Help Seeking Attitudes towards Mental Health Problems and Actual Help Seeking Behavior

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Abstract
The objective of this paper is to examine the students’ attitudes toward seeking psychological help for mental health problems. The data was collected from July to August 2015 from 600 students from three state universities in Sri Lanka. The students’ help seeking attitudes were measured using Inventory of Attitudes toward Seeking Mental Health Services (IASMHS). Actual Help Seeking Questionnaire (AHSQ) was used to measure the actual help seeking behavior of the participants. Data was analyzed using Statistical Package for Social Sciences (SPSS 20) and AMOS 20. More educated, female respondents who are in the middle age are more likely to seek help for their mental health problems. Most of the students believe the importance of seeking psychological help for mental health problems. However, it is necessary to improve the students’ mental health literacy to improve the positive treatment beliefs for mental health problems. Interventions to change people’s attitudes towards seeking psychological help for mental health problems are significant.

Keywords: Attitudes, Help Seeking, Behavior.

1.0 Introduction
Students are less like to seek psychological help for mental health related problems (Wilson et al., 2011; Andrews et al., 2001) despite the availability of evidence-based treatments (U.S. Department of Health and Human Services, 1999). They are more likely to seek help for personal issues from close friends than from professionals of mental health. Therefore, understanding the psychological help seeking behavior among students is highly essential. Research suggests that university students represent the highest-risk population for mental health illness problems (Ryan et al., 2010). Bewick et al., (2008) state that 29% students are in a clinically significant levels of psychological distress and 8% are in moderate to higher level. Miriam-Webster define the term ‘help’ as to do something that makes it easier for someone to do a job, to deal with a problem, etc1. One of a main issues that researchers have faced related to understanding ‘help seeking’ is the lack of or inconsistencies in defining and operationalizing the concept of help-seeking behavior (Cornally & McCarthy, 2011). Cornally and McCarthy (2011) provide a definition for help-seeking behavior as ‘a problem focused, planned behavior, involving interpersonal interaction with a selected health-care professional’. They recognized four common features of help-seeking behavior; including antecedents, defining characteristics, consequences, and empirical referents (Cornally & McCarthy, 2011). Help seeking was described as a social process, which interact with other people and differentiate the formal and informal help-seeking behaviors (Rickwood et al., 2005).

Attitude toward help seeking for mental health problems is an important indicator for actual help seeking and use of such services. Many researchers have identified significant relationship between attitudes and help seeking (Mackenzie et al., 2006; Have, et al., 2010). Positive attitude associate with higher intention of seeking help for mental health problems (Carlton & Deane, 2000). It shows that negative attitudes and beliefs toward help seeking for mental health problems are barriers for help seeking.

The number of mental health consumers is increasing in Sri Lanka (Fernando, 2010). Tsunami in

1http://www.merriam-webster.com/dictionary/help accessed date 03.11.2015
2004 (Wickrama & Wickrama, 2007) and the 30 years civil war in the country (Catani et al., 2008) had effects on the mental health of Sri Lankan population and increased the number of mental patients in the country. Conversely, the mental health facilities have not improved accordingly. On the other hand, attitudes towards people with mental illness have not been positively changed during the last decades. Negative attitudes of medical professionals towards people with mental illness discourages and delays help seeking among Sri Lankans (Fernando, 2010). Sri Lanka is one of the highest top ten countries in the world for committing suicides (World Health Organization, 1999; Hendin et al., 2008; Siva, 2010). Further families of the people with mental illnesses face more difficulties and burdens due to stigma related to mental illness (De Silva & De Silva, 2001; Samarasekare et al., 2012).

The situation is not quite different within the university system too. University of Colombo is situated in the capital, which is the largest state university in Sri Lanka, and like many other universities in the world, it has a student-counseling service. Even though such facilities are available only few students seek help when they have psychological problems. Therefore, it is important to investigate the factors that may affect the help seeking intentions of the students.

2.0 Theoretical Background

Literature on attitudes towards psychological help seeking behavior discloses many factors that affect individual’s decision to seek psychological help. Bathje & Pryor (2011) measured that attitude is one of the main predictors of such behavior. Previous experience of having psychological help has greater intention to seek treatments compared to those who have never had such experiences (Vogel et al., 2007). Other commonly discussed factors are with the social and cultural contexts. Factors relating to counseling services and the counselors may also affect individuals’ attitudes (Vogel et al., 2007; Setiawan, 2006). Intentions of help seeking are not always liaise with socio-demographic factors. For example, females are more likely to seek help for mental health related problems than males across different cultures (Levinson & Ifrah, 2010; Gilroy et al., 2002; Wallace & Constantine, 2005). Levinson & Ifrah, (2010) explain the reason for it as females are more likely to experience higher rate of mental health related problems than males. Intention can be changed very quickly over time.

