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Stigma as a Predictor of Parental Willingness to Seek Mental Health Services for Their Children in Rural America

By

Reed M. Smith

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ABSTRACT

Stigma exists in some capacity towards mental illness. This stigma is a barrier to mental health services for some people. Rural populations are known to have more stigma than their urban counterparts. This is on top of already lacking access to mental health services. This especially affects children. Polaha and Williams (2015) found stigma to be negatively correlated with willingness to seek help in rural parents. This study sought to explore this relationship in a more generalized sample. I posted a survey on Amazon Mechanical Turk that screened for rural parents of children under the age of 18. It included a two-factor measure of self and public stigma and a one item assessment of willingness to seek mental health services for their children. Eighty-one responses were used to analyze for correlational relationships between variables including age, gender, perceived public stigma, perceived self-stigma, and willingness to seek mental health services for their children. Analysis revealed a significant positive correlation between public and self-stigma. It revealed a significant negative correlation between self-stigma and age. It revealed a significant negative correlation between self-stigma and expressed willingness to seek help from a mental health professional for children. The finding that more perceived self-stigma makes someone less likely to seek mental health services supports findings from previous studies. However, it is curious that only self-stigma and not public stigma was found to be a predictor. More studies would have to be done to establish a cause and effect relationship.

Keywords: stigma, self-stigma, public stigma, mental illness stigma, mental health, rural, rural America, help-seeking

Introduction

Stigma has been a common topic of research in last the 30 years. Researchers are interested in where it is present, why it is present, the effects of its presence, what types are present, and how it can be reduced, among other things. The number of studies with stigma as a component began to dramatically increase in the latter half of the 20th century (Link & Phelan, 2001). However, there was not a common consensus in the academic community on what stigma is. Link and Phelan set out to create a better understanding of all aspects of stigma. They identified the components of stigma as labeling, stereotyping, separation, status loss, and discrimination. Since then, there have been scores of studies on stigma, many of which have been on its relationship with mental illness. It is well established that stigma exists in some capacity towards mental illness (Hinshaw, 2005). It is a topic of much importance and interest because research shows it to be a barrier to mental health services for some people (Boydell et al., 2006; Gulliver, Griffiths, & Christensen, 2010). In 1999, the Surgeon General declared mental illness stigma as the primary obstacle in fighting mental illness. (United States. Public Health Service. Office of the Surgeon General, 1999). If people are aware that they will be looked down upon for having a mental illness, they may decide not to seek help that would potentially lead to a diagnosis. Thus, researchers want to find what populations have this stigma. Once it has been demonstrated that a certain population has stigma of mental illness, researchers often attempt to create and/or implement interventions aimed at reducing the stigma.

Stigma of mental health services is especially prevalent in rural populations (Hammer, Vogel, & Heimerdinger-Edwards, 2013; Starr, Campbell, & Herrick, 2013; Stewart, Jameson, & Curtin, 2015), sometimes acting as a barrier to the services (Boydell et al., 2006, Polaha, Williams, Heflinger, & Studts; 2015). Studies show that rural communities have more mental illness stigma than their urban counterparts (Hammer et al., 2013; Stewart et al., 2015). This is possibly because the rural value system emphasizes solving one's own problems and seeking help as weakness (Stewart et al., 2015; Smith, Buckwalter, & DeCroix, 1997). Another contributor is the small community size in rural areas. People feel a lack anonymity and worry that everyone will know that they have problems if they seek mental health services (Boydell et al., 2006). This is in addition to other documented barriers to mental health services, including lack of access, awareness of services, and financial difficulties (Boydell et al., 2006; Gulliver et al., 2010).

Parents are faced with tough decisions when it comes to seeking help for their children. Up to 10% of children aged 5-16 have a diagnosed mental disorder, not including conduct disorders or hyperkinetic disorders (Green, Mcginnity, Meltzer, Ford, & Goodman, 2004). The percentage of those with diagnosable disorders is higher. Unfortunately, only about one-third of children receive help for these issues (Sayal, 2006). Stigma is a factor in parental help-seeking behavior. Parents of children with mental health disorders often feel like they are not good parents (Eaton, Ohan, Stritzke, & Corrigan, 2016).

