The Influence of Undergraduate Students' Self-Stigma Toward Seeking Mental Health

Services

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Abstract

Young adults are rated as least likely to seek counselling services when the need arises in comparison to other age groups. Self-stigma refers to one's belief that he or she will be socially rejected due to efforts to seek counselling and is a key indicator as to whether an individual will seek mental health services (Vogel et al., 2009). This study examined whether stigma associated with mental health services remains prevalent among undergraduate students. More specifically, this study aimed to identify the role of self-stigma and attitudes toward mental health services on a university students' willingness to seek professional psychological help. Two hypotheses were proposed in this study. First, it was hypothesized that self-stigma would influence one's willingness to seek counselling services. Second, it was hypothesized that high levels of self-stigma would be strongly associated with negative attitudes toward seeking treatment. One hundred and thirty-five students (118 females and 17 males) were recruited to participate in this study. Data was collected using a battery of surveys including: *Intentions to Seek Counselling Inventory* (Cash et al., 1975)*, Self-Stigma of Seeking Help Scale* (Vogel et al., 2006)*,* and *Attitudes Toward Seeking Professional Psychological Help Scale* (Fischer & Farina, 1995). Results from multiple regression analyses supported both hypotheses. The findings of this study may help mental health professionals to understand the amount of self-stigma that is attached to seeking mental health services and offer suggestions for addressing negative attitudes. The findings also indicate a need for additional research to both identify and monitor the negative influences of self-stigma.

Introduction

Stigma is perhaps the most commonly noted reason why an individual is hesitant to seek mental health services. In fact, as little as only 11% of people who experience a problem that is diagnosable seek professional psychological help (Andrews et al., 2001). This could be due, in part, to the various forms of stigmatization that mental health services receive. Stigma refers to the prejudice experienced by individuals within a social situation; in other words, how an individual is perceived in specific contexts. The individual must perceive the encountered stigma as negative and attribute it to improper or unjust treatment of a group; such as labelling and other forms of discrimination (Andrews, Issakidis, & Carter, 2001). In society, this 'group' will likely be acknowledged as disadvantaged in some way or another.

There has been extensive research on stigma toward seeking mental health services. Three distinct domains of stigma have been described; public stigma, stigma by close others, and self-stigma (Kim, 2007; Vogel, Wade, et al., 2009; Vogel, Wade, & Haake, 2006). First, public stigma refers to the perception of a society's stigma toward seeking counselling (Corrigan, 2004). Second, stigma by close others refers to the perception of stigma toward seeking help held by members of an individual's social circle (Vogel, Wade, et al., 2009). Third, self-stigma refers to one's belief that he or she will be socially rejected due to efforts to seek counselling (Vogel, Wade, et al., 2009), while Major and O'Brien (2005) refer to the perceived discrimination, rejection, or devaluation that an individual may experience if he or she receives as counselling as counselling stigma. For the purposes of this study, the term self-stigma is used.

Self-Stigma and Mental Health Services

The effects of self-stigma can be detrimental to an individual, through negative impacts on self-esteem, self-efficacy, and self-worth. Since self-stigma coincides with these other factors, the influence of public stigma on one's willingness to seek help seems to decrease when an individual experiences self-stigma (Vogel, Wade, et al., 2009). Therefore, self-stigma can be viewed as a mediator between perceived public stigma and one's motivation to seek mental health services. In other words, the negativity that is attached to public stigma can contribute to an individual's internalization of society's less desirable messages about mental illness (Link et al., 1989). Many researchers argue that an individual's attitude toward seeking counselling is partnered with one's willingness to seek help when the need arises. According to Vogel et al. (2003), negative societal perceptions of those who seek mental health services can lead individuals to internalize these images, thus creating feelings of inadequacy, weakness, and inferiority. Recent research has also concluded that individuals who internalize and fear being labelled as mentally ill exhibit lower self-esteem (Link, Strueing, Neese-Todd, Asmusen, & Phelan, 2001). In addition, other research suggests that individuals experiencing difficulty in their life are not likely to seek nonprofessional help (i.e., friends or family) due to fear of embarrassment or being viewed as incompetent (Mayer & Timms, 1970).

Unfortunately, many people attempt to manage emotional trauma through use of other options that exclude counselling (Vogel et al., 2003). The option of seeking professional psychological help is typically seen as a last resort. In addition, an individual with a mental illness that attends counseling sessions is more likely to terminate the treatment early due to the general stigma associated with mental health services (Sirey et

al., 2001). Corrigan (2004) suggests that individuals are unwilling to seek counselling even when the potential consequences can be detrimental on an individual's psychological well-being; such as increased suffering.

