little interest or pleasure in doing things" and "feeling down,