

## **Help-Seeking and Stigma Across Mental Health Backgrounds**

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### **Abstract**

Most people will not seek professional help for a mental illness and stigma is a significant barrier. Both help-seeking and stigma may be influenced by a person's mental health background, including their own experiences and family history of mental illness. This study included a secondary analysis of existing research to examine how disorder types differ in help-seeking and stigma, specifically looking at participants ( $n = 232$ ) who disclosed the history of mental illness in their family. Results showed that people with a family history of mood disorders had higher help-seeking scores and lower stigma scores than people with a history of other disorders. People with a family history of mood disorders also sought help at a higher rate (58%) than people with a history of other disorders (49%), but this difference was not significant. Future research should consider more disorder-specific family history to understand factors influencing stigma and help-seeking.

## **Help-Seeking and Stigma Across Mental Health Backgrounds**

Most people, even when experiencing symptoms of a mental illness, will not seek professional help (Clement et al., 2015; Conceição et al., 2022). This makes it increasingly important to understand the circumstances preventing people from reaching out for the support they need. One of the most significant barriers to seeking mental health support is stigmatizing attitudes towards mental illness (Clement et al., 2015; Eisenberg et al., 2009; Schnyder et al., 2017). Internalizing these discriminative viewpoints could be deterring individuals from asking for help. A factor that might mediate the relationship between help-seeking and stigma is an individual's mental health background. This could include both their own experiences with mental health services, and any pre-existing mental illness concerns within their family. Having a family member diagnosed with a mental disorder could affect opinions towards mental illness, but this is still greatly unexplored. The purpose of this study was to analyze how a person's stigmatizing attitudes towards mental illness and their willingness to seek professional help are influenced by their mental health background.

Help-seeking and stigma are parallel concerns in mental health. There is no singular agreed upon definition for help-seeking, but studies typically measure this concept through a person's intentions to seek help and actual help-seeking behaviors (Wilson et al., 2005). Many factors influence the decision of seeking help for mental health concerns like lack of perceived need for services or skepticism on the effectiveness of treatment methods (Eisenberg et al., 2007). It is also important to explore the problem of stigma in mental health. Stigma presents itself as a variety of negative attitudes and typically results in disapproval and discrimination towards an individual (American Psychological Association, n.d.). In turn, people with a mental illness are often discriminated against. There are different types of stigma, such as personal

stigma and perceived public stigma. Personal stigma consists of an individual's own stigmatizing attitudes towards mental illness or treatment options for mental health (Eisenberg et al., 2009). Perceived public stigma includes what an individual assumes the public's opinions and attitudes towards mental illness are (Doll et al., 2021). People typically have higher rates of perceived public stigma than personal stigma (Conceição et al., 2022; Eisenberg et al., 2009; Lally et al., 2013), but they share a positive correlation (Lally et al., 2013).

A factor that could affect both help-seeking and stigma is an individual's mental health background. This may include whether the person has previously accessed mental health care services and any mental illnesses diagnosed within their family. When looking at groups of people who have experienced symptoms of a mental illness, the majority have not accessed any mental health care services (Conceição et al., 2022). However, people who have received mental health care services tend to have more positive attitudes towards help-seeking than people who have not (Conceição et al., 2022; Eisenberg et al., 2007). Previously accessing mental health support shares a relationship with lower rates of personal stigma but higher rates of perceived public stigma (Conceição et al., 2022). This indicates that treatment for a mental illness can influence how people personally feel for the better but could increase their assumption of negative attitudes from society. When looking at people with a family history of mental illness, they are more likely to experience symptoms of mental illness themselves and this increases with the number of diagnosed family members (Perich & Andriessen, 2025; Prokofyeva et al., 2013). Yet, people with a family history of mental illness are more likely to seek help than those without any diagnosed disorders in their family (Conceição et al., 2022; Perich & Andriessen, 2025; Prokofyeva et al., 2013). In fact, individuals who simply know someone with a mental illness experience lower rates of personal stigma than people who do not (Conceição et al., 2022;

Lally et al., 2013). These findings suggest that exposure may also play a part in someone's attitudes surrounding mental illness.

Previous research is still limited in looking at how stigma and help-seeking are affected across mental health backgrounds in terms of previously accessing mental health care services and family history of mental illness. No previous study has examined help-seeking and stigma across different disorder types in a person's family history of mental illness. The current research includes a secondary analysis of preexisting data examining depression stigma and help-seeking behaviors amongst college students (Conceição et al., 2022). Within the original study, participants disclosed whether they had previously sought professional psychological help and whether they had any family history of mental illness. Participants further indicated what mental disorders were present within their family allowing the current research to compare differences amongst people with a family history of mood disorders and people with a family history of other disorder types. The results of this study aided in answering the following questions: Do people with a family history of mood disorders have more positive attitudes towards help-seeking behaviors than people with a history of other disorders? Are people with a family history of mood disorders less likely to exhibit stigmatizing attitudes towards mental illness than people with a history of other disorders? How do people with a family history of mood disorders and people with a family history of other mental disorders differ in terms of actually seeking professional help?