It is important to note that oftentimes the stigma attached to being a counselling client differs from the stigma attached to being a mental health patient. Vogel, Wade, et al. (2007) assert that researchers have found that there is more stigma toward individuals who seek counselling than individuals who do not. Additionally, past research results have suggested that the general population holds negative views of counselling clients (Corrigan, 2004). In fact, counseling clients have been greatly frowned upon by society in comparison to non-counselling clients and thus treated in a more negative manner by its members (Sibicky & Dovidio, 1986). Furthermore, Ben-Porath (2002) contended that individuals' seeking counseling for depression are viewed as more emotionally unstable, less interesting, and less self-assured than individuals seeking assistance for back pain by a sample of the general population. Therefore, it is likely to assume that a disorder itself is not the only collector of stigmatization; psychological services are negatively stigmatized as well.

Since psychological services are often associated with negative perceptions from society, it is not surprising that individuals choose to suppress their emotional concerns to avoid stigma. According to Overbeck (1977), people are less likely to seek mental health services when the issues, such as feelings of depression or anxiety, are perceived negatively by others. Once again, it is evident that the impact of stigma, in this case self-stigma, can predict whether an individual will seek help. The majority of research has focused on the level of distress an individual feels before he or she will seek counselling.

Kushner and Sher (1989) suggested that the level of distress from both symptoms and stigma should be considered, along with other factors that may decrease or increase the likelihood of seeking mental health services. It has been argued that these factors can be categorized as approach factors or avoidance factors (Kushner & Sher, 1989).

An approach factor refers to an increased likelihood that an individual will seek professional help when he or she is experiencing distress (Kushner & Sher, 1989). In contrast, avoidance factors can be seen as those that decrease the likelihood that an individual will seek out services, such as fear of treatment (Deane & Todd, 1996), desire to keep personal information private (Cepeda-Benito & Short, 1998), and desire to refrain from encountering a possible increase of unwanted or painful feelings (Komiya et al., 2000). Deane and Todd (1996) assert that these avoidance factors can possibly have a greater influence than approach factors on help-seeking attitudes.

Recent research suggests that perhaps the most important avoidance factor with regards to seeking counselling services is one's comfort level with sharing personal information or emotional distress with a counsellor (Vogel & Wester, 2003). An individual who verbally communicates his or her thoughts, feelings, beliefs, or attitudes to another person is known to be high in self-disclosure (Leaper, Carson, Baker, Holiday, & Myers, 1995). Furthermore, individuals who tend to conceal personal information have reported having less positive attitudes regarding seeking help and are less likely to attend therapy (Kelly & Achter, 1995). It has also been reported that self-concealers are three-times more likely to avoid seeking counselling when they have experienced emotional distress (Cepeda-Benito & Short, 1998). Although self-disclosure has only been considered in recent research, it is suggested to be tremendously important. For this

reason, there is a need for a better understanding of the role self-disclosure plays in one's willingness to seek psychological services.

Young Adults and Mental Health Services

Among all age groups in the United States, young adults are rated as least likely to seek help when the need exists (Substance Abuse and Mental Health Services Administration, 2006). For instance, a study with over 5000 college and non-college students found that approximately 47% of students met the diagnostic criteria for a mental illness; however, only 20% of those meeting the criteria sought mental health services (Blanco et al., 2008). In general, few young adults perceive a need to seek counselling even when they may be at risk for depression, anxiety disorders, or alcohol use disorders (Eisenberg et al., 2007). Additionally, some young adults who admit to wanting psychological services rarely seek treatment (SAMHSA, 2006).

A young adult's intentions to seek mental health services can be impacted for a number of reasons. For instance, personal attitudes that consider mental health services unbeneficial tend to form a barrier between one's willingness and unwillingness to seek counselling. Additionally, the belief that one can handle his or her own problems can also contribute to willingness to inquire for help (Rickwood et al., 2007). Other influences can be concerns about cost of treatment, and lack of knowledge about the options of treatment (Sareen et al., 2007; Mojtabai et al., 2011). Both public stigma and self-stigma appear to be central to young adults' willingness to seek help. According to Eisenberg et al. (2007), one-fifth of college students with unmet mental health needs have stated "I worry what others will think of me" as a main reason for avoiding treatment (pp. 597). In fact, results from the American National Survey on Drug Use and Health indicate that

concerns about stigma play a huge role in young adults' decision to seek help (SAMHSA, 2006).

