Understanding Mental Health Perceptions and the Impact of Stigma on Accessing Behavioral Health Services: An Evaluation of Tampa Bay Region

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Background

In 2023, 19% (47.1 million) of individuals in the United States are living with a mental health condition (Mental Health America, 2023Concurrent with the escalation of behavioral health needs is the decreased incidence of service attainment (Coley & Baum, 2022). Understanding the dissonance between these phenomena is of utmost importance to allow the implementation of approaches that will increase service utilization and enhance behavioral health outcomes. Additionally, studies have demonstrated that race/ethnicity (Garverich et al., 2021), health disparities (Pinedo & Villatoro, 2020), logistical barriers, transportation, insurance coverage or lack thereof (Scafe et al., 2021), and public as well as self-stigma (Garverich et al., 2021; Wijeratne et al., 2021), are vital contributors to deterring service attainment. Research has also shown that subgroups of the population who face more health disparities and increased impact of stigmatized views, both public and self-stigma (Moallef et al., 2022), include the LGBTQ+ community, veterans, older adults, and males.

Focus groups are a new aspect of behavioral health research that originated in business and marketing and has been altered to fit social science issues (Morgan, 1996). This type of dialogue allows for a breadth of understanding that is rich and more closely aligned with the community perspective. Implementing focus groups can uncover the issues that must be addressed by listening to community members' experiences. Doing so will also contribute to gaps within the literature and assess how focus groups lead to changes in behavioral health outcomes.

Tampa Bay Thrives and USF MHLP Collaboration

In 2022, Tampa Bay Thrives (TBT) and the University of South Florida's (USF) Department of Mental Health Law and Policy (MHLP) embarked on an exploratory research evaluation project to gain insight into perceptions of mental health and behavioral health needs among community members within the Tampa Bay Region including Hillsborough, Pinellas, Pasco, and Polk Counties in Florida. Using qualitative methods, USF's research team conducted 13 focus groups (N=140) to obtain community perspectives on the following: (1) reasons for not seeking behavioral health services, (2) assess perspectives of mental health and stigma, (3) assess how stigma may or may not be a barrier to accessing local resources and services for a behavioral health diagnosis (e.g., depression, anxiety, and substance use disorders), (4) lived experiences with symptoms, diagnosis, and treatment, and (5) challenges and positive experiences related to accessing behavioral healthcare. This project consisted of two phases, which focused solely on the perspectives of Hillsborough County community members in Phase 1 *(funded by the American Rescue Plan Act ARPA)* and the perspectives of Pinellas, Pasco, and Polk Counties in Phase 2 *(funded by TBT)*.

Methodology

This was a two-phased exploratory, qualitative project consisting of qualitative data collection through focus groups. Focus groups were completed for data collection. Each focus group lasted between 60 and 90 minutes and was audio recorded and transcribed verbatim. Participants received a $25.00 gift card for their participation, which was paid immediately upon completion of the focus group. Data were organized with Atlas.ti, anonymized, and analyzed thematically by individual phase and then collectively. Two study team members were responsible for codebook development, coding, and analyzing the data. The inter-coder agreement was determined subjectively. In addition to focus group data collection, non-identifiable demographic data was collected during both phases, which included age, zip code, gender, race/ethnicity, sexual orientation, level of education, and experience with seeking behavioral health services for self or others within the identified counties.

