

# THE ROLE OF PUBLIC AND INTERNALIZED STIGMA ON SEEKING PSYCHOLOGICAL HELP: A STUDY TARGETING ALBANIAN YOUTH

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## Abstract

As in other cultures, the stigma associated with mental health symptoms or therapeutic services appears to be a substantial barrier to obtaining professional assistance in Albania. In the psychotherapy literature, stigma often refers to the public stigma associated with having a mental illness and to the feelings of shame involved with seeking professional help. The nature of the study is correlational based and aims to explore the relationship between public stigma and internalized self-stigma, and how may influence young people in Albania to seek psychological help. In the study participated 153 students, 95 females (62.1%) and 58 male students (37.9%). The age range of participants was 18-23 years of age (mean=20.50 years of age). The data were collected using a demographic data form, the Self-Stigma of Seeking Help Scale, the Social Stigma Scale for Receiving Psychological Help, and the Attitudes toward Seeking Professional Psychological Help Scale-Short Form. The findings indicated that self-stigma ( $r = -0.577, p < .01$ ) and public stigma ( $r = -0.763, p < .01$ ) correlated negatively with help-seeking attitudes. The multiple regression analysis results showed that only the self-stigma scale significantly predicted the attitudes toward seeking psychological help,  $F(2, 150) = 39.614, p < .0005, R^2 = .346, p < .05$ .

**Keywords:** *Internalized stigma, mental illness, psychological help, public stigma.*

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## 1. Introduction

According to the World Health Organization (2022), around 25% of the global population suffers from mental illness, with depression and anxiety being the most prevalent illnesses. Social stigmatization is unique to each country, and the majority of them face it in some form or another. However, there are common denominators in the stigmatization features of former communist countries. According to Šumskienė and Nemanycyte (2020), post-Communist societies are distinguished by a high stigma towards mental health. Consistent with this, people labeled as having received counseling services were rated less favorably and treated more negatively than those who were not treated (Corrigan, 2004). Similarly, individuals described as seeking help for depression are rated as more emotionally unstable, less interesting, and less confident than those individuals seeking help for back pain (Ben-Porath, 2002). The public also associates the utilization of psychological services with not being in control of one's emotions (Vogel & Wester, 2003). Movements of health services consumers are weak and frequently focused on providing services and assistance to their members.

In Albania, cultural differences differ because stigma is more prevalent in smaller cities or villages where people have known each other for generations than in larger cities. Stigma is one of the issues addressed in official public health reports on mental health in Albania and Kosovo (Fanaj & Shkëmbi, 2013). Jupe et al. (2017) discovered that schizophrenia patients are stigmatized more than diabetic and alcoholic patients. However, stigma among healthcare professionals was identical to that of the general population in Albania. There is evidence confirming the important contrast between the utilization of services and the prevalence of mental health problems within the population where Albania has the lowest healthcare utilization rates for mental health in the European region when population studies demonstrate a relatively high rate of reported signs of depression among high school aged adolescents (25% - 30%) (Como, 2015).

In this study, the focus is on the 18–23 age range, which the World Health Organization refers to as part of the 'Youth' target. Considering that this study focuses on analyzing the attitudes toward seeking psychological help, it was estimated to include young people over 18 years of age who can legally seek therapy without needing parental approval. It is especially critical to address mental disease

self-stigma among young people, as half of all lifetime cases of mental illness manifest by age 14 (Kessler et al., 2005a, 2005b). Similarly, a large-scale meta-analysis determined that 14.5 years was the peak age for the beginning of mental illness (Solmi et al., 2021). Moreover, it is a crucial period of identity formation during which early intervention for developing mental disease is essential (Meiser & Esser, 2017). Experiencing stigma at this age may be especially detrimental and lead to deteriorating health consequences later in life (Yang et al., 2010). Understanding individuals' experiences, attitudes, and self-beliefs in relation to mental illness necessitate an understanding of stigma.

## 2. Method

### 2.1. Research design

This is a survey-based correlational study. Correlational studies are also a sort of survey research due to the fact that the relationships between variables are defined as they are. Without manipulation, correlational studies evaluate the relationships between two or more variables (Fraenkel & Wallen, 2003). In the present study, the relationships between self-stigma and social stigma, and attitudes toward psychological help-seeking have been investigated.

### 2.2. Participants and procedure

A total of 95 females (62.1%) and 58 male students (37.9%) participated in the study. The age range of participants was 18-23 years of age (mean=20.50 years of age). Students were recruited through university announcements and study flyers. When participants expressed interest in the study, they were invited to complete the survey via an online data collection approach. At the beginning of the survey, each participant was given a detailed explanation of the study and their consent was requested.

### 2.3. Instruments

The present study collected data using a demographic data form, the Self-Stigma of Seeking Help Scale, the Social Stigma Scale for Receiving Psychological Help, and the Attitudes toward Seeking Professional Psychological Help Scale-Short Form. Each measure's pertinent information is detailed below. The three scales used in this study were translated into Albanian utilizing a rigorous process of translation and back-translation.

*Demographic data form:* This form collected information regarding gender, age, birthplace, and family economic status.

