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Mental illness stigma, psychological resilience, and help seeking: What are the relationships?

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ABSTRACT

While the concepts of mental illness stigma, resilience, and help seeking are well established, scholars are only beginning to explore how these might be related. This qualitative study explored relationships between stigma, resilience, and help seeking in a focus group design. Results indicated two main themes related to stigma and resilience including: resilience helps decrease stigma, and stigma decreases resilience. Three main themes related to stigma, resilience, and help seeking were: stigma leads to decreased help seeking and decreased resilience, help seeking leads to stigma and lowered resilience, and help seeking leads to increased resilience and decreased stigma.

1. Introduction

The concept of stigma is not new, dating back to Goffman's (1963) seminal work on the experience of feeling stereotyped, labeled, or marginalized due to others' perceptions. Since then, scholars have further explored the topic particularly as it relates to the stigma associated with mental health issues. Stigma from the general public (also called public stigma) is understood as a combination of factors (Corrigan, 2004; Corrigan & Watson, 2002; Pescosolido, 2013) including stereotypes, prejudices, and discrimination. Stereotypes are the beliefs one holds about what it means to have a mental illness (e.g., someone with a mental illness is strange, weak, or dangerous), prejudice includes agreement with the stereotype which results in an emotional reaction of some kind (e.g., fear, disgust), while discrimination is the behavior that is associated with the emotional reaction (e.g., avoiding the person due to the belief that the person is strange, weak, or dangerous).

Various types of stigmas exist as related to mental illness and include self-stigma (Corrigan, 2004), or the notion that the person internalizes the negative attitudes from others, resulting in lowered self-esteem and self-worth; help seeking stigma, or the stigma one experiences from seeking help for a mental illness (Tucker et al., 2013); associative stigma, where family or close friends of the person with the mental health concern feel stigmatized by others (Mehta & Farina, 1988; Ostman & Kjellin, 2002); and anticipated stigma (Quinn & Chaudoir, 2009), or the belief that stigma will result after disclosing about a mental illness, oftentimes resulting in a person concealing a mental health concern and not seeking help. Stigma originates from those in the general public as well as professionals who work in the mental health field (Crowe & Averett, 2015) and is a widespread and longstanding phenomenon.

Similar to stigma, psychological resilience has been well defined in the literature. The term is often understood as the positive adaptation to adversity (Reich, Zautra, & Hall, 2010), and ability to recover from challenges and adapt to change (Hamel & Valikangas, 2003; Lengnick-Hall & Beck, 2005). Because it has been associated with a wide variety of positive outcomes, both personal and professional (e.g., improved mental and physical health outcomes, satisfaction, well-being, and job performance) scholars from various disciplines have explored it and its outcomes.

A related concept to both mental illness stigma and resilience is help seeking, or the act of getting formal support. For some time, scholars have explored what impacts someone's decision to seek health services (Anderson, 1968, 1995). In his original model, Anderson (1968) suggested that people's use of services was a function of their predisposition to receive services (e.g., beliefs about health, demographic characteristics), enabling or impeding factors (e.g., personal, community, or family resources), and need

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for care. Related to mental health services, in particular, scholars have noted that there is a large percentage (70% worldwide) who do not engage in help seeking for mental health concerns (Thornicroft, 2007). Often referred to as the treatment gap, a disparity exists between those who need assistance, and those who actually receive it (Dua, Barbui, Clark, Fleischmann, & Poznyak, 2011). Reasons for why this treatment gap exist are varied and include a lack of knowledge about mental illness symptoms and/or available services, negative attitudes about mental illness, and expectations of discrimination once being diagnosed with a mental illness (Henderson, Evans-Lacko, & Thornicroft, 2013). Research (Barney, Griffiths, Jorm, & Christensen, 2006; Wrigley, Jackson, Judd, & Komiti, 2005) has examined how stigma impacts help seeking behaviors, and determined that mental illness stigma certainly plays a role in reluctance to seek mental health treatment.

In the following article, we review the literature on stigma, resilience, and help seeking, and discuss the small research base on how the concepts are linked. We then provide an overview of the current study, which aimed at exploring the relationship between these concepts in a qualitative research design.