Phase One

Six focus groups were conducted across Hillsborough County between September and November 2022. Focus group locations are as follows:

- Large, public research university that is a member of the State of Florida University System. (N=1)
- Private four-year, medium-sized university. (N=1)
- Non-profit, service, or resource organizations. (N=4)

Phase Two:

Eight focus groups were conducted across Pasco, Pinellas, and Polk Counties over the past five months between March and July 2023. Recruitment flyers targeted special populations such as social service recipients, young adults, and working professionals. In addition to those listed below, two focus groups were attempted in Pasco County at local public libraries but were not attended. Focus group locations are as follows:

- Local public library in Pinellas County. (N=1)
- Senior service center in Pinellas County. (N=1)
- Community service organization in Pinellas County. (N=1)
- Non-profit, service, or resource organizations focusing on the LGBTQ+ community in Pinellas County. (N=1)
- Non-profit, service, or resource organizations in Polk County. (N=3)
- Non-profit, service, or resource organizations in Pasco County. (N=1)

Findings

The following section reflects quantitative and qualitative cumulative results from Phase 1 and Phase 2 focus groups. Quantitative demographic information was combined to reflect the entire sample. Qualitative data was separated into respective themes, special populations, and demographic regions.

Three primary themes emerged through qualitative thematic analysis: mental health, stigma, and help-seeking behavior. (2-3 sentences describing each finding with one quote per category)

Mental Health

Throughout the duration of this study, participants broadly expressed inaccurate and harmful views of mental health and mental illness. These views cause participants to avoid tending to their own mental health. The views many participants hold on mental illness were a result of their family of origin and familial beliefs about mental illness.

> *"Well, for myself, being from a Hispanic family, um, if you talked about mental health issues or going to a psychiatrist or some kind of therapy, you were labeled as crazy, so you just didn't."*

Table 1. Participant Demographic Characteristics (N=140)

Characteristic	N	% or Mean
Age (years)		39
45+	52	37.1%
Gender		
Female	104	72.3%
Race		
White/Caucasian	90	64.3%
Ethnicity		
Non-Hispanic	106	75.7%
Sexual Orientation		
Straight/Heterosexual	107	76.4%
Level of Education		
AA/BA degree	40	28.6%
Sought BH Services (Self)		
No	72	51.4%
Sought BH Services (Someone Else)		
No	70	50.0%

Table 2. Zip Codes by County (N=140)

Zip Code	County	N	% or Mean
33547 – 33713	Polk County	41	29.3%
33801 – 33898	Pinellas County	21	15.0%
33563 – 33584	Hillsborough County	64	45.7%
33655	Pasco County	11	7.9%
No Response	N/A	3	2.1%

Stigma

The lived experience of public stigma, as well as misconceptions of mental illness, resulted in many participants holding stigmatized views of mental illness, mental health treatment, and people diagnosed with mental illness. The lived experiences of friends and relatives of participants also contributed to the stigmatized views of the participants.

> *"Part of the family members make fun of her because she's like, oh, she's just on her pills. Like that's, you know funny. And then also at work, they're like, so dismissive of her emotions."*

Help-Seeking Behaviors

The common justifications for not choosing to seek treatment for all counties assessed stemmed from fear: fear of being judged, fear of having a bad experience, fear of telling their story, and being vulnerable. Fear also arose from the idea of being placed on medication, or Baker Acted.

Additionally, many participants expressed the lack of stability with providers in the field, not wanting to 'start over' with a new provider when their previous one leaves the agency.

> *"I mean unfortunately community behavioral health can be a rotating door for therapists. So sometimes they'll tell me in a year they'll go through two or three therapists."*

Analysis was also conducted according to specialized populations: young adults, older adults, LGBTQ+, veterans, and providers. *See Figure 1 for response frequencies by subgroup population.*

Young Adult

- Focused on mental well-being and mental hygiene.
- Difficulty accessing services due to familial disapproval.
- Much less stigmatized views of mental illness.
- Seek support through social media.

Older Adult

- Limited reports of experiencing stigma.
- Fewer logistic barriers.
- Mental health is a 'taboo' topic that many older adults are not comfortable speaking about.
- Prefer older providers who look more like them.

LGBTQ+

- Significant experiences with stigma and poor provider match.
- Cultural competency is a primary barrier to accessing care.
- Participants often leave behavioral health appointments offended due to the lack of understanding of the LGBTQ+ population.