There are many approaches for understanding help seeking behavior for mental health issues. However, there is no unique approach or model for understanding help seeking behavior for mental health problems (Rickwood et al., 2005; Cornally & McCarthy, 2011). Models are slightly different from each other in terms of their stagers. Most of help seeking models explain the factors that influence for help seeking behavior, personal attitudes and beliefs about mental illness. However, more recent research have moved to focus on understanding the approaches that consider decisions to seek or not to seek help for their psychological issues (Conner, et al., 2010; Denmark et al., 2012; Gulliver et al., 2010).

The Theory of Planned Behavior (TPB) (Azjen, 1985;1991) is an extension of the Theory of Reasoned Action (TRA) developed by Azjen and Fishbein (1980). Both theories have been presented the likelihood of behavior and behavioral intention in different settings (Abraham & Sheeran, 2000; Sutton, 1998). The TRA and TPB both explain that the most important predictor of behavior is the one’s intention to behave. They describe one’s assessments to behave (attitudes) and views about social influences to behave (subjective norms) are also key predictors of intention. The difference between TRA and TPB is the perceived control over behavior. This theory suggests that one’s intention to do a behavior is influenced by three sets of variables; attitudes toward the behavior, perceived social norms, and perceived behavioral control over doing the behavior (Azjen, 1985, 1991; Ajzen & Fishbein, 1980). According to Fife-Schawet at. (2007) social context is more significant and influential on attitudes towards one’s behavior. Further, they highlight that attitudes may influence one’s behavior than the other two predictors. However, the TPB explains that attitudes towards behavior, subjective norms and perceived behavioral control are influenced by belief about the particular behavior.
Theory of Planned Behavior (TPB) has been used to investigate the help seeking process by many researchers. The analytical validity of the theory has verified by numerous research (Trafimow et al., 2002, Hagger et al., 2002, Armitage& Conner, 2001). The TPB emphasizes the importance of a multidimensional approach to understand the factors influencing individual’s intention to perform a behavior. Their belief and culture hold the attitudes of performing a behavior (Ajzen, 1985, Ajzen&Fishbein, 1980). Only few studies have been carried out based on TPB. Mo and Mak (2009) have used structural equation modeling methods to measure and explain the psychological help seeking behavior. Intention to perform a behavior is the relationship between attitude towards a behavior, social norm, behavioral control and actual behavior. Intention to perform a behavior is defined as one’s drive to do a behavior (Ajzen, 1985, 1991; Ajzen&Fishbein, 1980).

3.0 Methods
3.1 Participants
The sample consisted of six hundred students from three state universities in Sri Lanka. Three major categories were included in the sample considering the significant cultural difference in the country. They are urban (n=205, 34.2%), rural (n=348, 58%), and estate (n=47, 7.8%). The basic background of the data of the study population is as follows; the age groups included in the study were 17 to 19 (2.7%), 20 to 25 (57.8%) and 26 to 35 (39.5%). Gender is 56.3% of male and 43.7% of female. Ethnicity: Sinhala 85.2%, Tamil 7.8% and Moor 7.0%. Religion: Buddhist 78.7%, Hindu 7.2%, Muslims 7.0%, Catholic 5.0% and Christian 2.2%. Marital status: married 32.7% unmarried 65.3% and other 2.0%. Level of education: up to Advanced Level 38.5%, degree and above 61.5%.

3.2. Measures
Attitudes
Mental health help-seeking attitudes were measured using the Inventory of Attitudes toward Seeking Mental Health Services (IASMHS: Mackenzie et al., 2004). This scale consists of 24 items and three internally consistent subscales; psychological openness, help seeking propensity, indifference to stigma. The psychological openness subscale measures the individuals’ knowledge about having a
psychological problem and possibility to seek professional psychological help. The help-seeking propensity subscale measures the individuals’ willingness and ability to seek psychological help. The indifference to stigma subscale measures the individuals’ concern about others’ acceptance if others happen to know that he/she is receiving professional help for psychological problems. The IASMHS (Mackenzie et al., 2004) has been developed based on the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS), developed by Fischer and Turner (1970). The Cronbach’s alpha (α) values for the IASMHS are as follows: for IASMHS α= .87, for Psychological Openness α=.82, for Help-Seeking Propensity α=.76, and for the Indifference to Stigma α=.79. Reliability coefficients (γ) for the IASMHS are as follows: for IASMHS, r = .85, for Psychological Openness, r = .86, for Help-Seeking Propensity, r = .64, and for Indifference to Stigma, r = .91 (Mackenzie et al., 2004). This scale has been utilized in a plenty of research to understand psychological help seeking attitudes over the past.

