

# Are Jamaicans Really That Stigmatizing? A Comparison of Mental Health Help-seeking Attitudes

D Jackson Williams

## ABSTRACT

Research suggests that there is a high level of stigma surrounding mental illness in the English-speaking Caribbean, limited knowledge about aetiology and scepticism about the effectiveness of treatment. Further, in spite of experiencing symptoms of distress, a growing body of literature has suggested that Caribbean nationals hold negative attitudes toward seeking professional psychological help. It has been suggested that these attitudes may be even more negative than for other populations. This paper presents the results of two studies which sought to examine this assumption. It was hypothesized that Jamaicans would hold more negative attitudes toward seeking professional mental health services than samples from other populations. Data regarding attitudes toward seeking professional psychological help were collected from 339 Jamaican adolescents. In study 1, a review of the literature was conducted. Three published studies that utilized the same measure of help-seeking attitudes, had a sample similar in age, and published their sample size, means and standard deviations, which were compared to the Jamaican sample. In study 2, data from the Jamaican sample were compared to a sample of African-American adolescents ( $n = 81$ ). Results did not support the hypothesis. Jamaicans were generally found to be either similar or more positive in their attitudes toward seeking professional psychological help. These encouraging results are discussed. Suggestions for improving education and reducing mental health stigma are presented.

**Keywords:** Mental health help-seeking, stigma

# ¿Son los Jamaicanos Realmente Tan Propensos a Estigmatizar? Una Comparación de Actitudes hacia la Búsqueda de Salud Mental

D Jackson Williams

## RESUMEN

Las investigaciones sugieren que hay un alto nivel de estigmatización en torno a las enfermedades mentales en el Caribe anglófono, al igual que conocimiento limitado sobre la etiología, y escepticismo sobre la efectividad de los tratamientos. Además, un volumen cada vez mayor de literatura ha sugerido que, a pesar de experimentar síntomas de distrés, los nacionales del Caribe mantienen actitudes negativas en cuanto a buscar ayuda psicológica profesional. Se ha sugerido que estas actitudes pueden ser aún más negativas que las existentes en otras poblaciones. Este artículo presenta los resultados de dos estudios encaminados a examinar esta hipótesis. Se sostuvo la hipótesis de que los jamaicanos tendrían actitudes más negativas en lo que se refiere a buscar servicios de profesionales de la salud mental, en comparación con muestras de otras poblaciones. Se recopilaron datos sobre las actitudes hacia la búsqueda de ayuda psicológica profesional de 339 adolescentes jamaicanos. En el estudio 1, se realizó una revisión de la literatura. Tres estudios publicados que utilizaban la misma medida para las actitudes de búsqueda de ayuda, tenían una muestra similar en cuanto a edad, y publicaron el tamaño de la muestra, las medias y las desviaciones estándar, que fueron entonces comparados con la muestra de Jamaica. En el estudio número 2, los datos de la muestra de Jamaica fueron comparados con una muestra de adolescentes afroamericanos ( $n = 81$ ). Los resultados no confirmaron la hipótesis. Se halló que los jamaicanos eran por lo general similares o más positivos en

From: Department of Psychology, La Salle University, Philadelphia, Pennsylvania, USA.

Correspondence: Dr D Jackson Williams, Department of Psychology, La Salle University, Wister M-22, 1900 W Olney Avenue, Box 275, Philadelphia, PA 19141, USA. E-mail: williamsdj@lasalle.edu

*sus actitudes de búsqueda de ayuda profesional psicológica. Se analizan estos resultados alentadores. Se presentan sugerencias para mejorar la educación así como para reducir los estigmas asociados con la salud mental.*

**Palabras claves:** Búsqueda de ayuda para la salud mental, estigma

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## INTRODUCTION

A growing body of literature has suggested that persons in the English-speaking Caribbean have little understanding about mental illness (1, 2), and hold negative opinions about mental illness (3–5). Further, public attitudes about mental illness in the Caribbean, and in Jamaica in particular, seem to be characterized by a high level of stigma with a desire of increased social distance from persons perceived as having even mild mental health conditions (4). Jamaicans have also been found to be reluctant to seek help for mental health issues, and would rather rely on themselves than consulting formal mental health services such as counsellors, therapists, psychologists and psychiatrists (5). Further, there seems to be the notion that Caribbean nationals would rather seek help from religious leaders or engage in religious coping (6, 7). While this may be the case, a recent study found that Jamaicans did not believe that seeking help from anyone, for any mental health condition, would be particularly useful (5).