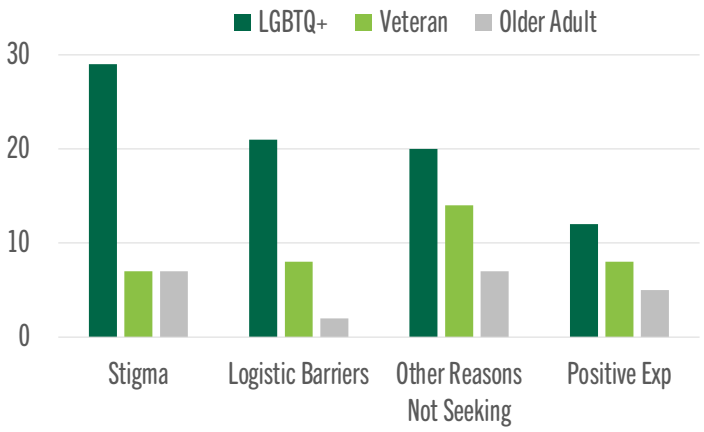
Veterans

- Significant logistic barriers were reported within the VA.
- Wait Times; Provider Match; Service Navigation
- Prefer service-affiliated providers.
- Behavioral health is not affordable outside of the VA system of care.
- Suicidality is a significant problem.

Providers

- Burnout is at a perceived all-time high due to underfunding and understaffing.
- The lack of consistency in the field is problematic for providers to navigate.
- Therapists are not paid enough within agencies to stay once licensed.
- Lack of funding for programs and expansion results in difficulty in providing services.

Figure 1.
Findings by Subgroup Population Response Frequencies



Finally, findings were analyzed by geographic region within the Tampa Bay area. *See Figure 2 for response frequencies by geographic region.*

Hillsborough County

- Negatively skewed perceptions of mental health.
- Significant logistic barriers to seeking care.
  - Wait times; Cost; System Navigation; Provider Match
- Stigma is a significant factor in not seeking care.

Pasco

- Available resources are not readily accessible.
- Significant influence of negative stigma.
- Logistic barriers are a primary concern.
  - Transportation; Cost; Program Availability; Therapist Turnover

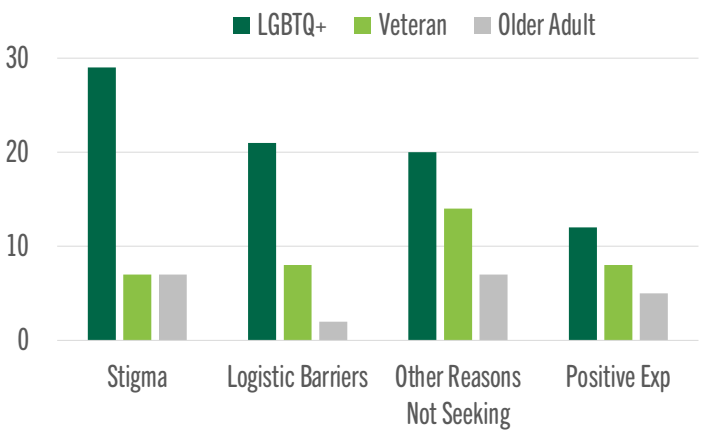
Polk

- More lived experience with public stigma.
- Many reasons for not seeking care.
  - Familial influence, Shame, and Social influence.

Pinellas

- Proportionally more positive experiences.
- Pleased with behavioral health services.
- Several logistic Barriers
  - Cost; Schedule/Availability of Providers; Provider Match

Figure 2. Findings by County Response Frequencies



Summary

The findings of this evaluation emphasize the importance of addressing perceptions of mental health and stigma and how it affects access to behavioral healthcare. This need is compounded by generational, cultural, and lifestyle differences requiring unique and individualized approaches. Community behavioral health leaders and key personnel must ensure that areas needing improvement are addressed, as both public perception and institutional practices that maintain disparities need to be rectified.