Results from the American National Comorbidity Survey also suggest that an estimated one-fifth of individuals that have sought mental health care have terminated treatment due to fear of perceived public stigma (Mojtabai et al., 2011). Corrigan (2004) argues that perceived public stigma has a significant effect on one's intentions to seek psychological services and consequently, it can increase "anxiety, depressive symptoms, substance abuse, social isolation, medication non-compliance, and treatment drop-out" (Sareen et al., 2007; Andrade et al., 2013). Additionally, Eisenberg et al. (2009) found that approximately 65% of college students agreed that "most people would think less of someone who has received mental health treatment" (p. 16). Unfortunately, there have been numerous studies indicating that this perception is common among young college-attending adults.

Research also indicates that consulting with friends or family seems to interfere with one's intention to seek professional psychological help. In contrast to Mayer and Trimms (1970), Bilican (2013) asserts that when an individual is experiencing some form of emotional distress, 89% will consult friends, 81% will seek help from family, and 32% will look to a clergy. Less than 10% of these individuals will seek professional mental health services (Bilican, 2013). Evidently, recent research suggests that non-professionals, such as family and friends, are consulted more often today than in the past. Unfortunately, an individual's intention to seek mental health services still remains much lower in comparison. In addition, the individual's choice to seek consultation from family or friends instead of a professional counselor can hinder the quality of help one receives.

A university or college student could seek professional psychological help for a variety of reasons. Cash, Begley, McCown, and Weise (1975) contend that a student may be more likely to seek help due to concerns about weight control, excessive alcohol use, relationship differences, academic work procrastination, self-understanding, loneliness, etc. The pressure which society places on young adults is of great importance to understanding reasons why a student would feel the need to seek counselling services. For instance, an individual who is experiencing feelings of inferiority may desire to seek counselling services; however, the stigma attached to these services may impact the overall decision to inquire.

The Present Study

The goal of the present study was to examine whether stigma associated with mental health services remains prevalent among undergraduate students. More specifically, this study aimed to identify the role of self-stigma and attitudes toward mental health services on a university students' willingness to seek professional psychological help. The current study had two hypotheses. First, it was hypothesized that self-stigma would influence one's willingness to seek counselling services. Second, it was hypothesized that high levels of self-stigma would be strongly associated with negative attitudes toward seeking treatment. The aim of this study was to provide insight into several factors contributing to these concerns. The results may allow mental health professionals to understand the amount of self-stigma that is attached to seeking mental health services and offer suggestions for addressing negative attitudes.

Method

      This study explored the influence of self-stigma on both attitudes toward and willingness to seek mental health services. In order to achieve this, three published surveys were utilized.

Materials

      The instrument of data collection was a battery of surveys including (a) *Intentions to Seek Counseling Inventory* (ISCI; Cash, Begley, McCown, & Weise, 1975), (b) *Self-Stigma of Seeking Help scale* (SSOSH; Vogel, Wade, & Haake, 2006), and (c) *Attitudes Towards Seeking Professional Psychological Help Scale-Short Form* (ATSPPH-SF; Fischer & Farina, 1995). Demographics including age, gender, year of study, and major were also asked (see Appendix A). Permission to use these scales was requested and granted from the authors (see Appendix B). The surveys were randomized to increase validity of the study.

      The *Intentions to Seek Counseling Inventory* is a 17-item scale (see Appendix C: Cash, Begley, McCown, & Weise, 1975). The ISCI was measured on a 4 point Likert scale ranging from 1 (*Very unlikely*) to 4 (*Very likely*). This scale measures an individuals' likelihood to seek counselling for psychological and interpersonal issues. Items were listed accordingly and included specific reasons as to why an individual would seek mental health services. A sample item is "weight gain".

      The *Self-Stigma of Seeking Help* scale is a 10-item scale (see Appendix D: Vogel et al., 2006). The SSOSH was measured on a 5 point Likert scale ranging from 1 (*Strongly disagree*) to 5 (*Strongly agree*). This scale measures how seeking mental health treatment impacts an individual's self-esteem. A sample item is "I would feel inadequate if I went to a therapist for psychological help."

The *Attitudes Towards Seeking Professional Psychological Help Scale-Short Form* is a 10-item scale (see Appendix E: Fischer and Farina, 1995) revised from the original 29-item scale (Fischer & Turner, 1970). The ATSPPH-SF was measured on a 4-point Likert scale ranging from 1 (*Strongly disagree*) to 4 (*Strongly agree*). This scale measures an individual's attitudes toward seeking help from mental health professionals when they experience general psychological problems. A sample item is "I would want to get psychological help if I were worried or upset for a long period of time."

The three questionnaires were uploaded to SurveyMonkey, preceded by an informed consent form (see Appendix G).

