

Public Perceptions of Stigma to Seeking Mental Health Treatment

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Background

- In 2022, over 50 million adults were diagnosed with a mental illness, however, only half of those individuals received mental health care (SAMHSA, 2024).
- This marked disparity between diagnosis and service reflects the need to understand barriers preventing individuals from seeking mental health treatment. One documented barrier of interest is stigma (Komiya et al., 2000).

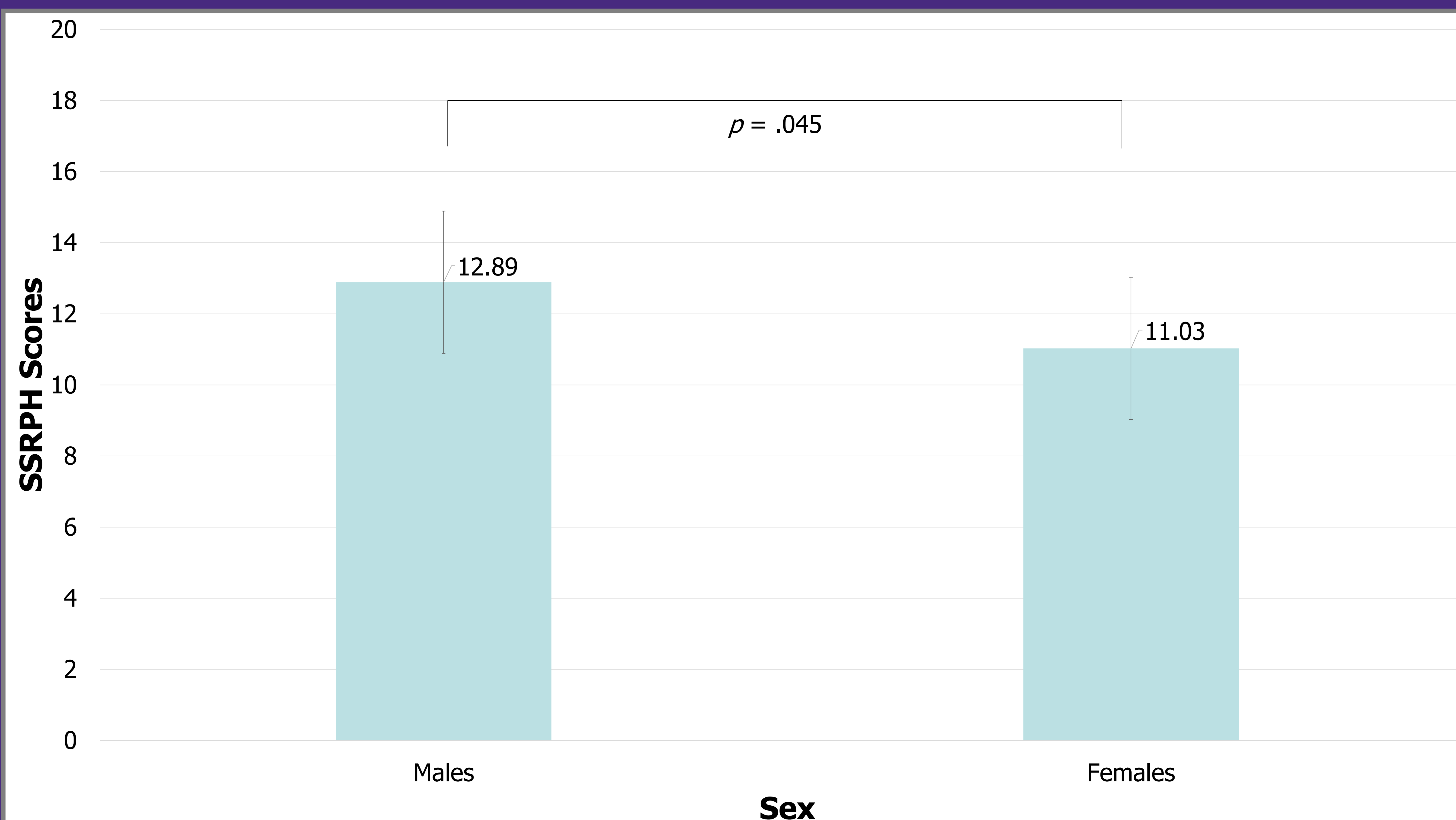
Aims

- The purpose of this study is to examine how sociodemographic factors influence stigma perceptions of seeking mental health treatment in a local community.