Researchers have addressed this subject in both rural and urban areas. A study on low-income, urban, African-Americans found self-stigma as a predictor of help seeking (Dempster, Davis, Jones, Keating, & Wildman, 2015). Polaha and Williams conducted the first study to focus on rural parent's stigma of help seeking for their children in 2015.The researchers approached parents in eight different primary clinics in rural Appalachia and administered a survey to willing participants. They also called eligible parents and sent the survey by mail to those who were willing to participate. The first part of the study used a measure to identify parents of children with borderline and clinical psychosocial concerns. The researchers then assessed perceived stigma for if they were to seek mental health services for their children. They found that parents reported low perception of public stigma, which was inconsistent with previous research done with rural people (Starr et al., 2013). The results also showed that the higher levels of stigma perceived, the less likely the parents were to seek help. This study used the Parents' Perceived Stigma of Service Seeking (PPSSS) measure, developed and tested for validity and reliability in a previous study (Williams & Polaha, 2014). This measure contains two factors, public and self- stigma to measure a parent's level of perceived stigma of seeking mental health services for their children. Public stigma is the stigma felt from other people and self-stigma is the stigma felt from one's self. I use this measure to assess just that in rural American parents.

In my study, I assess the relationship between perception of stigma and parents' intentions of seeking mental health services for their children in rural America. It is similar to Williams and Polaha's 2015 study. It is different in that I collected a more

geographically diverse sample and the participants were not required to have a child with borderline and/or clinical psychosocial concerns. Thus, my study should be more generalizable.

Method

I obtained a voluntary sample of 111 participants via Amazon Mechanical Turk. I chose Amazon Mechanical Turk as a means of sampling for its ability to quickly collect responses from participants all over the United States. Participants answered preliminary demographic questions that determined if they are a parent with a child under the age of 18 and living in rural America and screened out those that are not. The remaining participants were issued the two-factor PPSSS measure to assess perceived public and self-stigma in response to statements about taking his or her child to a mental health professional. Participants could select an answer ranging from “Strongly Disagree” to “Strongly Agree.” Each statement started with “If I were to take my child to a mental health professional for them to receive services…” The self- stigma scale included items like, “It would make me feel strange,” “It would make me feel embarrassed,” and “It would make me feel like a bad parent.” The public stigma scale included items like, “Some people might say bad things behind my back,” “Some people would treat me with less respect,” and “Some people would avoid me.” There was an additional item asking, “How willing are you to seek mental health services for your child?” The responses were assigned numerical value for analysis, ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). Each participant who finished this section was paid 50 cents. There were three quality control items. One safeguard item simply

instructed the participant to select a specific response (i.e. Neither Agree nor Disagree), another asked for their zip code, and another asked if they were being honest. If the wrong response was selected, if the zip code was that of an urban area, if they indicated that they had not been honest, or if the responses were incomplete, then the responses were not included. Thirty responses were removed due to these safeguards. Data collection occurred from February 23-25 of 2017. I analyzed the remaining 81 responses using two-tailed t-tests.

Results

The sample was composed of 48 females and 33 males. Seventy-three percent were white, 15% Asian, and 6% American Indian or Alaskan native. Eighty-six percent had at least some college education, and 68% were married. The geographical distribution of participants is shown in *Figure 1*.

