

Study on the stigma surrounding access to mental health services

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About Parentis

Parentis, a local NGO in Iasi, has been actively engaged in supporting parents by offering mental health assistance and providing a range of resources to meet the needs of parents during the early years of their children. With more than a decade of experience in delivering psycho-social support to mothers and families through individual and group interventions, lactation support, counseling, and parenting courses, as well as raising awareness through campaigns on topics like breastfeeding, babywearing, car seat safety, and education, it was a natural progression for us to extend our assistance to refugee parents in response to the influx of individuals seeking refuge from the Ukrainian war at the borders.



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1. Introduction and Context

Mental health is an essential component of overall well-being. However, the stigmatization of mental health services remains a major barrier to accessing these services, particularly in countries with more conservative traditions and a culture of avoiding psychological treatments, such as Romania. Stigma can have particularly negative effects, as it not only discourages individuals from seeking help but also contributes to their social isolation and worsening health conditions. In Romania, the accessibility of mental health services is often limited not only by stigma but also by economic barriers and lack of information.

This study aims to analyze perceptions regarding the stigma associated with mental health services, their accessibility, and beneficiaries' preferences for support methods (e.g., online vs. in-person). The study was conducted on a sample of 60 respondents and includes both quantitative analyses, through questionnaires, and qualitative analyses, through 9 semi-structured interviews. Respondents were voluntarily selected from beneficiaries of the mental health services offered by the Parentis association, providing a privileged perspective on their experiences and perceptions regarding stigmatization.



2. Study Objectives



- Evaluate perceptions of the stigma associated with accessing mental health services.
- Investigate how the accessibility of mental health services is influenced by socio-demographic factors, such as education and socioeconomic status.
- Explore participants' preferences for methods of accessing psycho-emotional support.

3. Hypotheses



1. Individuals with higher educational levels will exhibit a lower perception of the stigma associated with accessing mental health services.
2. Respondents with higher incomes will perceive mental health services as more accessible.
3. Women will be more open to accessing mental health services and will prefer online services due to convenience and discretion.
4. Familiarity with mental health services will reduce the perception of stigma among beneficiaries.





Methodology

4. Research Methodology

Sample

The study was conducted on a sample of 60 respondents who completed a structured questionnaire. The respondents were voluntarily selected from among the beneficiaries of mental health services offered by the Parentis association. Of the 60 participants, 57 were women, providing a predominantly female perspective on the perception of stigma. 20 of the respondents were of Ukrainian nationality, 40 of them were of Romanian nationality. Additionally, 9 semi-structured interviews were conducted to complement the quantitative data and offer deeper insights into personal experiences.

Data Collection Tools

- **Structured Questionnaire:** Contained 56 questions about the perception of stigma, service accessibility, and preferences for support methods, including demographic data.
- **Semi-structured Interviews:** Focused on personal experiences regarding access to services and the impact of stigma on the decision to seek help.

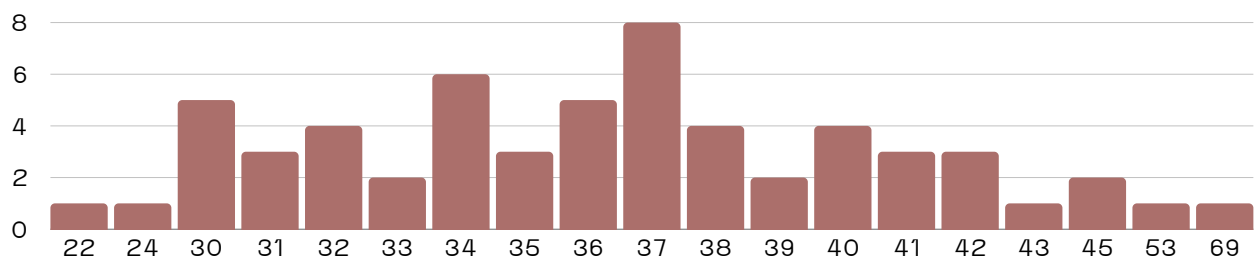
Procedure

The questionnaires were distributed online, while the semi-structured interviews were conducted either face-to-face or by phone, depending on participant preferences. The collected data was analyzed using the SPSS program to generate descriptive statistics and correlations between variables.

