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Stigma Toward Seeking Mental Health Services Among Graduate Counseling Students

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Abstract

Stigma surrounding mental illness creates many barriers that may impede individuals, including mental health professionals themselves, from seeking mental health services. Due to such pervasiveness of mental health stigma and the subsequent implications for professional counseling efficacy, the present study sought to examine stigmatic attitudes among graduate counseling students in training. Results showed that among counseling student participants, self-stigma was more prevalent than public-stigma, suggesting that students were more affected by their internal perceptions of what it means to seek mental health services as opposed to negative societal perceptions about mental health.

Keywords: stigma, counselor training, counseling student, mental health

Stigma toward mental illness in general, and more specifically, toward seeking mental health services, remains among the most cited reasons for why people do not seek mental health treatment (Corrigan, 2004). The complex set of stigmatic beliefs held by self and others may emanate from a variety of foundations, such as a lack of knowledge about mental health, which can create avoidance behaviors towards individuals who suffer from mental health problems (Vogel, Wester, & Larson, 2007). Vogel, Wade, and Hackler (2007) suggested that the anxiety and fear related to the undesirable labels placed on individuals through stigmatization may be strong enough to detour them from admitting to mental health issues, seeking help, and remaining in treatment. These negative beliefs in society about mental illness and seeking services are referred to as

public-stigma, an opinion held by society that an individual is undesirable (Vogel, Wade, & Haake, 2006). Harmful in its consequences, public-stigma often feeds into stereotypical thinking and prejudicial behaviors toward individuals who seek services (Corrigan et al., 2002).

Vogel, Wade, and Hackler (2007) further identified the potency of public opinion, and hence public-stigma, as being powerful enough to influence an individual's personally held stigmatic beliefs about themselves and their acceptability. Corrigan, Watson, and Barr (2006) stated that equally as influential and harmful is what has been termed *self-stigma,* or the internalized negative images held by an individual that manifest in the diminution of self-esteem and self-worth. Within their research, self-stigma is described as negatively impacting an individual's sense of self-efficacy in relationship to setting and achieving desired goals while undermining an individual's beliefs about his or her value, significance, and merit.

Research has demonstrated that mental health practitioners are not immune to stigmatizing beliefs (Horsfall, Cleary, & Hunt, 2010; Overton & Medina, 2008) and, in fact, most mental health professionals subscribe to stereotypes about mental illness (Corrigan, 2004). Aware of the presence of stigmatic beliefs among mental health practitioners, Hugo (2001) found that the general public had more optimistic expectations for individuals with mental illness than mental health professionals did. Consequently, the manner in which mental health professionals respond to their clients may significantly contribute to the presence of stigma within those clients (Penn & Martin, 1998). Overton and Medina (2008) noted that "mental health professionals' attitudes toward someone with a mental illness can both perpetuate stigma and create new barriers to receiving treatment" (p. 86).

At the same time that counselor trainees are learning about mental health issues, they can also maintain a negative stigma surrounding mental illness and seeking services, despite the existence of their own needs for psychological support (Martin, 2010). Research suggests that counseling trainees experience psychological problems at a higher rate than the general public and may be greatly susceptible to acquiring psychological health problems (Calicchia & Graham, 2006; Rønnestad & Skovholt, 2003; White & Franzoni, 1990). The very nature of their studies and the type of work counselor trainees will be engaging in as professionals serves to strengthen the potential for the presence of mental health issues (Dearing, Maddux, & Tangney, 2005; Rønnestad & Skovholt, 2003; White & Franzoni, 1990; Witmer & Young, 1996). Regrettably, personally held stigmatic beliefs may impede counseling students from actually acknowledging their own needs and seeking services for them. In turn, this avoidance may fuel the potential for both personal issues and biases to negatively affect their interactions with and perceptions of their own clients (Overton & Medina, 2008).

