

# A Qualitative Study of Therapists' Perspectives on Adolescent Mental Health Stigma

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## ABSTRACT

Mental health conditions affect many adolescents worldwide. Despite the prevalence of mental illness, many conditions are left untreated due to a variety of barriers, such as stigma. Stigma is the negative judgment directed towards people with mental health issues, and it could cause resistance to getting help. Society's opinion towards mental health is often negative, leading people, particularly adolescents, to feel ashamed or scared to pursue therapy or other forms of support. In this study, eight licensed mental health professionals located in Tampa, Florida were interviewed. These professionals have diverse clinical backgrounds in both intensive treatment programs and private practice. Semi-structured interviews were recorded, transcribed, and analyzed to identify overarching themes in the therapists' perspectives on the impacts of stigma. One theme that the therapists emphasized was that normalizing mental health conditions and treatment is necessary to reduce stigma because adolescents often resist treatment due to fear of being thought of as different. The mental health professionals noted that stigma is still present, but has decreased in recent years. The second theme was that social media was described as both helpful and harmful because it can spread awareness, but can also reinforce harmful beliefs. Stigma significantly impacts adolescents' hesitancy in seeking treatment. Therapists agree that normalization, peer support, and accurate social media information are important for reducing stigma. These results align with existing research showing that stigma is a major barrier to treatment access.

**Keywords:** Stigma, Mental Health; Treatment; Therapy; Adolescent

## INTRODUCTION

Mental health conditions in adolescents are an important concern in the United States and worldwide. Mental health conditions are rarely the result of one event. Instead, there are multiple linking factors, including genetics, brain chemistry, and environmental

stressors (1). According to the National Alliance on Mental Illness, 1 in 6 U.S. youth aged 6-17 experience a mental health disorder each year, with anxiety and depression being the most common (2). Between 2021 and 2023, studies showed that 1 in 5 adolescents aged 12 to 17 reported having unmet mental health care needs (3). Without treatment, mental health issues can have long lasting and damaging effects on adolescents. These effects include an increased rate of disability and mortality, social issues, and numerous health problems (4). If these conditions continue to remain untreated, they often persist into adulthood, leading to an increased risk of substance abuse, lower life satisfaction, and other health issues (5).

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Even when symptoms of mental illness are present and treatment options are available, social and cultural barriers can lead to adolescents failing to receive treatment, despite how harmful this can be (6). Among these barriers, stigma plays a very influential role by impacting how adolescents interpret their illness and how others respond to it. Mental health stigma is the negative beliefs held towards those who experience mental health issues and the harmful stereotypes placed on them (7). Stigma influences how adolescents perceive themselves and how others perceive them (8). Even though conversations on mental health have become more common in recent years, stigma continues to cause young people to be less inclined to receive the treatment needed to help them get better.

Adolescents are particularly sensitive to peer perception because they are still developing socially, cognitively, and emotionally, and their youth makes them highly impressionable to the judgement of others (9). This sensitivity may discourage them from reaching out for help. Many adolescents internalize these negative stereotypes which leads to them viewing their own mental health issues as shameful (10). Fear of judgement from others creates an environment where receiving treatment is thought of as “weak.” In a poll conducted by Ipsos in 2022 on teen mental health, only 48% of the teens surveyed regularly discuss their mental health with parents, and 22% of the teens talk

regularly about it with friends (11). Adolescents often care more about peer acceptance over their own well-being, potentially resulting in many people hiding or minimizing their symptoms rather than seeking help (12). This cycle of stigma and mental health rejection causes more severe mental health outcomes. Thus, addressing stigma is crucial for improving mental health outcomes for adolescents. This study explores how societal stigma impacts treatment for adolescents. By understanding the effects of stigma on society and individuals, barriers to treatment can be addressed in order to create an environment where mental health concerns are more accepted. Understanding these dynamics allows for the reduction of stigma which will ultimately result in long-term mental and emotional well-being.

**METHODS AND MATERIALS**

An independent self-formed institutional review board pre-approved this qualitative study to ensure adherence to ethical standards and protect participants.

**Participants**

This research involved a qualitative study based on interviews with eight licensed mental health professionals (Table 1) located in Tampa, Florida. The researcher outreached through email to mental health professionals

**Table 1. Participants' background information.** LCSW, Licensed Clinical Social Worker; LMHC, Licensed Mental Health Counselor; RCSWI, Registered Clinical Social Worker Intern (RCSWI); MD, Medical Doctor; ADHD, Attention Deficit and Hyperactivity Disorder; OCD, Obsessive Compulsive Disorder; BPD, Borderline Personality Disorder; PTSD, Post-Traumatic Stress Disorder.

