Academic Leadership Journal in Student Research

Volume 6 Article 4

April 2023

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Abstract

Recent estimates suggest that one in five adults in the United States of America experiences mental health issues each year; this is estimated to be approximately 51.5 million adults. Despite many individuals who might suffer from mental health issues, and perhaps be diagnosed with a mental health disorder, these same individuals may not seek psychological services when needed. The current study examined mental health stigma (i.e., public and self-stigma of mental health) and social-cognitive factors (i.e., attitudes, subjective norms, and perceived control) that might influence a person's willingness to seek out psychological help. The Theory of Planned Behavior was used as a theoretical guide. The current study included 355 participants between the ages of 18 and 75. Results indicated that mental health stigma did not overall predict participants' willingness to seek help; however, two of the social cognitive

factors (subjective norms and perceived control) did predict willingness to seek help. We also analyzed these variables in relation to their ability to predict seeking help. Findings suggest that public and self-stigma indirectly impacted the willingness to seek help through subjective norms and perceived control. This finding is important because it indicates that through this pathway, each of the variables does impact the willingness to seek help either directly or indirectly.

Keywords: mental health stigma; social-cognitive factors; seeking psychological help

Mental Health Stigma and Social-Cognitive Factors Influence Behavioral Intentions to Seek Psychological Help

Mental health and wellness are increasingly common and popular topics discussed and researched in the world today. The empirical and systematic study of mental health and mental illness has not only become an important topic of investigation among researchers and academics but also a topic that is widely discussed and of great importance among the general public. This increase in study and general discussion of mental health and wellness may be due to the increasing prevalence of mental illness, namely in the United States of America (USA). Recent estimates indicate that one in five adults experience mental health issues, such as symptoms associated with depression, anxiety, and loneliness, each year in the USA; this is estimated to be approximately 51.5 million adults. Further, one in twenty adults in the USA (~13.1 million) will experience a serious mental health illness in their lifetime (NAMI, 2020). Although not all who suffer from mental health symptoms will be formally diagnosed with a mental health disorder, it is important to consider how people are impacted by mental health issues in the USA.

These estimates demonstrate the importance of mental health awareness and the need for empirical study of mental health. Although it appears that mental health issues can be a common occurrence among adults, prior literature on this topic indicates that there is a significant amount of bias and discrimination surrounding mental health in general, as well as a bias toward mental health diagnoses and treatment (Corrigan et. al., 2000). Unfortunately, this has created a stigma for those who may experience mental health issues and those who may be diagnosed with a mental illness (Nukala et al., 2020). This mental health stigma is detrimental in that it can have the potential to reduce the likelihood of seeking mental health

services and support when needed (Hack et al., 2020). As such, understanding mental health and the stigma surrounding mental health should be a research priority.

Prior research suggests that the development of stigma surrounding mental health is a complex process, but that certain factors, such as mental health awareness, as well as societal views and individual attitudes contribute to this ongoing stigma (Corrigan et al., 2000). Thus, improving the public's views, opinions, and understanding of mental health diagnoses may lead to better and more accurate overall attitudes toward mental health and alleviate, or at least reduce, the prominence of mental health stigma. However, changing attitudes and behaviors is not an easy process (Jorm & Kelly, 2007). Many factors must be considered when promoting an extensive attitude change, and subsequent behavioral change.

More research is needed to better understand how attitudes about mental health influence associated behaviors, like seeking help and possible treatment. Furthermore, societal, or global-scale change concerning reducing mental health stigma and enhancing mental health literacy in our society presents a difficult and time-consuming endeavor. Focusing on attitudes and behaviors at the individual level and applying theories and models that support attitude and behavioral change may ultimately allow for a reduction in negative beliefs associated with mental health and seeking support and services.

The current study sought to employ such an approach. At the individual level, the current work focused on how attitudes have the power to influence our behaviors. The Theory of Planned Behavior was used as a theoretical guide (Ajzen, 1991; Ajzen, 2011; Mesidor & Sly, 2014). This theory focuses not only on individual attitudes regarding a target behavior but also on other factors like subjective norms (i.e., what others think about the target behavior) and control beliefs (i.e., do I have the ability to enact the target behavior).

