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Therapy with Mental Health Providers: A Study of Self-Stigma and Help Seeking Behaviors

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Abstract

We live in a society where stigma against people with mental illness exists. To make matters more complicated, our society devalues people who ask for help, labeling them as unstable or insecure. Those who do ask for help often face the most stigma related discrimination within the health care setting. In fact, some studies have shown that mental health providers frequently judge people chronic mental illness negatively. As a result, many people with mental illness chose to not seek help. For mental health providers, therapy is often seen as a desirable learning experience at the beginning of their careers, to work through personal issues that may interfere with doing work in the field and grow professionally. Yet, there is little research on providers seeking therapy at other stages in their careers. The idea that therapy is both valued by some as an educational experience and devalued by society raises questions about how mental health providers internalize these contradictory beliefs throughout their careers. This study asked mental health providers about their experiences with therapy and to complete the Self-Stigma of Seeking Help Scale created by Dr. David Vogel (2006) to further explore the relationship between self-stigma and therapy for mental health providers.

Introduction

If therapy is not mandated it is considered to be a desirable prerequisite for becoming professional in the field of mental health (Norcross, 2005). In this context, most therapists have undergone their own therapy (Norcross & Guy, 2010). Many mental health providers are just as likely to judge others, stereotypically and with the same level of negativity, as their clinical populations (Ryan, Robinson, & Hassmann, 2001). Stigma leads to poor employment outcomes and general social ostracism (Link, Phelan, & Staines, 1995). Many mental health providers experience complications relating to their identity when they participate in therapy (Probst 2015; Vandenberge & da Silva eria, 2013; Fuchs, Leuchter, & Wissler, 1985). At this time, there has been minimal research looking at stigma and mental health providers.

Stigma has been related to poorer psychological outcomes, such as the devaluation of self, fear of rejection, demoralization, hopelessness, and lowered self-esteem and life satisfaction (Rønnestad, 1997; Link, Struening, Rahav, Phelan & Nuttbrock, 1997). Mental health providers are just as likely to judge others, and they also see various mental health providers. (Ryan, Robinson, & Hassmann, 2001). Stigma leads to poor employment outcomes and general social ostracism (Link, Phelan, Bresnahan, Stueve & Pescosolido, 1995; Link, Phelan, & Staines, 1995). Many mental health providers experience experience complications relating to their identity when they participate in therapy.

Methods

Selection and Recruitment

A purposeful and specific sample was chosen for this project. Potential participants were identified via snowball sampling. Inclusion criteria for participation in this study is self-identification as a mental health provider and being 18 years of age or older. All participants were informed that participation in this study was voluntary and no compensation would be provided.

Subject Protection

Consent was obtained from all participants. This study was approved by the Institutional Review Board of the University of Southern Maine. Approval for this study was obtained via the Internal Review Board at the University of Southern Maine. Every participant was informed of the goal of the research, the voluntariness of participation, that no compensation would be provided, and the anonymity of the study.

Instruments

Participants were asked about their personal experience in therapy and to complete a self-stigma questionnaire. All participants were asked to identify if they had participated in therapy or not. For those who had participated in their own therapy, they were asked where they received therapy, what type of provider did they see, and why they decided to participate in therapy were asked if they have ever considered going to therapy, why they were considering it, and what factors they felt led to their decision not to attend therapy. Participants were asked basic demographic information including age, gender, licensure, current job, and years of practice in the field of mental health.

All participants were asked to complete The Self-Stigma of Seeking Help Scale (SSOSH). The SSSH is a 10-item self-report questionnaire that measures level of comfort or concern with regard to professional mental health treatment (Vogel, Wade, & Haake, 2006).

Results

The majority of participants (n=50, 83.3%) had received their own therapy. Of those who had been to therapy, most did so to process trauma (n=18, 36%). Participants also reported having gone to therapy for issues related to a mood disorder (n=16, 32%), relationship issues (n=7, 17%), to process grief (n=5, 10%), legal issues (n=1, 2%), insomnia (n=1, 2%), substance abuse (n=1, 2%), and self-reflection (n=1, 2%). Most participants reported they saw a therapist (n=44, 88%), and of those, 72% saw a therapist exclusively (n=32). 20% of participants saw a psychologist (n=10); and of those 30% saw a psychologist exclusively (n=3). 18% of participants saw a psychiatrist (n=9). All participants who saw a psychiatrist also reported seeing a therapist or a psychologist conjointly.

Of the 16.7% of participants who had not been in therapy, 60% had never considered therapy, though one participant noted they are capable of managing their life on their own, and another noted that they had good coping strategies. Other potential considerations for not receiving therapy included the cost of therapy, family commitments, and the belief that therapy was not necessary. The majority of participants (n=50, 83.3%) had received their own therapy. Of those who had been to therapy, most did so to process trauma (n=18, 36%). Participants also reported having gone to therapy for issues related to a mood disorder (n=16, 32%), relationship issues (n=7, 17%), to process grief (n=5, 10%), legal issues (n=1, 2%), insomnia (n=1, 2%), substance abuse (n=1, 2%), and self-reflection (n=1, 2%). Most participants reported they saw a therapist (n=44, 88%), and of those, 72% saw a therapist exclusively (n=32). 20% of participants saw a psychologist (n=10); and of those 30% saw a psychologist exclusively (n=3). 18% of participants saw a psychiatrist (n=9). All participants who saw a psychiatrist also reported seeing a therapist or a psychologist conjointly.

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Discussion

This study was designed to explore the possibility of there being a relationship between self stigma and having had participated in therapy or not. The majority of participants (n=50, 83.3%) had received their own therapy. Of those who had been to therapy, most did so to process trauma (n=18, 36%). Participants also reported having gone to therapy for issues related to a mood disorder (n=16, 32%), relationship issues (n=7, 17%), to process grief (n=5, 10%), legal issues (n=1, 2%), insomnia (n=1, 2%), substance abuse (n=1, 2%), and self-reflection (n=1, 2%). Most participants reported they saw a therapist (n=44, 88%), and of those, 72% saw a therapist exclusively (n=32). 20% of participants saw a psychologist (n=10); and of those 30% saw a psychologist exclusively (n=3). 18% of participants saw a psychiatrist (n=9). All participants who saw a psychiatrist also reported seeing a therapist or a psychologist conjointly.

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