Recruitment

Participants were recruited through email notifications using the Grenfell listerv and career development coordinator on campus, posters around the Grenfell Campus and Western Regional School of Nursing, and social media resources such as the Psychology Society's Facebook page and personal Facebook accounts (see Appendix F). First year psychology students received extra credit for their participation.

Procedure

Participants were first informed that anonymity was guaranteed and that completing the surveys indicated their consent to partake in the study. Each participant was asked to complete all questionnaires and was informed that each questionnaire took approximately 5 minutes to complete. In addition, it was noted that no IP addresses would be obtained.

Potential participants for this study were undergraduate students. Therefore, prior to partaking in the survey, each respondent was asked to select whether they were an

undergraduate student. Individuals selecting "no" were immediately directed to a webpage outside of the survey that thanked them for their interest, while individuals selecting "yes" were directed to the three surveys. After completion of the questionnaires, participants were asked to include their demographic information. Once this task was fulfilled, participants were directed to the last webpage of the survey that thanked them for their participation.

Participants

One hundred and thirty-five undergraduate university students (118 females and 17 males) participated in this study. Of the participants, 41% were in their first year, 13% in their second year, 11% in their third year, 22% in their fourth year, and 7% in their fifth year. The rest were sixth year students (1%), seventh year students (1%), or did not specify their year in school (4%). The age of participants' ranged from 18 to 29 years, with a mean of 20.3 and a standard deviation of 2.4. The majority of students were psychology majors (42%). Other majors indicated included general science, (9%), nursing (8%), English (6%), and mathematics (3%).

Results

The present study was conducted to examine the influence of undergraduate students' self-stigma toward seeking mental health services. In order to test the hypotheses, multiple regression analyses were used by collecting data from 123 respondents. Several participants did not respond to all questions in the surveys and therefore were excluded from the analyses.

It was first hypothesized that self-stigma would influence one's willingness to seek counselling services. Utilizing the enter method in the first multiple regression analysis, six possible predictors were included to explore willingness to seek counselling as measured by the *Intentions to Seek Counselling Inventory* (ISCI). These predictors were (a) the total score of *the Self-Stigma of Seeking Help* scale (SSOSH), (b) the total score of the *Attitudes Toward Seeking Professional Psychological Help* scale (ATSPPH), (c) whether the participant was a psychology major or not, (d) the age of the participant, (e) the gender of the participant, and (f) the year of study the participant was currently in. Basic descriptive statistics and coefficients are shown in Table 1. The result of the overall regression was significant and accounted for 24% of the variance pertaining to willingness to seek counselling services, $F(6, 116) = 6.1$, $p < .005$, $R^2 = .24$. Two predictors, one's self-stigma ($\beta = -.26$) and one's attitudes ($\beta = .32$) were significantly related to willingness to seek counselling services. However, major ($\beta = -.07$), age ($\beta = -.20$), gender ($\beta = .04$), and year of study ($\beta = .18$) were not significantly related to willingness to seek counselling services.

Table 1 shows the standardized and unstandardized regression coefficients, along with the standard errors and significance values for each predictor of willingness to seek counselling services as measured by the *Intentions to Seek Counselling Inventory* (ISCI).

Table 1

Linear model of predictors of willingness to seek counselling services.

	b	*SE B*	*β*	*p*
Step 1				
Constant	38.90	10.17		p < .001
Self-stigma (SSOSH)	-.32	.12	-.26	p = .010
Attitudes (ATSPPH)	.65	.21	.32	p = .003
Major (Psych or other)	-1.25	1.52	-.07	p = .415
Age	-.70	.41	-.20	p = .092
Gender	.98	2.32	.04	p = .673
Year of Study	1.03	.64	.18	p = .108

Note. $R^2 = .24$

The second hypothesis proposed that high levels of self-stigma would be strongly associated with negative attitudes toward seeking treatment. To test this prediction, a second simultaneous multiple regression examined whether the SSOSH score, ISCI score, the participants' major, age, gender, or year of study were significantly related to their attitudes toward seeking mental health services. The overall regression was significant and accounted for 43% of the variance pertaining to attitudes toward seeking counselling services, $F(6, 116) = 14.36$, p < .005, $R^2 = 43$. Basic descriptive statistics and coefficients are shown in Table 2. This analysis revealed that self-stigma ($β = -.38$), age

(β = .28), whether one majored in psychology or not (β = .16), and one's intentions to

seek counselling services (β = .24) were related to overall attitudes towards seeking

professional psychological help, with self-stigma being the strongest predictor, followed

by willingness to seek services. There was no significant relationship between gender (β

= -.11) and one's attitudes toward seeking these services. Also, there was no significant

relationship between one's year of study (β =.14) and his or her attitudes.