*Self-Stigma:* Self-stigma was measured with the Self-Stigma of Seeking Help Scale (SSOSH) developed by Vogel et al. (2006). The SSOSH is a 10-item scale with items such as "I would feel inadequate if I received psychological help from a therapist." Items are graded on a partially anchored 5-point scale ranging from 1 (strongly disagree) to 5 (strongly agree). Point 3 on the scale is equally anchored by agree and disagree. Higher scores indicate greater self-stigma. Internal consistency estimates range from 0.86 to .90, and the 2-week test-retest reliability at university student samples has been recorded at .72. (Vogel et al., 2006). In this study, the scale scored a coefficient of internal consistency of  $\alpha = .80$ .

*Public Stigma:* Public stigma was measured with the Social Stigma for Receiving Psychological Help Scale (SSRPH) developed by Komiya et al. (2000). The SSRPH is a 5-item scale with items such as "People tend to dislike persons obtaining professional psychological assistance." Items are ranked from 1 (strongly disagree) to 4 (strongly agree). Higher ratings indicate stronger public stigma perceptions. The SSRPH correlates with attitudes toward treatment-seeking and has an internal consistency found in university samples of .73. (Komiya et al., 2000). In the present study, the sample's generated scores had a coefficient of internal consistency of  $\alpha = .71$ .

*Seeking psychological help:* The Attitudes Toward Seeking Professional Psychological Help Scale - Short Form (ATSPPH-SF) developed by Fischer and Farina (1995) was utilized to assess students' attitudes toward seeking professional psychological help. The ATSPPHS short form is a 10-item scale that asks respondents to evaluate the extent to which they agree with statements about seeking help from a mental health professional. The scale was used to assess participants' ATSPPH and included two dimensions: openness to seeking professional help for emotional problems (items 1, 3, 5, 6, 7) with item scores ranging from zero (disagree) to three (agree); and value and need in seeking professional help (items 2, 4, 8, 9, 10) with item scores ranging from zero (disagree) to three (agree). The ATSPPHS has good internal consistency ( $\alpha = .86$ ).

## 3. Results

This study focused on the association between self-stigma, public stigma, and attitudes toward seeking psychological help. Data analysis was conducted using SPSS 22.0. Descriptive statistics were

used to analyze variables. Frequency, means, and standard deviations were used to describe participants' characteristics. Pearson correlation analysis was used to better understand the relationship between the three main variables in this study (e.g. self-stigma, public stigma) and help-seeking attitude. Results were considered statistically significant with a level of  $P < .01$ . Multiple regression was used to analyze and predict the value of help seeking psychological attitude based on the values of self-stigma and public stigma. Alternately, to know how much of the variation in help seeking attitudes can be explained by self-stigma and public stigma.

### 3.1. Sample characteristics

The average age of the participants was 20 years old ( $M = 20.50$ ,  $SD = 2.23$ ). Regarding the division of the age groups in the study sample, 79 students were from the 18-19 age group (51.6%), 42 students from the 20-21 age group (27.5%), and 32 students from the 22-23 age years old group (20.9%). Referring to the data on economic status, 13 students responded they had a below-average financial level (8.5%), 130 students belonged to a moderate financial situation (85%), and 10 students belonged to the status of above average (6.5%).

*Self-stigma scale.* The total score on the Self-stigma scale ranged from 10 to 49 (Mean =37.7,  $SD = 5.14$ ), indicating participants had a greater score of self-stigma. In order to understand the differences between the levels of the three variables and the divisions of age, gender, and economic status, descriptive data and crosstabulations were carried out. In the case of self-stigma, female students presented higher levels of internalized stigma (71.3%) compared to men, who presented moderate self-stigma (59.1%). Meanwhile, the age group 18-19 shows the highest self-stigma level (50.9%) for the age distribution. Regarding economic status, there are no significant differences between the three levels of self-stigma.

*Public Stigma scale.* The score of the public stigma scale ranged from 7 to 20 ( $M = 17.8$ ,  $SD = 1.71$ ) showing high levels of public stigma. Regarding group differences for the public scale, from the data in the crosstabulations, it was noted that female students had the highest level of public stigma (72.3%) compared to boys who showed a moderate level of public stigma, as well as the age of 20-21 marked the highest percentage of public stigma level (51.6%).

*Seeking psychological help scale.* The total score on the ATSPPH-SF was less than 25 ( $M = 24.5$ ,  $SD = 2.63$ ) indicating that the overall attitude was negative. The score on value and need was near the critical value of 10 ( $M = 10.01$ ,  $SD = 3.74$ ) indicating a neutral attitude and the score on openness was less than 10 points ( $M = 8.09$ ,  $SD = 3.53$ ) indicating a negative attitude. Meanwhile, from the data, female students (76.7%) and students from the 18-19 group appear to have greater negative attitudes toward psychological help-seeking (52.3%).

### 3.2. Pearson correlation analysis between self-stigma, public stigma, and attitudes toward seeking professional help

Figure 1. Pearson Correlation Analysis.