Actual Help-seeking behavior
Actual Help-seeking behavior is defined as the behavior of actively seeking assistance for mental health problems. The Actual Help-seeking Questionnaire (AHSQ) developed by Rickwood & Braithwaite (1994) was used to measure the actual help seeking behavior. Higher scores indicate the lower help seeking behavior. This scale covers the informal, formal as well as physical and emotional aspect of help-seeking behavior. In addition to the above scales, demographic information were collected to assess the basic demographic information of the respondents such as gender, age, marital status, and religious etc.

4. Results and Discussion
Binary Logistic regression was done to access the impact of likelihood of demographic and socio-economic variables on help seeking for mental health problems. The dependent variable in the model is actual help seeking behavior for mental health problems. The impact on actual help seeking was measured using socio-demographic variables such as education, gender, and age. Coding of the variables in the model are as follows: Actual Help Seeking Behavior yes = 1, no = 0. Independent Variables: Education: Advanced Level Pass and above = 1, Up to Advanced Level = 0, Gender: Male = 1, Female = 0, and Age in years.

All predictors of the full model was statistically significant, \( x^2 (4, N=582) = 76.2\% \). The model summary differentiate help seeking and not help seeking group for their mental health problems and impact of the sociocultural factors. As given in the Table 01, all the four predictors in the model are statistically significant meaning that the four predictors have significant impact on help seeking behavior for mental health problems. The strongest predictor of help seeking is education, recording an odd ratio of 1.99. This indicates that the respondents who have passed Advanced Level and above are 2 times more likely to seek help for their mental health problems than the respondents who have studied only up Advanced Level. It indicates that education can prominently contribute to help seeking for mental health problems. The second highest odd ratio (1.02) is recorded in age. This indicates that the every additional year of age of respondents is over 1 time more likely to seek help for mental health problems.

Gender as a predictor in help seeking has recorded an odd ratio of 0.56. As the B value of gender is -0.587, this indicates that the female respondents over 0.56 time are more likely to seek help than male respondents, when controlling the other factors in the model. As a whole, the model suggests that more educated, female respondents who are in the middle age are more likely to seek help for their mental health problems.
Table 01, Binary Logistic Regression Prediction the Likelihood of Actual Help Seeking for Mental Health Problems

<table>
<thead>
<tr>
<th></th>
<th>B</th>
<th>S.E.</th>
<th>Wald</th>
<th>Df</th>
<th>Sig.</th>
<th>Exp(B)/odds ratio</th>
<th>Lower</th>
<th>Upper</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>0.678</td>
<td>0.235</td>
<td>7.834</td>
<td>1</td>
<td>0.006</td>
<td>1.970</td>
<td>1.230</td>
<td>3.220</td>
</tr>
<tr>
<td>Gender</td>
<td>-0.557</td>
<td>0.212</td>
<td>8.441</td>
<td>1</td>
<td>0.004</td>
<td>0.523</td>
<td>0.355</td>
<td>0.823</td>
</tr>
<tr>
<td>Age</td>
<td>0.024</td>
<td>0.013</td>
<td>3.75</td>
<td>1</td>
<td>0.063</td>
<td>1.045</td>
<td>1.000</td>
<td>1.044</td>
</tr>
<tr>
<td>Constant</td>
<td>-1.757</td>
<td>0.465</td>
<td>14.56</td>
<td>1</td>
<td>.000</td>
<td>0.181</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Variable(s) entered on step 1: Education, Gender, Age

For the question asked from the respondents whether they have ever seen a mental health professional (e.g., counselor, psychologist, psychiatrist) to get help for personal problems; only 24.3% said that they have consulted such professional for help at least one time during their life-time. Majority of students (75.7%) have not sought help from professionals for their mental health problems (Table 02).

Table 02: Help Seeking among Students

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>147</td>
<td>24.5</td>
</tr>
<tr>
<td>No</td>
<td>428</td>
<td>71.3</td>
</tr>
<tr>
<td>Do not know</td>
<td>25</td>
<td>4.2</td>
</tr>
<tr>
<td>Total</td>
<td>600</td>
<td>100</td>
</tr>
</tbody>
</table>

According to the findings, female students are more likely to seek help for their psychological problems than male students (Figure 2). 30.3 percent female students seek psychological help for their mental health problems whereas 23.1 percent male students seek help.