Factors such as public and self-stigma attitudes about mental illness were examined in relation to the behavioral aspects of intention to seek out help and treatment. To better understand the theoretical underpinnings of the current work, the variables of interest and relevant literature regarding those variables will be reviewed in detail in the sections that follow. The Theory of Planned Behavior and the proposed connection of this theory to mental health were also reviewed in this work.

Review of Mental Health Stigma: Factors that Influence Seeking Help

In general, the stigma of mental health often can be defined as stereotypes, prejudice, and discriminatory behaviors toward individuals who experience mental health issues and/or towards individuals who are diagnosed with mental health disorders (Lucksted & Drapalski,

2015). Moreover, each of these components of mental health stigma, stereotypes, prejudices, and discriminatory behaviors, are often heavily tied to an individual's personal beliefs that are thought to be true (Corrigan et. al., 2000). That is, individuals who have personal experiences with mental illness could have their beliefs influenced by said experiences. For instance, if an individual has a negative experience with someone who is diagnosed with schizophrenia, they could attribute this experience to all those who are diagnosed with schizophrenia. This occurrence has the potential to perpetuate negative stereotypes and prejudice, which may evolve into discrimination based on a mental health diagnosis.

Overall, mental health stigma can have a detrimental impact on those who suffer from mental health symptoms and/or those who have been diagnosed with a mental health disorder. Stigma can develop from stereotypes, prejudice, and in turn, discrimination from a societal perspective as well as a more internalized or self-perspective. Schnyder et al. (2017), found that mental health stigma or stigma related to professional mental health services is directly associated with individuals being less likely to seek professional help for mental problems. As such, it is important to note and review the two main types of mental health stigma, *public stigma,* and *self-stigma*.

Public and Self-Stigma

Public stigma is often defined as a normative societal response(s) to mental health disorders, whereas self-stigma is the internalized and detrimental impact of public stigma (Ahmedani, 2011). These definitions suggest that societal opinions on mental health (i.e., public stigma) influence how individuals internalize symptoms, feelings, and experiences associated with mental health (i.e., self-stigma). Previous research supports the influence of public stigma on self-stigma (Vogel et al., 2007). Individuals who seek psychological assistance for their mental health must overcome a variety of stigmas. Corrigan et al. (2006), argued that stigmatized individuals could internalize the stigma they are exposed to through their mental health struggles. For instance, some individuals may be consumed by the oppression they experience at the hands of society. This type of self-stigma often leads to the individual experiencing feelings of shame and low self-esteem. These feelings are often followed by isolation, distress, and a lack of willingness to seek psychological help.

A meta-analysis of stigma on mental health suggests a correlation between stigma and mental health (Mak et al., 2007). Specifically, the researchers found that the relationship between stigma and mental health was strong enough to be observed in everyday situations. These findings indicate that mental health stigma is not isolated to unique events, mental health

stigma produces a greater effect. The researchers also identified that different types of stigmas affect each person differently. Moreover, the outcome is dependent on the individual and the type of stigma they experience. For instance, some individuals internalize the stigma they experience, and they feel a great amount of shame. This situation is unfortunate, and often reflects significant levels of self-stigma, whereas some individuals feel energized by the stigma, and they fight against such oppression.

As mentioned previously, stigma overall, and especially *self-stigma* can be particularly detrimental to the individual's likelihood of seeking professional psychological help. Additionally, self-stigma can perpetuate negative attitudes toward mental health. Previous research indicates that adults with greater self-stigma are less likely to have positive attitudes toward psychological help (Cheng et al., 2018). This finding is consistent with additional research that found self-stigma plays a powerful role with respect to influencing an individual's likelihood of seeking professional psychological help when it is needed. Based on this information, it can be inferred that self-stigma can negatively impact an individual's wiliness to seek treatment. Moreover, self-stigma is a concept that is often greatly influenced by societal opinions. In terms of mental health, public stigma often shapes how an individual internalizes their experiences.

