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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 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

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, 2005; Silveria, 2005; Nel, 2005; Orlinsky & Rometest, 2005). Career stage has been shown to be predictive of when people first enter treatment (Bike, Norcross, & Schatz, 2009). BSW students do not have particularly stigmatizing views towards those with mental illness or seeking their own mental health treatment, indicating they are open to the idea of participating in their own therapy (Zellmann, Madden, & Aguiniga, 2014).

Stigma has been related to poorer psychological outcomes, such as the devaluation of self, fear of rejection, demonization, hopelessness, and lowered self-esteem and life satisfaction (Rosenfeld, 1997; Link, Struening, Rahav, Phelan & Nattwocok, 1997). Mental health providers are just as likely to judge others stereotypically and with the same level of negativity as other mental health providers (Ryan, Robinson, & Hassmann, 2001). Stigma leads to poorer employment outcomes and general social ostracism (Link, Phelan, Bresnahan, Stueve & Pescosolido, 1999; Rosenfeld, 1997). Many mental health providers experience complications relating to their identity when they participate in therapy (Probst 2015; Vandenberge & da Silverta, 2013; Fleischer & Wissler, 1985). At this time, there has been minimal research looking at stigma and mental health providers.

Research Questions
Is there a relationship between participation in therapy and self-stigma for mental health providers? Is there a relationship between years of experience in the mental health field and self-stigma for mental health providers?

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.

Recruitment
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 voluntary nature 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 participate in their own therapy, they were asked where they received therapy, what type of provider did they see, and why they did not 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 SSSOHS 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 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 concurrently.

Of the 16.7% of participants who had never been in therapy, 60% had never considered the possibility of going to therapy. Most did not provide an explanation for why they never considered therapy. A paired t-test was calculated to compare the mean SSOSH scores and the mean SSOSH score for participants who had participated in therapy (m=22.8, sd=4.12) and the mean SSOSH score for participants who had not participated in therapy (m=23.6, sd=2.99). There was no indication of a relationship between years of experience, age, or where people received therapy and SSOSH scores.

Discussion
This study was designed to explore the possibility of there being a relationship between self-stigma and having participated in therapy. The results of this study are not very conclusive. The results of this study are not very conclusive. The results of this study are not very conclusive.