These findings are disturbing given the fact that a large number of Jamaicans may be experiencing symptoms that would benefit from mental health services, and this number appears to be on the rise (8). Lipps and colleagues (9) found that Jamaican adolescents were experiencing significant symptoms of depression at an alarming rate (seven in ten). Older but relevant literature suggests that Jamaican youth have long been reporting significant mental health concerns. In a series of studies, cross-national comparisons were made of behavioural and emotional problems experienced by youth in Jamaica, the United States of America (USA) and other countries (10, 11). Results of these studies suggest that the referral problems were different across nationalities, however, Jamaican adolescents (aged 11–18 years) endorsed the highest mental health problem scores compared to youth from six other countries (11). Further, while African-American youth reported a greater variety of mental health problems, Jamaican youth (aged 4–18 years) reported more severe concerns (10).

In summary, this body of research suggests that a fair number of Jamaican youth are experiencing mental health concerns, but are reluctant to seek help. This literature also suggests that even if they were to seek help, Jamaicans are not optimistic about the benefits of engaging in mental health services. Finally, it is believed that sociocultural beliefs regarding stigma about mental illness, especially in the face of core Jamaican values, which include accountability and responsibility (12), may contribute to negative opinions about mental illness and unwillingness to engage in services.

The literature concludes that there continues to exist a high level of stigma and negative beliefs about the implications of mental illness, its treatability and aetiology (3–5, 13).

Given the fact that Jamaicans seem to have these negative beliefs about mental illness, it would be plausible that they would also have more negative help-seeking attitudes compared to other populations. Negative help-seeking attitudes pose a significant public health risk as early intervention is known to lead to a more significant reduction of symptoms, increased speed of improving functional status and a better prognosis. No studies to date, however, have statistically tested this assumption. This current study sought to do so.

## OBJECTIVE

The goal of the current investigation was to compare Jamaican attitudes toward seeking professional psychological services with other populations. It was hypothesized that Jamaicans would endorse significantly more negative attitudes toward seeking professional help for mental illness when compared to other populations. The Attitudes Toward Seeking Professional Psychological Help scale [ATSPPHS] (14) is a widely used measure of help-seeking attitudes. Two studies were conducted to examine the hypothesis. Study 1 compared Jamaicans on this measure to other populations with already published means and standard deviations in the extant literature. Study 2 compared Jamaican adolescents with a more current sample of African-American adolescents. A Jamaican adolescent sample was selected as they are not typically exposed to mental health education in school. It is likely then, that these adolescents' attitudes may reflect core societal and cultural views of the wider Jamaican population.

## SUBJECTS AND METHODS

### Study 1

#### Participants

*Jamaican sample:* Permission to execute this study was granted from the Institutional Review Board at the University of Miami and the Ministry of Education in Jamaica. A large non-clinical sample of Jamaican adolescents was recruited from secondary schools in urban ( $n = 5$ ) and rural ( $n = 2$ ) areas throughout the island. Students under 18 years of age participated after returning signed parental consent forms and assented to the study. The final sample consisted of 339 Jamaican male ( $n = 146$ ) and female ( $n = 193$ ) students ranging in age from 15–19 years ( $M = 17.18$ ,  $SD = 0.76$ ). Similar to recent publications on Jamaican youth (9), socio-

economic status was assigned using parent education, parent occupation and land values of the student's residence (15). The sample was largely urban (85%) with the majority of participants coming from the upper (21.5%) and middle classes (63.7%). Students were enrolled in the 11<sup>th</sup> (fifth form: 8%), 12<sup>th</sup> (lower sixth form: 29.5%) and 13<sup>th</sup> (upper sixth form: 55.8%) grades. Data were collected in 2005.

*Review of the literature:* A literature review conducted in PsycInfo yielded several studies published between 1983 and 2005 using the Attitude Toward Seeking Professional Help Scale (14). Only studies which utilized the original, long version of the scale, studies that had samples of comparative ages (adolescent or young adult), and those studies with the sample size, means and standard deviations reported were included in this analysis. This review yielded only three studies appropriate for comparison. Means and standard deviations of all samples are reported in Table 1.

#### Statistical Analysis for Study 1

In order to compare the differences across groups, *t*-tests were conducted to examine if differences were statistically significant ( $p < 0.05$ ).

### Study 2

#### Participants

*Jamaican sample:* The same sample of Jamaican adolescents ( $n = 339$ ) were used for comparative analysis in study 2.

*African-American sample:* Data were collected from 81 non-clinical African-American adolescents at a charter high school in the North Eastern USA. Students ranged in age from 14–18 years old ( $M = 15.98$ ,  $SD = 1.13$ ). In spite of the unequal sample size, students in this sample were comparable to the Jamaican sample in terms of socio-economic status. The sample was primarily urban (92%). Permission to collect this data was granted from the Institutional Review Board at La Salle University. Data were collected between 2008 and 2010.