Corrigan et al. (2006), described that public stigma occurs when the general population endorses prejudice and discrimination toward individuals with mental health diagnoses. There are far too many misconceptions that individuals diagnosed with a mental disorder are dangerous or unstable. Along with this example, there is an important distinction to be made. Bathje and Pryor (2011) explained that there is a stark difference between *endorsement* and a*wareness*. For instance, an individual might not agree with the stereotype that someone with a mental diagnosis is dangerous, but they are *aware* of this stereotype. As such, public stigma is then the *endorsement* of these stereotypes, which leads to misconceptions and perhaps subsequent discrimination. This endorsement is detrimental to interventions aimed at diminishing mental health stigma. This is mainly because this action of endorsement is deliberate and impactful.

Further, public stigma also may indirectly influence the willingness to seek psychological treatment using self-stigma. Public stigma has been found to predict an individual's level of self-stigma, and self-stigma has been found to influence the likelihood of seeking treatment for mental health issues (Bathje & Pryor, 2011). Based on these findings and as previously discussed, self-stigma is the internalization of social opinions (i.e., public stigma). Together, these components of mental health stigma create a vicious cycle. For example, an individual could experience severe mental health symptoms, and as a result, they may consider seeking

out professional psychological treatment or help. However, this individual also may be *aware* of the public stigma surrounding mental health symptoms and diagnoses (e.g., society's view that those who seek help for mental health issues are weak).

Given prior research that indicates a direct connection between public stigma and self-stigma, an individual might start to develop internalized negative views of themselves because of their mental health needs (e.g., feeling inadequate for seeking out help based on societal views). As a result of both public and self-stigma, the individual may choose to suffer in their distress due to the severe shame and embarrassment of seeking help, both at a societal level and internalized level. This then only perpetuates their misconceptions regarding the need to seek out help. Although just an example, this kind of situation has been supported in prior research.

Vogel et al. (2007), tested a model of mental health stigma about impacting attitudes about counseling, as well as a willingness to seek out counseling. More specifically, the model showed a direct connection between the public stigma of mental health (or those societal stereotypes, prejudices, and discriminatory behaviors) and self-stigma of mental health (or the internalized stereotypes, prejudices, and discriminations). As a result, the self-stigma than predicted attitudes towards counseling; more self-stigma predicted more negative attitudes towards counseling. These negative attitudes then, in turn, predicted a reduced willingness to seek counseling.

Although the connection between public stigma and self-stigma is well-supported concerning influencing the likelihood of seeking treatment for someone who suffers from mental health issues, more research is needed to further understand and explore additional factors that can further impact the willingness to seek help. Important for the proposed work, the Theory of Planned Behavior can be used as a guide to further explore additional factors that might influence the likelihood of seeking help. These factors within this theory's framework are typically referred to or noted as social-cognitive factors.

Social-Cognitive Factors

The Theory of Planned Behavior (ToPB) is a theoretical model which attempts to explain the different social-cognitive factors that influence an individual's likelihood of engaging in a particular behavior (Ajzen, 1991). For our study purposes, the target behavior examined is the likelihood of pursuing professional psychological treatment when suffering from mental health issues (Mesidor & Sly, 2014). Using this theory as a framework, we might better understand the factors that influence this target behavior of seeking out help. Importantly, the ToPB has been

used in past research to understand the factors that contribute to the willingness to seek psychological treatment; however, to our knowledge, there is only one study connecting this theory and its related factors to the target behavior of seeking help (Mesidor & Sly, 2014). Replicating the results of that study, as well as expanding on that study by adding additional factors that can help to explain the target behavior of seeking help is an overall goal of the current work.

Moreover, the ToPB can be used to explain that target behaviors are not always within an individual's control. The ToPB explains that several factors can influence an individual's intentions to seek mental health services; these influences are identified as our *general individual attitudes, subjective norms,* and *beliefs about behavioral control,* also known as perceived control (Ajzen, 1991; 2011). For instance, *attitudes* can be described as feeling negatively or positively towards a specific/target behavior (Ajzen, 1991; Mesidor & Sly, 2014). From this definition, it can be inferred that if an individual holds a negative attitude towards seeking mental health treatment, they are less likely to take part in the behavior of seeking treatment. Alternatively, if an individual holds a positive attitude towards seeking treatment, they are more likely to engage in said behavior.

