

THE EFFECTS OF MENTAL HEALTH EDUCATION ON SOCIAL STIGMA AND ATTITUDES TOWARD SEEKING MENTAL HEALTH SERVICE AMONG KOREANS

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Abstract: This study examined the effect of mental health education on reducing social stigma as well as improving attitudes toward seeking mental health service among Koreans. The study employed a between-subjects (experimental versus control groups) and repeated measures (pre- and post-intervention strategy) design. The total sample comprised 60 participants recruited from Cargill Agri Purina Incorporation in Bundang, South Korea. GLM multivariate analysis of variance (MANOVA) for repeated measures showed that the Korean participants' perception of social stigma and their attitude towards seeking mental health service became more positive after exposure to an education program that focused on the benefits of mental health care services. The findings were discussed in terms of the importance of employing mental health education as an intervention strategy in reducing the stigma associated with as well as increasing positive attitudes toward seeking therapy among Korean people.

Keywords: Mental Health, Mental Health Education, Mental Health Service, Attitude toward Seeking Mental Health Service, Stigma, Social Stigma

Introduction

Many Koreans suffer from psychological problems (Kim & Jun, 2012). This is not surprising given the fact that Koreans live in a highly competitive society and from early childhood through late adolescence, they are subjected to immense family and social pressure to succeed academically. In adult life, they are overworked, overstressed, and ever anxious for success in life. Concomitant with the increase in stress and anxiety experienced, the divorce and suicide rates among Koreans have both increased considerably (Kim, 2012). The majority of the problems reported to counseling services include psychological problems such as depression, anxiety, anger, and suicidal ideation (25.5%), problems with interpersonal relationships (24.9%), family issues (14.2%), with studies (11.5%), and with internet addiction (8.3%) (Korea Youth Counseling & Welfare Institute, 2013). With regard to depression, statistics reported by The Korean Statistics Department (2012) clearly showed

a linear increase in depression rates between 2008 and 2012; in 2008, the reported depression rate was 4.3% of the population, increasing to 4.8% in 2009, 6.8% in 2010, 8.8% in 2011, and 12.6% in 2012. Of even greater concern is the increasing suicide rate in the country. The Korean Statistics Department (2012) reported a significant increase in the number of suicides between 2001 (6,911 people) and 2011 (15,906 people), an increase of approximately 130%. Indeed, suicide represents the fourth major cause of death in South Korea.

Just as people go to hospital to attend to physical problems, there is clearly also a need to address the multitude of psychological problems experienced by ordinary Koreans. Yet, for many Koreans, seeing a psychologist or psychiatrist for counseling or treatment is a social stigma that tags the person as insane or, worse, as a psychopath and which can lead to social rejection. The association between social stigmatization and seeking counseling therapy is an important negative factor in Korean people's decision not to seek out and engage in psychotherapy or counseling (McDonald, 2011). Indeed, in order to avoid exposure, many seek help secretly from private psychiatric clinics and pay their bills in cash to avoid being detected as having used psychological services, so that their government health insurance records do not carry the stigma of a 'Code F' which signifies that an individual has received reimbursement for mental care (McDonald, 2011).

Past research has found that someone who was labeled a "former mental hospital patient" experienced greater social rejection than a person who was not so labeled (Link, Cullen, Frank, & Wozniak, 1987). Stigma (stig) is a Greek word for 'prick and the resulting mark'. It signifies the marks which were pricked onto slaves to prove ownership as well as to show their low social status (Falk, 2001). Goffman (1963) introduced the modern meaning of stigma as 'spoiled identity' and which included the social attitude towards mental illness that is discrediting and ignoring. According to Vogel, Wade, and Haake (2006), "social stigma associated with seeking mental health care is the perception that a person who seeks psychological treatment is undesirable or socially unacceptable" (p. 325). Past studies have proposed that educating people about mental health care can be effective in reducing the social stigma attached to seeking mental health service. Indeed, past studies have found that once people have been educated about the benefits of accessing mental health care, the types of common problems which people bring to counseling and what people expect from psychotherapy and counseling services help to minimize the fear of the stigma associated with receiving mental health care (Corrigan & Penn, 1999; Corrigan, 2004; Stuart, 2002, 2003, 2005).