Figure 2: Help Seeking by Gender

The reason for this attitude is male students think that having mental problems during the university period is normal and common. Therefore they tend to think that they are capable of managing the situations by themselves without seeking help from others. This belief reduces the number of help seekers for their mental health problems. It was further revealed that more students (78%) feel that seeking help from professional counselors is not good because other students tend to think that they have mental health problems. Students mentioned that even though they want to get some professional advice they are reluctant to go to student counselors due to the lack of privacy since the counseling center is located in a public place. Findings further reveals that 13.3% of students have felt committing suicide during the past 12 months. For the questions asked with regard to the responsibility of the particular mental disorder; majority of students (63%) stated that it is his or her own fault for the present condition of his/her.
**Structural Equation Muddling (SEM)**

_Cronbach’s Alpha Coefficient_ calculated to check the reliability of the scale used in the study. According to Vellis (2003), _Cronbach’s Alpha Coefficient_ of a scale should be above 0.7. In this study, _Cronbach’s Alpha Coefficient_ of attitude scale is 0.812, social norms scale is 0.783, behavioral control is 0.786, intention is 0.823 and actual help seeking behavior is 0.841. The values of the coefficient of all the scales are above the optimal level of the reliability indicating that each variable has internal consistency. For a optimal model fit, the values of Goodness of Fit Index (GFI), Adjusted Goodness of Fit Index (AGFI), The Comparative Fit Index (CFI), and the Tucker-Lewis Coefficient (TLI) should be above 0.90. The value of Root Mean Square Error of Approximation (RMSEA) should be less than 0.05, and $\chi^2/df$ should be less than 4.5. The results in the Table 3 indicate that all the values are above the threshold level. It indicates that the adopted model in this study is very much suitable to the data.

Table 3: The Reliability and Validity of the Scales

<table>
<thead>
<tr>
<th>Variables</th>
<th>Cronbach’s Alpha</th>
<th>$\chi^2/df$</th>
<th>RMSEA</th>
<th>GFI</th>
<th>AGFI</th>
<th>CFI</th>
<th>TLI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitudes</td>
<td>0.812</td>
<td>2.311</td>
<td>0.051</td>
<td>0.961</td>
<td>0.963</td>
<td>0.875</td>
<td>0.818</td>
</tr>
<tr>
<td>Social norms</td>
<td>0.783</td>
<td>4.672</td>
<td>0.053</td>
<td>0.972</td>
<td>0.934</td>
<td>0.934</td>
<td>0.945</td>
</tr>
<tr>
<td>Behavioural Control</td>
<td>0.786</td>
<td>1.702</td>
<td>0.047</td>
<td>0.911</td>
<td>0.979</td>
<td>0.911</td>
<td>0.932</td>
</tr>
<tr>
<td>Intention</td>
<td>0.823</td>
<td>2.043</td>
<td>0.041</td>
<td>0.957</td>
<td>0.932</td>
<td>0.945</td>
<td>0.927</td>
</tr>
<tr>
<td>Actual Help Seeking</td>
<td>0.841</td>
<td>2.154</td>
<td>0.051</td>
<td>0.947</td>
<td>0.963</td>
<td>0.973</td>
<td>0.901</td>
</tr>
</tbody>
</table>

Structural Equation Modeling (SEM) was used to study the mediating role of attitudes on actual help seeking behavior for mental health problems. The standardized estimates of mediation model are given in the Figure 3. _Cronbach’s Alpha Coefficient_ test of the model fit was significant in all paths. This indicates the appropriateness of this index to sample size and deviations from model requirement. The model has given an excellent fit to the data with all indicators exceeding recommended levels for acceptable model fit (Yoshioka & Misawa, 2013). CMIN/DF (Minimum Discrepancy) = 1.821, GFI (Goodness of Fit Index) = 0.910, AGFI (Adjusted Goodness of Fit Index) = 0.912, RMR (Root Mean square Residual) = 0.221, CFI (the Comparative Fit Index) = 0.921, IFE (Incremental Fit Index) = 0.934, TLI (the Tucker-Lewis Coefficient) = 0.917, RMSEA (Root Mean Square Error of Approximation) = 0.036. According to the values given in the model, the model has a good fit to the data.
Figure 3: Mediation Model of Attitudes on Actual Help-Seeking Behavior

In the model, it is exposed that the path from attitudes to intention is $b = 0.98$, $p < 0.00$. Path from social norms to intention is $b = 0.93$, $p < 0.00$. Path from behavioral control to intention is $b = 0.54$, $p < 0.00$. Path from behavioral control to actual behavior is $b = 0.87$, $p < 0.00$ whereas path from intention to behavior is $b = 0.78$, $p < 0.00$. According to path analysis all the estimates are highly significant. It means attitudes on help seeking has an impact on actual help seeking behavior of university students.

One of the main barriers for help seeking among university students is the attitudes and the belief about mental disorders. Findings of the present study consist with literature (Vogel et al., 2007). Overall, results suggest that the attitude towards seeking psychological help for their mental health problems influenced by gender age and education. Students are aware about their mental health related problems at some level but they do not feel that they need to obtain counseling or they do not feel that counseling would help them to solve the problem.

The study findings suggest that mental health literacy programs are more effectively increase actual help-seeking behavior among students if they reduce the negative attitudes against seeking psychological help for mental health problems. Therefore, findings suggest to make interventions to change people’s attitudes about seeking psychological help for mental health problems.

References