Social and societal pressures surrounding the target behavior are another powerful impact on an individual's likelihood of engaging in the specified and desired behavior. Mesidor and Sly (2014) explained that *subjective norms* are the extent of social pressure felt to perform or not perform a particular behavior because of what others around you (*and* who are important to you) think about that behavior. This idea of subjective norms is similar to the information reviewed above concerning the public and self-stigma; an individual's endorsement of stigma (both public and self) can be directly related to attitudes toward seeking mental health services (Bathje & Pryor, 2011).

Importantly, individuals who face societal pressures and pressures from those around them (i.e., family; friends; spouse) to avoid behaviors are less likely to engage in said behaviors. For example, individuals who endorse mental health stigma are often fearful of the social implications that come with seeking mental health treatment. In this case, the fear associated with isolation and discrimination is too great. The concept of social and societal pressure can be based on the public and self-stigma. Public stigma could lead to a fear of rejection, whereas self-stigma can lead to an internalized fear of repercussions thus, perpetuating the cycle of suffering because the individual is unwilling to seek help.

In addition to general attitudes about the target behavior and subjective norms related to the target behavior, it is important not to overlook an individual's ability to obtain help (e.g.,

resources and accessibility to services) that also might influence engagement in a specified behavior. An individual's *belief about behavioral control* over obstacles and potential goals clearly could impact their likelihood of pursuing a behavior (Mackenzie et al., 2006). Individuals who do not feel in control of their own goals and intentions may not spend the time and effort needed to try and change their fate. This could manifest as an individual feeling hopeless due to their mental health issues or symptoms, and potentially not seeking psychological treatment because they feel they cannot take control of managing the situation. This lack of perceived control could once again be based on public and self-stigma, and common stereotypes or misconceptions as previously mentioned.

When examining the ToPB within a research context, Mesidor and Sly (2014) found support for its general tenets related to mental health stigma. Specifically, *perceived control* was the strongest significant predictor for the participants' intentions to seek professional mental health services. This factor also was the only social cognitive variable that was found to be a significant predictor.

Perceived control, as previously explained, is an individual's belief about their control regarding their mental health (e.g., a person's perceived ability to enact a behavior like seeking out mental health services and/or a person's perceived ideas about the resources they must enact the target behavior). This finding suggests that individuals who believe that they possess the necessary resources and ability to seek out mental health resources/services were then more likely to engage in this help-seeking behavior. It also is important to note that both attitudes about the target behavior and subjective norms were not significant predictors of the intended behavior (i.e., seeking out mental health services) in this study.

Overall, these results suggest that while attitudes and subjective norms are important to consider with respect to encouraging individuals to seek help, the most important predictor of engaging in the target behavior was *perceived control*. Based on these findings, if an individual has positive attitudes toward mental health services and if those around them also encourage the behavior, but they do not have high perceived control, then they may be less likely to engage in help-seeking intentions.

The findings of the Mesidor and Sly (2014) study added valuable information to the mental health stigma literature; however, as mentioned previously, research connecting the ToPB to mental health is limited. To our knowledge, replication of the Mesidor and Sly (2014) study has not yet been conducted. In addition, the Mesidor and Sly (2014) study utilized a small college student sample. While student samples can be advantageous, sampling from college students alone lacks generalizability to the population as a whole. As such, the current study

seeks to fill gaps in previous research by using the ToPB as a general framework to test how attitudes, subjective norms, and control beliefs related to mental health stigma impact the willingness to seek treatment. The sample used for the current study also will be more representative of the general population.

Overview of the Current Study

The main purpose of this study was to examine variables that may influence an individual's willingness to seek out mental health services. The Theory of Planned Behavior (ToPB), as well as existing literature on the topic, was used as a guide when selecting the variables of interest and designing the research hypotheses and research question. Overall, the willingness to seek treatment (or services) for mental health issues served as the dependent variable in the study. Five main independent variables were used to predict the likelihood of seeking out mental health services. These independent variables included: public stigma**,** self-stigma**,** attitudes (about seeking help), subjective norms, and behavioral/perceived control.

Hypothesis 1: Public and Self-Stigma

Public and self-stigma stigma will significantly predict the participants' willingness to seek professional psychological help. Participants reporting more stigmas also will report less willingness to seek out psychological treatment.