5. Descriptive Statistical Analysis

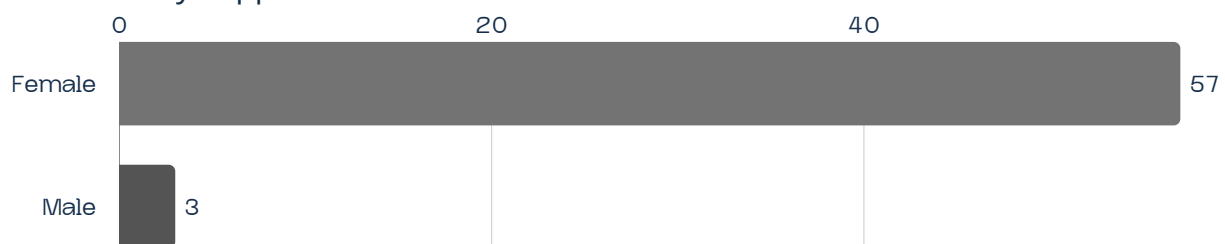
Age

The majority of respondents fell within the 30-40 age group (approximately 78.2%), followed by those aged 41-65 (18.4%). This suggests a mature but socially active population, which may influence perceptions of stigma and service accessibility.



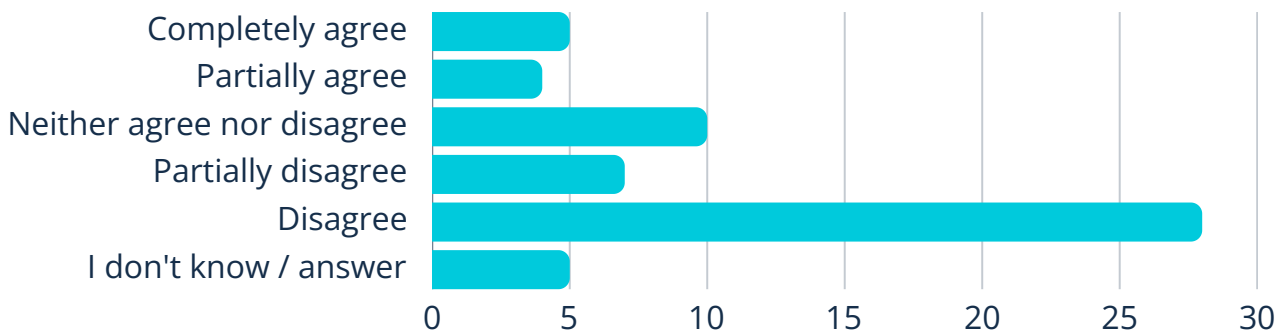
Gender

Of the 60 respondents, 57 were women and only 3 were men, highlighting a predominantly female presence in the study. This distribution shows that women are more likely to discuss mental health issues and access dedicated services. Women tend to be more open to addressing psychological problems and seeking the necessary support.



6. Interpretation of Responses and Correlation with Interviews

Stigma Perception



The majority of respondents (58.4%) rejected the idea that mental health issues reflect a weakness of character. This indicates a progressive shift in the perception of stigma, particularly among women, who represent the majority of the sample. However, in semi-structured interviews, many participants still reported feeling social pressure related to the stigma of accessing services, especially in conservative environments. This phenomenon is common in traditional communities where mental health is often a taboo subject.

Service Accessibility

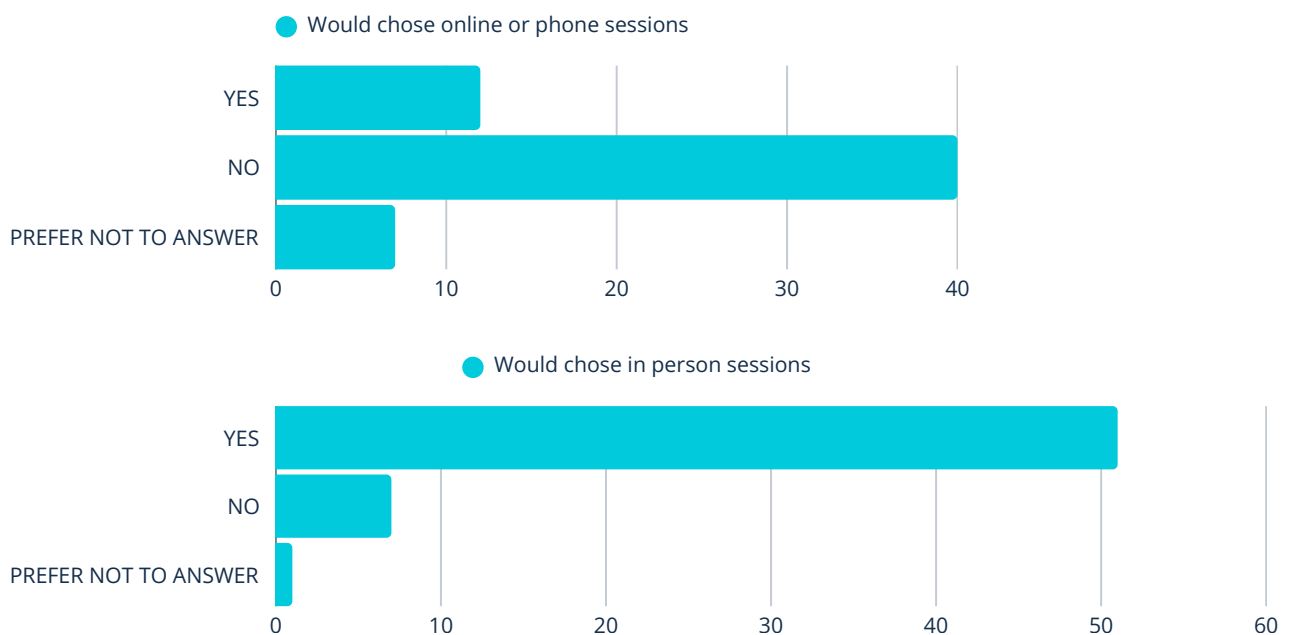
43.3% of respondents indicated that mental health services are generally difficult to access, and 71.7% stated that they are especially difficult to access for the elderly and 63.3% for people with disabilities. This was confirmed in interviews, where participants mentioned high costs as a significant barrier, preventing them from accessing the necessary help.

