STIGMA TOWARD RECEIVING MENTAL HEALTH TREATMENT AMONG U.S. UNDERGRADUATE COLLEGE STUDENTS

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Abstract - The prevalence of mental illness among college students is concerning, and many do not seek psychological intervention due to the stigma associated with mental illness and psychotherapy. This study aimed to investigate personal stigma toward receiving mental health treatment among undergraduate college students in the U.S. and to explore the role of psychological inflexibility, resilience, and stress mindset as predictors of this stigma. The study utilized data from the 2022-2023 wave of the Healthy Minds Study examining mental health, health behaviors, and related issues, and our sample included 1,239 primarily female students with a mean age of 20.43 years (SD = 4.40). Measures included a single-item question to measure personal stigma toward receiving mental health treatment, the Brief Resilience Scale, the Acceptance and Action Questionnaire, and a brief Stress Mindset scale. A logistic regression analysis was conducted with two blocks to predict personal stigma toward mental health treatment. The first model included age, sex, and race/ethnicity. In block two, psychological inflexibility, resilience, and stress mindset were entered. The first model, including age, sex, and race/ethnicity, was not found to be significant. The second model ($\chi 2 = 41.43$, df = 6, N = 1239, $p < .001$) was significant, and psychological inflexibility emerged as the only significant factor. Higher levels of inflexibility were predictive of holding a personal stigma ($\beta = .033$, $p<0.001$). Psychological flexibility can be taught and developed, making it a promising area for future mental health stigma intervention and research.

Keywords - Stigma, Psychological Inflexibility, Resilience, Stress Mindset, Undergraduate Students

I. BACKGROUND, MOTIVATION, OBJECTIVES COLLEGE STUDENT MENTAL HEALTH

Although college students' mental health has reportedly improved over the last two years, information obtained from the Healthy Minds Study (HMS) 2023-2024 data collection wave, which included responses from 104,729 students from 196 colleges and universities, and the American College Health Association's (ACHA) National College Health Assessment (NCHA) Spring 2024 survey of 79,246 undergraduate students at 154 schools, highlight continuingmental health challenges faced by today's college students.

The survey findings reveal that a notable proportion of college students reportanxiety (34%-35.2%), depression (26.7%-38%), suicidal ideation (13%),development of a suicide plan (6%), meeting criteria for a positive suicide screening (25.9%), suicide attempt (2.2%-5.1% amongtrans/gender non-conforming students), non-suicidal self-injury (10.2%-26%), PTSD (3.6%), and ADD/ADHD (12.2 %).

Furthermore, more than 90% of students whostruggledacademically in the ACHA study reported that academic challengesnegativelyimpactedtheir mental health,and poor mental health significantly predicts academic retention (Colarossi, 2022).

Combined, these findings document significant mental health challenges faced by some college students.However,a recent U.S. News/Generation Lab poll found that only 37% of the 3,649 college students they surveyed in March 2024 sought mental health services at their university when needed. One notable reason offered for not seeking help is fear of mental health stigma.

Mental Health Stigma

Mental health stigma occurs when someone is viewed negatively, rejected by others, and possibly discriminated against due to mental illness. Various forms of stigma exist, includingpublic stigmaorsocietal stereotypes and discrimination against individuals with mental illness.Self-stigma results when those with mental illness accept and internalize those societal prejudices. Personal stigma reflects an individual's tendency to stigmatize those with mental illness, compared to perceived public stigma, which encompasses an individual's perception of another person's likelihood of stigmatizing someone with mental illness (Corrigan, 2004; Levin et al., 2014).

Gulliver and her colleagues (Gulliver et al., 2010) reviewed 22 quantitative and qualitative studies investigating barriers and facilitators to teens and young adults receiving psychological treatment. Stigma (internalized, public, and perceived stigma) towards mental illness was identified as the most frequently mentioned barrier, reported in over three-quarters of the studies they evaluated.The American Psychiatric Association (n.d.) also reports that mental health stigma poses a barrier to college students

seeking psychological services. Interestingly, the 2023-2024 wave of the Healthy Minds Study data found that only 7% of college students surveyed reported a personal stigma and agreed with the statement, “I would think less of someone who has received mental health treatment."

While it is encouraging that recent HMS data reports a decline in stigma among some college students, the reasons why other students still harbor personal stigma towards their peers who struggle with mental health remains uncertain. Variouspsychological processes likely influence theperpetuation of mental health stigma.This suggeststhat addressing thesepsychologicalprocesses could be a potential strategyfordeveloping targeted interventions to combat mental health stigma(Levin et al., 2014).

Psychological inflexibility, resilience, and a stress mindset have been linked to stigma. As such, our researchexplored these variables as predictors of personal stigmadue to their likely responsiveness to personal psychological intervention.

