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Perceptions of Confidentiality and Stigma Associated with use of Counseling Services

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Perceptions of Confidentiality and Stigma Associated with use of Counseling Services

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A thesis

presented to

the faculty of the Department of Counseling and Human Services

East Tennessee State University

In partial fulfillment

of the requirements for the degree

Master of Arts in Counseling

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by

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ABSTRACT

Perceptions of Confidentiality and Stigma Associated with use of Counseling Services

by

Jesi L. Hall

Counseling services are offered in most universities, but are often underutilized. Past researchers found that students listed time, cost, stigma, and confidentiality concerns as their top reasons for avoiding seeking help (e.g., Clement et al., 2015; Dearing, Maddux, and Tangney, 2005). The purpose of this study was to identify whether concerns about confidentiality affect stigma related to use of mental health services. Students answered questions about perceived stigma and the reasons they have avoided seeking counseling in the past. Those who had previously used services reported fewer confidentiality concerns. In a stepwise multiple regression, concerns about confidentiality were found to predict significantly more of the variability in perceived stigma. Students with confidentiality concerns were invited to a focus group to explore further, and major themes included pride, accessibility, cost, and lack of information. Future research is needed in implementing better communication with students about services and the purpose of counseling.

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CHAPTER 1

INTRODUCTION

Although mental health is becoming a more common part of everyday conversation, it is still unclear whether people are getting their needs met and what has stopped them from seeking out help in the past. Depression is the seventh most debilitating disease affecting individuals globally (Gulliver, Griffiths, Christensen, & Brewer, 2012), yet only about one in five people will get any form of professional help (Thornicroft, Chatterji, Evans-Lacko, & Gruber, 2018). Past research has shown that stigma is one of the strongest predictors of whether an individual will seek out psychological help when they need it, and it is important that we understand it and what contributes to it more thoroughly.

Background/Context

Utilization of counseling services provided by universities has been shown to be a significant predictor of academic performance (Cholewa & Ramaswami, 2015) and student retention (Bishop & Walker, 1990; Donghyuck, Olson, Locke, Michelson, & Odes, 2009; Sharkin, 2004). As of 2012, only about 54% of all students who start college will graduate within 6 years (National Center for Education Statistics, 2015). For students at East Tennessee State University (ETSU), only 20% will graduate within 4 years (National Center for Education Statistics, 2015). Young adults who are more capable of handling the stresses associated with college are more likely to continue to thrive and be retained until graduation (Donghyuck et al., 2009).

With more funding opportunities, access, and a general societal attitude change toward college education, college enrollment increased from 1.1 million in 1947 to 5.7 million in 2017 (National Center for Education Statistics, 2014). According to the Annual Survey by the

Association for University and College Counseling Center Directors (Reetz, Bershad, LeViness, & Whitlock, 2015), a school with an enrollment size that mirrors ETSU (15,000-20,000 students) will only have about 12% of students take advantage of mental health services. The portion of individuals who are enrolled in college has been growing steadily over time which may provide a unique opportunity for intervention and corrective experiences. The present study examines whether concerns about confidentiality are contributing to perceived stigma associated with seeking out counseling services.

Purpose and Significance

Considerable research has been completed in the past looking at the reasons that students give for not using counseling resources on campus, with stigma, which includes discrimination and a loss of power, often being part of the explanation. A meta-analysis of 144 studies with 90,189 respondents found that stigma was the fourth most common reason people have for not seeking out professional psychological help (Clement et al., 2015). Stigma has also been shown to predict whether someone will have a positive or negative attitude toward counseling (Komiya et al., 2000), possibly contributing to reinforced behaviors to either seek help or endure without.

Although previous studies have set the precedent for stigma being a concern, few studies have looked further into the perception that students have about speaking openly with a professional who is held to ethical standards. This previous research has not been clear on what aspect of stigma is a concern, but has instead has utilized many different definitions for the term. In the large meta-analysis mentioned previously, disclosure and confidentiality concerns were the most common type of stigma concern from five different types (Clement et al., 2015). A similar study on graduate students found that confidentiality concerns were the third most

commonly provided reason, with time and cost concerns taking precedence (Dearing et al., 2005).

Concerns about confidentiality could be affecting college students at higher rates than the general population. The small environment could lead to greater concern for dual relationships (e.g., students could fear that their counselors will communicate the private matters they discuss in sessions to their professors, or to their parents in the case that they are financially contributing to the student's tuition). This population is traditionally experiencing life outside of their childhood home for the first time, which could contribute to misunderstandings about legal rights and boundaries between parents and students.

This research provided an opportunity to further explore the reasons why students at a university in the Southeastern United States would experience stigma and thus hesitate to take advantage of services that are available to them. Those who have higher rates of perceived stigma are less likely to seek out professional or informal help in areas with high suicide rates (Reynders, Kerkhof, Molenberghs, & Audenhove, 2014). Therefore, considering stigma is particularly important in this region, as this study takes place in a state that ranks 13th in suicide rates for the United States (Caruso, 2005). This is not a population that is traditionally seen in professional mental health settings, and it is important that we consider all of the aspects that could be contributing to perceived stigma.

The present study seeks to fill a gap in the literature related to making sure that students are getting their mental health needs met. Although considerable research has been done investigating stigma and the way it can affect help-seeking decisions, there seems to be little research that addresses whether individuals are worried about the confidentiality of their information. Confidentiality is at the core of the training that new mental health professionals

receive and is emphasized in all initial counseling sessions, but not enough has been done to explore the way that students are thinking about the issue and how it contributes to their experience of stigma. The present mixed methods, exploratory study sought to examine the way that concerns about confidentiality are contributing to perceived stigma associated with use of counseling services.

Methodology

As previous research has largely ignored this specific concern, the results from the present study contribute to a better understanding of the way that students conceptualize a topic that is heavily discussed among mental health professionals. The quantitative portion examined factors that may contribute to the perception of stigma in seeking mental health services. The main purpose of the qualitative portion of the study was to identify how concerns about confidentiality are associated with stigma, and explore the way that our population understands the counseling services that are being offered. Participants who, in the quantitative portion of the study, indicated that concerns about confidentiality would have a strong influence on their decision to not seek out professional mental health services were invited to participate in the focus group.

Definitions of Terms Used

The present study focuses on the relationship between concerns about confidentiality and stigma. Previous research has shown that stigma can have an effect on an individual's decision to seek out professional help, and it is important that we understand if concerns about confidentiality are affecting this further. The following terms are defined for the purpose of this study.

Stigma. Stigma has been defined as including discrimination, stereotyping, and a loss of power (Link & Phelan, 2001). In this study, stigma was measured using the Stigma Scale for Receiving Psychological Help (SSRPH; Komiya et al., 2000). This assessed the amount of stigma that an individual associated with the act of seeking out professional psychological help.

Confidentiality concerns. For the purpose of this study, confidentiality concerns were measured using two questions. The first question referred to the worry that one's attendance in counseling will not be kept confidential, and was part of the Perceived Barriers to Psychological Treatment scale (PBPT, Mohr et al., 2010). The second question assessed whether the individual was concerned that the topics discussed in session would be shared outside of the session. In most counseling settings, measures are taken to ensure that no one other than the client will know that they are seeking out help, and nothing discussed between that person and the counselor will leave that relationship. Mental health professionals are required to learn about HIPAA privacy requirements and the parameters of confidentiality during their training, but it is unclear if the profession is adequately relaying that information to the general public or to the students within a college campus.

Summary

Previous research has established a precedent that people have reasons beyond accessibility to avoid seeking out professional mental health services. Students who are of traditional college age may have more need to address unmet needs due to their age and developmental stage. Use of counseling services has been shown to have benefits for both individual student outcomes and overall retention rates. However, stigma can decrease the likelihood that someone will seek out help (Clement et al., 2015), and it is possible that the small environment of a university could lead students to worry that their privacy would not be

maintained. The present study focuses on whether college students are worried about

confidentiality and the way that this concern may be affecting stigma associated with use of

counseling services.