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Research Objectives

Given the paucity of research data about the relationship between social stigma and attitudes towards seeking counseling therapy among Korean people, this study was designed to investigate such a relationship as well as the effect of mental health education on attitudes towards seeking counseling therapy by Korean people. The study's research objectives are:

1. To investigate whether individuals with high tendency to socially stigmatize will have more negative attitudes toward seeking professional psychological help than those with low tendency.
2. To investigate whether individuals exposed to the intervention strategy of mental health education (the experimental group) will exhibit (i) more positive attitudes toward seeking professional psychological help, and (ii) lower stigmatization scores than those individuals not exposed to the intervention strategy of mental health education (the control group).

Method

Participants

The sample was obtained via convenience sampling and consisted of 60 Koreans from the Cargill Korea in Bundang, South Korea. Participation was entirely voluntary and the main inclusion criteria were that the participants be aged between 21 and 60 years, irrespective of gender, and must be residing in South Korea. These 60 participants were randomly assigned to the experimental and control groups, i.e., 29 participants comprised the control group and 31 participants comprised the experimental group.

Instrumentation

A survey questionnaire was designed for data collection. The questionnaire consisted of an informed consent form and three sections.

Section 1 consisted of a number of items written to tap the participants' demographic characteristics of gender, age, educational level, and whether or not they had received counseling services or other psychological services before.

Section 2 consisted of the *Attitudes toward Seeking Professional Psychological Help Scale: Short Form* (ATSPPHS), which was originally developed in 1970 by Fisher and Turner, and revised in 1995 by Fisher and Farina. The updated version of the ATSPPHS is a shortened 10-item revision of the original 29-item scale (Fischer & Farina, 1995). Items were to be rated on a Likert-type scale ranging from 1 (*Disagree*) to 4 (*Agree*), with five of the 10 items to be reverse-scored so that higher scores reflect more positive attitude towards seeking professional psychological help. In terms of the scale's reliability, Vogel et al. (2005) reported internal consistency score of .84 and test-retest score of .80.

Section 3 consisted of the 5-item *Social Stigma for Receiving Psychological Help Scale* (SSRPHS),

developed by Komiya and associates (Komiya & Sherrod, 2000) to evaluate individuals' perceptions of how stigmatizing it is to receive professional psychological help. Each item was to be rated on a Likert-type scale rating from 1 (*Strongly disagree*) to 4 (*Strongly agree*). When summed, higher scores (ranging from 12 to 20) indicate greater perception of social stigma associated with receiving professional psychological help, whereas lower scores (ranging from 5 to 11) indicate lower perception of social stigma. Internal consistency of the measure was originally found to be .73. The scale was also found to have convergent validity in that it correlated negatively with the ATSPPHS ($r = -.40, p < .001$), indicating that the less social stigma individuals perceived, the more positively they felt about seeking psychological help (Komiya et al., 2000).

Procedure

Participants were recruited by convenience sampling; that is, inviting available and willing targeted Koreans (residing in Cargill Korea in Bundang, South Korea) to take part in the study by filling in the study's survey questionnaire. Participants were randomly assigned to either the experimental or control condition by random shuffling of the survey packets. Informed consent was obtained from all participants before they filled in the survey questionnaire. Each participant was informed of the aim of the proposed study, that this to examine the effects of mental healthcare education on attitudes toward seeking professional counseling help and on social stigmatization.

The experimental-repeated measures design of the study required participants in both the experimental group and control group at the outset (*pre-intervention*) to fill in the study's questionnaire designed to measure attitudes toward seeking professional psychological help and social stigma. For the participants in the experimental group, after they had filled in the survey questionnaire, they were given mental health information (the intervention) in the form of a question-and-answer discussion session regarding mental health and mental health services. The participants had a total of forty five minutes to discuss the topics presented in the mental health information sheet. For the control group, the procedure was identical to that of the experimental group except that they were presented with a reading and discussion session for forty five minutes on a topic extracted from the book "Little Prince" which is not related to mental health. At the completion of the information/discussion sessions, both the experimental and control group participants filled in the same survey questionnaire again (*post-intervention*).