Psychological Flexibility/Inflexibility

One psychological process that has been found to relate to stigma reduction is psychological flexibility, which Doorley et al. (2020) define as “the tendency to respond to situations in ways that facilitate valued goalpursuit” (p. 2).They also stress that psychological flexibility is most critical in challenging situations that elicitdistress. Several studies have report a relationship between psychological inflexibility, which includes experiential avoidance, and the presence of stigma towardothers (Levin et al., 2014) and oneself (Lillis et al., 2010; Luoma et al., 2013), as well as those who struggle with mental illness (Masuda & Latzman, 2011).

Psychological inflexibility relates to a variety of negative psychological, behavioral, and health challenges (Bond et al., 2011; Hayes et al., 2006; Ruiz, 2010),and it could be argued that holding mental health stigma toward another poses a challenging situation that triggers avoidance and feelings of distress.

Fortunately, treatments such as Acceptance and Commitment Therapy (ACT) can facilitate improved clinical outcomes by reducing avoidance and increasing psychological flexibility (Hayes et al., 2006; Hayes et al., 2011; Ruiz, 2010).

Resilience

Resilience is defined asone's ability to rebound and recover from exposure to stress and adversity (Bruce et al., 2008). Sum et al. (2023) explored the relationship between stigma, resilience, and help-seeking behaviors.Theydiscoveredresilience can serve as an adaptive coping response to stigma,making it a psychological process amenable to professional intervention. They also found that stigma can diminish resilience, and a higher level of resilience is protective against unnecessary utilization of professional help-seeking among undergraduate students.

Stress Mindset

The concept of stress mindset reflects the belief that stress can either improve or impair cognitive, psychological, emotional, and physiological functioning. Individuals with a stress-is-debilitating mindset appraise stressful situations as obstacles that threaten to overwhelm their inner ability to handle external pressures.

Conversely, those with a stress-is-enhancing or growth mindset appraise their physiological stress reaction as motivational energy to enhance performance. They view stressors as reasonable challenges for which they possess effectivecoping resources, and they view mistakes as learning opportunities while positively receivingperformance feedback (Crum et al., 2013; Crum et al., 2017).

Embracing a growth mindset is associated withenhanced mental well-being, reduced stress, and improved academic performance among students. Accordingly, people with a growthmindsetmight bemore likely to perceiveinitial concerns about others' mental health as opportunities for personal growthand understanding.Thisperspective reduces thetendency to stigmatize mental health issues.Methods

II. DATA AND SAMPLE

We analyzed data from the 2022-2023 Healthy Minds Study (HMS) survey year. The HMS is an annual survey examining a variety of demographic, lifestyle behaviors, attitudes to mental health, and mental health measures among students enrolled nationwide at participating U.S. colleges and universities. Each participating school provides a random sample of its entire student population, and participants must be currently enrolled students over 18. Participating schools have diverse characteristics, including institutional type, enrollment, location, and student population demographics. The Institutional Review Boards approve the HMS of all participating schools. De-identified HMS data are made available to researchers upon written request.

In this study, we included participants from the 2022-2023 data collection wave who were seeking a Bachelor’s degree and for whom there was data for all variables of interest. The sample drawn from the HMS data file met this inclusion criteria and included 1239 participants. The mean age was 20.43 years (SD = 4.40). Participants reported as 77.5% female and 22.5% male. Most participants (67.3%) identified as White, with 11.2% identifying as Asian American/Asian, 10.3% as Hispanic, 6.8% as Black/African American, and 4.4% as other or a different race/ethnicity.

Measures

Personal Stigma Toward Receiving Mental Health Treatment

This measure was included in the HMS data file and represented whether participants agreed they would think less of a person who has received mental health treatment. Data was coded such that 1 = Yes, representing a personal stigma toward someone who has received mental health treatment, and 0 = No, whereby the participant does not hold a stigma.

Psychological Inflexibility

The 7-item Acceptance and Action Questionnaire (AAQ) (Bond et al., 2011) measured participants' degree of psychological flexibility/inflexibility. An example item is, "My painful experiences and memories make it difficult for me to live a life that I would value." Response options range from 1 = Never True to 7 = Always True. A higher total score indicates a greater degree of psychological inflexibility. The scale has been shown to have good reliability and validity. Cronbach's alpha in the present study was .93.

Resilience

The Brief Resilience Scale (Smith et al., 2008) measured participants' ability to bounce back or recover from stress. An example item is, "It does not take me long to recover from a stressful event." Resilience is measured with six items using a 5-point scale ranging from 1 = Strongly Disagree to 5 = Strongly Agree. Higher total scores indicate a greater ability to recover from stress. The scale has been shown to have good reliability and validity. Cronbach's alpha in the current study was .85.