<b>Therapists' Demographic Information</b>				
<b>Therapist</b>	<b>Age of Clients</b>	<b>Most common Diagnoses/ Conditions They Treat</b>	<b>Approximate Number of Adolescents They Currently Treat</b>	<b>Participants' background information</b>
Therapist #1, LCSW	5+	Anxiety, ADHD, trauma, and depression	17- 20	~10 years
Therapist #2, LMHC	11+	Depression, anxiety, BPD, mood disorders, eating disorders, substance abuse disorders, and trauma	10	11-12 years
Therapist #3, LCSW	6+	Anxiety, depression, eating disorders, bipolar disorder, BPD, and OCD	7	2.5 years
Therapist #4, LCSW	4+	Depression, anxiety, and PTSD	1 current, 3 adults who were also treated as adolescents	18 years

**Continued Table 1. Participants' background information.** LCSW, Licensed Clinical Social Worker; LMHC, Licensed Mental Health Counselor; RCSWI, Registered Clinical Social Worker Intern (RCSWI); MD, Medical Doctor; ADHD, Attention Deficit and Hyperactivity Disorder; OCD, Obsessive Compulsive Disorder; BPD, Borderline Personality Disorder; PTSD, Post-Traumatic Stress Disorder.

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Therapist #5, MD Psychiatrist	4+	ADHD, behavioral issues, autism spectrum disorder, OCD, BPD, anxiety, and depression	40	5 years
Therapist #6, RCSWI	11+	Anxiety, depression, self-harm behaviors, suicidal ideation, and substance abuse disorders	8	5 years
Therapist #7, RCSWI	11+	Anxiety and depression	10	3 years
Therapist #8, RCSWI	11+	Depression, generalized anxiety, personality disorders, OCD, eating disorders, ADHD, and autism spectrum disorder	10	4 years

found in a local directory and provided information about the study and participation requirements. Those who were interested in participating were scheduled for an interview at which point informed verbal consent and written informed consent was collected. Participants included one male and seven female therapists, all of whom have experience in treating adolescents. They represent a range of clinical backgrounds and professional experiences. Four participants report working in a mental health treatment program that offers an Intensive Outpatient Program and a Partial Hospitalization Program which involves several hours of therapy every weekday, and four participants report working with patients in private practice that involves one-on-one therapy sessions tailored to the individual's needs, typically 1 hour per week. Participants hold a range of credentials, including Licensed Mental Health Counselor (LMHC), Licensed Clinical Social Worker

(LCSW), Registered Clinical Social Worker Intern (RCSWI), and one Medical Doctor (MD) who specializes in psychiatry. No identifying information about their clients was collected, and confidentiality was protected.

### **Procedure**

Participants were administered a one-on-one semi-structured interview of 23 questions (Table 2). These questions focused on the participants' professional experience, client demographics, and their perceptions of stigma, with a particular emphasis on their adolescent-aged clients. Four interviews were conducted in person, and four interviews were conducted online via Zoom. Each interview lasted approximately 25 minutes long. All eight interviews were recorded with the participants' consent. The recordings were later transcribed into text using the "Transcribe" application and then reviewed for accuracy.

**Table 2. Semi-Structured Interview Questions for Therapist Participants.** These 23 open-ended questions were reviewed with therapist participants in live interviews which lasted approximately 25 minutes each. Responses were recorded and transcribed.

- What is the age range of clients you work with?
- Do you see more female or male clients?
- How long have you been practicing as a therapist?
- What is your general approach to therapy?

*Continued Table 2. Semi-Structured Interview Questions for Therapist Participants. These 23 open-ended questions were reviewed with therapist participants in live interviews which lasted approximately 25 minutes each. Responses were recorded and transcribed.*

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- What are the most common mental health concerns you treat?
  - Approximately, how many adolescent clients are you currently treating?
  - What types of therapy do you use in your practice?
  - Do you see stigma affecting any particular groups of people more so than others?
  - In your experience, how does stigma affect your clients?
  - Who do you believe contributes the most to mental health stigma?
  - Do you have clients who are resistant to treatment due to societal stigma?
  - Have you had any personal experience with stigma, either professionally or personally?
  - How do you address stigma in your practice?
  - Do most of your patients volunteer to come to therapy on their own or are they encouraged by family/friends?
  - Have you had patients who have received negative feedback after telling someone about their treatment? If so, what was the feedback?
  - Do your patients talk about their experiences with therapy to others? How do you feel that impacts things?
  - What are some popular mental health stereotypes you encounter and how do you address them?
  - How do you think we could help combat stigma as a society?
  - How have you seen societal stigma evolve over the past couple of years? How has this impacted your work?
  - How do you see social media impacting stigma?
  - What do you feel the main contributors are to societal stigma?
  - Do you have any specific strategies for patients to combat stigma in their personal lives?
  - How can loved ones best support a person who is experiencing stigma?
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### **Data Analysis**

After transcription, interviews were qualitatively evaluated, and the major topics discussed by each mental health professional were noted. These notes were then compared, and common patterns across interviews were found. After identifying four main themes that occurred across all eight interviews, these were further synthesized to identify two overarching themes. The themes were selected based on their frequency across the eight interviews.

