Stigma and Service Utilization

Peer-Reviewed Research Excerpts

The Scattergood Foundation

Purpose:

This brief is a list of peer-reviewed studies that have found a connection between stigma and help-seeking behavior. Very short excerpts are included from each article. This list is not necessarily an all-encompassing compendium of peer-reviewed articles on the subject. When reading this brief it is important to be aware that research literature has identified stigma as having three components: stereotypes, prejudice, and discrimination.

All articles are accessible by contacting the Scattergood Fellow on Stigma Reduction, Timothy Clement at tclement@scattergoodfoundation.org. For more information about stigma, visit the Scattergood Foundation website: www.scattergoodfoundation.org/stigma.

1. **Clement S, Schauman O, Graham T, Maggioni F, Evans-Lacko S, Bezborodovs N, Morgan C, Rusch N, Brown JSL, Thornicroft G. What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies.** *Psychological Medicine*, **2014; 1-17.**

    P. 7: Overall, the analyses indicated that stigma ranks as the fourth highest barrier to help-seeking when the total number of barriers investigated is standardized to 10. Given that there is no rule of thumb for interpreting this ranking, we suggest that this may be interpreted as indicating that stigma has a moderate negative effect on help-seeking compared to other types of barrier. The barriers data also show that stigma is typically reported as a barrier to care-seeking by 21–23% of participants across the studies for shame/ embarrassment, negative social judgment and employment- related discrimination.

    P. 9: Dissonance between a person's preferred self-identity or social identity and common stereotypes about mental illness (e.g. that it denotes weakness or being crazy) resulted in individuals anticipating or experiencing negative consequences (e.g. labelling and unwanted disclosure; public stigma such as social judgement and rejection, employment discrimination, shame/embarrassment and family stigma). To avoid these consequences, individuals did not tell others about their mental health problems and masked the symptoms, and this, together with the anticipated or experienced negative consequences, deterred them from help-seeking.

2. **Corrigan PW, Mittal D, Reaves CM, Haynes TF, Han X, Morris S, Sullivan G. Mental Health Stigma and Primary Health Care Decisions.** *Psychiatry Research*. **2014; 218, 35-38.**

    P. 36-37: In particular, health care providers who endorse more stigmatizing attitudes about mental illness were likely to be more pessimistic about the patient's adherence to treatment. Stigma was greater among those providers who were relatively less comfortable with using mental health services themselves.

    P. 37: All patients decide at times not to follow medical advice; hence, provider decisions as a result of perceived poor adherence should be no different across the breadth of patients seen across clinics. Note here that stigma was significantly associated with perceived adherence, suggesting that poor perceived adherence was partly a proxy for endorsing stigma about people with mental illness and leading to problematic health decisions.

3. **Langille J. Reducing Stigma in Health Care Settings.** *Canadian Nurse*. **2014; 110 (1), 35-36.**

    P. 35: Health-care providers may be aware that they should not perpetuate stigma, yet people who seek help for mental health concerns report that some of the most deeply felt stigma they experience comes from front-line health-care professionals. The desire to avoid stigma is one of the key reasons people who meet the criteria for mental illness may not seek care.

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4. **Quinn DM, Williams MK, Quintana F, Gaskins JL, Overstreet NM, Pishori A, Earnshaw VA, Perez G, Chaudoir SR. Examining Effects of Anticipated Stigma, Centrality, Salience, Internalization, and Outness on Psychological Distress for People with Concealable Stigmatized Identities.** *PLoS ONE*. **2014; 9(5), 1-15.**

> **P. 12:** Specifically addressing stigma, particularly the degree to which is it self- definitional, internalized, salient, and frames expectations, may have a direct impact on treatment engagement and effectiveness.

5. **Shim E, Rust G. Primary Care, Behavioral Health, and Public Health: Partners in Reducing Mental Health Stigma.** *American Journal of Public Health*. **2013; 103 (5): 774-776.**

> **P. 774:** From a patient-level perspective, stigma about mental illness (including self-imposed and perceived stigma) is a major factor that contributes to lack of treatment or undertreatment.

> **P. 774:** Even if diagnosed, patients may accept a referral from a primary care provider to a mental health specialist but choose not to keep the referral appointment because of stigma.