Vogel, Wade, and Ascheman (2009) posited the belief that all counselors are called upon to reduce negative stereotypes and hence the stigma surrounding seeking mental health services by providing accurate information about mental illness and treatment. Supporting this belief, Wheeler (2007) expressed that by reducing the negativity supporting stigma, counselors will be more likely to refrain from causing further damage to clients. The American Counseling Association (2005) specifies that counseling students are held to the same ethical standards as practicing professionals, in as much as they are expected to do no harm to, respect the dignity of, and promote the

welfare of their clients. According to Horsfall et al. (2010), this requires that the stigmatizing beliefs in mental health workers be examined and addressed. As future practitioners, counseling students are expected to disseminate accurate information about mental illness and treatment and to refrain from contributing to the presence of stigma among members of society (Yager & Tovar-Blank, 2007). If counselors and trainees are to provide effective treatment, they need to be able to recognize those barriers, identify the origins of their own stigmatic beliefs, and become champions for seeking mental health services (Bruce, Shapiro, Constantino, & Manber, 2010).

Given the identified susceptibility of stigma in mental health care providers and the increased incidence of psychological concerns among counseling students, the need to understand the prevalence of mental health stigma and how to address it in future counselors is essential. The present investigation of stigma among counselor trainees is intended to yield a greater understanding of the role stigma plays within this population when it comes to seeking treatment for themselves when indicated, supporting treatment for future clients, and to explore how stigmatic beliefs can be addressed within counselor education.

Method

Participants

A convenience sample of 104 graduate counseling students enrolled in a public university in the Los Angeles area participated in the study. Participants ranged in age from 22 to 41+ years of age with 82% reporting as female and 19% male. They identified as being from a diversity of racial/ethnic backgrounds, with the majority identifying as Hispanic (48%), followed by White (26%), African American (9%), Asian/Pacific Islander (11%), Other (2%), Native American (1%) and Middle Eastern (1%). Participants were recruited from their counseling courses with the understanding that participation was strictly voluntary and had no impact on their course or program performance.

Instrumentation

Participants completed a questionnaire to gather demographic information concerning age, gender, race/ethnicity, the presence of current and/or past mental health issues, current and/or past use of mental health services, interest in seeking services in the future, and sources contributing to and level of understanding of mental illness and help-seeking behaviors. In order to obtain additional data relevant to this study, two empirically validated stigma scales were administered in conjunction with the demographic questionnaire: 1) the Perception of Stigmatization by Others for Seeking Help (PSOSH) scale (Vogel et al., 2009) was used to assess for public stigma as measured by "the perception of whether seeking psychological help would be stigmatized by the people one interacts with most" (pp. 303–305); and 2) the Self-Stigma of Seeking Help (SSOSH) scale (Vogel et al., 2006) was used to investigate participants' perceptions of self-stigma and the degree to which seeking help from a professional for mental or emotional problems may threaten individual self-concept.

Procedures

Because the primary researcher was also the course instructor for many of the participants, in order to ensure anonymity and reduce obligation to participate, a researcher outside the training program was appointed to introduce the study, obtain informed consent, and administer the surveys to those students who elected to participate. Participants were given a coded survey packet prepared by the primary researcher containing the Informed Consent form, correspondingly coded survey instruments, and information pertaining to University Mental Health Services. The entire procedure, including explanation of the study, questions, and completion and collection of the surveys, took less than 20 minutes. Once survey administration was completed, the raw data was gathered from the coded response sheets, stored in an Excel file and entered into SPSS 21 for examination and analysis.

Results

Descriptive statistics were generated from the demographic questionnaire. Of the 104 participants, 29 indicated that they currently have an emotional or personal issue that could be helped by seeking mental health or counseling services, 70 reported having no issues, and 5 declined to answer. Additionally, participants were asked to identify the areas in which they had accumulated the greatest amount of knowledge of mental illness and seeking services. Listed as the most highly rated of the individual contributors to understanding was coursework ($n = 31$, 29.8%) followed by professional influences such as personal therapy (n = 13, 12.5%), personal contact with significant others who had mental health issues ($n = 8$, 7.7%), reading (n = 5, 4.8%), conversations ($n = 5$, 4%) and media influences ($n = 1$, 1.0%). Thirty-seven participants (35.6%) indicated that they had developed greater understanding as a result of two or more of the aforementioned variables.

To examine the prevalence of stigma type, the two variables categorized as public-stigma and self-stigma were examined using data produced by the PSOSH (public-stigma) and the SSOSH (self-stigma) scales, respectively. Results of a paired samples t-test comparing mean differences suggested that self-stigma ($M = 17.980$, t $(100) = 17.980$) was found to be more prevalent than public-stigma ($M = .785$, t $(103) = 55.08$) among the counseling student participants.