### **RESULTS**

Qualitative analysis of therapist responses to the interview questions revealed two central themes that captured common patterns in their experiences and perspectives: 1) open conversations about mental health and normalizing mental health care helps to reduce stigma among adolescents, and 2) social media is a significant

factor that contributes to adolescents' perceptions of mental health and mental health care. These themes are discussed below, with examples and quotes drawn from the therapists' responses for illustrative purposes.

#### **Normalizing mental health problems and mental health treatment would reduce stigma**

The findings of this study show that a lack of normalization surrounding mental health problems is a significant factor in adolescents' hesitancy to engage in necessary treatment. The therapists interviewed mention consistently that mental health issues are perceived as abnormal, leading to reluctance in getting treatment. This belief is seen specifically in adolescents, who, according to Therapist #4, "just want to belong and thinking they need mental health support makes them feel like there's something wrong with them and that makes them feel a fear that they won't belong with their friends anymore." As Therapist #1 explains, stigma "causes concern with

going to therapy and getting school accommodations for the fear of feeling different.” Similarly, Therapist #8 states, “The stigma around them makes them feel like they can’t talk about it.” These observations highlight the critical need to normalize mental health to support people in seeking the help they may need.

Therapists in the study describe how normalizing mental health issues is a crucial step in reducing stigma. This is evident in the experiences and strategies shared by the therapists. When mental health is framed as a human and common experience, adolescents feel more inclined to seek help, actively engage in treatment, and openly discuss their journeys with mental health to peers. As Therapist #4 explains, she always tells clients that therapy is “a lot less about learning and a lot more about unlearning.” She talks with her patients about the beliefs they have learned along the way that have made them feel like they could not access help and then she deconstructs that to see what they honestly believe versus what they have been told to believe. She says this has been effective in having patients be more willing to take part in therapy. This shows how reframing misconceptions makes adolescents feel more willing to seek support. By normalizing mental health in this way, therapists create an environment where seeking help is accepted as a common occurrence.

Many mental health professionals actively work to normalize therapy within their practice. Therapist #2 takes a more personal approach by sharing her own experiences with anxiety and depression to humanize treatment, noting that “when you make it personal, then it means something.” She says that she and her staff approach clients not just from a professional standpoint, but also from a personal standpoint. This approach to normalization is seen as the most critical step in removing stigma within their practices.

The therapists named specific actions that can help reduce stigma. Therapists #1 and #4 both compare mental health care to other forms of healthcare. They advocate for mental health check-ups to be as routine as visits to a doctor or dentist, showing the importance of therapy. Therapist #7 says that supported adolescents “guide other kids in treatment by letting them know what has helped themselves,” while Therapist #5 notes that teens often discuss their experiences “to encourage other people to engage in treatment.”

Although all eight therapists agree that stigma has not completely disappeared, most notice a significant decrease of stigma in recent years. Therapist #1 says that “more people and teenagers are talking more openly”

and some families appreciate their children gaining skills they lacked growing up. As Therapist #2 explains, “when her and her staff normalize mental health for them, they don’t feel so alienated and they start to realize it is much more normal than we realize. Once they realize there’s other people like them, they feel more comfortable talking about it outside of the facility.” This supports the idea that continued efforts to normalize mental health can greatly reduce stigma and promote a healthier approach to improving a patient’s mental state.

### **Social media is a substantial factor in perspectives on mental health and associated stigma**

Social media is a substantial and complex factor in impacting adolescents’ perspectives on mental health and contributing to associated stigma. The therapists interviewed consistently describe social media as a “total double-edged sword” (Therapist #4), allowing some people to feel more connected to others, and causing others to feel more isolated. Therapist #1 says that some of her adolescent patients use platforms like TikTok to learn more about mental health and helpful coping strategies. In some situations, social media has the ability to decrease mental health stigma by raising awareness and allowing open discussions to occur. Therapist #5 describes social media as “a vehicle that can spread awareness,” but also says that it “can impact someone who might be going through their own mental health condition.” When asked her opinion on social media, Therapist #2 says “It can be a great thing. It can also go the opposite way and alienate people or make them feel bad about themselves. Social media can be very scary, and it can also be very powerful.”