Table 2

Linear model of predictors of attitudes toward seeking professional psychological help.

	b	*SE B*	*β*	*p*
Step 1				
Constant	22.04	4.04		$p < .001$
Self-stigma (SSOSH)	-.23	.05	-.38	$p < .001$
Age	.49	.17	.28	$p = .004$
Gender	-1.58	.96	.12	$p = .105$
Year of Study	-.39	.27	-.14	$p = .150$
Major (Psych or other)	1.14	.63	.16	$p = .027$
Willingness (ISCI)	.12	.04	.24	$p = .003$

Note. R^2 = .43

The results of multiple regression analyses supported both hypotheses. Results

revealed that self-stigma was a significant predictor of willingness to seek counselling. In

the second analysis, self-stigma was identified as the strongest influence of attitudes

toward seeking professional psychological services.

Discussion

This study was conducted to examine whether stigma associated with mental health services is prevalent among undergraduate students. The first hypothesis suggests that self-stigma influenced one's willingness to seek counselling services. As predicted, this study indicated that there was a strong, negative association between self-stigma and willingness to seek professional help. These findings were consistent with previous findings suggesting that internalized negative perceptions of the self or of potential rejection influenced one's decision to seek counselling services for psychological and interpersonal concerns (Vogel et al., 2007; Link et al., 1989). The results also indicated a positive association between attitudes toward professional psychological help and overall willingness to seek counselling services. This suggested that participants were more likely to seek counselling services when they possessed a positive attitude toward mental health services. Surprisingly, the findings showed no significant relationship between age, year of study, or major and willingness to seek mental health services. These results can possibly be explained by the large number of first year university participants in the study who may not have yet chosen a specific field of interest. The young age of participants may also indicate a lack of education on topics regarding psychotherapeutic processes and/or the benefits of seeking professional psychological help. Therefore, it is possible that individuals were less willing to seek out counselling services merely due to lack of awareness of mental health issues.

The results of the second analysis supported the hypothesis that high levels of self-stigma were strongly associated with negative attitudes toward seeking treatment. This finding is consistent with past research suggesting that people with increased levels

of self-stigma have less positive attitudes toward seeking professional help (Vogel et al.,

2006). It is also consistent with the finding stating that self-stigma is the strongest

predictor of help-seeking attitudes (Cheang & Davis, 2014). Also, in the present study

participants who were older displayed increased positive attitudes regarding seeking

mental health services. Interestingly, the year of study participants were in appeared to

have no influence on their attitudes toward seeking treatment. Previous research

suggested that age and level of education influence help-seeking attitudes among people

(Ang, Lim, & Tan, 2004; Segal, Mincic, Coolidge, & O'Riley, 2005). In the present

study, age was consistent with past findings suggesting that the older one is the more

likely he or she would have a positive help-seeking attitude. However, it is important to

note that although participants' age was associated with more positive attitudes, it did not

increase their overall willingness to seek counselling as found in the prior analysis. With

respect to one's year of study, it was rather unusual that higher levels of education did not

predict attitudes toward seeking professional services. This finding contradicted the

majority of past research suggesting that more time spent in the education system

increases positive attitudes toward seeking counselling services (Ang, Lim, & Tan, 2004;

Segal, Mincic, Coolidge, & O'Riley, 2005).

Furthermore, this study suggested that whether a participant was a psychology

major was significantly related to his or her attitudes toward seeking counselling as

measured by the *Attitudes Toward Seeking Professional Psychological Help* scale

(ATSPPH). Individuals who identified as psychology majors had more positive attitudes

toward seeking treatment than those who were not. Interestingly, the findings indicated

that psychology majors were less willing to seek counselling services, even though they

had more positive attitudes towards the idea. It is possible that self-stigma is still forming

a barrier to seeking these services regardless of psychology students' attitudes.

Furthermore, this study discovered a significant relationship between willingness to seek

counselling services and attitudes toward it. Perhaps not surprisingly, individuals who

indicated four or more reasons to attend therapy on the *Intentions to Seek Counselling*

Inventory had more favorable attitudes toward seeking help.

It is important to note that this study did not identify a significant relationship

between gender and both willingness to seek counselling services and attitudes toward

these services. Previous research had found that women were more likely to seek out

counselling services, whereas men tended to avoid this pursuit due to perceived stigma

and negative attitudes (Moller-Leimkuhler, 2002; Vogel et al., 2007; Vogel et al., 2011;

Fischer & Farina, 1995). These results seem to suggest that gender differences regarding

willingness to seek counselling services are shrinking. However, this finding may instead

be due to a much higher number of female participants than male participants in the

present study.