CHAPTER 2

LITERATURE REVIEW

Stigma associated with help-seeking can prevent someone from using services (Clement et al., 2015; Miranda, Soffer, Polanco-Roman, Wheeler, & Moore, 2015; Reynders et al., 2014). However, it is unclear if concerns about confidentiality contribute to the experience of stigma. This is especially important in the smaller setting of a university where the need for counseling services has been documented in the literature (e.g., Eisenberg, Gollust, Golberstein, & Hefner, 2007; Gulliver et al., 2012; Kessler, Berglund, & Demler, 2005).

First, this review will focus on the reasons why college may be a unique environment that allows opportunities for services and outreach to people in need, while benefiting both students and the university. Next, the reasons people give for not going to counseling and how this can differ among populations will be discussed, with an emphasis on stigma and concerns about confidentiality. Finally, the existing literature will be considered in context of what the present study seeks to address.

College Counseling

College enrollment increased from 1.1 million in 1947 to 5.7 million in 2017 (National Center for Education Statistics, 2014). More and more young adults are transitioning to college after finishing high school, with about 80% of college students falling between the ages of 18 and 24 (American College Health Association, 2015). Young adults who are of traditional college-age have been shown to have higher rates of mental illness and be more heavily affected by these than those from other age groups (Eisenberg et al., 2007; Gulliver et al., 2012; Kessler et al., 2005). When considering the life stresses that are often taking place during this time, it is clear that attention must be paid to the mental health needs of college students.

Within a university setting, one study found that about 15% of all students (15.6% in undergraduate students, 13% in graduate students) had results indicating they may have a depression or anxiety disorder (Eisenberg et al., 2007). Rosenthal and Wilson (2016) found even higher rates, where almost 25% of first year undergraduate students were found to have clinically significant psychological distress, and another 44% had subclinical levels of distress. This is concerning as the general rate of use of college counseling services in a university mirroring the enrollment size of the university where this study took place is about 12%, and many students may come in with issues outside of these clinical definitions (Reetz et al., 2015).

According to part of the World Health Organization Mental Health Survey, about three-fourths of all lifetime cases of mental disorders began by the age of 24 (Kessler et al., 2005). Many students will be graduating college around this age, making it very likely that there are students on any given college campus who are experiencing mental illness for the first time or who are newly at a place in their lives where they have the autonomy to address their needs. College campuses provide mental health services that are more accessible to students who may be dealing with significantly more stress than they have previously.

College counseling is unique in that the university has the power to create a culture around help-seeking. When a university has a more positive attitude toward help-seeking, students' attitudes reflect that, and they are more likely to seek out help when they need it (Chen, Romero, & Karver, 2016). Additionally, outcomes for clients have been found to be similar whether the counselor was a graduate student or a professional staff member, creating a unique opportunity for learning and connecting with peers (Ilagan, Vinson, Sharp, Havice, & Ilagan, 2014).

Retention. Students who have their mental health needs satisfied are significantly more likely to remain enrolled in college (Donghyuck et al., 2009). They are also more capable of completing coursework and meeting their academic obligations (Eisenberg et al., 2007). As an extension of this, students who choose to take advantage of the counseling services provided by their university have increased academic performance and are more likely to be retained until graduation (Bishop & Walker, 1990; Cholewa & Ramaswami, 2015; Donghyuck et al., 2009; Sharkin, 2004).

Retention can be particularly important to consider with vulnerable populations. Family income has been shown to be a major determinant of whether a student will stay in college (Hossler & Vesper, 1993), and individuals who come from families with lower incomes are less likely to seek out services and have higher rates of mental health needs (Eisenberg et al., 2007). Additionally, first-generation college students have lower rates of use of counseling services, even when they know they would benefit from them (Stebleton, Soria, & Huesman, 2014). These are populations who may have not had access to professional psychological help before they started college; therefore, this setting provides a unique opportunity for access. Getting psychological help for students who may have been ignored in the past could lead to higher retention rates overall.

Reasons for Not Accessing Counseling

When considering the high prevalence of unmet mental health needs and the availability of a variety of services, it is vital that we consider the reasons why people are hesitating to seek out help. Studies have found that both teenagers and adults who have greater mental health needs may perceive more barriers to seeking out treatment and are less likely to seek help from anyone (Mohr et al., 2006; Reynders et al., 2014; Sawyer et al., 2011; Schomerus et al., 2012). There

could be more obstacles to overcome to reach those who need it most. Rosenthal and Wilson (2016) suggested that as many as 72% of all individuals who need professional help will not receive it. The gap between the number of people needing mental health services and the number receiving it is concerning, as is the fact that those more in need of treatment perceive more barriers to accessing it.

Corrigan, Druss, and Perlick (2014) suggested two different types of barriers. Person-level barriers refer to personal barriers affecting the individual such as stigma, emotional concerns, or general attitudes toward mental health professionals. Provider and system-level barriers include concerns related to cost and accessibility. A majority of the barriers discussed in this review would be considered person-level barriers, though one of the strongest barriers is cost, a system-level barrier.

Across several studies, cost has been found to be one of the main reasons why individuals avoid seeking out treatment when they need it (Ayanian, Weissman, Schneider, Ginsburg, & Zaslavsky, 2000; Dearing et al., 2005 Eisenberg et al., 2007). This can be particularly interesting to consider, as the majority of colleges in the United States will offer some form of free or reduced cost counseling. Even in an environment where there may be unique opportunities for accessing services, there is still a misconception that counseling is too expensive and therefore unattainable.

Help-seeking. Help-seeking was first researched and defined by Gall (1981) in a study on young children. The authors of this article focused on children who actively sought out help when facing obstacles, rather than those who passively received the help they needed. This factor relates to the college population in that these are often young adults who have to initiate help-seeking to take care of their mental health needs, possibly for the first time.

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One obstacle in seeking help is the ability for one to recognize that they need to seek help, with mental health literacy being a major predictor of help-seeking attitudes (Cheng, 2018). Interestingly, this type of literacy has been found to be significantly lower in older adults, suggesting that the new generation of traditionally college-age students may be better at recognizing mental health needs (Tomczyk et al., 2018). Again, this gives university-affiliated counseling services an opportunity to reach students at an optimal time for self-directed growth.

Outside of individual reasons, there is research showing that people can get into a cycle of avoidance, where they have never sought out help so they are less likely to do so in the future (Biddle, Donovan, Sharp, & Gunnell, 2007). Even if college-aged students are better at recognizing mental health needs, they may need something drastic to help them break the cycle of solving their problems in other ways. As expected, people who view mental health care more positively are more likely to use services in the future (Bonabi et al., 2016).

Gender. Several differences have been found in help-seeking and the way mental illness is expressed between men and women. In general, women view seeking help for mental illness more positively than men do (Komiya et al., 2000; Leong & Zachar, 1999) and are more likely to use counseling services (Yu et al., 2008).

In a major population study from data collected in 2001, women were shown to be significantly more affected in their day-to-day lives by depression than men. However, the same study found that men were six times more likely to experience daily negative outcomes due to their use of alcohol and other drugs (Gulliver et al., 2012). This could explain why women are more likely to use services, but men may be a vulnerable population that college services have an advantageous position to try to reach.

According to Klineberg, Biddle, and Donovan (2011), there could be a societal influence on the way men are taught to view mental health. The authors of this study found that men seem to be less capable of recognizing a mental health problem in themselves or in an individual in a fictional vignette. The same study suggested that men described individuals in the vignette with more stigmatizing language and were less likely to suggest the person seek out professional help. Similar was seen in a study performed by Tomczyk et al. (2018), where men were found to have significantly lower depression literacy than women. It is possible that men do not recognize the severity of their symptoms, or the potential benefits they could receive from professional help.

