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Personal and perceived public mental-health stigma as predictors of help-seeking intentions in adolescents



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ABSTRACT

This study aimed to determine predictors of help-seeking intentions for symptoms of depression/anxiety and self-harm in adolescents. It focused on personal and perceived public stigma to gather data of value for the design of anti-stigma interventions. Participants ($n = 722$; 368 girls) were recruited from three cohorts of secondary school students in Ireland (mean ages: 1st = 12.9 years; 3rd = 14.9 years; 5th = 16.6 years). Hierarchical regression models indicated that perceived public stigma is a significant unique predictor of help-seeking intentions for depression [$F(4, 717) = 13.4, p < .001$] and self-harm [$F(4, 717) = 13.5, p < .001$]. This indicates that young people's beliefs about other people's stigma towards mental health problems was a stronger predictor of help-seeking intentions than their own stigma beliefs. These findings highlight the importance of looking separately at different types of stigma when investigating the role of stigma in predicting help-seeking intentions.

1. Background

Youth mental health is currently regarded as an issue of acute public health concern. Evidence demonstrates that 75% of adult mental disorders develop prior to the age of 24 (Lin et al., 2008) and 20% of young people are affected by a mental health problem annually (Patel, Flisher, Hetrick, & McGorry, 2007). Most people are reluctant to seek help for mental health problems (Gulliver, Griffiths, & Christensen, 2010) with young people reported as the most unlikely age group to secure professional help (Reavley, Cvetkovski, Jorm, & Lubman, 2010). A number of studies across different countries indicate that the percentage of adolescents that seek help for a mental disorder ranges from 18% to 34% (Essau, 2005; Zachrisson, Rödje, & Mykletun, 2006). Given that early intervention typically results in better health outcomes (Clarke, 2006), it is imperative that variables which influence help-seeking behavior in young people are fully understood.

Stigma associated with mental health problems has been identified as one such variable in several systematic reviews (Clement et al., 2015; Schnyder, Panczak, Groth, & Schultze-Lutter, 2017). Schools have a potentially important role to play both in educating young people about their mental health and in supporting stigma reduction initiatives. To do this effectively, it is essential that mental health curricula designed for use in schools are based on scientific insight into the role of stigma, as well as demographic variables, in determining young people's help-seeking intentions. In the absence of detailed understanding of these issues, the present study examines the role of age, gender and mental health stigma in predicting young people's behavioral intentions regarding help-

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seeking.

1.1. Stigma

Stigma has been defined as a construct comprising three elements: stereotypes (negative beliefs concerning a social group), prejudice (hostile feelings towards the group) and discrimination (negative behavioral reactions towards members of the group) (Corrigan & Watson, 2002). For example, people may believe that an individual who has been diagnosed with a mental health problem is dangerous (stereotype) even if there is no evidence to support this belief. The belief may then induce fear (prejudice) directed towards the individual and elicit social exclusion (discrimination) by refusing accommodation or work to the individual. A full understanding of all these elements is essential to gain an insight into the experiences of young people with mental health problems, and to appreciate why stigma might influence their help-seeking intentions.

Research also distinguishes between perceived 'public stigma', which refers to an individual's perceptions of the stereotypes, prejudices and discriminatory behavior displayed by most members of society, and 'personal stigma' which refers to an individual's reports on his or her own stereotypes, prejudices and behavior (Corrigan & Shapiro, 2010). Analysis of the factor structure of a stigma scale by Yap, Mackinnon, Reavley, and Jorm (2014) demonstrated that young people's negative stereotypes of individuals with mental health problems had similar structure for personal and perceived stigma. However, the young people's responses indicated that they believed that others' negative stereotypes (perceived) were stronger than their own (personal).

The differences between personal and perceived public stigma are not restricted to the strength of endorsement of negative statements. Many studies have also found that scores on these two constructs are predicted by different demographic variables and, in turn, are not equally predictive of behavior. For example, Griffiths, Christensen, and Jorm (2008) reported higher personal stigma among men than women, but no gender differences in perceived public stigma. Similarly, Calear, Griffiths, and Christensen (2011) reported higher levels of personal stigma in men, whereas women scored higher on perceived public stigma. Familiarity with mental health problems has also demonstrated a relationship to stigma responses. A recent study with young people found that level of contact with people who were diagnosed with depression or anxiety and knowledge of these conditions were significant predictors of personal but not perceived public stigma (Grant, Bruce, & Batterham, 2016). These findings confirm the importance of measuring personal and perceived public stigma separately.

1.2. Help-seeking

In keeping with our growing understanding of the multifaceted nature of stigma, researchers have recently begun to explore the question of which aspect is most closely associated with help-seeking intentions (Schnyder et al., 2017). This is important because if stigma is to be effectively targeted, we must determine the aspect of stigma that should be the focus of interventions. For example, an intervention focused on perceived public stigma would try to change beliefs about societal stereotypes, prejudices and discriminatory behavior. Such an intervention might focus on results of community research projects and present information on the numbers of people with mental health problems who have fulfilling lives and who have not experienced significant levels of discrimination. In contrast, an intervention that focused on personal stigma would try to change an individual's personal beliefs and might focus on providing participants with opportunities to meet people with lived experience of mental health problems in order to facilitate the development of understanding and empathy towards them.

To date, there have been several studies exploring the association between stigma and help-seeking behavior among adult populations (e.g. Barney, Griffiths, Jorm, & Christensen, 2006; Boerema et al., 2016). However, it has been suggested that more research is needed with adolescents and young adults (Clement et al., 2015). The need to strengthen the literature on stigma and help-seeking is in accordance with evidence, primarily from qualitative studies, which suggests that young people perceive stigma and embarrassment as being among the most important barriers to help-seeking for mental health problems (Gulliver et al., 2010). The adult literature goes further and provides important information on the exact types of stigma that predict help-seeking. A systematic review concluded that personal stigma and stigma of help-seeking significantly predict active help-seeking, whereas perceived public stigma and self-stigma do not (Schnyder et al., 2017). These authors did not distinguish between adolescents, young adults and older age groups in their analyses, so we do not know whether there were age related differences in these relationships. A large study involving university students (Eisenberg, Downs, Golberstein, & Zivin, 2009) used measures of both personal and perceived public stigma and found that only personal stigma was associated with reports of past help-seeking behavior. Again, this highlights the need to measure personal and perceived public stigma separately.

1.3. Age and gender

Research on both stigma and help-seeking for mental health problems needs to give careful consideration to gender because several studies indicate that it may be a significant predictor of a range of stigma-related responses. For example, a study with adolescents found that girls had higher help-seeking intentions than boys (Rickwood, Deane, Wilson, & Ciarrochi, 2005). Another study similarly reported that adolescent girls were approximately twice as likely as boys to report willingness to use mental health services (Chandra & Minkovitz, 2006). Research suggests that stigma of mental health problems may be a particular threat to the identity of adolescent boys and that this may explain why boys are less willing to seek help (MacLean, Hunt, & Sweeting, 2013).

Evidence on changes in help-seeking intentions over the course of adolescence is scarce as few studies report on the relationship between age and help-seeking in this age group. This may in part be due to the relatively narrow age range of participants in many

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