Results

In order to investigate whether individuals with high tendency to socially stigmatize will have more negative attitudes toward seeking professional psychological help than those with low tendency, linear regression analysis was conducted. The analysis involved regressing the

'seeking counseling' scores (pre- and post-intervention separately) on the predictor variable of 'stigmatization' (pre- and post- intervention respectively). The results indicated that the tendency to socially stigmatize was negatively related to attitudes toward seeking counseling, under both the pre-intervention condition ($Beta = -.63$) and the post-intervention condition ($Beta = -.74$). Thus, overall, the more the respondents tended to stigmatize the behavior of seeking psychological help, the more negative their attitudes toward seeking professional psychological help, regardless of the intervention strategy. It should also be noted that the explanatory power of the prediction model for both pre- and post-intervention is .39 and .54 (R -square) respectively. Thus, attitudes toward stigmatization accounted for approximately 39% and 54% of the variances in 'attitudes toward seeking counseling,' or in other words, 61% (1 - 39%) and 46% (1 - 54%) of the variances were not accounted for. These findings suggest that there may be other avoiding factors (apart from stigmatization) not considered in the present study that could have affected attitudes toward seeking counseling.

The second research objective of the present study was to investigate whether individuals in the experimental group (exposed to the intervention strategy of mental health education) will exhibit (i) more positive attitudes toward seeking professional psychological help, and (ii) lower stigmatization scores than those individuals in the control group (not exposed to the intervention strategy of mental health education). In order to achieve this objective, a 2 (experimental versus control groups) x 2 (pre- and post-intervention) GLM Multivariate Analysis of Variance (MANOVA) for repeated measures was conducted on the dependent variables of 'seeking counseling' and 'stigmatization' separately. Table 1 presents the means and standard deviations for the four computed factors (pre- and post-intervention) as a function of the two groups of respondents.

Table 1: Means and Standard Deviations for The Factors of 'Seeking Counseling' and 'Stigmatization' (Pre- and Post-Intervention) as A Function of The Type of Group (Experimental/Control)

	<u>Experimental</u>		<u>Control</u>		<u>Total</u>	
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>
Seeking counseling (pre-intervention)	2.56	0.57	2.62	0.47	2.59	0.52
Seeking counseling (post-intervention)	3.34	0.33	2.66	0.47	3.01	0.53
Stigmatization (pre-intervention)	2.52	0.57	2.52	0.57	2.52	0.57
Stigmatization (post-intervention)	1.82	0.37	2.56	0.53	2.18	0.59

Seeking counseling

Results from the MANOVA show that the within-subjects repeated measure of 'seeking counseling' is significant, Pillai's Trace $F(1, 58) = 67.99, p < .001$. *Test of within-subjects contrasts* shows that there is an increase in 'seeking counseling' scores from pre-intervention ($M = 2.59$) to post-intervention ($M = 3.01$) for the two groups combined. This increase of **0.42** points is highly significant, $F(1, 58) = 67.99, p < .001$.

The *multivariate test of significance* shows that the interaction effect of 'seeking counseling x group' is significant, Pillai's Trace $F(1, 58) = 56.96, p < .001$. This interaction is presented as Figure 1.

Test of within-subjects contrasts shows that there is an increase in 'seeking counseling' scores from pre-intervention ($M = 2.56$) to post-intervention ($M = 3.34$) for the experimental group - a mean increase of 0.78 points. For the control group, there is also a slight increase in 'seeking counseling' scores from pre-intervention ($M = 2.62$) to post-intervention ($M = 2.66$) - a mean increase of 0.04 points. This difference in increase in 'seeking counseling' scores between the experimental group and the control group as a function of the training program (pre-intervention versus post-intervention) is highly significant, $F(1, 58) = 56.96, p < .001$.