Hypothesis 2: Social-Cognitive Factors

The following hypothesis was based on prior research which indicates that there are social-cognitive factors that might influence an individual's likelihood of participating in a target behavior, such as seeking out psychological help. As such, we hypothesized that attitudes about help-seeking, subjective norms, and perceived control would significantly predict the participants' willingness to engage in seeking professional psychological help. Similar to Mesidor and Sly (2014), we anticipated that the strongest predictor of the participants' willingness to seek professional psychological help will be perceived control.

Research Question: Possible Prediction Pathways

There was a unique opportunity within this study to explore the influence of the variables previously explained individually. Additionally, this study had the opportunity to identify if there might be a predictive pattern present, accordingly, we pose the following supplemental research question. Is there a specific prediction pathway for the predictor variables within this study? For

example, public stigma predicts self-stigma which in turn predicts the social-cognitive factors. Together, does this prediction pathway influence the willingness to seek psychological help when needed?

Method

Participants

To determine our sample size, we calculated a power analysis using the software program G*Power. Using a medium effect size with five predictors and a *p*-value set at .05 (~95% statistical power), the target sample size was 146 participants. In total, we sampled 355 participants, which suggests more than acceptable levels of power for the main analyses. The mean age of the sample was 37.80 years old (SD = 16.91).

Of those who responded to the race/ethnicity item on the survey, 259 participants identified as white (73%), 15 participants identified as Black or African American (4.2%), 16 participants identified as Native American or Alaska Native (4.5%), 32 participants who identified as Asian (9%), 22 participants who identified as Latino or Hispanic (6.2%), whereas several participants utilized the open-ended option and identified their racial identity in their own words (3.1%).

The participants included two who identified as African American/ Japanese, two participants who identified as Caucasian and Hispanic, four participants who identified as mixed race, one participant who identified as White and Italian, and one participant who identified as Caucasian, Hispanic, and Native American. Of those who responded to the gender identity question, 162 participants identified as male, 184 identified as female, and 1 participant identify as non-binary.

Materials

Public Stigma

The *General Public Stigma for Receiving Psychological Help Scale* (Komiya et al., 2000) was used. This scale is made up of five items, which are assessed on a 5-point Likert Scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). Higher scores on this scale indicate greater feelings of public mental health stigma specific to seeking out psychological help. A composite score was created by averaging the responses to the five items. Cronbach's Alpha was .85, indicating strong reliability.

Self-Stigma

To measure self-stigma, we utilized the *Self-Stigma of Seeking Help Scale* (Vogel et al., 2006). This scale consists of 10 items, which are assessed on a 5-point Likert Scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). Higher scores on this scale would indicate greater feelings of self-stigma related to seeking psychological help. A composite score was created by averaging the responses to the ten items. Cronbach's Alpha for the current study was .75, indicating acceptable reliability.

Social-Cognitive Factors

To measure the social-cognitive factors, we used the *Inventory of Attitudes toward Seeking Mental Health Services* (Mackenzie et al., 2004). This inventory consists of three subscales used to explore the three social-cognitive factors, which are attitudes, subjective norms, and perceived control. In total, there are 24 questions, which were assessed on a 5-point Likert Scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). When measuring attitudes using this particular subscale, *higher* scores on this subscale indicated *fewer* positive attitudes about mental health and mental health services. To align the direction of scores to other scales used in this study (i.e., higher scores indicate higher/more of an outcome), we reverse-scored these items. A composite score was created by averaging the responses to the items measuring attitudes; Cronbach's Alpha was .88, indicating strong reliability.

Higher scores on the subjective norms subscale indicate *less* support (or more stigma from others whom we are close to). Similar to the attitudes subscale, we reverse-scored these items as well to align with higher scores indicating more support or better subjective norms. A composite score was created by averaging the responses to these items; Cronbach's Alpha was .87, indicating strong reliability. Finally, Higher scores on the perceived control subscale indicate better ability and more resources to seek out help. A composite score was created by averaging the responses to these items; Cronbach's Alpha was .88, indicating strong reliability.