### **Method**

This study included a reanalysis of preexisting research on depression stigma and help-seeking behaviors amongst college students (Conceição et al., 2022). The original study measured the effects of gender, previous mental health care services, and mental illness

symptoms on stigma and help-seeking (Conceição et al., 2022). The current research consists of a secondary analysis to examine how people with a family history of mood disorders compare to those with other mental disorders diagnosed in their family based on their levels of stigma and attitudes towards help-seeking.

## Participants

The total sample ( $N = 969$ ) from the original study consisted of undergraduate college students at a Portuguese university. The current research looked a subset of these individuals ( $n = 232$ ) who disclosed a history of mental illness in their family and listed at least one disorder in an open-ended response. From the subset, the majority of participants were women (68%, men = 32%) with a mean age of 19.08 ( $SD = 1.65$ ).

## Materials

The materials for the original research consisted of a survey created using SurveyMonkey distributed through student emails. The survey included a series of demographic questions and several scales translated and adapted for a Portuguese population (Conceição et al., 2022). To measure help-seeking, participants completed the Attitudes Toward Seeking Professional Psychological Help (ATSPPH). This measure consists of ten items split into two subscales of openness to treatment and value of treatment. Participants responded to the items on this measure using a 4-point Likert scale with responses ranging from *disagree* to *agree* (Fischer & Turner, 1970). The translated version of the ATSPPH showed high reliability with a Cronbach's alpha of 0.80 (Conceição et al., 2022). The researchers measured stigma using the Depression Stigma Scale (DSS), which consists of 18 items rated on a 5-point Likert scale with responses ranging from *strongly disagree* to *strongly agree*. The subscales of this measure allowed for greater focus

on personal stigma and perceived public stigma (Griffiths et al., 2008). The translated version of the DSS showed good reliability across subscales with a Cronbach's alpha of 0.71 for the personal stigma subscale and 0.75 for the perceived stigma subscale (Conceição et al., 2022). To assess mental health background, participants indicated *yes* or *no* to receiving mental health care services previously and whether they had a history of mental illness in their family. Those who responded *yes* to having a family history of mental illness then completed an open-ended response question to indicate what disorders occurred within their family.

## **Procedure**

The original study occurred in Portugal, so all open-ended responses required translation from Portuguese to English using Google Translate (<https://translate.google.com>) during the first week of November 2025. Once all responses were translated, they received codes through the coding manual created based on the described disorders. The coding manual listed numbers to be assigned to the disorder types of mood disorders ( $n = 155$ ), which received a 1, and other disorders ( $n = 77$ ) which received a 2. The other disorders group included anxiety, neurocognitive, psychotic, personality, and neurodevelopmental disorders. Participants who listed multiple disorders ( $n = 38$ ) received a code based on the first disorder listed in their response. Responses that did not specify a specific disorder or listed disorders not classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) (American Psychiatric Association, 2022) were excluded from this study.

## **Statistical Analysis**

SPSS aided in conducting a series of independent-samples  $t$  tests to compare attitudes towards stigma and help-seeking between mood disorders and other disorder types. A chi-square

test of independence revealed the association between disorder type and whether the person previously sought professional psychological help.

## **Results**

The first set of analyses provided answers to the following research questions: Do people with a family history of mood disorders have more positive attitudes towards help-seeking behaviors than people with a history of other disorders? Are people with a family history of mood disorders less likely to exhibit stigmatizing attitudes towards mental illness than people with a history of other disorders? A series of independent-samples *t* tests revealed the differences between people with a family history of mood disorders and those with a history of other disorders when it comes to help-seeking, stigma, and their respective subscales (see Table 1). Overall, people with a family history of mood disorders have significantly higher help-seeking scores than people with a family history of other disorders. This effect was seen across value of treatment and openness to treatment. Conversely, people with a family history of mood disorders experience lower stigmatizing attitudes towards mental illness than people with a family history of other disorders, but this difference was not significant. However, when looking at personal stigma separately, people with a history of mood disorders showed significantly lower stigmatizing attitudes than other disorders. This effect was not seen for perceived stigma scores.