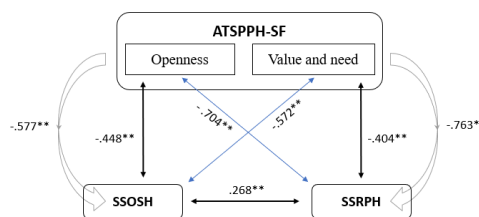


Figure 1 shows that self-stigma and public stigma negatively correlated with attitudes toward seeking professional help scale. The relationship between self-stigma and help-seeking attitudes is a moderately strong negative relationship ( $r = -0.577$ ,  $p < .01$ ). That is to say that the higher levels of self-stigma will be associated with negative attitudes toward professional help-seeking. The relationship between the public stigma scale and professional help-seeking is a strong, negative, statistically significant relationship ( $r = -0.763$ ,  $p < .01$ ). Reflecting that high levels of public stigma are related to high negative attitudes toward seeking professional help scale. A correlation analysis was also carried out to understand the relationship between self-stigma and public stigma with the two subscales of the attitude towards the professional help-seeking scale. The correlation analysis showed that openness had a moderate negative correlation with self-stigma ( $r = -0.448$ ,  $p < .01$ ) and with public stigma ( $r = -0.572$ ,  $p < .01$ ). Indicating that low levels of openness to seeking professional psychological help for emotional problems are related to greater scores of self-stigma and public stigma. Value and need had a statistically significant strong correlation ( $r = -0.704$ ,  $p < .01$ ) with self-stigma and a moderate negative correlation with public stigma ( $r = -0.404$ ,  $p < .01$ ). This implies that low perceived value and the need to seek professional psychological is related to higher self-stigma and public stigma at a moderate level.

### 3.3. Multiple regression analysis on predictor variables for attitudes toward seeking professional help

Multiple regression analysis was used to analyze the value of the ATTPHS variable based on the value of self-stigma and public stigma and to understand whether the attitudes scale can be predicted based on the other two variables. The results show that only the self-stigma scale statistically significantly predicted the attitudes toward seeking psychological help,  $F(2, 150) = 39.614$ ,  $p < .0005$ ,  $R^2 = .346$ ,  $p < .05$  (see table 1). Meanwhile, it results that public stigma doesn't play a predictor role on the scale of attitudes ( $p > .05$ ). ANOVA and t-test analysis were also carried out to understand if there is an impact on the attitude toward seeking professional help based on age, gender, and economic status. The results indicated that neither of them could predict the scale of attitudes.

Table 1. Multiple linear regression.

	<i>R</i>	<i>R</i> <sup>2</sup>	Adjusted <i>R</i> <sup>2</sup>	<i>B</i>	<i>SE</i>	$\beta$	<i>t</i>	<i>Sig.</i>
	.588 <sup>a</sup>	.346	.337					
Help-seeking scale				3.561	.368		9.673	.000
Self-stigma scale				-.517	.065	-.546	-7.958	.000
Public-stigma scale				-.166	.097	-.117	-1.708	.090

<sup>a</sup> $p \leq .05$

### 4. Discussion and conclusions

This study sought to investigate the nature of the relationships between public and internalized stigma related to attitudes toward seeking professional psychological help. The findings indicate that self-stigma ( $r = -0.577$ ,  $p < .01$ ) and public stigma ( $r = -0.763$ ,  $p < .01$ ) correlated negatively with help-seeking attitudes supporting other studies' results that suggest both forms of stigma have been shown to reduce the willingness of people with mental health difficulties to seek help and it is conceivable that they mutually reinforce each other (Bos et al. 2013). As well, an individual is likely to react to stigma by avoiding help-seeking to protect their self-esteem and sense of self-efficacy (Vogel et al., 2006). Researchers have also noted that individuals who self-stigmatize may avoid seeking psychological services to avoid being labeled as having a mental illness (Link et al., 2001).

Contrary to the first assumption referring to the literature and other findings, the study indicated that public stigma had a stronger significant correlation with attitudes toward seeking help than self-stigma. Suggesting that public stigma is the most prominent barrier to help-seeking for Albanian students supporting that the perceived consequences of public stigma against mental health in general, and psychological help have a greater impact on the tendency of individuals to seek psychological help. Researchers have suggested that beliefs and stereotypes about those who seek help for mental illness often lead to various forms of discrimination such as avoidance, lack of opportunity, and loss of self-determination (Corrigan & Shapiro, 2010). In fact, those who have sought mental health treatment report higher levels of perceived discrimination than those who have not received treatment (Jorm & Wright, 2008).

The strongest negative correlation of the openness component of the help-seeking scale was with self-stigma compared to the strongest negative correlation of public stigma with the perception of the need and value of seeking professional help. Supporting other studies' results indicate that participants who reported embarrassment associated with mental health treatment were less likely to perceive a need for help or use mental health services (Mojtabai et al. 2002). The regression analysis results showed that it was self-stigma that has a greater role as a predictor of attitudes toward seeking psychological help. One explanation for this is that, in the instance of self-stigma linked with a mental disease, the label of mental illness to which the stigma is tied is frequently given externally, and the individual then determines whether to accept it. In contrast, seeking therapy, which is frequently voluntary, may result in an internally generated label (Corrigan & Rao, 2012).

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