Willingness to Seek Help

To measure the participants' willingness to seek psychological help, we used the Psychological and Interpersonal Concerns subscale from the Willingness to Seek Counseling Scale (Cash et al., 1978). This scale consists of 10 items, which are assessed on a 4-point Likert-type rating scale ranging from 1 (Very Unlikely) to 4 (Very Likely). This scale prompts the participants to answer a question and then provides a series of problems such as difficulty dating, difficulty sleeping, depression, etc. from which to choose. Higher scores on this scale

indicate the participants' likelihood (or intention) of seeking professional treatment when they express mental health distress. A composite score was created by averaging the responses to the ten items. Cronbach's Alpha estimate was equal to .89, indicating strong reliability.

Additional Questions

We asked two additional questions to measure prior experience with mental health and intentions. The first question consisted of "Yes" and "No" options ("Have you ever seen a mental health professional (e.g., school counselor, counselor, social worker, psychologist, psychiatrist) to get help for a mental health concern?"), whereas the second question ("In general, if I had a mental health concern, I would intend to seek help from a mental health professional") was assessed on a 5-point Likert Scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). These questions were adapted by the researchers to assess the participants' past with pursuing professional psychological treatment. Additionally, these questions assessed the participants' intentions when pursuing psychological services if they experienced psychological distress in general and not specific to a type of issue or problem.

In general, participants in the current sample appear to be almost equal with respect to those who had/had not sought psychological help in the past. Specifically, about 54% of the sample indicated that they had sought psychological help in the past, and about 46% of the sample indicated that they had not ever sought psychological help in the past. In terms of general intentions to seek help in the future should a mental health concern arise, the average for the sample was 3.73 (on a 5-point scale). This suggests that, in general, the sample might seek help in the future if needed as the average score was above the mid-point of the scale.

Procedure

To achieve as diverse a sample as possible, we recruited participants through three main sampling methods. We utilized convenience sampling of college students, a sample from Amazon's Mechanical Turk (MTurk), and various social media platforms (e.g., Facebook). By utilizing these three different sampling methods, we obtained a more diverse population of participants with respect to the diversity of not only age, but also race and ethnicity, gender identity, geographical location, educational experiences, mental health-related experiences, and education. Doing so helped add to the generalizability of our overall findings and may have helped to control for extraneous variables (e.g., previous education and heightened awareness of mental health in some areas among some populations). All participants completed the questionnaires using the online software system Qualtrics, and the presentation of the

questionnaires was given in a randomized order. All IRB and APA standards and regulations for safe and ethical data collection occurred (e.g., participants received informed consent and debriefing and were reminded that their participation was voluntary).

Results

Before conducting the analyses, standard data cleaning procedures were applied (e.g., management of missing data; screening for normal distributions). In addition, data were screened to test the assumptions of a multiple regression including the assumption of multicollinearity. Results suggest that all assumptions were met; collinearity diagnostics for tolerance and VIF indicated that multicollinearity was not an issue when assessing the predictor variables for the analyses below, and all predictor variables were entered simultaneously when testing each hypothesis and research question.

Hypothesis 1

It was hypothesized that public and self-stigma would serve as significant predictors of the willingness to seek psychological treatment. Overall, the regression model testing these predictors was not significant [F (2, 352) = 1.48, p = .23; Adjusted R^2 = .01]. These findings suggest that public and self-stigma were not significant predictors of the willingness to seek treatment for this sample. Thus, our first hypothesis was not supported.

Hypothesis 2

It also was hypothesized that the social cognitive factors, attitudes, subjective norms, and perceived control, would serve as predictors for willingness to seek treatment. Overall, the regression model testing these predictors was significant [F (3, 351) = 46.14, p < .001; Adjusted R^2 = .28]. About 28% of the variance for the willingness to seek professional mental health treatment was explained by these predictors; however, when assessing each predictor individually, results suggest that the social cognitive factor of attitudes was not a significant predictor of willingness to seek treatment [t (351) = -.36 p = .71; β = -.02].

