



# The need for nuanced stigma-reduction programmes to improve help seeking for mental health problems

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**ABSTRACT FROM:** Clement S, Schauman O, Graham T, *et al.* What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychol Med* 2015;45:11–27.

## WHAT IS ALREADY KNOWN ON THIS TOPIC

Stigma towards individuals with mental illness has been shown to have an association with reduced help seeking attitudes, intentions and behaviours. However, findings on the effects of stigma are variable and depend on factors such as the type of stigma examined, the mental health problem of interest, the help-seeking outcome assessed, the population targeted and the research design. The systematic review by Clement *et al* aimed to assess the impact of mental illness stigma on help seeking for mental health problems.

## METHODS OF THE STUDY

The authors searched Medline, EMBASE, Sociological Abstracts, PsycInfo and CINAHL up to 2011. Three type of studies were included: studies that examined the association between stigma and help seeking, studies that tested stigma as a barrier to help seeking, and studies that examined processes underlying the relationship between stigma and help seeking. The review identified 144 studies: 56 examining the relationship between stigma and help seeking, 44 reporting stigma barriers and 51 qualitative studies on stigma and help seeking. Meta-analysis was not conducted due to heterogeneity in study design and methods, although associations were converted to standardised effect sizes where possible. The study drew together a thematic analysis of the qualitative studies, quality ratings for cross-sectional studies and subgroup analyses to develop a conceptual model of the processes underlying the relationship between stigma and help seeking for mental health problems.

## WHAT DOES THIS PAPER ADD

- ▶ In this comprehensive overview of the literature, the negative association between stigma and help seeking tends to be small ( $d = -0.27$ ) but dependent on the predictors, outcomes, population and research design employed in studies.
- ▶ The review distinguished the types of stigma that had the greatest association with help seeking (internalised-stigma or self-stigma and stigma of treatment), the help-seeking outcomes most impacted by stigma (help seeking attitudes and intentions) and subgroups with stronger associations between stigma and reduced help seeking (males, specific ethnic minorities, young people, military and health professionals).
- ▶ Studies tended to be of moderate quality.
- ▶ A conceptual model representing key processes underlying the associations between stigma and help seeking was proposed. The dissonance between social identity and mental illness stereotypes lead to anticipation or experience of shame, social judgement, social rejection and discrimination, along with a preference for non-disclosure, which deter individuals from seeking help. In contrast, stigma-related strategies used by individuals (eg, controlled disclosure) and stigma awareness in care (eg, confidential, non-judgemental services) can facilitate help seeking. These relationships are mediated by structural stigma (eg, negative media representations, laws, policies, inequitable resourcing/insurance) and may be moderated by the characteristics of the individual (eg, males, youth and ethnic minorities may be disproportionately deterred by stigma).

## LIMITATIONS

- ▶ More recent studies were not captured by the database search (update: 2011). In particular, emerging research on stigma related to suicidal thoughts and behaviours<sup>1</sup> was not examined in the review.

- ▶ Much of the direct association between stigma and help seeking has only been assessed using indirect measures of help seeking, such as intentions to seek help and attitudes towards help seeking. Relatively little research has directly examined the role of stigma in help-seeking behaviours among the general population.
- ▶ An examination of the role of structural stigma was beyond the scope of the review. Structural stigma including institutional stigma in care and insurance settings, media stereotypes or under-resourcing of mental health services, may have additional impacts on service use.

## WHAT NEXT IN RESEARCH

- ▶ High-quality population-based prospective research that measures multiple forms of stigma, with long-term follow-up to identify help-seeking behaviours, would provide further insight into the processes by which stigma hinder treatment for mental health problems.
- ▶ Targets for intervention may include reducing self-stigma through therapeutic approaches<sup>2</sup> and reducing treatment stigma through psychoeducation and contact with consumers<sup>3</sup> and aiding decision-making around disclosure of mental health problems.<sup>4</sup>
- ▶ More research is required in low- and middle-income countries and across a more diverse array of mental health problems.

## DO THESE RESULTS CHANGE YOUR PRACTICES AND WHY?

These results do not substantially change practice, rather, they affirm existing practice of developing strategies to combat stigma, like support services in clinical practice, universal mental health programmes and targeted programmes for at-risk populations. Nevertheless, the development of the conceptual model for the relationship between stigma and help seeking suggests a change in the way that such strategies are developed. The help-seeking process involves complex, multistage behaviours. The predictions from the model warrant systematic testing by researchers, with more nuanced definition of the aspects of stigma that are most salient to the reluctance of individuals to seek professional care. In addition, the findings of the review emphasise that the direct contribution of stigma may be somewhat modest; there is a need to identify and address other modifiable factors that are barriers to professional help seeking.

**Competing interests** None declared.

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