Multi-cultural considerations. Since 1976, the percentage of white students enrolled in university in the United States has gone from 84% to 60%, suggesting a much more diverse student body (National Center for Education Statistics, 2013). In general, individuals who are non-white have higher rates of depression and are less likely to seek out professional psychological help (Eisenburg et al., 2007; González, Tarraf, Whitfield, & Vega, 2010; Hayes et al., 2011; Yu et al., 2008). When people belonging to non-white ethnic groups do seek out professional help, the symptoms can be more severe than those seen in white individuals first coming to counseling (Chen, Sullivan, Ly, & Shibusawa, 2008), and they have often exhausted other resources first (Hayes et al., 2011; Parker, Gladstone, & Chee, 2001). Several studies have shown that this problem may be affecting international students more severely than those who were born in the United States. Individuals who did not learn English as their first language were found to be more debilitated by their disability in their day-to-day lives and significantly less likely to seek out help than those born in the United States (Abe-Kim et al., 2007; Boufous, Silove, Bauman, & Steel, 2005)

Lack of information. Many people avoid seeking out help because they simply do not have the information necessary to make an informed decision about their care. For some, the process of finding a provider within one's insurance was a major barrier (Eisenberg et al., 2007). This is particularly problematic when considering research showing that cost is one of the strongest barriers for individuals to seek out treatment (Ayanian et al., 2000; Dearing et al., 2005 Eisenberg et al., 2007).

The way that a university advertises services to its students could have a large influence on the rate at which its students are getting the help they may need. In a web-based survey by Eisenberg et al. (2007), only about half of students at a college knew how they would go about getting mental health care while they were enrolled. The same study found that half of the students who had never received mental health care at the college were not aware that there were free services being offered by the university. Higher rates were found among first-generation college students, where 80% stated that they had never even heard of the services being offered by their university (Stebleton et al., 2014).

Stigma

Stigma was first defined as a "spoiled identity" by Goffman (1963), and has since been expanded upon. According to Link and Phelan (2001), stigma is composed of "labeling, stereotyping, separation, status loss, and discrimination," and must include a loss of power (p. 363). Many individuals associate some amount of negative stigma with seeking out help, and this can be strong enough to prevent them from doing so.

Social group and the culture to which someone is exposed could have a drastic impact on their decision to seek out help. In a large meta-analysis of 144 studies, stigma was found to be the fourth most common reason that individuals avoided help-seeking (Clement et al., 2015).

Individuals who belong to minority groups cited concerns about stigma as the biggest influence on their decision to not seek counseling (Miranda et al., 2015).

Stigma affects everyone differently and is influenced by the opinions of the people in their lives. When an individual's family and friends sought out help, the individual was more likely to seek out help (Eisenberg et al., 2007). Similarly, people who perceived that their loved ones stigmatized psychological help were less likely to seek out counseling (D'amico, Mechling, Kemppainen, Ahern, & Lee, 2016) and more likely to experience self-stigma when deciding whether or not to reach out (Cheng, Kwan, & Sevig, 2013).

Seeking out professional mental health services can also be perceived as a last resort for getting one's needs met. When presented with a fictional vignette, 87% of respondents stated that they would first seek out friends and family for help with a mental health problem (Klineberg et al., 2011). When people perceived stigma associated with seeking help, they were less likely to seek out counseling and more likely to use psychotropic medications (Reynders et al., 2014).

Confidentiality. Confidentiality is often taught as being at the core of the counseling relationship and is controlled by the counselor. It is one of the first things that mental health professionals learn when they begin their training, and counselors emphasize its parameters within their initial session with a new client. However, it is unclear if the layperson is as familiar with these ethical standards as those working in mental health settings. Concerns about confidentiality are rarely considered when assessing the reasons why someone would avoid seeking out help when they need it and are often just vaguely combined with stigma measures.

Clement et al. (2015) performed a meta-analysis of 144 studies, resulting in a sample size of 90,189 respondents, with the goal of learning how stigma affects help-seeking. In this meta-analysis, stigma was the fourth most cited reason for not seeking help. The authors separated this

into different types of stigma, including shame/embarrassment, negative social judgement, confidentiality concerns, employment-related discrimination, and general stigma. Findings suggested that confidentiality concerns were the most frequent type of stigma experienced. This suggests the need to examine the role of confidentiality concerns in stigma in the college student population more closely.

It is possible that this type of barrier may be affecting individuals in helping professions more commonly than those in professions that are never exposed to the process of discussing their mental health needs with a professional. The previously mentioned meta-analysis also found that confidentiality concerns were most cited by health professionals when compared to other groups (Clement et al., 2015). Similar was found in a study on clinical and counseling psychology graduate students, where confidentiality concerns were the third most commonly cited reason for not entering counseling (Dearing et al., 2005). In a study by Davenport (2017), it is suggested that this decreased trust in the confidentiality of mental health professionals could be from the increasing integration between medical and mental health services on college campuses.

People who did not generally like sharing personal information were less likely to go to counseling (Kahn & Williams, 2003), and about a third of those who reported not seeking counseling said that it was because they did not feel comfortable discussing their problems with a mental health professional (Miranda et al., 2015). When people felt reassured in the confidentiality of the professional service, and were therefore not concerned about their vulnerability being shared outside of session, this actually served as a facilitator to them seeking out help (Gagnon, Gelinas, & Friesen, 2017).

Summary

With increased mental health awareness and enrollment in university, many college students experiencing the stressors of this developmental phase may find themselves in need of professional psychological help. College campuses provide an opportunity for reaching students and providing services that would not be accessible outside of it, yet only about 12% of students will ever receive help for their mental health needs (Reetz et al., 2015). Several studies have found trends in the reasons why people do not use services, with many citing concerns about the stigma associated with seeing a mental health professional. Although some consider concerns about confidentiality to be a part of stigma, it has not been clearly defined or addressed.

Overall, past research suggests concerns about confidentiality are preventing some parts of the population from seeking out counseling when they need it. There appears to be a disconnect between this being at the core of ethical standards for mental health professionals, and yet not part of the conversation when considering those who never seek out help. It is unclear if the general public understands that their information and attendance will be kept private to the best of an organization's ability or if this could be a barrier contributing to perceptions of stigma that has previously been ignored.

This study emphasizes the importance of considering the way specific beliefs about confidentiality may be contributing to stigma, a factor known to prevent people from seeking much needed help (Clement et al., 2015). The present study uses an overall measure of the reasons why people do not seek out counseling (including one stigma-related sub-scale that contains a confidentiality item), one 5-item scale measuring perceived stigma, and one additional question measuring whether there were concerns about confidentiality of information shared within session.

Concerns about confidentiality were conceptualized in two ways. The first referred to the concern that what was discussed in session would be shared outside of that setting, and the second suggested a concern that others would find out an individual was attending counseling without them telling them. This is differentiated from stigma, as stigma often refers to people knowing that the individual was attending counseling and judging them for that. This is expected to contribute to perceptions of stigma, as those who are concerned about their information being shared could be more likely to view it as a stigmatizing experience. As such, this study seeks to identify factors that contribute to the experience of stigma around seeking mental health services in college students.

CHAPTER 3

METHODOLOGY

The present study explored whether concerns about confidentiality are affecting stigma associated with seeing a mental health professional. Previous research has shown the benefits of counseling and the possibility of college students being a vulnerable population. Stigma can have a powerful effect on a person's decision to seek out help, and it is important that we consider it more thoroughly.

A mixed methods research design was chosen to explore the way that confidentiality concerns are contributing to stigma and affecting students, The quantitative portion of the study captured a wide variety of ages, majors, and previous experiences using scales that have been widely included in research. The qualitative portion was included to expand upon the views of college students and gain more insight into the reasons why these students may be affected by confidentiality concerns.

This research was funded by a Research Grant provided by the ETSU School of Graduate Studies. The population began as the entire population of the university in hopes of including students who have never sought out mental health services in the past, and those who are in programs unrelated to the social sciences. Members of the focus group were chosen by looking at the responses to questions regarding confidentiality.

Quantitative

Procedures. First, an electronic survey was created using SurveyMonkey and a link was sent to the point of contact of each department across ETSU, with a request for them to forward the survey link and information to their email lists (see Appendix A). All students who responded using the link supplied in the email were entered into a raffle for the opportunity to

win one of five $50 gift cards, provided in an effort to obtain more responses. Students were asked to participate in a survey about their attitudes toward counseling, with an emphasis that we were interested regardless of them having used the services in the past.