Key Takeaways

Stigma

- Stigma profoundly impacts community members and leads to a lack of help-seeking.
- Misinterpretations of mental illness and stigma are passed down generationally.
- Community members' experience of public stigma from providers keeps them from engaging in services.

Mental Health

- While the view of mental health is changing, it is still seen as shameful
- Community members want providers that understand their culture, gender, and religion.
- Focus should be placed on mental wellness rather than mental illness.

Barriers

- Long wait times, lack of transportation, and poor provider match are credited as reasons for not seeking care.
- Individuals learn barriers from peers and subsequently avoid services.
- Community members need for off-hours service availability.

Service Accessibility

- Long wait times and staff turnover keep community members from seeking services.
- Behavioral health services are not attainable for many community members due to a lack of insurance and the unaffordability of self-pay services.
- The opioid epidemic has had a significant impact on community providers and program availability.

Special Populations

- LGBTQ+: Individuals often feel judged, misunderstood, and "worse" when they leave a therapy appointment.
- Veterans: Individuals desire providers who are a part of or fully understand the Veteran and military culture.
- Older Adults: Individuals believe that mental illness is 'taboo,' needs to be approached using different language (stress, sadness), and prefer older providers they can relate to.
- Younger Adults: Individuals want to focus on mental wellness and prevention of mental distress.
- Culturally Diverse: Individuals want providers that speak the same language, understand their religion, and look like them.
- Providers: Community providers are leaving the field due to burnout and poor pay.

Recommendations and Actionable Steps

Recommendation 1: Destigmatization

Despite progress in recognizing and addressing mental illness, significant stigma persists, hindering those seeking treatment. Many individuals express shame, embarrassment, or fear of repercussions. Anti-stigma education could be useful in combating these issues. Proposed actionable steps include implementing anti-stigma programs across counties, drawing from successful examples in other communities. Emphasis should be on raising awareness among special populations and encouraging diverse groups to access mental health services. Information about available resources and services, coupled with destigmatizing content, should be integrated into initiatives. Targeted educational materials can enhance relatability, cultural inclusivity, and gender sensitivity to reduce stigma.

Recommendation 2: Marketing

The recommendation is to shift mental health marketing efforts towards normalizing and maintaining mental wellness rather than focusing solely on crisis intervention. Special populations, including the LGBTQ+ community, veterans, older adults, and males, as well as non-white racial and Hispanic individuals, should be targeted due to their lower likelihood of seeking treatment and facing obstacles in accessing care. Actionable steps include centering mental health marketing around the concept of 'mental wellness,' emphasizing the connection between mental and physical well-being, promoting inclusivity and diversity in campaigns, making materials relatable to the general public, and using analogies related to accepted concepts like self-care and stress relief. The goal is to portray seeking help as a healthy practice, not a sign of weakness.

Recommendation 3: Education

Educating family and friends about behavioral healthcare and the importance of seeking treatment for mental health diagnoses is crucial for fostering understanding, empathy, and support. Openly discussing mental health challenges is seen as a way to break down stigma and create a safe space for individuals to share their struggles. Actionable steps include raising awareness about signs and symptoms, empowering loved ones to recognize when someone may need help, promoting open dialogue about therapy and counseling to normalize these interventions, and emphasizing that seeking professional assistance is a sign of strength and self-care. Additionally, addressing cultural and generational disconnects through engagement in clinical settings, providing educational materials, and equipping individuals with strategies for difficult conversations can help bridge the gap of misunderstanding.

Recommendation 4: Continuity of Care

Continuity of care in behavioral healthcare is crucial for patient well-being and the effectiveness of treatment programs. From the provider's perspective, ensuring this continuity involves factors such as fair pay, which is essential for retaining skilled staff and forming long-term therapeutic relationships. Stability is pivotal for consistent support in navigating the complexities of the behavioral healthcare system. Flexible program admission requirements can minimize disruptions in care journeys. Challenges like burnout and high staff turnover hinder continuity, emphasizing the need to address these issues. Actionable steps include universally educating providers with specialized training materials, connecting them to resources, and fostering connections with peers for better understanding. Additionally, a program-specific evaluation could reduce staff turnover by addressing issues like sub-par compensation and lack of training and growth opportunities, improving overall continuity of care and patient outcomes.