Table 1. Demographic Information

Demographic		Frequency	Percentage
Sex	Male	39	52%
	Female	36	48%
Race	American Indian/Alaskan Native	1	1.3%
	Asian	2	2.6%
	Bi-racial or Multiracial	6	7.8%
	Black or African American	23	29.9%
	Native Hawaiian or Other Pacific Islander	1	1.3%
	White	36	48.8%
	Other	5	6.5%
Ethnicity	Not Hispanic/Latino	53	79.1%
	Hispanic/Latino	14	20.9%
Education	Less than a high school degree	4	5.4%
	High school degree or GED	16	23.0%
	Some college	22	31.1%
	Associate's degree	3	4.1%
	Bachelor's degree	17	24.3%
	Graduate degree or higher	9	12.2%
Age	M(SD)	44.18(15.16)	

Figure 1. Sex Differences in Level of Stigma to Seeking Mental Health Treatment



Method

Sample

- Participants were recruited at community centers, bus stops, and public parks in Tarrant County (N = 77) and asked to complete a brief paper survey (see **Table 1** for demographic information).

Measures

- Stigma was measured by using the Stigma Scale for Receiving Psychological Help (SSRPH; Komiya et al., 2000), a 5-item scale with responses on a 4-point Likert scale (1 = Strongly Disagree; 4 = Strongly Agree).
- Scores ranged from 4 to 20 with higher scores indicating higher levels of stigma to seeking mental health treatment.
- Example items include, "Receiving treatment for emotional or mental problems carries social stigma" and "It is a sign of personal weakness or inadequacy to receive treatment for emotional or mental problems."

Results

- A series of independent samples *t*-tests and one-way analyses of variance (ANOVA) were conducted to determine differences in stigma perception within sociodemographic variables.

Independent samples *t*-test

- An independent samples *t*-test found that there was a significant difference in stigma levels between males and females, $t(69) = 2.04, p = .045$.
- Males ($M = 12.89, SD = 4.24$) displayed more stigma for seeking mental health treatment than females ($M = 11.03, SD = 3.36$), see **Figure 1**.
- There were no significant differences between ethnicities (i.e., Hispanic/Latino vs. not Hispanic/Latino), $t(62) = .09, p = .931$.

One-way ANOVA

- A one-way ANOVA revealed that there were no differences in stigma perceptions between races, $F(6, 71) = 0.62, p = .713$.
- A one-way ANOVA found that there were no differences in stigma perceptions between different levels of education, $F(5, 70) = 1.06, p = .392$.

Discussion

Findings

- Males reported significantly higher levels of stigma to seeking mental health treatment than females.
- There were no significant differences among the other sociodemographic variables tested.
- These results suggest that in this community-based sample, males are less open to mental health treatment than females which aligns with past literature (McKenzie et al., 2022).
- One theory that supports these results are a consequence of cultural norms in that traditional masculinity favors strength and self-reliance and frowns upon seeking help (Chatmon, 2020).

Limitations

- The results of this study have limitations to generalization because it was taken from a small sample of Tarrant County.
- The single measure of stigma may not have fully captured community member's attitudes towards seeking mental health treatment.

Future Directions

- Mental health interventions in Tarrant County to increase engagement in treatment should focus on stigma, particularly in males, as a barrier.
- Further research should examine other barriers to seeking treatment at a community-based level.

References

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