This survey was also hosted on ETSU's Sona Systems website. Sona Systems is an online service provided by the ETSU Psychology Department that hosts surveys and connects students to research opportunities across campus, with credits given in compensation. All students enrolled in the Introduction to Psychology course are required to complete 5 credits, and some professors for upper level courses will provide extra credit for Sona credits completed. This survey offered half of a Sona credit for completion and took an average of eight minutes to complete. On Sona, participation was restricted to only those in the Introduction to Psychology course in an effort to attract students from a variety of majors.

Instruments. Following a page detailing the informed consent process (see Appendix B) and an instructions page (see Appendix C), demographic measures were collected including: student gender, race/ethnicity, and year in school (see Appendix D). Students then completed questions regarding current and past use of counseling services, and use of services provided through the university. Students who have used services in the past were then asked to respond to a question about the quality of their experience. The survey then continued to the Perceived Barriers to Psychological Treatment Scale (PBPT; Mohr et al., 2010) to assess their barriers to seeking out treatment, and then the Stigma Scale for Receiving Psychological Help (SSRPH; Komiya et al., 2000) to assess their overall perceived stigma. The survey closed with an option for students to provide their email address in order to be contacted further to participate in a paid 60-minute focus group.

Perceived Barriers to Psychological Treatment. The PBPT (Mohr et al., 2010) is a 27-item measure designed to assess the reasons why people may have avoided seeking out weekly counseling sessions in the past. They are asked to rate each potential barrier on a scale of 0 (not difficult at all) to 4 (impossible). This measure has been found to accurately predict whether an individual will seek out psychological help within the following year, and to have strong internal consistency.

Two items served as a measurement of concerns about confidentiality. The item, "Having family and/or friends know I was going to counseling would make it _____ to go to counseling" is part of a 7-item sub-scale measuring stigma that was also considered as a whole. The other item measuring concerns about confidentiality was added to the end of this scale: "My concern that what I discuss with my counselor would be shared outside of the session would make it _____ to go to counseling." Higher scores on the two questions relating to confidentiality indicate that this is a contributor to the respondent's decision to seek psychological help.

Stigma Scale for Receiving Psychological Help. Students then completed the Stigma Scale for Receiving Psychological Help (SSRPH; Komiya et al., 2000). This is a 5-item measure designed to assess the way that respondents view others who use professional psychological services, with higher scores relating to higher levels of perceived stigma. The SSRPH has a coefficient alpha of 0.72 and correlates negatively with the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPH; Elhai, Schweinle, & Anderson, 2008) suggesting that the construct accurately measures one's willingness to seek out psychological help.

Qualitative

Based on responses from the quantitative portion of the study, individuals were contacted further to attend a focus group. Respondents who indicated that "Having family and/or friends know I was going to counseling" or "My concern that what I discuss with my counselor would be shared outside of the session" would make it Extremely Difficult or Impossible for them to attend counseling were sent an email inviting them to attend in exchange for $15 in compensation. Due to scheduling difficulties, only one focus group was scheduled to begin exploring the population. This focus group was led by the primary investigator and the thesis faculty advisor.

A semi-structured script comprised of open-ended questions was developed (see Appendix E). The goals of these questions were to learn more about the barriers that are affecting the students at ETSU, the way these students perceive counseling and confidentiality, and possible strategies that could allow ETSU to better convey the available resources and the assurance of confidentiality to the general campus population.

The focus group was recorded and then transcribed by the primary investigator. The transcription was analyzed by a research team including the primary investigator, the thesis faculty advisor, and the dean of the College of Counseling and Human Services at ETSU using the Consensual Qualitative Research method (Hill, Thompson, & Williams, 1997; Hill et al., 2005). The research team met twice to discuss themes. In the first meeting, each member began by establishing their biases and then proceeded to discuss prominent themes and unexpected findings. After this, the primary investigator collected each member's notes and composed an outline combining all input and discussion. At the second meeting, the outline was again discussed, and each member came to a consensus on the organization of themes and subthemes.

CHAPTER 4

RESEARCH FINDINGS

The overall objective of this study was to examine the way that concerns about confidentiality affect college students' perception of stigma associated with seeking out mental health services. This was analyzed by collecting demographic variables, perceived barriers to seeking out treatment, and perceived stigma.

Survey Results

Two hundred and thirty students from ETSU completed the quantitative portion of the study (see Table 1). The population of this sample was predominantly female (73%), white (80%), and of traditional college age (with 84% being between the ages of 18 and 24). Respondents were in a variety of stages in their college career, with 29% freshmen, 19% sophomores, 14% juniors, 20% seniors, and 17% being graduate students.

Table 1

Demographics Reported in Quantitative Portion of the Study (N = 230)

Variable	Frequencies	Percent
Gender		
Female	167	72.6%
Male	59	25.7%
Gender variant/Non-conforming	3	1.3%
Transgender male	1	0.4%
Race/Ethnicity		
White/Caucasian	184	80.0%
Black, African-American, or African	15	6.5%
Hispanic or Latino/a	13	5.7%
East Asian or South Asian	6	2.6%
Other	12	5.2%

Table 1 (continued)

Variable	Frequencies	Percent
Age		
18-24	193	83.9%
25-34	25	10.9%
35-44	6	2.6%
45-54	2	0.9%
55+	2	0.9%
Year in School		
Freshman	66	28.7%
Sophomore	43	18.7%
Junior	32	13.9%
Senior	47	20.4%
Graduate	39	17.0%
Previously received psychological help	95	41.3%
Previously received university-affiliated psychological help	50	21.7%
Currently receiving psychological help	25	10.9%

Predicting stigma. A stepwise multiple regression was completed to examine whether concerns about confidentiality predicted perceived stigma associated with seeking professional help. The Stigma Scale for Receiving Psychological Help (SSRPH; Komiya et al., 2000) served as the dependent variable. Higher scores on this scale indicated that the individual perceived a higher amount of stigma to be associated with the act of using mental health services.

In Step 1, gender, race/ethnicity, and year in school were entered into the regression equation and were not significantly related to SSRPH scores, $F(3, 223) = 0.946$, $p = .419$. These three variables only accounted for about 1.3% of the variance in perceived stigma. Total scores on the PBPT to all questions excluding those measuring stigma were entered at Step 2 and were significantly associated with SSRPH scores, $F(4, 222) = 7.420$, $p < .001$, and accounted for 12%

of the variance in perceived stigma. Finally, in Step 3, the two questions measuring concerns about confidentiality were added. These were significantly related to scores on the SSRPH, F (5, 219) = 8.534, p < .001, and resulted in a model that accounted for 16.4% of the variance in perceived stigma.

Table 2

Summary of Stepwise Multiple Regression for Variables Predicting Scores on the SSRPH

	Model 1			Model 2			Model 3		
Variable	B	SE B	β	B	SE B	β	B	SE B	β
Gender	-.322	.473	-.046	-.807	.457	-.115	-.641	.449	-.092
Race/Ethnicity	-.233	.153	-.103	-.188	.145	-.083	-.235	.142	-.104
Year in School	.018	.154	.008	.125	.148	.055	.104	.144	.046
PBPT Total				.085	.016	.337**	.046	.020	.185*
Confidentiality Concerns							.975	.287	.258**
R^2		.013			.120			.164	
F for change in R^2		0.946			7.420**			8.534**	

* p < .05. ** p < .01.

Effect of previous counseling history. The sample was close to evenly split with 41% having a past experience with receiving counseling of some kind. Additionally, 22% had received help from a university-affiliated counseling center, and 11% were currently receiving professional psychological help. There was no significant difference between the rates of previous experience with psychological help in men and women, χ^2 (1, $N = 224$) = .212, $p =$ .645. Similarly, there was not a significant difference found between those who identified

themselves as white/Caucasian and those who reported a different race/ethnicity, χ^2 (1, N = 227) = .343, p = .558.

Mean scores on the PBPT sub-scales and results from independent samples t-tests between those who have received professional help and those who have not are detailed in Table 3. Students with previous experience (M = .752, SD = .752) had lower concerns about confidentiality than those who had no history (M = 1.087, SD = 0.962), t(227) = 7.728, p = .004), d = .399, 95% CI [-.559, -.110]. Students who had a history of previously receiving professional psychological help (M = 25.768, SD = 12.987) had similar scores on the PBPT than those who had no history of receiving help (M = 26.697, SD = 17.54), t(225) = -.437, p = .663, d = .060, 95% CI [-5.117, 3.260]. No differences were found between groups on any of the other sub-scales of the PBPT.