Recommendation 5: System Navigation

Service navigation is crucial in the behavioral healthcare system to ensure individuals receive necessary support amid the complexities of mental health services. The healthcare journey is often overwhelming, with potential barriers like lack of information, stigma, and difficulty accessing appropriate care. Actionable steps include integrating peer navigators or paraprofessionals with lived experience to provide unique perspectives and guidance, offering peer support, aiding in logistical processes, and assisting with resource identification. Implementing a better system, such as a technology matching system, to easily identify cultural, religious, and racial similarities when seeking a mental health provider is suggested. Addressing issues like lengthy service wait times, adding bridge programs with system navigators for various treatment seekers, integrating ACEs into baseline paperwork for trauma history awareness, incorporating mental health check-ups into primary care, and implementing universal services and resources across districts are additional recommendations.

Recommendation 6: Provider Training on Special Populations and Cultural Competence

Tailoring behavioral health training for providers to address special populations like the LGBTQ+ community, veterans, older adults, and males can significantly enhance the likelihood of these marginalized groups actively seeking and engaging in behavioral healthcare services. Many individuals in these groups express hesitancy to pursue treatment due to the perceived need to educate providers about their unique backgrounds and identities before addressing their concerns. This leads to a lack of emotional vulnerability, driven by fears of stigma, discrimination, and detachment from providers. Participants from the LGBTQ+ community, for

example, found themselves dedicating substantial time during appointments to explain cultural nuances, preferred pronouns, and community dynamics. Actionable steps include universally educating providers with specialized training materials, connecting them to educational resources, and fostering connections with peers experienced in serving these special populations. Training specific to LGBTQ+, gender-specific, older adult, veteran/military personnel, and young adult populations is recommended to build stronger relationships between care providers and individuals from these groups.

Recommendation 7: Additional and Alternative Supports

To enhance holistic treatment options, consider providing alternatives to medication-assisted treatment and educational materials for self-care strategies outside formal treatment settings. Responding to the expressed desire for expanded support services during treatment, suggested actionable steps include:

- Add local, free (or significantly reduced cost) stress management, grief, and other support groups.
- Integrate parenting support within behavioral healthcare programs.
- Include childcare and support for aging parents to ensure accessibility for individuals with caregiving responsibilities.
- Provide educational materials for adolescents on managing substance use as a preventive measure.
- Increase access to care by expanding telehealth services and offering off-hours schedules for providers.

Limitations

The limitations of this evaluation are three-fold: (1) there was a lack of racial and ethnic representativeness, the need for more diversity among participants was present, specifically in non-white racial backgrounds, and the underrepresentation of Hispanic participation; (2) mental health stigma remains a significant barrier to seeking help and support among older adults, often preventing them from accessing the vital resources they need for their well-being; and (3) the sample population included community volunteers. These participant volunteers donated their time to the organizations that hosted the focus groups, and therefore, their views on stigmatization may not have been equivalent to that of a participant from the general public, especially demographics with more stigmatized views, who are unwilling to speak openly about mental health.

Conclusion

The findings of this evaluation emphasize the importance of addressing perceptions of mental health and stigma and how it affects access to behavioral healthcare within the multi-county Tampa Bay Region. This need is compounded by generational, cultural, and lifestyle differences requiring unique and individualized approaches. Although recommendations are highlighted in the previous section, allowing key stakeholders the opportunity to discuss the identified recommendations and create implementation strategies can promote destigmatization and system navigation, increasing access to and awareness of available behavioral healthcare resources.