Stigmatization

Results from the MANOVA show that the within-subjects repeated measure of 'stigmatization' is significant, Pillai's Trace $F(1, 58) = 46.09, p < .001$. Thus, there is a significant difference in the 'stigmatization' scores pre- and post-intervention for the two groups combined. *Test of within-subjects contrasts* shows that there is a decrease in 'stigmatization' scores from pre-intervention ($M = 2.52$) to post-intervention ($M = 2.18$) for the two groups combined. This decrease of 0.34 points is highly significant, $F(1, 58) = 46.09, p < .001$.

The *multivariate test of significance* shows that the interaction effect of 'stigmatization x group' is significant, Pillai's Trace $F(1, 58) = 58.33, p < .001$. This interaction is presented as Figure 2.

(See Figure 1 and 2 on the next page)

Test of within-subjects contrasts shows that there is a decrease in 'stigmatization' scores from pre-intervention ($M = 2.52$) to post-intervention ($M = 1.82$) for the

experimental group - a mean decrease of 0.70 points. For the control group, there is a slight increase in 'stigmatization' scores from pre-intervention ($M = 2.52$) to post-intervention ($M = 2.56$) - a mean increase of 0.04 points. This difference in 'stigmatization' scores between the experimental group and the control group as a function of the training program (pre-intervention versus post-intervention) is highly significant, $F(1, 58) = 58.33, p < .001$.

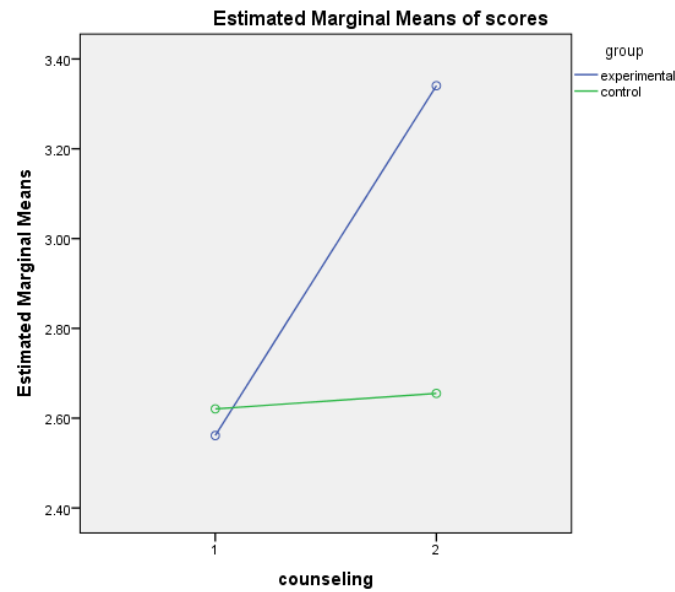


Figure 1: Interaction Between ‘Seeking Counseling’ (Pre- and Post-Intervention) and Group (Experimental Versus Control)

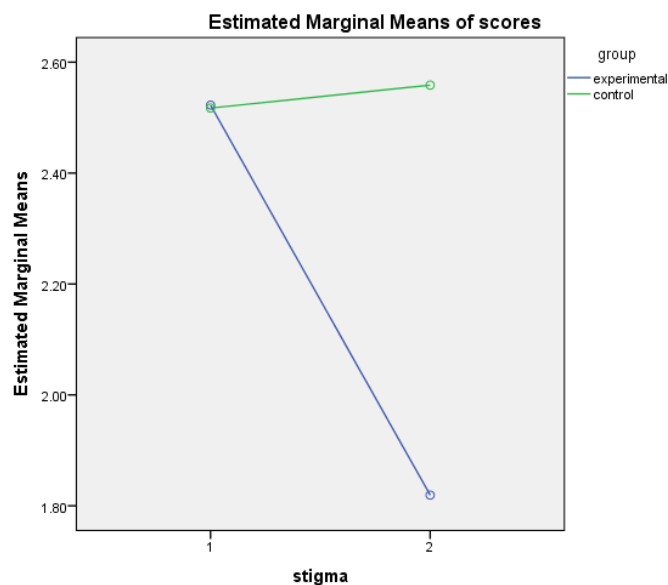


Figure 2: Interaction between ‘Stigmatization’ (Pre- and Post- Intervention) and Group (Experimental Versus Control)