Limitations and Future Research

There were limitations to the present study that should be noted. First, the

findings of this study are difficult to generalize to all age groups since approximately half

of the participants are in their very early twenties. Second, it is important to note that the

results may not be generalizable to all cultures since it is includes participants from a

relatively homogenous area of Newfoundland and Labrador compared to more urban

areas of the province. Additionally, the results of this study were correlational and did not

show causation. In order to firmly state that self-stigma causes negative attitudes toward

counselling or inhibits help-seeking behaviours, a longitudinal or experimental study would be required.

These findings support the literature stating that one's attitudes toward mental health services and willingness to inquire about these services can be significantly impacted by stigma (Vogel et al., 2006). Unfortunately, this study revealed that self-stigma and negative attitudes surrounding mental health services remain a reason why individuals do not seek treatment. Public stigma associated with these services has possibly led people to internalize negative perceptions that induce feelings of inadequacy, weakness, and inferiority (Vogel et al., 2003).

Given the results of the current study, future research should continue to examine the roles of self-stigma and attitudes in help-seeking behaviours. Future research should also focus on identifying the impact of all contributing factors on willingness to seek counselling services and attitudes toward these services. It would be beneficial to include more variables that could aid in predicting help-seeking behaviours such as participants' culture and family background, knowledge of mental health, and overall education. Interestingly, previous research indicates that cultural values may be linked to an individual's perceptions of mental illness and help-seeking behaviours (Miville & Constantine, 2007). Additionally, it would be interesting to explore reasons as to why higher levels of age positively influence attitudes toward counselling, while year of study does not. This finding is particularly peculiar and could use further investigation. Finally, future studies should focus on exploring psychology students' attitudes and their willingness toward seeking mental health services. The present study suggests that there is a possible discrepancy between the two. This discrepancy is certainly worth

investigating since it may shed light on factors that influence psychology students'

willingness to seek counselling services.

Implications

It is important to persistently combat barriers that relate to seeking mental health

services. The current study provides insight into numerous predictors of help-seeking

attitudes and willingness to attend counselling services. Given the results, it is clear that

there is a need for increased awareness on this topic to increase levels of openness and

comfort among all ages that wish to inquire about counselling services. According to

Hammer, Vogel, and Heimerdinger-Edwards (2013), individuals with higher levels of

education are less likely to internalize negative perceptions of seeking help. Therefore, it

appears education is helpful in minimizing stigma surrounding professional

psychological services.

Many students, both young and old, are unwilling to seek counselling services due

to perceived stigma. Since results of this study indicate that older individuals appear to

have more positive attitudes toward counselling, intervening at younger ages may

increase positive attitudes in earlier stages of development. Previous research has also

found that university students exhibiting higher stigma tolerance have more favourable

attitudes toward seeking treatment (Miville & Constantine, 2007). Therefore, future

awareness activities should also focus on building this tolerance as means of increasing

positive attitudes. Awareness activities may include interventions to minimize public

stigma from a community perspective in order to avoid internalizing such negative

perceptions, or discussing the concerns of self-stigma in counselling sessions to help

reduce its influence (Miville & Constantine, 2007).

Conclusion

Reducing stigma surrounding mental health services is a very difficult process. Therefore, it is important that individuals of all ages and cultures are educated on the importance of mental health and the benefits of counselling. Despite the limitations of this study, the results demonstrated that undergraduate students' self-stigma remains associated with negative attitudes and an inhibited willingness to seek professional psychological help. This indicates that there is an increased need for advocacy among mental health services to reinforce positivity surrounding mental health. The results of this study also demonstrated a need for additional research to both identify and monitor the negative influences of self-stigma. Furthermore, it is pertinent to mental health initiatives that individuals are informed of ways to avoid or overcome internalizing negative perceptions of counselling services. This can be encouraged by consistently enforcing educational interventions that effectively combat both perceived and self-stigma.