Discussion

The results indicated that self-stigma was more prevalent than public-stigma among the counseling students surveyed. This finding is supported by current literature which suggests self-stigma as the most proximal cause of negative attitudes about seeking mental health services, with public-stigma being at the root of self-stigma (Bathje & Pryor, 2011; Goldberstein, Eisenberg, & Gollust, 2008). Bathje and Pryor (2011) reported that among 211 college students examined, self-stigma was associated with more negative attitudes toward help-seeking. Vogel, Bitman, Hammer, and Wade (2013) reported self-stigma to be a product of internalization of the messages contained within public-stigma and thus more negatively associated with attitudes toward counseling. Thus, it might be speculated that the predominance of self-stigma within the present

population did not exclude the presence of public-stigma, but rather may have been a result of internalized, negative public-stigma messages.

A possible rationale for the relative greater presence of self-stigma over public-stigma among counseling students can be found in research by Smith and Cashwell (2010), who suggested that stigma may be diminished among this population due to the nature of counselor training and its focus on a more humanistic orientation. These researchers reported that the training of professional counselors is most often focused on the relationship between client and counselor, which might lead counseling students to carry fewer stigmatizing attitudes toward those diagnosed with mental illness.

Limitations

There are several potential limitations to this study, one of which concerns the self-reporting of attitudes toward seeking psychological services. Participant responses may have been influenced by the belief that because they intended to enter the field as mental health providers, they should not experience stigmatic attitudes toward seeking the services they plan to deliver. Additionally, this study was narrow in scope as it investigated a relatively small sampling of counseling trainees derived from one university site, which may prohibit generalization to other segments of the counselor trainee population.

The limited scope of assessment that is offered by the use of a one-time survey administration, capturing the attitudes held at a single point in time, is yet an additional drawback. Consequently, the current research does not take into account attitudes over a longitudinal time frame that would offer greater insight into the presence and internalization of stigma (Vogel et al., 2013).

Another important limitation regards the unexplored potential impact of cultural factors on stigma (Brown et al., 2010; Vogel, Heimerdinger-Edwards, Hammer, & Hubbard, 2011). Cultural norms have been identified as highly contributory to attitudes toward seeking treatment for mental health issues. The fact that the largest percentage of the specific population of graduate counseling students participating in this study designated their race/ethnicity to be of Hispanic origin suggests there may have been an exclusion of important information pertinent to cultural influences that was left unexamined.

Implications for Counselor Education and Future Research

As professional counselors continue to see an increase in the numbers of individuals with serious mental health issues, the need for better understanding about stigma among professionals and trainees is essential. Knowledge in this area will also assist graduate counseling programs in the creation of curricula and educational experiences that can address stigmatic beliefs and ensure students are well prepared to become effective professional counselors. Holmes, Corrigan, Williams, Canar, and Kubiak (1999) found that academic instruction, when presented through classroom exposure over a semester's time, positively affected attitudes about mental illness and seeking treatment. Designing educational programs that reduce the stigma barriers will encourage greater access for those individuals who may not otherwise seek mental health services and serve to produce counselors who, having worked through their own issues, will be of greater assistance to their clients.

The present results suggest that a qualitative analysis conducted through in-depth interviews would assist in further understanding how counseling students perceive mental illness and how it impacts their attitudes toward seeking support. This type of design would lend more information about how students perceive self- vs. public-stigma and allow for the examination of personally held stigmatic beliefs as a source for and breeding ground for stigma.

Additionally, an investigation of cultural influences on attitudes toward mental illness and mental health seeking services would provide greater insight into the complex interactions between variables that may influence the presence of stigma. Similarly worth exploring is the presence of what Rogers-Sirin (2013) refers to as "acculturative stress," which is identified as being experienced by culturally diverse populations and may act as a strong support for negative attitudes toward seeking mental health services.

As the details about the effects of numerous stigma variables are more clearly delineated, an improved understanding of mental health stigma will have direct implications on educational coursework delivery and counselor training. The information gathered from additional research is likely to be of great value in broadening the existing knowledge about stigma and in advancing the development of more effective ways of training future counselors, resulting in the reduction of stigma related to mental health and the treatment of mental health concerns. Certainly, the more information about stigma and its associated attitudes, the more effective graduate counseling programs will be in preparing successful professional counselors.

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