Table 3

Differences on Sub-Scales of the PBPT Between Those Who Have a History of Receiving Professional Help and Those Who Do Not

PBPT Sub-Scale	History of Receiving Professional Help		No History of Receiving Professional Help		
	M	SD	M	SD	t-test
Concerns about Confidentiality	0.752	0.753	1.087	0.962	-2.822**
Stigma	1.038	0.691	1.214	0.894	-1.611
Time Constraints	1.642	0.808	1.458	0.916	1.671
Emotional Concerns	1.189	0.903	1.177	1.007	0.980
Lack of Motivation	1.352	1.069	1.113	1.058	0.671
Negative Evaluation of Therapy	0.921	0.871	0.936	0.870	-0.124
Cost	1.520	1.133	1.580	1.172	-0.398

Table 3 (continued)

PBPT Sub-Scale	History of Receiving Professional Help		No History of Receiving Professional Help		
	M	SD	M	SD	t-test
Participation Restrictions	0.316	0.479	0.350	0.672	-0.429
Misfit of Therapy to Needs	0.937	0.802	0.994	0.814	-0.528
Availability of Services	1.047	0.844	1.140	0.907	-0.783
Total PBPT Barriers	25.768	12.987	26.697	17.541	-0.437

* $p < .05$.   ** $p < .01$.

Lower scores on the barrier sub-scales were seen in those with a history of receiving mental health services. When excluding those with no previous experience, the positivity of the experience was significantly negatively correlated with Concerns about Confidentiality ($r = -.388$, $p < 0.01$), Stigma ($r = -.404$, $p < 0.01$), Negative Evaluation of Therapy ($r = -.716$, $p < 0.01$), Availability of Services ($r = -.362$, $p < 0.01$), Cost concerns ($r = -.271$, $p < 0.01$, Lack of Motivation ($r = -.252$, $p < 0.05$), and Emotional Concerns ($r = ,-.233$ $p < 0.05$). People who had a positive experience when seeking help in the past reported that they were less influenced by most of the barriers within the PBPT.

Barriers to treatment. The Perceived Barriers to Psychological Treatment (PBPT; Mohr et al., 2010) Scale shows the most common reasons given by students at ETSU for not seeking out counseling. The total barriers that an individual perceived to affect their decision did not have a significant correlation with a student ever having received professional psychological help. Mean scores for individual items from the PBPT are detailed in Table 4; mean scores for PBPT sub-scales are included in Table 5.

Table 4

Average Scores to Individual Items in PBPT

PBPT Item	Mean	SD
My daily responsibilities and activities	1.85	0.91
The cost of counseling	1.55	1.15
Discomfort with having someone see me while I am emotional	1.52	1.21
Not knowing how to find a good counselor	1.44	1.10
Having to talk to someone I do not know about personal issues	1.40	1.20
Lack of energy or motivation to make an appointment and then go	1.34	1.15
My problems are not severe enough for counseling	1.24	1.10
Getting time off work to go to counseling	1.22	1.16
My concern about being judged by the counselor	1.14	1.15
Concerns about having upsetting feelings in counseling	1.13	1.14
Difficulty motivating myself to do anything at all	1.10	1.16
Having family and/or friends know I was going to counseling *	1.08	1.16
Distrust of counselors	1.01	1.12
Attending counseling means I cannot solve my own problems	0.99	1.14
I just do not think a counselor would truly care about me	0.97	1.15
I wouldn't expect counseling to be helpful	0.95	1.01
I feel that talking about upsetting issues makes them worse	0.90	1.04
Having a medical or insurance record of my counseling sessions	0.89	1.09
Concern that what I discuss with my counselor would be shared *	0.83	1.14
Having heard about or having had bad or unsatisfactory experiences	0.81	1.03
The lack of available counseling services in my area	0.77	0.94
Attending counseling is too self-indulgent	0.71	1.01
Problems with transportation	0.62	1.02
Anxiety about going far from my home	0.52	0.97
The responsibility for caring for loved ones	0.50	0.85
Physical symptoms (fatigue, breathing difficulties, etc.)	0.32	0.74
A serious illness which requires me to stay close to home	0.23	0.76
Physical problems, such as difficulties walking or getting around	0.20	0.64

*Note: * denotes item related to two measures of confidentiality*

Table 5

Average Scores to Sub-Scales of PBPT

PBPT Sub-scale	Mean	SD
Cost (1 item)	1.55	1.15
Time Constraints (2 items)	1.53	0.87
Lack of Motivation (2 items)	1.21	1.06
Emotional Concerns (3 items)	1.18	0.96
Stigma (7 items)	1.14	0.81
Availability of Services (2 items)	1.11	0.88
Misfit of Therapy to Needs (4 items)	0.97	0.80
Confidentiality Concerns (2 items)	0.96	0.90
Negative Evaluation of Therapy (4 items)	0.93	0.87
Participation Restrictions (4 items)	0.34	0.61
Total PBPT Score	26.361	15.78

When considering the total number of Perceived Barriers to Psychological Treatment, women reported significantly more barriers ($M = 28.054$, $SD = 15.850$) than men ($M = 21.085$, $SD = 14.814$), $t(224) = 2.952$, $p = .535$, $d = .454$, 95% CI [2.317, 11.621]. Table 6 includes individual t-test results for the sub-scales of the PBPT for males and females. Overall, women reported significantly higher scores on every sub-scale except confidentiality concerns, participation restrictions, misfit of therapy to needs, and lack of motivation, which all seemed to affect both genders similarly. There were no significant differences found between participants who identified as white/Caucasian ($M = 27.02$, $SD = 15.9$) and those who reported a different race/ethnicity ($M = 23.71$, $SD = 15.18$) on total PBPT scores, $t(228) = 1.272$, $p = .205$, $d = .212$, 95% CI [-1.815, 8.424].

Table 6

Gender Differences on Sub-Scales of the PBPT Calculated Using Independent Samples T-Tests

	Women		Men		
PBPT Sub-scale	M	SD	M	SD	t-test
Emotional Concerns	1.329	0.962	0.780	0.864	3.870**
Cost	1.663	1.131	1.186	1.121	2.784*
Time Constraints	1.626	0.879	1.271	0.800	2.723*
Availability of Services	1.180	0.866	0.839	0.790	2.655*
Negative Evaluation of Therapy	1.004	0.866	0.682	0.821	2.491*
Stigma	1.216	0.824	0.941	0.782	2.227*
Lack of Motivation	1.275	1.086	0.975	0.916	1.901
Misfit of Therapy to Needs	1.025	0.829	0.852	0.734	1.424
Confidentiality Concerns	0.976	0.921	0.890	0.861	0.628
Participation Restrictions	0.328	0.642	0.352	0.489	-0.260

* $p < .05$. ** $p < .001$.

The PBPT (Mohr et al., 2010) is a 27-item measure, and was calculated to have good internal consistency (Cronbach's $\alpha = .91$). However, this increased (Cronbach's $\alpha = .95$) with the inclusion of the final item reflecting Concerns about Confidentiality. The sub-scale measuring stigma also showed strong reliability (Cronbach's $\alpha = .82$) that increased with the addition of the question measuring concern about confidentiality (Cronbach's $\alpha = .85$).

SSRPH. Correlations between sub-scales of the PBPT (Mohr et al., 2010) and the SSRPH (Komiya et al., 2000) are detailed in Table 7.