Discussion

The study’s findings clearly show that the more the participants perceived receiving professional psychological help to be stigmatizing, the lower was their reported willingness to seek such help. This finding is in line with past studies which have shown that the stigma associated with seeking treatment for mental illness is the most frequently cited reason why people do not seek counseling and other mental health services (Komiya et al., 2000; Vogel, Wester, Wei & Boysen, 2005; Corrigan, 2004). Although the stigma associated with seeking

counseling had been described as comprising of negative and erroneous attitudes about people who attend psychotherapy (Farina, Fischer, Boudreau, & Belt, 1996; Nieradzik & Cochrane, 1985), it has and still does represent a major obstacle against seeking treatment (Loya, Reddy, & Hinshaw, 2010). While the findings from the present study point clearly to the negative relationship between the perception of stigmatization from seeking professional psychological help and the willingness to seek mental health services, in practice there are some Korean people who are still willing to seek such help. A

recent study by Kim and Jun (2012) revealed that despite the anxiety of being socially stigmatized and the possible leakage of confidential information from attending counseling services, there are factors that may offset such anxieties and fears and promote help-seeking behavior. These factors include proximity of the counseling service location, convenience of travel, familiarity with the counseling staff, and free-cost. Thus, while the fear of being stigmatized may serve to dampen the willingness to attend counseling services, the ease and practicality of access to such services may offset such fear.

An important aim of the present study is to investigate the effects of mental health education on reducing stigma and increasing positive attitudes toward seeking therapy.

The study's findings support the efficacy of employing mental health education as an intervention strategy in lowering the participants' perception of stigmatization as attached to seeking counseling services, as well as increasing their positive attitudes toward seeking such help. Specifically, the participants exposed to the intervention strategy (Mental Health Education material) show significantly higher tendency to seek counseling and lower tendency to perceive such help-seeking as stigmatizing from pre- to post-intervention, when compared to the non-treatment/control group. These findings point to the effectiveness of 'education', and in particular mental health education, in breaking down the stigmatization barrier and promoting help-seeking behavior. These findings are in line with those obtained from previous studies which have shown that educational programs tailored to inform the public about the benefits of seeking counseling help (when needed) can change the social stigma associated with and the attitudes toward seeking mental health service. While the study's findings clearly corroborate Corrigan's (2004) suggestion that education programs aimed at decreasing social stigma would help people improve their attitude towards seeking professional psychological help, the question remains as to how to maximize the intervention's potential as well as how to translate the increased willingness to seek counseling help into actual help-seeking behavior. This is important because while an intervention strategy based on mental health education may be effective in changing how one perceives social stigma and its impact on attitudes toward seeking mental health services, its true effectiveness is not demonstrated until such attitudinal changes are translated into behavioral changes.

One suggestion for future research would be to focus on the direct and indirect influences of stigmatization, with the indirect influence being mediated by different types of intervention strategies. The importance of investigating the efficacy of different types of intervention strategy was supported by past research which had used different methods of mental health education, including literacy-based intervention (Stuart, 2002, 2003) and contact-based intervention (Sartorius, 2004) to motivate people to seek counseling help when needed. Testing

different educational models and dispelling myths about professional psychology will help determine what works and what doesn't work. The use of different education models not only in different settings, such as school counseling, work environment, and other organizations, but also with a wide range of different populations will be important in determining what types of mental health education work best with what groups.

In conclusion, the findings from the present study support the view that the perception of social stigma and their attitude towards seeking mental health service can be effectively changed via an education program that focuses on the benefits of mental health care services. More specifically, the findings emphasize the importance of employing education programs to inform the Korean public about the benefits of seeking out and attending counseling when the need arises. Of equal importance is the need to decrease the social stigma attached to seeking psychological help which may lead to more positive attitudes toward seeking professional psychological help. Overall, the findings from this study will help certain individuals and groups who are concerned with mental health to better understand the causes of social stigma and its effects on the decision-making process, with a view to reducing the aversive effects of stigmatization and to help improve attitude toward seeking mental health therapy through mental health education and other related interventions.

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