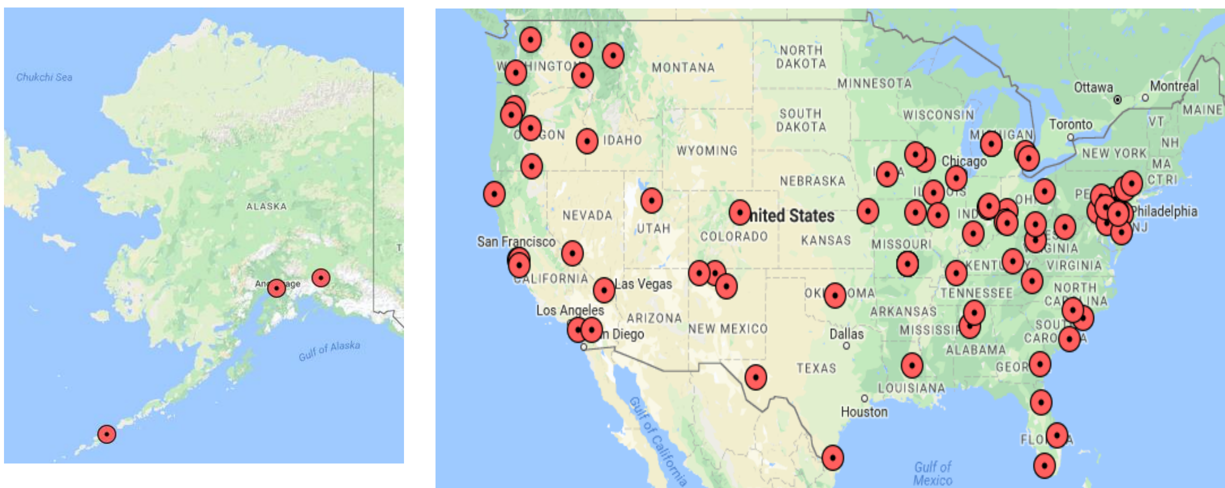

Figure 1. Geographical distribution of participants.

Both the public stigma and self-stigma factors had excellent internal consistency, with Cronbach’s alphas of .94 and .95 respectively. Self- stigma scores varied across the

entire possible range of 6-30. The average self-stigma score was 15.1, just below an average response of “Neither Agree nor Disagree.” The standard deviation was 7.4. Public stigma scores also varied across the entire possible range of 11-55 and did range from 11 to 55. The average public stigma score was 31.3, also just below an average answer of “Neither Agree nor Disagree.” The standard deviation was 11.2. Two-tailed correlational analyses were run on perceived self-stigma, perceived public stigma, a person’s willingness to take their child to see a mental health professional if they saw the need, gender, and age. A significant, negative correlation was found between age and perceived self-stigma (r=-.281, p=.013). Another significant, negative correlation was found between a person’s willingness to take their child to see a mental health professional if he or she saw the need and perceived self-stigma (r=-.231, p=.042). A significant, positive correlation was found between perceived self-stigma and perceived public stigma (r= .784, p=.000,). There were no other statistically significant relationships found. The correlational data are shown in *Table 1*.

Correlations

		Self-stigma	Public Stigma	Willingness to take child to mental health professional	What is your gender?	What is your age?
Self-stigma	Pearson Correlation	1	.784**	-.231*	-.020	-.281*
	Sig. (2-tailed)		.000	.042	.864	.013
	N	78	76	78	78	78
Public Stigma	Pearson Correlation	.784**	1	-.127	.026	-.199
	Sig. (2-tailed)	.000		.268	.824	.081
	N	76	78	78	78	78
Willingness to take child to mental health professional	Pearson Correlation	-.231*	-.127	1	-.136	.110
	Sig. (2-tailed)	.042	.268		.227	.328
	N	78	78	81	81	81
What is your gender?	Pearson Correlation	-.020	.026	-.136	1	-.062
	Sig. (2-tailed)	.864	.824	.227		.585
	N	78	78	81	81	81
What is your age?	Pearson Correlation	-.281*	-.199	.110	-.062	1
	Sig. (2-tailed)	.013	.081	.328	.585	
	N	78	78	81	81	81

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Table 1. Correlational data between tested variables.

Discussion

Perceived Self-Stigma as Predictor

Perceived self-stigma of seeking mental health services for a child was negatively correlated with willingness to seek mental health services for a child. This was similar to

the findings of Dempster et. al (2015) who found that self-stigma was negatively correlated with help seeking in an urban sample. This was also consistent with the findings of Polaha and Williams (2015) that stigma is negatively correlated with help seeking in rural parents with children who are diagnosable with a mental disorder. These consistent findings point to the importance of considering stigma to be an issue for parents when it comes to seeking care for their children. Although we cannot conclude that self-stigma causes parents to avoid seeking mental health services for their children, it remains a likely candidate for identification as a factor that influences parents' decisions in such situations. Moreover, since we know that mental illness stigma is more prevalent in rural populations when compared with urban populations (Hammer et al., 2013; Stewart et al., 2015), mental health care providers in rural America should be especially aware of this. If the providers are aware of this relationship, they can properly prepare care models and maybe even conduct outreach to parents with self-stigma.