Table 7

Correlations between Sub-Scales in the PBPT and Overall SSRPH Scores

Measure	1	2	3	4	5	6	7	8	9	10
1. PBPT Cost										
2. PBPT Stigma	.242*									
3. PBPT Lack of Motivation	.260*	.469**								
4. PBPT Emotional Concerns	.226*	.760**	.484**							
5. PBPT Negative Eval of Therapy	.384**	.687**	.514**	.564**						
6. PBPT Misfit of Therapy to Needs	.260**	.678**	.427**	.525**	.618**					
7. PBPT Time Constraints	.322**	.362**	.341**	.379**	.387**	.363**				
8. PBPT Participation Restrictions	.286**	.277**	.314**	.262**	.426**	.292**	.295**			
9. PBPT Availability of Services	.517**	.388**	.417**	.367**	.488**	.319**	.360**	.363**		
10. Concerns about Confidentiality	.220**	.731**	.317**	.455**	.508**	.474**	.295**	.247**	.335**	
11. SSRPH Total	.131	.375**	.163*	.314**	.283**	.240**	.261**	.127	.155*	.361**

* p < .05. ** p < .001.

In the Stigma Scale for Receiving Psychological Help, higher scores indicate a higher amount of stigma that one perceives to be associated with seeking out psychological help. Men ($M = 7.17$, $SD = 3.761$) generally reported higher scores than women ($M = 6.46$, $SD = 3.234$), but this was not a significant, $t(220) = -1.650$, $p = .379$, $d = .202$, 95% CI [-1.722, .303]. People who identified themselves as white/Caucasian ($M = 6.83$, $SD = 3.231$) reported significantly higher scores on the SSRPH than those who reported a different race/ethnicity ($M = 6.14$, $SD = 3.968$), $t(224) = 1.206$, $p = .025$, $d = .191$, *95%* CI [-.438, 1.820]. There was no significant difference

seen in SSRPH scores between those who had a history of receiving professional psychological help ($M = 7.17$, $SD = 3.089$) and those who had no experience ($M = 6.30$, $SD = 3.572$), $t(221) = 1.752$, $p = .187$, $d = .261$, 95% CI [-.035, 1.770].

Focus Group Findings

Five students from ETSU participated in one 90-minute focus group. Themes are organized in Appendix F. Three members (two women and one man) were sophomores who described themselves as Caucasian/white, and two members (one woman and one non-binary individual) were seniors who described their ethnicity as Latinx/Hispanic. Three out of five participants had experience using some form of professional psychological help in the past, and two had experiences using services provided by the university. All five indicated that there had been a time in the past where they had considered using services, but decided not to.

Previous knowledge. Each member of the focus group reported some amount of previous knowledge about counseling, either because they had personal experience or because they had certain perceptions about it. Three members had personal experience, and each had at least one negative thing to say about the experience. They mentioned that they were lost in the system, that they were forced to attend or meet with a certain counselor, or that they were referred out to counseling that was more difficult to access. One participant stated that, "everyone was generally respectful," and that she had an overall positive perspective of the college's counseling services.

When asked about what people discuss in counseling, responses were broad. Four members mentioned depression, anxiety, medication, and "anything." Participant 5 stated, "For me it was depression, but I didn't end up going in until I was at the point where I was barely functioning, and I was afraid that it was really going to affect my academic performance. I pretty

much hit rock bottom." In general, counseling was discussed as a last resort, and considered to be associated with medication.

Another theme that was persistent throughout the focus group was that the participants believed that they did not have enough information to make informed decisions. When they did have personal experiences with counseling, those experiences were not always positive and seemed to often serve as a reason to not seek out counseling again in the future. Near the end of the focus group, members were prompted about what they knew about the services being offered by the university. Members stated that they knew about 1-2 clinics, thought it was all short-term, and were not sure about how many sessions to which they had access. At the end of the focus group, three of the members expressed frustration with the way that the university conveys information to them overall.

Barriers. Several of the barriers discussed by the focus group members had to do with the way that services are being offered. Cost was mentioned by each individual as a reason for not seeking out professional help. Although affordability was the main way that cost affected decisions, members also said that paying for mental health services meant that their problems were particularly severe. When free counseling resources were discussed, one member stated that they worried they would be taking help away from someone else. Worries about the hours and location of traditional counseling centers were also mentioned. In general, it seemed that counseling was seen as costly, scarce, and difficult to access.

Several other barriers seemed to be more closely related to the emotional concerns of the members. Pride emerged as a major theme. Each member had at least one moment when they alluded to a sense of pride being a barrier for them to seek out treatment. One participant said that solving one's problems on their own was, "What it means to be an adult." Another

participant also mentioned that seeking out counseling would worry her family, quoting them as asking, "What is so serious that you couldn't come to us first?"

When asked about whether they were concerned that what they discussed would be shared outside of a session setting, one participant spoke for several minutes about a general sense of privacy. When discussing her reluctance to disclose, Participant 4 said, "It's out there now, I can't do anything about it once it's out. It's kind of like putting toothpaste back in the tube."

It also seemed that the members of the group had supportive friends and family, but would be concerned that it could threaten their professional identity if others knew they were seeking out mental health services. Participant 2, in response to a prompt about what it would mean for others to know they were attending counseling, said, "I'll put it this way, you know, as much as my inner friend group probably… would be supportive, you never want to run into your boss or really anybody you know in line to get counseling."

Suggestions. Several participants mentioned throughout the focus group meeting that more options should be offered for the way that counseling is offered. They suggested offering sessions at different campus, after-hours, and through phone call/texting. They also suggested that the university had the obligation to communicate services better, and mentioned several ideas that other local universities had used.

Members of the focus group also mentioned several ways that personal barriers could be addressed. They suggested that the counseling centers should reach out to individuals on campus who work with students, such as Resident Assistants. One member also emphasized the need for more diverse counselors working with the university, so that students felt represented and more comfortable reaching out. Finally, they discussed that having remote sessions or distance

counseling could reduce stigma by offering alternatives to centrally located, face-to-face counseling.

CHAPTER 5

DISCUSSION

The present study provided a better understanding of the way that concerns about confidentiality are affecting perceptions of stigma associated with use of mental health services in a college population.

Measuring Stigma and Concerns about Confidentiality

The stepwise multiple regression performed in this study suggested the importance of considering concerns about confidentiality when conceptualizing stigma. Although the total scores to the PBPT without the stigma questions explained a significant percentage of the variance in the SSRPH, the inclusion of two questions related to confidentiality increased this further. As concerns about confidentiality increased, the amount of stigma an individual perceived to be associated with using mental health services also increased.

It is important that we begin including concerns about confidentiality when considering help seeking. Although it has always been at the core of education for mental health professionals, these results suggest that it should begin being conceptualized in the way that clients are being affected by it. Confidentiality concerns were a significant contributor to perceived stigma and increased the reliability of the overall PBPT scale.

Effects of Previous Counseling

The results showed that people who had a previous experience in counseling were less affected by concerns about confidentiality when considering seeking out mental health services. No differences were found on any of the other PBPT sub-scales, or on total perceived barriers. This could be that people with fewer confidentiality concerns are more likely to seek out help when they need it and therefore have in the past, or it could mean that people with previous

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history were positively affected by the experience. It is possible that people who had experienced a counseling session had been taught the parameters of confidentiality or had never been given a reason to be concerned.

Gender

Gender differences appeared differently in the PBPT sub-scale on stigma and the SSRPH. This could indicate a difference in the way that each gender is affected by stigma. The PBPT sub-scales related to stigma indicated that women had significantly higher scores than men, suggesting that women were more affected by stigma when considering the decision to seek out professional help. The SSRPH asks questions about how others would be seen by society if they were to seek out counseling, and men had slightly higher scores than women, though this was not significant. This could hint at the difference between the way that stigma manifests in each group, with women being more influenced by stigma, but men perceiving more stigma to be present.

Focus Group Discussion

Overall, concerns about confidentiality could be seen throughout the focus group meeting, but none of the participants appeared to be significantly concerned about the security of their information. This was interesting, as these respondents were selected because they indicated that either concern about others finding out they were attending counseling or concern about others finding out what was said in counseling would make it very difficult for them to seek out services. One possible explanation for this could be attributed to the wording of the questions, where the respondents would be heavily affected if these confidentiality leaks occurred, but did not actually believe that they would happen.

It is very possible that this was unavoidable with the subject matter being discussed. By the design of the study, these were individuals who said that they were concerned about maintaining their privacy. Many people may have been so concerned about maintaining their privacy that they were not willing to provide their email address to be contacted further, and therefore they could not have been recruited for follow-up. Although those who participated in the focus groups were willing to provide their contact information in order to be contacted further, the inclusion criteria could have made them less likely to talk openly about their experiences.