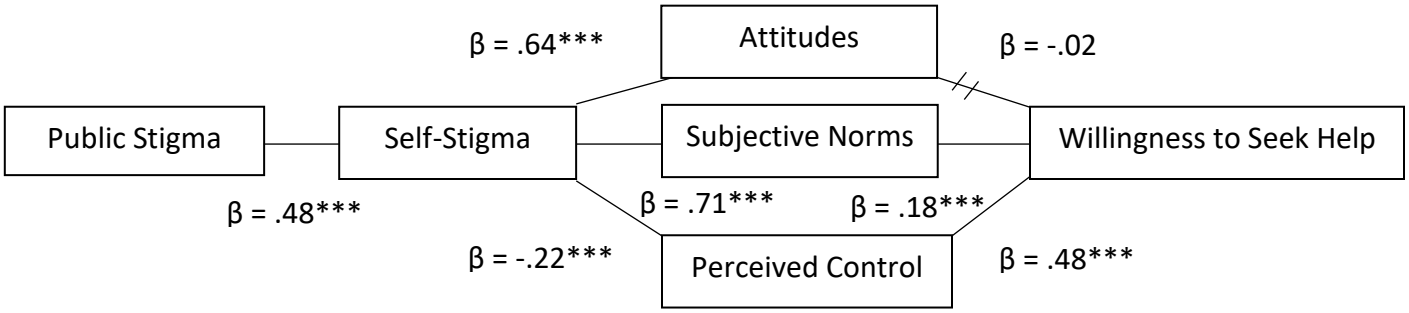
However, subjective norms were a significant predictor [t (351) = -1.80, p = .007; β = .18], as well as perceived control [t (351) = 11.71, p < .001; β = .48]. Important to note, perceived control uniquely predicted more of the variance in willingness to seek treatment than the other social cognitive factors; however, both subjective norms and perceived control contribute useful predictive information about the willingness to seek treatment for this sample.

Our second hypothesis was partially supported. We did find that perceived control was the best predictor of willingness to seek help; however, not all three factors were significant predictors.

Research Question: Regression Pathways

Given a lack of support for our first hypothesis regarding public and self-stigma, an analysis to test for potential regression pathways helped shed more information on how stigma may be predicting the willingness to seek help for this sample. A series of regression pathways suggested certain pathways predicted the willingness to seek treatment. Specifically, results suggest that public stigma is a significant predictor of self-stigma [F (1, 353) = 107.11, p < .001]. Self-stigma was then predictive of attitudes about seeking help for mental health concerns [F (1, 353) = 241.69, p < .001], subjective norms related to seeking help for mental health concerns [F (1, 353) = 451.26, p < .001], and perceived control to seek out psychological help [F (1, 353) = 17.93, p < .001]. Finally, subjective norms and perceived control predicted willingness to seek help [F (3, 351) = 46.14, p < .001], but attitudes towards seeking help were not significant predictors. See Figure 1.

Figure 1. Regression Pathway Diagram with Beta Weights.



***p <.001.

Discussion

Based on the previous research, it is apparent that there are some gaps in the existing literature about factors that influence the willingness to seek out mental health services. Although variables such as public and self-stigma have been studied about willingness to seek out psychological services, other factors, such as social-cognitive (attitudes, subjective norms, and control beliefs) are more limited to empirical evidence. This study presented opportunities to mend some existing gaps and include areas that have not yet been examined together. For

example, the influence of social-cognitive factors and their role on an individual's willingness to seek professional mental health treatment. Overall, the findings of the current study suggest some support for our original hypotheses and research question.

Hypothesis One: Mental Health Stigma

Concerning hypothesis one regarding public and self-stigma of mental health, we did not find support that these two variables significantly predicted the willingness to seek psychological help for this particular sample. This finding appears contrary to previous research indicating that both public and self-stigma may influence the willingness to seek help. Although preliminary and speculative, these findings could be due, in part, to the participant's general exposure to mental health stigma, as well as their previous exposure and willingness to seek help in general. For this sample, about half (~54%) indicated that they had sought help in the past; perhaps this previous exposure may mitigate or reduce the impact of stigma if a majority of participants had sought help previously.