Stigma Levels

The average response to the measure with statements that indicated stigma was just below Neither Agree nor Disagree– closer to Disagree than Agree. Thus, participants did not agree they had public or self-stigma on average. The finding of relatively low levels of perceived public stigma was consistent with the findings of Polaha and Williams (2015). This challenges much research that suggests there is heavy mental illness stigma in rural America, though it does not necessarily challenge research that shows it to be more prevalent in rural than in urban populations, because the latter research does not

demonstrate maginitude. Polaha and Williams (2015) were the most recent researchers to conduct such a study until this study, which corroborates their findings. Thus, it is possible that rural America's level of stigma is on a reversal. Parcesepe and Cabassa (2012) conducted a literature review and found that the American public in general has a positive attitude about mental health help seeking and the positivity is increasing over time. Further studies with a focus on rural America would be needed to draw any conclusions.

Perceived Self-stigma vs. Public Stigma

Another noteworthy finding was that perceived self-stigma is a predictor of help seeking, while perceived public stigma is not. This is especially interesting considering the known barrier of a perceived lack of anonymity. Also, although the strongest relationship was between public stigma and self-stigma, public stigma was not significantly related to any of whcih the variables that self-stigma was related. Perhaps this is because the participants are valuing what they think about themselves more than what the public will think of them, despite lacking anonymity. Public stigma, when present, is dangerous, as it can lead to discrimination and restricted autonomy (Parcesepe and Cabassa, 2012). Thus, although public stigma might not predict help seeking, its presence should not be dismissed.

Perceived Self-stigma and Age

It was an unexpected finding that as age increases, perceived self-stigma decreases. Perhaps this is a reflection of maturity. This is consistent with previous findings. Sirey et al. (2001) found that younger patients with depression perceived more

stigma than older patients with depression. One recent study found that people were more likely to distance themselves socially from people with mental illnesses as their age increased, but this varied with different mental illnesses (Schomerus, Van der Auwera, Matschinger, Baumeister, & Angermeyer, 2015). However, the stigma examined in this study was not self-stigma. There is not much research on self-stigma and age and I believe that my finding is novel.

Limitations

Because of Amazon Mechanical Turk being used to administer the survey, there are some limitations. It is possible that some users lied about their rurality because they knew there would be a monetary incentive. One user indicated that he or she was not truthful and the results should not be used. Another limitation is that the measure I used was tested for reliability and validity when being used with parents with children with borderline and/or clinical psychosocial concerns, while this was not a requirement to participate in my study. Furthermore, although there was a statistically significant relationship between age and perceived self-stigma, the item surveying age was accidentally administered as a discreet range rather than a continuous variable. A continuous variable would have yielded more analyzable, meaningful results. Moreover, rurality has been operationalized in many various ways throughout other studies. The distinction in this study between who does and does not live in a rural America is somewhat arbitrary. This study showed only correlations and no causation. I suggest further research that involves an intervention that targets self-stigma to better understand if self-stigma is a barrier for rural parents seeking help for their children.

Conclusion

Mental illness stigma has been a hot topic of research. It is a barrier to services for some people and is recognized as a major problem in rural populations. There is not much research on the relationship of stigma and rural parental willingness to seek mental health services for children. The extant research was conducted in a limited geographical region. I found that parents with higher perceived self-stigma of taking their children to see a mental health professional were less likely to express willingness to do so. This self-stigma was lower when age increased. Lastly, public stigma and self-stigma were heavily positively correlated. My study does not imply causation and further research will be needed to establish whether stigma is a real barrier to seeking mental health services itself for rural parents or not.

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Appendix

Stigma Measure (Williams and Polaha, 2014)

If I were to take my child to a mental health professional for them to receive services,...	
Self-stigma Factor	**Public Stigma Factor**
it would make me feel strange.	some people might treat me unfairly.
it would make me feel embarrassed.	some people might look down on me.
It would make me feel like a bad parent.	some people might say bad things about me behind my back.
my view of myself would be less.	some people would treat me with less respect.
it would make me feel that I am weak.	some people would avoid me.
it would make me feel like there is something wrong with me.	my child might be labeled at school.
	people in my church might frown on my decision.
	my child's teacher would treat him or her unfairly.
	I would be worried that people in town would find out.
	I would try to hide that I was getting counseling for my child.