When they discussed friends and family finding out they were attending counseling services, it was because they told them voluntarily or after being asked. When prompted about their trust in the counseling center's ability to keep their information secure, most of the participants indicated that they believed the counseling center had higher standards of confidentiality than other offices on campus. There was also some discussion about how a center on a college campus could be preferable, as the location could make it easier to maintain privacy, and generally people at a university could be more accepting of taking care of one's mental health needs. This was different from what was anticipated, as it was expected that smaller college communities could lead to increased concerns about confidentiality.

Additionally, there seemed to be an overall sense of trust in counseling centers, which could indicate that they were not worried that the centers or counselors would be the ones to break their confidentiality. Instead, they were worried that their coworkers would see them walking into a building, or their family would ask where they were going and they would have to disclose. Having friends and family know they were attending counseling could affect their

decision to seek out help, but they were not concerned that that information would be shared without them doing so.

Alternative methods of delivering services was an emergent theme throughout the focus group meeting. Members suggested different locations, after-hours availability, remote services, and texting options. With the university tending to stick to offering on-campus counseling during office hours, it is certainly true that work could be done to reach more students. However, discussion among the qualitative research team suggested that this could be an attempt at avoiding vulnerability. Alternatives to face-to-face counseling that involve video-conferencing or even just texting could allow students to feel more secure in disclosing. Similar was found in a study performed in Australia, where people experienced less perceived stigma when using internet counseling (Choi, Sharpe, & Li, 2015). However, face-to-face counseling was still preferred in this study and believed to be more confidential.

Conclusions

The present study provided a better understanding of the way that confidentiality concerns affect stigma towards seeking mental health services. When considering the large meta-analysis mentioned previously that found five different types of stigma (Clement et al., 2015), it seems shortsighted that most stigma assessments only measure shame and negative social judgment. Confidentiality is a significant contributor to understanding stigma, and including it when considering barriers to seeking treatment increases the strength of the assessment.

The way that concerns about confidentiality were defined in this study proved to create a limitation in its generalizability. Although the original research design included concerns about others finding out they were attending counseling as an aspect of confidentiality, the results from the focus group suggest that it is possible people are concerned that they may be stigmatized

after they tell people they are going to counseling. Whether people would find out they were

going to counseling did not seem to be a major concern, except when discussed in the context of

the location of the counseling center. Among the members of the focus group, there was concern

about certain people finding out they were going to counseling, but they did not have worries

that the college counseling centers would be the ones to disclose this information.

Additionally, general lack of information seems to be playing a role in people's ability to

seek out professional psychological help. This was a major theme throughout the qualitative

portion of the study, and students indicated that they believed that the university was not fully

informing them of what was available. This could be a problem in the quantity of information

being sent out, methods by which the information is being sent, or it could be attributed to the

quality of information and its relevance to students. In either case, information is not being

communicated in a way that is memorable or approachable for students.

A major finding from these results is that cost is still the most commonly cited reason for

not seeking our professional psychological help in this population, which is in accordance with

previous research (Ayanian et al., 2000; Dearing et al., 2005 Eisenberg et al., 2007). This is of

particular interest in this sample, as the participants have access to many different free resources

provided by the university. This supports the need for better communication to students

regarding services to which they have access. The focus group participants reinforced this, in that

none of them were aware of all of the different places they could go to receive mental health

care.

Although the university where this study takes place does tell students about the main

Counseling Center, perhaps more information could allow students to take advantage of the

services. It is possible that students are not seeking out professional help because they do not

know it is provided, but it could also be that they do not know how many sessions they have access to, do not know how much it will cost, or they do not fully understand what people discuss in counseling. Use of counseling services could potentially increase with information campaigns about specific services as well as counseling in general.

Limitations

As mentioned previously, one of the biggest limitations of this study is that the nature of the concern made it hard for us to fully capture responses. Individuals for the focus groups were recruited because they indicated that they were concerned that others would know that they attended counseling or would find out what was said within that setting. However, this was not a major theme in the focus groups. It is possible that students who are concerned about confidentiality would be less likely to disclose their real opinions in person. Students were also given the option of providing their contact information to be recruited for the focus group, and those who are more concerned about this could have been less likely to want to be contacted further.

Another limitation of this study was the exclusion of a measure of need. Although several of the questions on the PBPT (Mohr et al., 2010) could be used as a proxy for this (e.g., "I wouldn't expect counseling to be helpful" or "My problems are not severe enough for counseling"), these questions could be associated with one's attitude toward counseling. It is possible that some students simply have never had any intention or need to seek out counseling, and therefore stigma or confidentiality concerns have never had an effect on their decisions. Similarly, there was no inclusion of questions in the quantitative portion of the study relating to knowledge of ETSU services – an important factor that emerged in the qualitative portion of the study.

The present study also suffered from a lack of cultural diversity, with 80% of the sample being white. Although this accurately represents the general make-up of the university, there is still much research to be done looking at confidentiality in different populations due to the steadily increasing number of students from minority groups in universities (National Center for Education Statistics, 2013). This population may have increased needs and may also experience more barriers to treatment (Chen et al., 2008; Eisenburg et al., 2007; González et al., 2010; Hayes et al., 2011; Parker et al., 2001; Yu et al., 2008), and the sample in this study does not allow for much examination of differences between groups. This study could have also benefited from a measure of socioeconomic status, as some previous research has shown that individuals who have current or past financial need are less likely to seek out services (Eisenberg et al., 2007). A final limitation of this study was the way that recruitment was completed, with many students likely not ever receiving the email invitation to participate.

Future Research

Future research is necessary for us to fully understand the way that we are measuring and conceptualizing stigma. If two measurements of stigma are significantly correlated with one another, but also show gender differences, it seems clear that we are not capturing all of the information we need to reach students. Additionally, the two measures were significantly correlated, but this was not a strong correlation ($r = .319$, $p < .001$). Many studies tend to use one measurement of stigma and then generalize it to others, but it is unclear if we even have a good definition for everything that this construct includes.

Additional future research could focus on strategies for implementing inventions designed to target each of the barriers to seeking treatment. With this study supporting the importance of students knowing their information is protected, it is important that we investigate

the way that we could better communicate our standards to populations in need. If there are such high rates of students not even knowing that resources exist, we cannot expect them to use what is available. Although confidentiality is ensured to clients who meet with a mental health professional, it is not addressed or advertised when discussing services. The results of this study show that more resources need to be devoted to connecting services with students who may need it someday, whether that is to reduce personal barriers or simply provide information.

Summary

The present study showed that understanding the way students think about confidentiality is important in conceptualizing stigma and the reasons why people do not seek out mental health services. Confidentiality concerns had a significant influence on perceived stigma, and the results support its inclusion in future stigma measures. Gender differences were found in that women experienced more barriers, but men associated more stigma with seeking help. Those who had previously used professional psychological services experienced fewer concerns about confidentiality and barriers overall. Other barriers seemed to take precedence over confidentiality, such as cost, accessibility, and a lack of information about services being offered. Future research is necessary to better understand the relationship between confidentiality concerns, stigma, and the reasons why people do not seek out help when they need to.

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APPENDIX A

RECRUITMENT EMAIL

Hello, my name is Jesi Hall. I am a student getting my Master's Degree in Counseling at East Tennessee State University (ETSU). I am doing a study that involves investigating the reasons why people hesitate to seek out psychological help. I am looking for people who have used counseling services in the past, as well as those who never have. This study involves an online survey which should take about ten minutes. This survey will take place completely online. In exchange for completing the survey, your email address will be entered into a raffle for one of five $50 Amazon gift cards. You will be asked to click on a link at the end of the survey, which will take you to a separate page to enter your email address.

There will be a separate option to provide your email address to possibly participate in focus groups in exchange for guaranteed compensation. Please note, this email address will be tied to your responses to the survey; only two questions will be used to identify who will be invited to participate.

Participation in this study is completely voluntary. If you have any questions, please contact me at HALLJL2@etsu.edu.