#### Measures

*Psychological help-seeking attitudes:* Study 1 and Study 2 utilized the well-known, frequently used 29-item Attitudes Toward Seeking Professional Psychological Help scale (14). This scale is designed to assess general attitudes toward seeking professional help for psychological problems. This measure has four subscales: 1) the recognition of personal need for psychological help (8 items), 2) stigma tolerance associated with psychological help (5 items), 3) interpersonal openness regarding one's problem (7 items) and 4) confidence in mental-health professionals (9 items). Each item is a statement that is scored on a four-point Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree). Higher scores indicate a positive attitude toward seeking profes-

sional help for psychological problems. Atkinson and Gim (16) adapted the ATSPPHS to make the scale more relevant to today's terminology. This modified version of the ATSPPHS was used in this study. Reliability statistics were calculated to examine the appropriateness of the use of this measure in the current sample of Jamaican adolescents. Alpha coefficients for the subscales were less than optimal, ranging from 0.42 to 0.63. However, the alpha for the overall scale was 0.76 which is adequate. The ATSPPHS total score was therefore used as the dependent variable for all analyses.

#### Statistical Analysis for Study 2

In order to simultaneously examine differences between groups and uncover significant interactions ( $p < 0.05$ ), a 2 (Jamaican vs African-American) x 2 (gender) factorial analysis of variance (ANOVA) was conducted in SPSS (version 19).

## RESULTS

### Study 1: Comparison of psychological help-seeking attitudes between Jamaicans and other samples in the published literature

The sample mean of the total score from the ATSPPHS was compared to other samples using this same measure found in the extant literature. Although the authors of the ATSPPHS scale stated that scores range on a 0–3 Likert scale, some researchers have published findings using a 1–4 range. Consequently, the data in the current study were calculated in both ways (Table 1) in order to make accurate comparisons across studies. *T*-tests to examine if differences were statistically significant ( $p < 0.05$ ) were calculated using the means, standard deviations and sample size.

In general, results did not support the hypothesis that Jamaicans would hold more negative psychological help-seeking attitudes. That is, most *t*-test comparisons yielded a *p*-value greater than 0.05 suggesting no significant differences between Jamaicans and other populations using the same measure of help-seeking attitudes. Jamaicans were neither more negative nor more positive than other populations using the same measure to assess attitudes. There was one exception, however. In an older study of Asian-American students, Atkinson and Gim (16) reported means and standard deviations for attitudes toward seeking psychological help among Asian-Americans at different levels of acculturation. A comparison of Jamaicans with this group indicated that adolescent Jamaicans had significantly more positive attitudes than the low acculturated group ( $t(312) = 3.15$ ,  $p = 0.001$ ; Cohen's  $d = 0.57$  – medium) of Asian-Americans. Results also indicated that Jamaicans did not differ from the medium acculturated group ( $p > 0.05$ ) but had more negative attitudes toward seeking professional psychological help than the highly acculturated group ( $t(546) = 2.41$ ,  $p = 0.01$ ; Cohen's  $d = 0.2$  – small).

Table 1: Comparison of Jamaicans and other samples' attitudes toward seeking help (Study 1)

Sample	Date data collected/published	Mean	SD	n
Using the 0–3 scale				
Jamaican (entire sample)	2005	49.95	8.94	279
Jamaican (male)	2005	47.91	8.06	121
Jamaican (female)	2005	51.52	9.29	158
White college (male)	1999	46.8	12.7	154
White college (female)	1999	53.4	12.0	136
Using the 1–4 scale				
Recalculated Jamaican (entire sample)	2005	78.95	8.94	279
Recalculated Jamaican (male)	2005	76.91	8.06	121
Recalculated Jamaican (female)	2005	80.52	9.29	158
Black university male	2003	77.9	10.80	131
Low acculturated Asian students	1989	73.9*	8.8	35
Medium acculturated Asian students	1989	78.7	11.6	250
Highly acculturated Asian students	1989	81.0*	10.8	263

Note: \*denotes comparisons with significant differences

### Study 2: Comparison of psychological help-seeking attitudes between Jamaicans and African-American adolescents

Given that the available usable data from the extant literature were somewhat dated in that studies were published between 1989 and 2003, a more current sample was also used to compare attitudes. A 2 (Jamaican vs African-American) x 2 (gender) factorial ANOVA was conducted in SPSS (version 19) to simultaneously examine differences between groups and any significant interactions ( $p < 0.05$ ). Results indicated that there was a significant main effect in terms of the difference between Jamaicans and African-Americans, but not in the hypothesized direction ( $F(1, 355) = 11.17, p = 0.001$ ). Interestingly, results of this comparison revealed that Jamaicans hold more positive attitudes toward seeking psychological help ( $M = 49.95, SD = 8.94$ ) compared to African-Americans ( $M = 44.97, SD = 8.23$ ). There were no significant gender differences or significant interactions (Table 2).