While social media can be beneficial, it can also cause harm to adolescents struggling with mental health. Therapists noted that they commonly see misinformation being spread through social media platforms, with Therapist #7 stating that social media has “misled people in understanding what mental health is,” and Therapist #3 saying “a lot of trends about what people would come in with leads people to diagnose themselves.” Therapist #6 says how “social media entrenches people in their own ideas even further,” and that these platforms can “reinforce our beliefs and our stigmas.”

### **DISCUSSION**

The results of this study show that stigma majorly influences how adolescents view mental health and mental health treatment. All eight therapists in the study

agreed that stigma and lack of normalization contribute to adolescents' unwillingness to engage in treatment. It was mentioned consistently that stigma is a large barrier to treatment because it makes teens feel isolated and causes adolescents to not want to participate in treatment. All therapists acknowledged that for treatment to be more effective and accepted, normalization of mental health is essential. By framing mental health issues as common human experiences, adolescents feel less alone and more inclined to seek treatment. These results align with earlier research stating the importance of reducing stigma in mental health treatment. Brown *et al.* (2010) found that sharing personal stories of individuals with mental illness to study participants reduced stigma in that particular group, which is consistent with findings in this study (13). This reinforces the argument that normalization is effective in reducing stigma in treatment.

Social media was described as both a positive and negative factor with regards to adolescents' perspectives on mental health. Through platforms like TikTok and Instagram, adolescents can gain awareness about mental health, learn coping strategies, and connect with others. However, social media can also spread misinformation, lead to people diagnosing themselves, and can reinforce harmful stigmas. As Saporito *et al.* (2011) found, short and educational interventions can reduce explicit stigma among adolescents (14). These findings show that adolescents need both media education and professional guidance to treat their mental health needs.

The therapists in this study recommended normalizing mental health care as a part of everyday life by framing therapy as a routine part of healthcare, encouraging peer-to-peer support, and ensuring that the social media content adolescents encounter is providing accurate information. The slight decrease in stigma observed by therapists over recent years suggests that perspectives on mental health are slowly evolving, but continued efforts are necessary. This shift could potentially be explained by more public awareness. These findings are supported by prior research evaluations of the National Alliance on Mental Illness (NAMI) stigma-reduction programs which incorporate normalization. For example, NAMI's program, In Our Own Voice, reduces stigma by having individuals openly share their recovery experiences, therefore presenting mental illness as a common part of life. This resulted in a decreased desire for social distance from people with mental health conditions, more positive beliefs about treatment, and greater willingness to offer support (15). Both the therapist's perspectives and the evidence from these programs reinforce normalization as

a strategy effective for shifting attitudes toward mental health.

Several limitations may have influenced the results. First, the sample size of participants was limited to one geographical location. This may limit how widely the findings can be applied because the results may reflect local attitudes rather than broader trends. Second, responses could have been influenced by bias, meaning that therapists may have personal beliefs they may have shared instead of reporting entirely objectively. Third, all interview questions were focused on stigma, which may have been borderline leading and could have influenced therapists to emphasize stigma over other potential barriers. Questions that also explored whether other factors that influence adolescents' hesitancy in mental health treatment were more significant may have provided a more balanced understanding of the challenges adolescents face in getting help. Fourth, the research was gathered from therapists and not the adolescents themselves. The data gathered from the therapists could reflect professional views instead of lived experiences from the adolescent patients.

This study shows that the reduction of mental health stigma can occur when society presents mental health problems as common conditions that are treatable through proper information and support from peers, adults, schools, and social media platforms. Future studies should investigate the practitioners' background and how their experiences may affect the results of this study, as well as how local social and economic situations may affect stigma in mental health treatment. The reduction of stigma would be hugely beneficial for adolescents and their long-term health. When mental health is normalized, adolescents are more likely to engage in treatment and receive the support they may need.

## CONCLUSION

Overall, the findings of this research show the major influence stigma has in shaping adolescents' perceptions of mental health and mental health treatment. The therapists' perspectives highlight normalization as one of the most effective strategies for reducing stigma associated with mental health treatment. Limitations in this study include sample size, limited to a single geographical location, and reliance on therapist perspectives, its results emphasize the importance of continued efforts to increase awareness. Future research could incorporate adolescents' perspectives directly

to provide insight into the patient's perspective and to clarify the therapist-patient relationship.

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## CONFLICT OF INTERESTS

The author declares that there are no conflicts of interest related to this work.

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