If you want to learn more about this survey please follow the link here:
www.surveyplaceholder.com

Sincerely,
Jesi Hall

APPENDIX B

INFORMED CONSENT

Dear Participant:

My name is Jesi Hall, and I am a graduate student at East Tennessee State University. I am working on my Master's in Counseling, where I have a concentration in d Student Affairs and College Counseling. The name of my research study is Perceptions of Confidentiality and Use of College Counseling Services.

The purpose of this study is to identify the reasons why students may hesitate to seek out counseling services. I would like to give a brief online survey to ETSU Students using SurveyMonkey/Sona Research System. It should only take about ten minutes to finish. You will be asked questions about your use of counseling services and your view on confidentiality. There is a slight risk that completing this survey could be upsetting, as this study deals with asking about reasons you may not seek out help when you need it. However, you may also feel better after you have had the chance to express yourself about what has stopped you from seeking out services in the past. This study may benefit you or others by informing the way that ETSU's counseling services communicate their services and privacy standards to the students.

Your confidentiality will be protected as best we can. Since we are using technology no guarantees can be made about the interception of data sent over the Internet by any third parties, just like with emails. We will make every effort to make sure that your name is not linked with your answers. Although your rights and privacy will be protected, the East Tennessee State University (ETSU) Institutional Review Board (IRB) (for non-medical research), and the Masters student and thesis chair can view the study records.

Taking part in this study is voluntary. You may decide not to take part in this study. You can quit at any time. You may skip any questions you do not want to answer, or you can exit the online survey form if you want to stop completely. If you quit or decide not to take part, the benefits or treatment that you would otherwise get will not be changed.

If you have any research-related questions or problems, you may contact me, Jesi Hall, at HALLJL2@etsu.edu. You may also contact the thesis chair, Dr. Likis-Werle, at likiswerle@etsu.edu. Also, you may call the chairperson of the IRB at ETSU at (423) 439-6054 if you have questions about your rights as a research subject. If you have any questions or concerns about the research and want to talk to someone who is not with the research team or if you cannot reach the research team, you may call an IRB Coordinator at 423/439-6055 or 423/439-6002.

Sincerely,

Jesi Hall

APPENDIX C

SURVEY INSTRUCTION

We are interested in understanding what kinds of things make it difficult for people to obtain

counseling. For the purpose of this questionnaire, assume that counseling would involve

regularly scheduled sessions in the counselor's or therapist's office lasting approximately 50

minutes.

APPENDIX D

SURVEY DEMOGRAPHICS

Gender: Male, Female, Transgender male, Transgender female, Gender variant/non-conforming, Other

Race/Ethnicity: White/Caucasian; Black, African-American, or African; Hispanic or Latino/a; Middle Eastern; East Asian or South Asian; Native Hawaiian or other Pacific Islander; Native American or American Indian; Caribbean; Other.

Age: _____

Year in School: Freshman, Sophomore, Junior, Senior, Graduate

Have you ever received professional psychological help in the past?: Yes/No

Have you ever received professional psychological help from a university-affiliated counseling center? Yes/No

Are you currently receiving professional psychological help? Yes/No

If yes to any of these three, how was your experience?: Extremely negative, Mostly negative, Somewhat negative, Neutral, Somewhat positive, Mostly positive, Extremely positive

APPENDIX E

FOCUS GROUP QUESTIONS

1. Have you ever used counseling services in the past? How was your experience?

2. Have you ever considered using counseling services in the past, but decided not to?

   a. What kind of things did you consider before deciding not to pursue counseling?

3. How do you think confidentiality is handled within college counseling centers?

   a. In what ways are you concerned that this information would be shared?

      i. Who are you concerned this information would be shared with?

4. What would it mean to have someone know you were going to counseling?

5. How much do you know about the counseling services available on ETSU's campus?

   a. What kind of problems do you think people discuss with counselors in college counseling centers?

6. Is there anything else you would like to add?

APPENDIX F

FOCUS GROUP THEMES

1. Previous Knowledge
   a. Personal Experiences
      i. Negative (forced counseling, lost paperwork)
      ii. Positive ("everyone was generally respectful")
   b. Perceptions/Connotations
      i. Associated with medication
      ii. Purpose of counseling
   c. Knowledge about the University
      i. Variety of clinics/limitations of services
2. Barriers
   a. Practical
      i. Difficulty in access (location/timing)
      ii. Cost (concerned with referral process)
      iii. Availability of services (will I be taking it from someone else?)
   b. Emotional
      i. Pride
         1. People will share information once it's out
         2. Not an adult
         3. Could threaten professional identity
      ii. Fear of medication
      iii. Interest in long-term services
3. Suggestions
   a. Practical
      i. Different locations (ease of access/increased privacy)
      ii. Different mediums (online, phone, etc.)
      iii. Improved communication from university about services
   b. Emotional
      i. Connect with people who interact with students
      ii. Provide more diverse counselors
      iii. Provide more options for those who fear stigma

VITA

JESI L. HALL

Education:	Public Schools, Smyrna, Tennessee
	B.S. Psychology, East Tennessee State University, Johnson City, Tennessee 2015
	M.A. Counseling, East Tennessee State University, Johnson City, Tennessee 2018
Professional Experience:	Undergraduate Research Assistant, East Tennessee State University, Johnson City, Tennessee, 2011-2015
	Research Assistant, NAS Research Group, Quillen College of Medicine, Johnson City, Tennessee, 2016-2018
	Intern, Counseling Center, East Tennessee State University, Johnson City, Tennessee, 2017-2018
Honors and Awards:	School of Graduate Studies Research Grant, East Tennessee State University, Johnson City, Tennessee, 2017
	Board Member of Chi Sigma Iota Chapter, East Tennessee State University, Johnson City, Tennessee, 2018
Presentations:	Jesi Hall. (October 2018). *Why Don't College Students Use Counseling Services?* Research presented at ETSU Counseling Center Intern Seminar, Johnson City, TN.
	Jesi Hall & Ginette C. Blackhart. (May 2015). *An Examination into the Relationship between Self-Compassion and Parenting Styles*. Poster presented at the Association for Psychological Science 27th Annual Convention, New York, NY.
	Jesi Hall & Ginette C. Blackhart. (April 2015). *An Examination into the Relationship between Self-Compassion and Parenting Styles*. Oral presentation at the ETSU Boland Undergraduate Research Symposium, Johnson City, TN.

Presentations
(continued):

Jesi Hall & Ginette C. Blackhart. (April 2015). *An Examination into the Relationship between Self-Compassion and Parenting Styles*. Poster presented at the Appalachian Student Research Forum, Johnson City, TN.

Jesi Hall & Ginette C. Blackhart. (March 2015). *An Examination into the Relationship between Self-Compassion and Parenting Styles*. Oral presentation at the Eleventh Annual Honors Research Conference, Blountville, TN.

Jesi Hall & Ginette C. Blackhart. (October 2014). *Everyday Stressors: Self-Control Depletion in Socially Anxious Individuals Following a Social Interaction.* Poster presented at the Society of Southeastern Social Psychologists (SSSP) 2014 Annual Conference, Athens, GA.

Jesi Hall. (August 2014). *An Examination into the Relationship between Self-Compassion and Parenting Styles*. Proposed research presented in both oral and poster presentations at the Immortal Life of Ronald E. McNair Summer 2014 Intern Symposium, Johnson City, TN.

Jesi Hall. (July 2014). *Self-Compassion Workshop*. Research and exercises related to self-compassion presented to Ronald E. McNair Postbaccalaureate Achievement Program Scholars, Johnson City, TN.

Jesi Hall, Adam Barton, Jessica Williamson, & Ginette C. Blackhart. (April 2014). *Everyday Stressors: Self-Control Depletion in Socially Anxious Individuals Following a Social Interaction*. Poster presented at the Appalachian Student Research Forum, Johnson City, TN.

Jesi Hall, Megan Dew. Pamela Adams, Lyndsay A. Nelson, & Ginette C. Blackhart. (November 2013). *A Model of Self-Control Depletion in Socially Anxious Individuals Following a Social Interaction.* Poster presented at the Society of Southeastern Social Psychologists (SSSP) 2013 Annual Conference, Augusta, GA.