THE EFFECTS OF STIGMA ON COLLEGE STUDENTS’ WILLINGNESS TO SEEK MENTAL TREATMENT AND PHARMACOLOGICAL INTERVENTIONS
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INTRODUCTION
Perceived stigma has been found to have an effect on willingness to seek therapy. In a study examining this effect of stigma in college students, Martin (2010) found that those students who admitted to mental health problems and sought treatment were more successful than those that did not seek treatment. Because of the issues and concerns of stigmatization, students’ are often reluctant to disclose mental health problems that would ultimately benefit their situations, thus lending support to the idea that stigma is a powerful force in preventing university students with mental health difficulties from gaining access to appropriate support.

There is increasing evidence that students’ with mental health problems who receive appropriate support are successful in post-secondary education (Mcgivern et al., 2003) experience decreased hospitalization rates (Isewetter, Lanham, & Thornhill, 2002) and increased levels of self-confidence, self-efficiency and empowerment (Collins, Bybee, & Mowbray, 1998).

Research suggests that young adults (ages 18-24) are less likely to seek professional mental health services than older adults (Andrews, Issakidis, & Carter, 2001). Seeking mental health services during young adulthood is often imperative, as three quarters of those who develop mental illness do so between the ages of 16 and 25, an age when most young people are likely (Mcgivern, Pellerita, & Mowbray, 2003; McLean & Andrews, 1999).

This study examined the perceptions of stigma, stigma toward seeking mental health services, and willingness to seek therapy or psychopharmacological interventions in a group of Southern California university students.

Hypothesis
It was hypothesized that both perceived discrimination and secrecy would be correlated with Self Stigma of Seeking Psychological Help Scale (SSOSH).

METHOD
Participants
A nonrandom sample of 100 participants was recruited for this study. Twenty nine men and seventy one women participated in the study, and ranged in age from 18 to 44 years, with a mean age of 21.71 years. The ethnicity of the students consisted of 6% Black/African American, 6% Asian American, 39% Hispanic/Latino, 1% Native Hawaiian or other Pacific Islander, 36% White or European American, 10% biracial or multiracial, 1% American Indian/Alaskan Native, and 1% declined to state. Participants were undergraduate and graduate students in both traditional and accelerated degree programs.

Measures
Independent Variables
The independent variables were reported stigma belief based on stigma scale (levels: High, Low). Additionally, demographic variables were also examined: Age, Gender, Race/Ethnicity, Current educational level & Major

Dependent Variables
The dependent variables were the reported scores on scales assessing willingness to seek help and pharmacological intervention.

Procedure
With permission from the Institutional Review Board and the surveys were administered individually, and at specific meeting times that were arranged with teachers. All participants were informed that their responses were confidential. All participants signed and returned their consents prior to receiving the survey. Once the questionnaires were completed they were collected for analysis. Respondents were not given any compensation.

RESULTS
The researchers hypothesized that both perceived discrimination and secrecy would be significantly, positively correlated with an individual’s stigma toward others who seek psychotherapeutic services. This hypothesis was partially supported. Pearson correlation coefficients were computed, and a weak but significant positive correlation was found between one of the Perceived Devaluation and Discrimination Scale (DDS) subscales (secrecy) and scores on the SSOSH (r = .23, p < .05). This indicated that, for these participants, as their desire to keep mental health difficulties a secret increased so did their self-reported stigma toward seeking psychological help.

Additionally, there was not a statistically significant correlation between the Devaluation and Discrimination subscale of the DDS and an individual’s score on the SSOSH (r = .12, p > .05). This suggests that an individual’s propensity to keep mental health difficulties a secret is more indicative of their stigma toward seeking mental health services than their belief of the presence of societal discrimination and devaluation of mental health difficulties is. Contrary to the researchers’ hypothesis, no significant differences were found between demographic characteristics (e.g., gender, ethnicity, or religion) and scores on the SSOSH, medical opinion questionnaire, or either scale of the DDS.

DISCUSSION
Summary
It was hypothesized that perceived discrimination and secrecy would be correlated with the Self-Stigma of Seeking Psychological Help (SSOSH) Scale. The results of the research study partially upheld this hypothesis. There was a statistically significant positive correlation between secrecy subscale and the SSOSH stigma score. These results indicated that those who wish to keep mental health problems secret had higher self-stigma of mental health difficulties while perceived discrimination did not have the same effect.

Limitations
There are several limitations of this study. The primary limitations are concerning the sample of the subjects who participated in the research study. The sample was a convenient sample of university students, therefore the results, effects of stigma on willingness to seek treatment, might not be as generalizable to other populations. In addition, the demographic variability may not be representative. Most notably, the education level and diversity of racial and ethnic groups is limited to the university’s student body. The sample size in this study is also a limitation; a larger sample would increase the power of the effect size and therefore increase the validity of the results.

Implications
The results of this study suggest that there is a relationship between secrecy of one mental health problems and self-stigma toward seeking mental health services. Based upon the current limitations of this study further research should be conducted in order to more reliably determine the effects of secrecy and perceived discrimination have on stigma.

Table 1
Means, Standard Deviations, and Intercorrelations

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
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<tbody>
<tr>
<td>1. Stigma</td>
<td>2.39</td>
<td>0.67</td>
<td>-</td>
<td>0.23*</td>
<td>0.12</td>
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<tr>
<td>2. Secrecy</td>
<td>2.42</td>
<td>0.54</td>
<td>-</td>
<td>0.17</td>
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<td>3. Discrimination</td>
<td>2.72</td>
<td>0.33</td>
<td>-</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p< .05