Stress Mindset

Stress mindset was assessed through 4 items drawn from the original 8-item Stress Mindset scale (Crum et al., 2013). The items measured participants' beliefs about stress as enhancing or debilitating. Participants rated items on a 5-point scale ranging from 1 = strongly disagree to 5 = strongly agree. After reverse-scoring two items, a total is obtained, and a higher total score represents a stronger stress as enhancing mindset. Although Cronbach's alpha in studies utilizing the full scale is typically around .86, in the present study, Cronbach's alpha was .45, likely due to using fewer items.

III. RESULTS, DISCUSSION, CONCLUSION

Results

Logistic regression was used as the regression method for this study due to the binary nature of the outcome variable – either holding a personal stigma towardsomeone who has had mental health treatment or not holding a personal stigma. Pearson's correlation coefficients among the predictor variables showed no multicollinearity among psychological inflexibility, resilience, and stress mindset, with all values below .55.

The regression analysis assessed whether the three predictor variables significantly predicted holding a personal stigma or not while controlling for age, sex, and race/ethnicity. The control variables were entered together first, with the three predictor variables entered in the second block. The control variables at Step 1 did not significantly predict personal stigma, $\chi 2 = 1.50$, df=3, N = 1239, p = .68.

When the three predictor variables are considered, they significantly predict whether or not a participant holds a personal stigma, $\chi 2 = 41.43$, df = 6, N = 1239, p< .001. The final model correctly classified 61.4% of cases. Positive predictive value (holding a personal stigma) was 34.7%, and negative predictive value (not holding a personal stigma) was 82%. Considering the individual predictors, psychological inflexibility emerged as the only significant factor. Higher levels of inflexibility were predictive of holding a personal stigma ($\beta = .033$, p< 0.001). The odds ratios indicate that the odds of holding a personal stigma increase by 1.033 for each unit increase in psychological inflexibility.

Discussion

This study aimed to investigate the ability of several psychological factors - psychological inflexibility, resilience, and stress mindset –to predict personal mental health stigma in college students. Neither resilience nor stress mindset predicted personal stigma toward mental illness, perhaps due to sample and measurement issues to be discussed later.

This study's findings did, however, support the position that underlying psychological factors, in this case, psychological inflexibility, are associated with personal stigma among college students.Given the rates of mental health concerns among college students and the reluctance of some to seek professional psychological assistance due to stigma surrounding mental health, discerning whichpsychological factors predict stigma informs practice and future research.

It isalso importantto identify underlying reasons for college students' personal stigmas because values exploration and personal growth that often occur during the college years may contribute to students being particularly receptive to intervention during that time. Also, an individual's stigma towards others with mental illness canlead to a personal reluctance to seek future treatment due to that stigma.

Masuda and Latzman (2011) caution that stigma reduction interventions should address the content of stigmatizing attitudes and the underlying processes that fuelsuch beliefsrather than solely focusing on eliminating these attitudes (Hayes et al., 2004; Lillis et al., 2009; Masuda et al., 2007). Our research indicates that one critical process to target for intervention is psychological flexibility/inflexibility,

as cognitive rigidity is a significant factor in stigmatizing beliefs and attitudes.

Study Limitations

It is important to consider the limitations of our investigation which provide context for our findings and offer directions for future research. Our study encountered several challenges associated with utilizing a convenience sample from an existing dataset. For instance, the assessment of stress mindset utilized only a portion of the original scale, and the measurement of personal stigma was based on a single question. This approach likely limited the robustness of our research findings because it does not fully capture the complexities of these concepts. To address this issue, future research would benefit from using established scales such as those specifically designed to measure stigmatizing attitudes toward individuals with psychological disorders (e.g., Masuda et al., 2009). A drawback related to the dataset sample is that it is represented by predominantly Caucasian, female undergraduate students, limiting the generalizability of our results to male, non-Caucasian college students. Accordingly, it is important for researchers to thoughtfully weigh the advantages and disadvantages of utilizing existing datasets when designing their studies. Additionally, our study was limited to the examination of only one form of mental health stigma. It would be useful to explore and compare different types of stigma to offer targeted interventions for students.

Conclusion

Our study results highlight the potential for addressingpsychological inflexibility among college students to mitigate stigma surrounding mental health. Psychological flexibility involves a skillset that can be nurtured and developed, offering promising opportunities for future intervention and exploration(Levin et al., 2012). Universities can also enhance student support by normalizing conversations about mental health challenges and help-seeking behaviors within academic and extracurricular settings. Moreover, college counseling centers can offer effective interventions like Acceptance and Commitment Therapy (ACT), which has been demonstrated to increase psychological flexibility and decrease avoidance and rigidity,which are linked with stigma (Hayes et al., 2006, 2011; Ruiz, 2010).

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