**Table 1***Comparison of Help-Seeking and Stigma by Family History of Disorder Type*

Variable	Mood disorders ( <i>n</i> = 155)		Other disorders ( <i>n</i> = 77)		<i>t</i> (230)	<i>p</i>	<i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Help-seeking total	20.44	4.51	17.79	4.82	4.11	< .001	0.57
Value of treatment	10.68	2.30	9.25	2.56	4.30	< .001	0.60
Openness to treatment	9.76	2.94	8.55	2.97	2.96	.003	0.41
Stigma total	84.20	20.76	87.46	21.85	1.11	.269	-0.15
Personal stigma	20.39	10.77	25.94	10.57	3.71	< .001	-0.52
Perceived stigma	63.81	18.11	61.52	18.37	0.90	.370	0.13

The final analysis answered the last research question: How do people with a family history of mood disorders and people with a family history of other mental disorders differ in terms of actually seeking professional help? A chi-square test of independence examined the association between mood disorders and other disorder types within a person's family in terms of whether participants actually sought professional help. The total counts for mood disorders and other disorder types were near the expected results. 58% of people with a family history of mood disorders ( $f = 90$ ) sought help and 49% of people with a family history of other disorders ( $f = 38$ ) sought help. The association between both groups and whether they previously sought professional help was not significant,  $\chi^2(1, N = 232) = 1.58, p = .209$ .

### Discussion

The current study examined how different disorder types within an individual's family history of mental illness differ in attitudes towards help-seeking behaviors and mental illness

stigma. The first two research questions asked: Do people with a family history of mood disorders have more positive attitudes towards help-seeking behaviors than people with a history of other disorders? And are people with a family history of mood disorders less likely to exhibit stigmatizing attitudes towards mental illness than people with a history of other disorders? The results showed that people with a family history of mood disorders had significantly higher help-seeking scores in both value of treatment and openness to treatment. Also, people with a family history of mood disorders experienced lower stigmatizing attitudes towards mental illness overall, but only differences in personal stigma scores were significant. The final research question asked: How do people with a family history of mood disorders and people with a family history of other mental disorders differ in terms of actually seeking professional help? The results showed that people with a family history of mood disorders sought professional help at a higher rate, but the association between the groups was not significant.

The results of this study show consistency with past research. The analysis from the present work revealed that across mood disorders and other types of disorders within a person's family history of mental illness, scores for perceived public stigma were higher than personal stigma. Previous studies also supported that people typically have higher rates of perceived public stigma than personal stigma overall (Conceição et al., 2022; Eisenberg et al., 2009; Lally et al., 2013). However, for help-seeking, prior research only showed that people with a family history of mental illness in general are more likely to seek help than those without any diagnosed disorders in their family (Conceição et al., 2022; Perich & Andriessen, 2025; Prokofyeva et al., 2013). Research looking at factors associated with different mental disorders diagnosed in a person's family is still greatly unexplored. Therefore, all disorder-specific findings from the

present study only aided in closing the gap in the literature and motivating future research rather than supporting past findings.

To understand the implications of this research, it is important to first address this study's strengths and limitations. The greatest strength of this study was that it helped fill the gap in the literature by examining disorder-specific factors of family mental health background. Additionally, the original data used in this reanalysis included a fairly large sample size. This allowed the current study to look at a sufficient subsample of participants based on the research questions presented. As for limitations, the most impactful limitation to this research was the combination of all other disorder types into one category. There was not enough data to analyze the other disorder groups separately, such as comparing mood disorders to personality disorders or psychotic disorders. So, looking at them as one prevented the analyses from discovering more defined results. Another potential limitation of this research could be that the original study took place in Portugal, and all materials and responses were in Portuguese. Due to this, all open-ended responses required translation from Portuguese to English which could have resulted in some misinterpretations of words that do not directly translate. Lastly, for the stigma variable, the original study looked specifically at depression stigma. These scores were generalized to apply to all mental illness stigma, but it is possible that this overgeneralization does not display this variable accurately.

Despite this study's limitations, there are still many important implications from this research. No previous study has examined help-seeking and stigma across disorder-specific family mental health background. The current results showed that people with a history of mood disorders and people with a history of other disorder types in their family exhibit specific and differing relationships with help-seeking and stigma. Therefore, there is a need for these groups

to be analyzed separately. This information can be further applied to clinical settings. Initial screening for clients during clinical assessment should go beyond just determining whether a person has a family history of mental illness. Assessing what specific mental disorders are present in the individual's family can give clinicians a better understanding of how the person's mental health background might be influencing their attitudes towards mental illness and the decision to seek professional help. To further analyze these effects, research should continue to explore differences across more disorder-specific categories. Future studies could compare disorders based on their degree of clinically significant impairment or symptomology, like disorders with highly severe symptoms compared to disorders with less severe symptoms. Examining disorders based on these categorizations can further fill the gap in the literature by seeing further patterns of help-seeking and stigma in these groups.

### **AI Contribution Statement**

(1) When writing the paper, I used Microsoft Copilot on 11/01/25, 11/07/25, 11/18/25, and 11/21/25. (2) I entered prompts asking AI for suggestions and corrections on grammar, spelling, APA format, and organization of ideas. (3) I included small editorial changes based on AI generated suggestions. (4) Reference to ideas influenced by AI can be found throughout the paper.

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