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Appendix A

Demographics

Age:

Gender:

Year of study:

Major:

Appendix B

Permission from Authors to Use Scales

Vogel, David L [PSYCH] <dvogel@iastate.edu>
Fri 2014-10-24 11:48 AM
Inbox

Feel free to use the scale in your research. Let me know how it turns out.
David

On 10/23/14, 8:01 PM, "Roberts, Brittany F." <bfroberts@grenfell.mun.ca>
wrote:

>Dear Dr. Vogel,
>
>
>
>I am a fourth year psychology (honors) student at Grenfell Campus,
>Memorial University of Newfoundland in Canada under the supervision of
>Dr. Sonya Corbin Dwyer (scorbin@grenfell.mun.ca). My thesis research this
>year will be focusing on undergraduates' attitudes toward seeking mental
>health services. I have reviewed your Self-Stigma of Seeking Help Scale-A
>Shortened Form (Vogel, Wade & Haake, 2006) and am very interested in
>using this in my study. I am seeking permission to use this scale. Thank
>you so much for your time and consideration.
>
>
>
>Best regards,
>
>
>
>Brittany Roberts

Fischer, Edward H. <Edward.Fischer@hhchealth.org>

Fri 2014-10-24 11:08 AM

Inbox

Mark as unread

To: ☐ Roberts, Brittany F.;

● You replied on 2014-10-27 5:27 PM.

Hi Brittany, no permission is necessary to use that scale for legitimate, that is, IRB approved research projects.

Regards,

Ed Fischer

_____

From: Roberts, Brittany F. [bfroberts@grenfell.mun.ca]

Sent: Thursday, October 23, 2014 8:46 PM

To: Fischer, Edward H.

Subject: Seeking Scale Permission

Dear Dr. Fischer,

I am a fourth year psychology (honors) student at Grenfell Campus, Memorial University of Newfoundland in Canada under the supervision of Dr. Sonya Corbin Dwyer (scorbin@grenfell.mun.ca). My thesis research this year will be focusing on undergraduates' attitudes toward seeking mental health services. I have reviewed your scale Attitudes Toward Seeking Professional Psychological Help: An Abbreviated Form (Fischer & Farina, 1995) and am very interested in using this in my study. I am seeking permission to use this scale. Thank you so much for your time and consideration.

Best regards,

Dr. Tom Cash <tom_cash@comcast.net>
Fri 2014-10-24 11:01 AM
Inbox

Hello Brittany,

You have my permission to use this assessment. Understand, however, that after 40 years I no longer have a copy.

Thomas F. Cash, PhD.
Fellow, Association for Psychological Science
Professor Emeritus of Psychology
Old Dominion University (Norfolk, VA)
Residing in Naples, FL
Website: www.Body-Images.com

Editor-in-Chief, Body Image: An International Journal of Research
www.elsevier.com/locate/bodyimage

-----Original Message-----
From: Roberts, Brittany F. [mailto:bfroberts@grenfell.mun.ca]
Sent: Thursday, October 23, 2014 8:44 PM
To: Cash, Thomas F.
Subject: Seeking Inventory Permission

Appendix C

ISCI

Cash, Begley, McCown & Weise (1975)

INSTRUCTIONS: Below is a list of issues people commonly bring to counseling. How <u>likely</u> would you be to seek counseling if you were experiencing these problems? Please circle the corresponding answer.

	Very unlikely	Unlikely	Likely	Very likely
1. Weight control	1	2	3	4
2. Excessive alcohol use	1	2	3	4
3. Relationship differences	1	2	3	4
4. Concerns about sexuality	1	2	3	4
5. Depression	1	2	3	4
6. Conflict with parents	1	2	3	4
7. Speech anxiety	1	2	3	4
8. Difficulties dating	1	2	3	4
9. Choosing a major	1	2	3	4
10. Difficulty in sleeping	1	2	3	4
11. Drug problems	1	2	3	4
12. Inferiority feelings	1	2	3	4
13. Test anxiety	1	2	3	4
14. Difficulty with friends	1	2	3	4
15. Academic work procrastination	1	2	3	4
16. Self-understanding	1	2	3	4
17. Loneliness	1	2	3	4

Appendix D

SSOSH-SF

Vogel, Wade & Haake (2006)

INSTRUCTIONS: People at times find that they face problems that they consider seeking help for. This can bring up reactions about what seeking help would mean. Please use the 5-point scale to rate the degree to which each item describes how you might react in this situation.

1. I would feel inadequate if I went to a therapist for psychological help.

1	2	3	4	5
Strongly Disagree	Disagree	Agree & Disagree Equally	Agree	Strongly Agree

2. My self-confidence would NOT be threatened if I sought professional help.

1	2	3	4	5
Strongly Disagree	Disagree	Agree & Disagree Equally	Agree	Strongly Agree

3. Seeking psychological help would make me feel less intelligent.

1	2	3	4	5
Strongly Disagree	Disagree	Agree & Disagree Equally	Agree	Strongly Agree

4. My self-esteem would increase if I talked to a therapist.

1	2	3	4	5
Strongly Disagree	Disagree	Agree & Disagree Equally	Agree	Strongly Agree