2. Literature review

2.1. Psychological resilience and mental illness stigma

In a study related Dua et al. (2011) interviewed 161 participants who were experiencing depression, asking them their perceptions of stigma associated with depression. The authors concluded that stigma was associated with perceptions of responsibility for causation, as well as perpetuation of symptoms of depression. Specifically, participants expressed that because of the stigma associated with depression, they felt as though they should be proactive in developing resilience in ways such as using a support network, counteracting stigma with internal factors such as personal strengths and increasing positive emotions. Some participants spoke of how doing this was difficult and felt a sense of relief when they were able to absolve themselves from this personal responsibility. The authors suggested that mental health professionals consider the interplay between stigma and coping strategies – stating that some who are experiencing depression might have supports and personal characteristics to develop resilience, while others might not, thus not assuming that everyone holds sufficient pre-existing resilience within themselves.

Relatedly, authors have examined mental illness stigma and resilience as they relate to one another in military personnel (Glass, Crowe, Raines, & Lancaster, 2014). The stigma of mental illness in the military has been named a mental health crisis (Dingfelder, 2009), and given the unique stressors and culture of the military, stigmatization of mental illness contributes to the avoidance of much needed mental health services. The authors provide an overview of mental illness stigma, as well as psychological resilience, and discuss the small body of work that suggests the two concepts be examined more closely in order to better understand their relationship (Glass et al., 2014). They highlight research that supports that stigma and resilience are related (see also Boardman et al., 2011), specifically that low resilience can predict an increase in mental illness stigma, so that as a person's resilience is compromised he/she is less likely to seek support (Pietrzak, Johnson, Goldstein, Malley, & Southwick, 2009). They assert that the capacity to measure both stigma and resilience together is important to preserving and addressing the mental health needs of military personnel.

2.2. Mental illness stigma and help seeking

Mental illness stigma has been linked to reluctance to seek professional help (Henderson et al., 2013). Authors assert that addressing the problem of public stigma can reduce both anticipated and experienced stigma from those seeking help. In fact, it has been suggested that those individuals living in countries with higher rates of help seeking and treatment utilization, as well as greater perceived access to information on how to cope with mental health concerns tended to have lower rates of self-stigma and discrimination (Evans-Lacko, Brohan, Mojtabai, & Thornicroft, 2012). The authors go on to suggest a variety of ways to reduce stigma and discrimination associated with help seeking.

In an empirical investigation of mental illness stigma and help seeking in university students, Lally, O'Conghaile, Quigley, Bainbridge, and McDonald (2013) assessed self- stigma as well as perceived public stigma as they relate to help seeking intentions. Using a sample of 735 university students, results indicated higher mean perceived public stigma levels than self- stigma levels. Perceived public stigma was not significantly related to future non-help-seeking intentions, while self- stigma was significantly associated with a decreased likelihood of future help-seeking intentions. The authors assessed demographic factors in order to assess how these impacted help seeking and found that those under the age of 25, having no history of or treatment for a mental health concern, and having no personal contact with someone with a mental illness were associated with higher self-stigma levels. Self-stigma was thus understood as a significant barrier to mental health treatment in student populations, in particular.

In a similar study, Tucker et al. (2013) explored the differences and similarities between the concepts of mental illness self-stigma and help seeking self-stigma. Although research on each concept exists, the authors looked at the two together in order to assess whether the two concepts were synonymous or distinct. In a sample of undergraduate college students who identified as experiencing clinical levels of mental health distress ($n=217$) and a second sample of those in the community who self-reported as having a history of mental illness ($n=324$), the authors administered a series of self-report surveys on self-stigma, public stigma, stigma related to seeking help, help seeking attitudes, and help seeking intentions. Confirmatory factor analyses revealed strong evidence for independence between the two types of self-stigmas (self stigma of having a mental illness and self stigma associated with seeking help). Regression analyses revealed that the two types of self stigmas predicted variations in stigma-related constructs (e.g., shame, blame) as well as help seeking attitudes and intentions.

The current literature offers a beginning look at the constructs of stigma, resilience, and help seeking, suggesting that each might be associated. In particular, resilience as it relates to stigma has started to be discussed (see Glass et al., 2014), but how resilience might interact with stigma as well as help seeking remains unstudied. Certainly, the literature base for stigma and help seeking is larger and more established; while the current knowledge about the role of resilience as it relates to the constructs of stigma and help seeking remains unclear. Because of this, the current study sought to explore the ways in which the three constructs might relate to one another. This was done using a qualitative design, since there was a need for an exploratory look at what relationships might exist, if any. The overarching research question that framed the current study was: *What, if any, relationships are there between resilience, stigma, and help seeking?*