Respondents highlighted that economic barriers and lack of information are the main reasons many people avoid seeking psycho-emotional support. This situation is worsened by the lack of free or subsidized resources, as well as the lack of specialized services in certain geographic areas.



Preferences for Services

A percentage of 21.7% of respondents stated that they prefer online or phone sessions, motivated by the desire to maintain discretion and the comfort offered by these methods. Particularly, women emphasized in interviews that they avoid being seen entering a mental health office due to feelings of shame or fear of being judged by others. Additionally, 96.7% of respondents expressed openness to individual sessions, while 28.3% showed openness to group sessions. The interviews revealed that the preference for online services is also driven by the exhaustion of personal resources, such as the time and energy required to attend in-person meetings. Moreover, beneficiaries who had experienced online services emphasized their efficiency and flexibility, suggesting the need to expand this type of support.



7. Statistical Correlation Analysis

The main objective of the correlation analysis was to gain a deeper understanding of how demographic variables such as country of origin, education level, and social status influence perceptions of mental health. Additionally, the analysis sought to identify common beliefs between different groups of respondents, regardless of demographic differences. The identified correlations revealed differences based on country of origin, with respondents from Romania and Ukraine having distinct perceptions of certain aspects of mental health. Below are the most evident correlations, reflecting both the differences and commonalities between these groups.

Correlations with the "Country" Variable (Romania vs. Ukraine)

Eating Disorders

- Kendall's tau_b: Coefficient = -0.430, $p < 0.001$
- Spearman's rho: Coefficient = -0.444, $p < 0.001$
- **Interpretation:** Respondents from Romania and Ukraine have different perceptions regarding eating disorders. People from Ukraine are less likely to consider eating disorders as symptoms of mental health problems, which may reflect cultural differences or a lower awareness of mental health issues in the context of eating disorders.

Crises

- Kendall's tau_b: Coefficient = -0.452, $p < 0.001$
- Spearman's rho: Coefficient = -0.478, $p < 0.001$
- **Interpretation:** Romanian respondents perceive
- crises as being more related to mental health compared to Ukrainian respondents. This could be influenced by different access to mental health services and education on this topic in the two countries.



Economic Status

Kendall's tau_b: Coefficient = -0.548, $p < 0.001$

Spearman's rho: Coefficient = -0.585, $p < 0.001$

Interpretation: The strong negative correlation between country and economic status suggests that Ukrainian respondents generally have a lower economic status compared to those from Romania. This correlates with the refugee status of respondents in the process of adapting to a foreign country, which increases the vulnerability of the refugee respondents. This factor can influence access to mental health services and attitudes toward them.

People with Mental Health Problems are Considered Weak

Kendall's tau_b: Coefficient = 0.266, $p = 0.024$

Spearman's rho: Coefficient = 0.293, $p = 0.023$

Interpretation: Romanian respondents are less likely to consider people with mental health problems as weak compared to Ukrainian respondents. This could reflect a different awareness of the severity of mental health issues and their impact on individuals' lives.