### DISCUSSION

Two studies were conducted to compare the attitudes Jamaican adolescents have toward seeking professional psychological help. It was hypothesized that given the level of stigma that surrounds mental illness on the island (3–5), the general unwillingness to seek help and the perception that mental health services are not particularly useful (5), Jamaicans would exhibit more negative attitudes toward seeking help for psychological concerns compared to other populations. In study 1, a literature review was conducted which identified three studies that could be used for comparisons. Results indicated that while Jamaicans do not have more positive attitudes toward seeking professional psychological help, they also do not hold more negative attitudes than other populations. There was one noted exception when comparing Jamaicans (sampled in 2005) with an earlier study of Asian Americans of differing acculturation status (16). Jamaicans had more positive attitudes than the least accul-

Table 2: Comparison of Jamaican and African-American adolescents (Study 2)

Sample source	Gender of participant	Mean	Std Deviation	n
Jamaican sample (collected in 2005)	Male	47.91	8.05	121
	Female	51.52	9.29	158
	Total	49.95	8.94	279
African-American sample (collected 2008–2010)	Male	45.03	8.40	68
	Female	44.67	7.68	12
	Total	44.97	8.23	80
Total	Male	46.87	8.28	189
	Female	51.03	9.33	170
	Total	48.84	9.02	359

Note: the dependent variable is the total score from the attitude toward seeking professional help scale.

turated sample of Asian Americans, were comparable to those in the middle, but were more negative in their attitudes toward seeking help compared to the most acculturated group of Asian American students. While these results are intriguing, they should be interpreted with caution given the date of publication of some of these studies and the possibility that attitudes are likely to change over time.

Results of study 2 sought to take this into consideration by comparing attitudes toward seeking professional psychological help between a group of age and socio-economically matched Jamaican and African-American adolescents. Again, findings were that Jamaicans were found to have more favourable attitudes than African-Americans. Research on Afrocentric values and help-seeking may help explain some of the reluctance toward seeking help among African-Americans living in America. Afrocentric values emphasize the collectivism, communalism, unity, cooperation, spirituality and authenticity (17) which are also consistent with many core Jamaican values (12). In line with these views, reliance on family is preferred over unfamiliar others when faced with problems. For African-Americans, scepticism, a history of less than optimal care in mental health institutions, and unfamiliarity with mental health services has been thought to contribute to the high level of stigma surrounding mental health (18). Indeed the connection has been made in the literature such that stronger Afrocentric values were found to be related to greater perceived stigma about mental health counselling and greater self-concealment (18). These reasons may explain why, although both groups are endorsing relatively negative attitudes, African-Americans may hold even more negative attitudes.

While underutilization of mental health services has been a known mental health crisis, the results from these studies are encouraging. It appears that historically, Jamaicans have been fairly similar to others in terms of the level of negativity in attitudes. More recent data suggest that Jamaicans may actually hold more favourable attitudes toward seeking help. Research suggests that increased awareness and education about mental illness, aetiology and treatment efficacy can improve attitudes toward seeking help (5, 19). Given these results which suggest that Jamaicans may be similar or even more favourable in their attitudes toward seeking professional psychological help compared to other populations, programmes targeting stigma in other countries may also be useful among Jamaicans. There are several public education campaigns that have had positive effects in reducing stigma in other countries. One such campaign launched in Britain aimed to reduce the stigma associated with depression and provide information regarding its treatment to encourage help-seeking (20). Research indicated that there was an overall positive change in attitudes regarding depression as a result of the campaign. Research has also shown that brief school-based programmes have been successful at changing attitudes toward seeking professional

help for mental illness (21). Providing similar programmes to Jamaicans may be extremely beneficial in reducing stigma and improving attitudes toward seeking professional psychological help. Indeed, programmes such as these have been attempted in Jamaica in the past (22) and may be reconsidered for a younger population.

In conclusion, we have historical evidence that suggests that educating the Jamaican public can reduce stigma related to mental illness. Research also suggests that among adolescents, brief workshops can positively change opinions and may subsequently improve attitudes toward seeking professional psychological help. These studies provide encouraging data suggesting that Jamaicans may not be as negative in their attitudes as previously thought. This long held belief is prevalent given the high level of stigma surrounding mental illness on the island. It should be noted, however, that due to the sample characteristics of the current studies, the findings reported in this paper largely represent the views of the more educated and better off members of the Jamaican adolescent society, potentially limiting the generalizability of the results. Despite this, results of these studies can be used to develop public policy or encourage schools to consider psycho-education about mental health concerns. While attitudes may not be as negative as previously thought, underutilization is still a significant concern among Jamaicans. These studies and this volume may be useful in informing significant change in Jamaica.

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