



The Relationship Between Stigma Surrounding Mental Health Disorders and Motivation for Treatment

SciCo Let's Talk S

Brooke Preston, B.S., Emily Watts, B.S., Madison Milligan, Ava Harkness, Christopher Gutierrez, Liliana Guadagno, Francesca Gentea, BA, Elizabeth Joseph, MS, Amanda L. Wiese, PhD, Kevin Knight, PhD

Texas Christian University

Introduction

- Stigma, the negative social attitude towards an attribute of an individual, may contribute to treatment avoidance among people experiencing mental health (MH) problems.¹
- Stigma towards MH treatment has a negative impact on students' willingness to see MH professionals.²

Aims

- The first aim is to examine the impact internalized stigma has on motivation for treatment among individuals with histories of MH disorders.
- The second aim is to assess the relationship internalized stigma (self-stigmatization) has with social support and treatment motivation.

Method

Sample

Surveys collected from 61 individuals affiliated with TCU students.

Measures

- Self-Stigmatization: Day's Mental Illness Stigma Scale
- Treatment Motivation: TCU Treatment Motivation Scale
- Social Support: Multidimensional Scale of Perceived Social Support

Analysis

 Descriptive statistics and independent samples t-tests were used to examine the effect of receiving a formal diagnosis on treatment motivation. Correlations assessed the relationship between selfstigmatization, social support, and treatment motivation.

Demographics	T 4 1 4 \	
(N=61)	Total (n)	Percent (%)
Sex		
Female	45	73.8
Male	16	26.2
Hispanic		
No	52	88.1
Yes	5	8.5
Race		
American Indian/Alaska Native	1	1.7
Asian	3	5.1
Black	3	5.1
White	47	79.7
More than one race	2	3.4
Other or unknown	1	1.7

Results

Treatment Readiness:

• Participants with a self-reported formal diagnosis (M = 2.96, SD = 0.15) are more ready for treatment than participants without a formal diagnosis (M = 2.46, SD = 0.84), t(30) = 2.51, p = .018.

Pressures for Treatment:

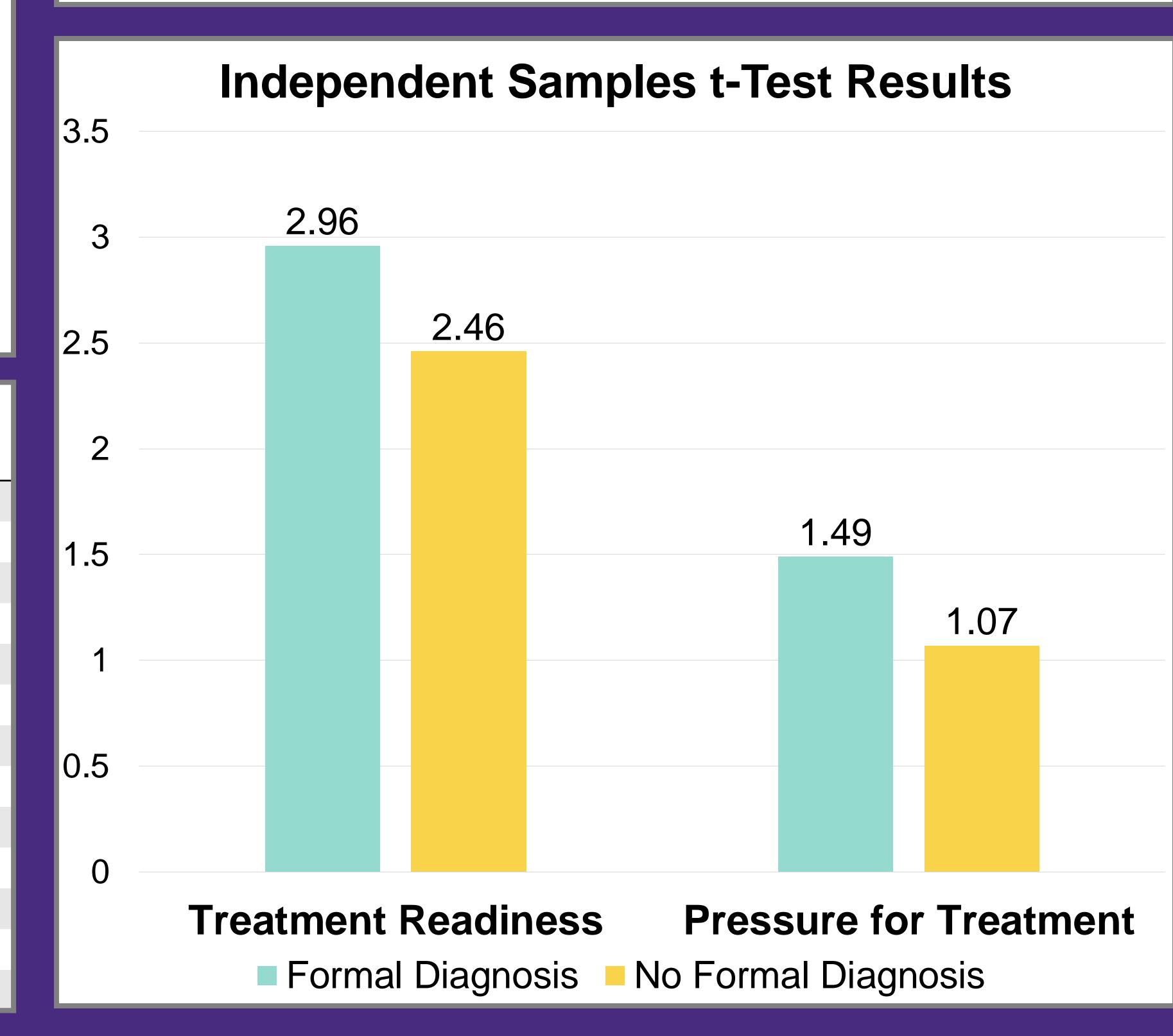
• Participants with a self-reported formal diagnosis (M = 1.49, SD = 0.67) feel more pressure for treatment than participants without a formal diagnosis (M = 1.07, SD = 0.16), t(30) = 2.29, p = .029.

Self-Stigmatization & Family Support, Problem Recognition, & Pressure for Treatment

- Self-stigmatization and family support were negatively correlated, r = -0.35, p = .044.
- Self-stigmatization is positively correlated with problem recognition, r = 0.44, p = .013.
- Self-stigmatization is positively correlated with pressure for treatment, r = .38, p = .032.

Support from Friends and Treatment Needs

• Recognition of specific treatment needs is positively correlated with social support from friends, r = 0.48, p = .007.



Correlations with Self-Stigmatization

Self-Stigmatization -0.35*	
0.38*	

Note. *Correlation is significant at p < .05.

Discussion

Treatment

- Participants with a self-reported diagnosed MH disorder (34.7%) showed higher treatment readiness than those without a diagnosed MH disorder.
- Treatment needs were positively related to social support from friends.
- Those with a diagnosed MH disorder felt more pressure for treatment than those without a diagnosed MH disorder.

Internalized Stigma

- Internalized stigma was related to less familial support.
- Problem recognition and stigma were positively correlated, as were stigma and pressure for treatment.

Limitations:

Generalization of findings is limited.

Future Directions:

- Examine possibilities for addressing stigma during treatment initiation process.
- Further explore the relationships between stigma and MH, and stigma and substance use.

References

- 1. American Psychological Association. (2023). APA Dictionary of Psychology. *American Psychological Association*. https://dictionary.apa.org/stigma
- 2. Komiya, N., Good, G. E., & Sherrod, N. B. (2000). Emotional openness as a predictor of college students' attitudes toward seeking psychological help. *Journal of Counseling Psychology, 47*(1), 138–143. https://doi.org/10.1037/0022-0167.47.1.138