5. My view of myself would not change just because I made the choice to see a therapist.

1	2	3	4	5
Strongly Disagree	Disagree	Agree & Disagree Equally	Agree	Strongly Agree

6. It would make me feel inferior to ask a therapist for help.

1	2	3	4	5
Strongly Disagree	Disagree	Agree & Disagree Equally	Agree	Strongly Agree

7. I would feel okay about myself if I made the choice to seek professional help.

1	2	3	4	5
Strongly Disagree	Disagree	Agree & Disagree Equally	Agree	Strongly Agree

8. If I went to a therapist, I would be less satisfied with myself.

1	2	3	4	5
Strongly Disagree	Disagree	Agree & Disagree Equally	Agree	Strongly Agree

9. My self-confidence would remain the same if I sought professional help for a problem I could not solve.

1	2	3	4	5
Strongly Disagree	Disagree	Agree & Disagree Equally	Agree	Strongly Agree

10. I would feel worse about myself if I could not solve my own problems.

1	2	3	4	5
Strongly Disagree	Disagree	Agree & Disagree Equally	Agree	Strongly Agree

Appendix E

ATSPPH-AF

Fischer & Farina (1995)

1. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

4. There is something admirable in the attitudes of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

5. I would want to get psychological help if I were worried or upset for a long period of time.

| 1 | 2 | 3 | 4 |

Strongly Disagree   Disagree   Agree   Strongly Agree

6. I might want to have psychological counselling in the future.

| 1 | 2 | 3 | 4 |

Strongly Disagree   Disagree   Agree   Strongly

Agree

7. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.

| 1 | 2 | 3 | 4 |

Strongly Disagree   Disagree   Agree   Strongly Agree

8. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.

| 1 | 2 | 3 | 4 |

Strongly Disagree   Disagree   Agree   Strongly Agree

9. A person should work out his or her own problems; getting psychological counselling would be a last resort.

| 1 | 2 | 3 | 4 |

Strongly Disagree   Disagree   Agree   Strongly

Agree

10. Personal and emotional troubles, like many things, tend to work out by themselves.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

Appendix F

<center>Recruitment Message</center>

My name is Brittany Roberts and I am a fourth year Honours Psychology student at Grenfell Campus. Mental health is a leading concern in society today. In order to raise awareness, it is important to understand attitudes of people regarding seeking professional psychological counselling. If you are interested in completing a survey please go to www.SurveyMonkey.com/bfroberts and participate in this study. All personal information will be kept anonymous and the survey will require only 10-15 minutes of your time. Thank you.

Appendix G

Informed Consent Form

The purpose of this Informed Consent Form is to ensure you understand the nature of this study and your involvement in it. This consent form will provide information about the study, giving you the opportunity to decide if you want to participate.

Researchers: This study is being conducted by Brittany F. Roberts as part of the course requirements for Psychology 4951, Honors Project in Psychology at Grenfell Campus, Memorial University of Newfoundland. I am under the supervision of Dr. Sonya Corbin Dwyer.

Purpose: The study is designed to investigate undergraduate students' attitudes toward seeking mental health services. The results will be used to write my Honors thesis as part of the course requirements. The study may also be used in a larger research project and may be published in the future.

Task Requirements: You will be asked to complete three surveys. There are no right or wrong answers to the attitude statements; we are only interested in your opinions. You may omit any questions you do not wish to answer.

Duration: The surveys will take approximately 10-15 minutes in total to complete.

Risks and Benefits: There are no obvious risks or benefits involved with your participation in this study.

Anonymity and Confidentiality: Your responses are anonymous and confidential. All information will be analyzed and reported on a group basis and no IP addresses will be collected. Thus, individual responses cannot be identified.

Right to Withdraw: Your participation in this research is completely voluntary and you are free to stop participating at any time. By completing these three online surveys you have agreed to participate in this study.

Contact Information: If you have any questions or concerns about the study, please feel free to contact me at bfroberts@grenfell.mun.ca or my supervisor, Dr. Sonya Corbin Dwyer at 709-639-2546 or scorbin@grenfell.mun.ca. If this study raises any personal issues for you, please contact the counseling center at Grenfell, specifically, Ms. Joanne Barber at 709-637-5377 (jbarber@grenfell.mun.ca), Ms. Maureen Bradley at 709-637-3211 (mbradley@grenfell.mun.ca), Newfoundland and Labrador Mental Health Crisis Line at 1-888-737-4668, or Kids Help Phone 1-800-668-6868.

This study has been approved by an ethics review process at Grenfell Campus, Memorial University of Newfoundland.