Mental Health Problems in the Family Cause Suffering

Kendall's tau_b: Coefficient = -0.347, $p = 0.005$

Spearman's rho: Coefficient = -0.365, $p = 0.004$

Interpretation: Ukrainian respondents are more likely to acknowledge that mental health problems in the family cause suffering, compared to those from Romania. This may reflect perceptions of the importance of mental health issues in the family and the level of available social support. Ukrainian respondents have a reduced support network as they are displaced from their home country with a limited number of family members and friends.



Significant Correlations with the Variables "Eating Disorders" and "Crises"

Eating Disorders and Crises

Kendall's tau_b: Coefficient = 0.384, $p = 0.001$

Spearman's rho: Coefficient = 0.416, $p < 0.001$

Interpretation: There is a strong correlation between the awareness of eating disorders and that of crises. Those who recognize eating disorders as mental health symptoms tend to also acknowledge crises as a symptom, suggesting a general awareness of the severity of mental health problems.

Economic Status and Awareness of Eating Disorders

Kendall's tau_b: Coefficient = 0.241, $p = 0.039$

Spearman's rho: Coefficient = 0.284, $p = 0.031$

Interpretation: Respondents with a higher economic status tend to be more aware of the fact that eating disorders are mental health symptoms, which may reflect better education and access to information.

Significant Correlations with "Medications Treat Mental Health Issues"

Mental health issues in the family cause suffering.

Kendall's tau_b: Coefficient = 0.387, $p = 0.002$

Spearman's rho: Coefficient = 0.387, $p = 0.002$

Interpretation: Individuals who believe that medications are an effective solution for treating mental health issues tend to also recognize the negative impact these problems have on affected families.

The correlation analysis helped to clarify the factors that influence perceptions of mental health problems, demonstrating the complex and nuanced ways in which country of origin, socio-economic status, and education influence the perception of stigmatization. Additionally, the analysis revealed that certain beliefs about mental health problems are shaped not only by direct access to services but also by socio-cultural factors, including general education and awareness of mental health issues.



8. Conclusions and Interpretations

The study on the stigma surrounding access to mental health services highlighted several relevant conclusions, confirming some hypotheses and providing a deeper perspective on perceptions and accessibility of these services. The results demonstrated that demographic variables such as country of origin, education level, and economic status significantly influence how individuals perceive mental health and available treatment solutions.

Confirmation of Hypotheses:

Hypothesis 1: Individuals with a higher education level exhibit a lower perception of stigma associated with accessing mental health services.

This hypothesis was partially confirmed, with correlations indicating that a higher level of education is associated with greater awareness of mental health issues. For example, respondents with higher education were more aware of the impact of eating disorders and crises on mental health.

Hypothesis 2: Respondents with higher incomes perceive mental health services as more accessible.

Correlations with the variable “economic status” showed that individuals with higher incomes have a different perception of accessibility to services, being more aware of eating disorders and issues associated with mental health. However, not all individuals with higher incomes consider the services easily accessible.

Hypothesis 3: Women exhibit greater openness to accessing mental health services.

Women, who made up the majority of respondents, were more open to accessing services, particularly for online sessions, in order to maintain discretion. This was confirmed by both questionnaire responses and semi-structured interviews.

Hypothesis 4: Familiarity with mental health services reduces the perception of stigma

Respondents with prior experiences with mental health services had a lower perception of the stigma associated with them, thereby confirming the hypothesis. However, cultural and background differences continued to play an important role in stigma perception.



RECOMMENDATIONS:



- **Increase Accessibility of Services for Vulnerable Groups:** The results highlighted that individuals from Ukraine and those with low economic status face significant difficulties in accessing mental health services. It is recommended to expand free or subsidized services and information campaigns targeting these groups.



- **Promote Online Sessions and Flexibility:** Given the relatively high preference among respondents for online or phone sessions, it is necessary to expand these services to meet the comfort and discretion needs of beneficiaries, especially women.



- **Reduce Stigma through Education and Awareness Campaigns:** Continuing mental health education campaigns is essential, with a particular focus on reducing stigmatizing perceptions within the community. Access to accurate information and education about mental health can significantly reduce associated stigma.



- **Foster Social Support Networks:** Family and community support networks are essential in helping individuals affected by mental health issues. It is recommended to intensify psychoeducational initiatives for families and communities to reduce suffering and isolation among those affected.

The study highlights the importance of mental health awareness among the population and the need to improve access to services. While significant steps have been made in reducing stigma, cultural and economic barriers still need to be addressed. Diversifying modalities for accessing services and intensifying education and awareness campaigns remain priorities for improving community well-being.



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