6. **Cummings JR, Lucas SM, Druss DG. Addressing Public Stigma and Disparities Among Persons With Mental Illness: The Role of Federal Policy.** *American Journal of Public Health*. **2013; 103 (5): 781-785.**

> **P. 784:** In health care, research indicates that fear of receiving an official psychiatric diagnosis is a major barrier to seeking help for mental health and substance use disorder treatment.

7. **Henderson C, Evans-Lacko S, Thornicroft G. Mental Illness Stigma, Help Seeking, and Public Health Programs.** *American Journal of Public Health*. **2013; 103 (5): 777-780.**

> **P. 777:** Descriptive studies and epidemiological surveys suggest potent factors that increase the likelihood of treatment avoidance, delays to care, and discontinuation of service use include (1) lack of knowledge about the features and treatability of mental illnesses, (2) ignorance about how to access assessment and treatment, *(3) prejudice against people who have mental illness, and (4) expectations of discrimination against people who have a diagnosis of mental illness.* (Emphasis mine)

> **P. 777:** Addressing public stigma might reduce experienced and anticipated stigma among services users and facilitate help seeking and engagement with mental health care. For example, individual service users living in countries with higher rates of help seeking and treatment utilization, in addition to better perceived access to information about how to deal with mental health problems and less stigmatizing attitudes, tended to have lower rates of self-stigma and perceived discrimination.

8. **Corrigan PW, Rao D. On the self-stigma of mental illness: Stages, disclosure, and strategies for change.** *Canadian Journal of Psychiatry*. **2012; 57(8): 464-469.**

> **P. 2:** Once a person internalizes negative stereotypes, they may have negative emotional reactions. Low self-esteem and poor self-efficacy are primary examples of these negative emotional reactions. Self-discrimination, particularly in the form of self-isolation, has many pernicious effects leading to decreased healthcare service use, poor health outcomes, and poor quality of life.

9. **Parcesepe AM, Cabassa LJ. Public Stigma of Mental Illness in the United States: A Systematic Literature Review.** *Journal of Administrative Policy in Mental Health*. **2012; 40 (5): 384-399.**

> **P. 384:** Public stigma refers to a set of negative attitudes and beliefs that motivate individuals to fear, reject, avoid, and discriminate against people with mental illness (Corrigan and Penn 1999). This type of stigma is associated with lack of engagement in mental health care and worse treatment outcomes (e.g., retention, adherence; U.S. Department of Health and Human Services 1999; New Freedom Commission on Mental Health 2003).

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10. **Bathje GJ, Pryor JB. The Relationship of Public and Self-Stigma to Seeking Mental Health Services.** *The Journal of Mental Health Counseling.* **2011; 33 (2): 161-177.**

> **P. 172:** This finding is important because self-stigma is associated with more negative attitudes toward help-seeking and therefore reduces the probability that a person will seek counseling when it is needed.

> **P. 174:** This study adds to the evidence that the stigma of mental illness may be harmful to the self-esteem of individuals who experience psychological problems and act as an impediment to their seeking counseling.

11. **Hunt J, Eisenberg J. Mental Health Problems and Help-Seeking Behavior Among College Students.** *Journal of Adolescent Health.* **2010; 46: 3–10.**

> **P. 7:** In addition, we found that stigmatizing attitudes of students about mental illness (but not their perceptions of others' stigma) were associated with lower help-seeking behavior.

12. **Workers fear stigma of mental health treatment.** *Drug Benefit Trends.* **2010; 22 (2): 55**

> **P. 55:** A national survey done by the American Psychiatric Association (APA) showed that workers are hesitant to seek treatment for mental health issues. Reasons cited included concerns about confidentiality or fears of loss of status in the workplace.

13. **Gulliver A, Griffiths KM, Christensen H. Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review.** *Bio Med Central.* **2010; 10 (113): 1-9. 10.1186/1471-244X-10-113.**

> **P. 5:** In the present study stigma and embarrassment about seeking help emerged in both the qualitative and quantitative studies as the most prominent barrier to help-seeking for mental health problems.

14. **Schomerus G, Angermeyer MC. Stigma and its impact on help-seeking for mental disorders: what do we know?** *Epidemiologia e Psichiatria Sociale.* **2008; 17 (1): 31-37.**

> **P. 31:** There is proof of a particular stigma attached to seeking help for a mental problem. Anticipated individual discrimination and discrimination qua self-stigmatization are associated with a reduced readiness to seek professional help for mental disorders.

15. **Barney LJ, Griffiths KM, Jorm AF, Christensen H. Stigma about depression and its impact on help-seeking intentions.** *Australian and New Zealand Journal of Psychiatry.* **2006; 40: 51–54.**

> **P. 53:** This study found that self-stigma and perceived stigma about help-seeking for depression is common and that both types of stigma reduce the likelihood of help-seeking from any professional source. The inhibitory effect of self-stigmatizing views was particularly strong. There is evidence that personal attitudes are more important than the disapproval of others in predicting intentions to seek help from 'mental health professionals'.

> **P. 53:** Additionally, concerns that other people will respond negatively were also found to impact on help-seeking likelihood, so there is clearly a need to promote positive societal attitudes as well as improve self-attitudes.

16. **Vogel D, Wade NG, Haake S. Measuring the Self-Stigma Associated with Seeking Psychological Help.** *Journal of Counseling Psychology.* **2006, Vol. 53, (3): 325–337.**

> **P. 334:** Supporting the validity of the SSOSH scale, those who had sought psychological services reported significantly less self- stigma before seeking help than those who had not sought services.

17. **Rusch MC, Corrigan PW, Angermeyer N. Mental illness stigma: Concepts, consequences, and initiatives to reduce stigma.** *European Psychiatry.* **2005; 20: 529–539.**

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P. 534: Therefore the greatest single cue that produces public stigma is the label [61]; this label usually stems from participating in psychiatric services. Potential consumers may opt not to access care as a way to avoid this label. There are some data to support our assertion that stigma limits service use. Persons in a large epidemiologic study were less likely to use services if they expected negative reactions of family members [59].

P. 535: Contrary to what one might expect, those who should know better do avoid treatment due to fear of stigma: Only a third of medical students with clinical levels of distress sought help because they were concerned about stigma [12,39].

18. **Corrigan PW. How Stigma Interferes with Mental Health Care. *American Psychologist*. 2004; 59 (7): 614-625.**

   P. 617: One study on about 3,000 community residents is an example. Endorsing negative attitudes about mental illness inhibits personal service utilization in those at risk for psychiatric disorder (Leaf, Bruce, Tischler, & Holzer, 1987).

   P. 618: The National Annenberg Risk Survey of Youth was conducted by telephone in the spring of 2002 with 900 respondents selected via random-digit dialing procedures. Results showed that adolescents who were more likely to endorse the stigma of mental illness were less likely to obtain care when needed.

   P. 618: Research participants who expressed a sense of shame from personal experiences with mental illness were less likely to be involved in treatment. Family shame was also a significant predictor of treatment avoidance. Results of the Yale component of the ECA data (Leaf, Bruce, & Tischler, 1986) showed that respondents with psychiatric diagnoses were more likely to avoid services if they believed family members would have a negative reaction to these services.

19. **Cooper AE, Corrigan PW, Watson AC. Mental Illness and Care Seeking. *Journal of Nervous and Mental Disease*. 2003; 191 (5): 339-341.**

   P. 339: Subsequent studies have shown a direct relationship between stigmatizing attitudes and treatment adherence (Deane and Todd, 1996; Kelly and Achter, 1995; Sirey et al., 2001). In a prototypic example of this ilk (Sirey et al., 2001), stigma was measured using the Scale of Perceived Stigma (Link et al., 1989); scores on the Scale of Perceived Stigma were associated with the compliance of 134 adults with their antidepressant medication regimen 3 months later.

   P. 340: In particular, individuals were less likely to consider future care seeking if they viewed people with mental illness as responsible for their disorders, reacted to them angrily because of this attribution, and withheld pity and helping behaviors.

20. **Sirey JA, Bruce ML, Alexopoulos GS, Perlick DA, Friedman SJ, Meyers BS. Perceived Stigma and Patient-Rated Severity of Illness as Predictors of Antidepressant Drug Adherence. *Psychiatric Services*. 2001; 52 (12): 1615-1620.**

   P. 1618: The principal finding of this study was that adherence to antidepressant drug therapy was predicted by perceptions of the severity of illness and the level of perceived stigma reported before the beginning of pharmacotherapy.

   P. 1619: The association we found between higher perceived stigma and noncompliance, after the effects of perceived illness had been accounted for, shows that even when an individual needs treatment, the fear that others may be critical and rejecting remains powerful. When individuals in treatment stop taking medication, it may be to counter the notion that they are now part of the devalued group of "mentally ill" individuals.

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