In connection with previous literature, public stigma is the societal opinion towards mental health struggles, diagnoses, etc., whereas self-stigma is the internalized feeling toward someone's mental health concerns. As previously discussed, self-stigma is often influenced by societal opinions. Moreover, public stigma often shapes how an individual internalizes their experiences (Cheng et al., 2018). According to Jorm and Kelly (2007), the general public needs to have increased knowledge about mental health disorders and difficulties. When individuals have an increased mental health literacy, awareness, and knowledge, this allows for appropriate interventions to be sought out when needed. The results of the current study are important because they infer that the participants in this study may have possessed accurate knowledge about mental health (perhaps given their previous exposure to a mental health professional) and may not have been as subjected to stigma. This finding could also be due to the increased societal approval of mental health acceptance.

Jorm and Kelly (2007) reported that although there is some evidence for an association between an individual's behaviors, it is still unknown whether the improvements in mental health literacy in the general population are directly leading to changes in behavior. The current study's findings could be used for future studies to further analyze the role that mental health stigma has on willingness to seek out psychological treatment. Moreover, it would be beneficial to include materials or variables to assess the participant's level of mental health literacy to accurately analyze the connection. Finally, while we did not find support that public and self-stigma of mental health on their own (or individually) predicts the willingness to seek help, we

did find support for our regression pathways of stigma when considering the social cognitive factors. This finding and its connection back to stigma are discussed in more detail below.

Hypothesis Two: Social Cognitive Factors

Our results showed that two of the social cognitive factors (*subjective norms* and *perceived control*) predicted the participants' willingness to seek psychological treatment. However, the social cognitive factor, *attitudes*, did not predict the participants' willingness to seek treatment for this sample. While this finding does not fully support our original prediction that all three factors would significantly predict the willingness to seek help, these findings do support the previous work of Mesidor and Sly (2014). Specifically, in their study, Mesidor and Sly (2014) found that *perceived control* was the strongest significant predictor for the participants' intentions to seek professional mental health services.

The current study came to the same conclusion. This finding is important since *perceived control* is considered the strongest significant predictor of social cognitive factors. As previously discussed, *perceived control* is an individual's belief about their control regarding their mental health. An example of perceived *control* could be a person's perceived ideas about the resources they must have to enact the target behavior. This finding suggests that individuals who believe that they possess the necessary resources and ability to seek out mental health resources/services were then more likely to engage in this help-seeking behavior.

Furthermore, the social cognitive factor *subjective norms,* as previously outlined, is the social pressure felt to perform or not perform a particular behavior because of what others around you (*and* who are important to you) think about that behavior. When considering subjective norms, individuals who face societal pressures from relationships around them (i.e., family; friends; spouse) may be less likely to engage in said behaviors. For instance, individuals' opinions on the behavior of seeking help can influence their willingness to seek help. The findings of this study indicate that subjective norms did impact the participants' willingness to seek psychological help in addition to perceived control.

Overall, the findings of this study both support previous research (i.e., Mesidor & Sly, 2014) and add new knowledge to this existing literature on how others we are close to, and our perceptions of control influence our willingness to seek help. This finding might be used by clinicians and/or professionals in the field of mental health to help better inform how we motivate and encourage individuals to seek help when needed. For example, speaking to those who are close to the individual seeking help to motivate them to encourage a loved one to get help when

needed might be beneficial. Also, providing resources that might help a person to have better perceptions of control (or enhance the ability to get psychological help) would be beneficial.

Research Question: Regression Pathways

Finally, the regression pathways that were tested indicated that certain variables predicted the willingness to seek mental health treatment. These findings are important because, without the pathway, the mental health stigmas (i.e., public and self) did not predict willingness to seek treatment alone for this sample. However, both public and self-stigma do predict the three social-cognitive factors, which in turn predicted willingness to seek mental health treatment. This finding has the potential to benefit future clinicians and researchers; while individual variables might not predict an outcome, there could be a pathway of prediction. Moreover, this type of finding could be beneficial for client settings as there are rarely times when one variable is not impacted by another. Given the overall findings of the current study, continued research on these variables and the pathways used to predict seeking mental health treatment are warranted.

Limitations and Future Directions

The current findings have the potential to contribute to future research and practice. However, as with any empirical research, there are limitations. First, our hypotheses were designed to explore how certain variables, within the context of the Theory of Planned Behavior, influence help-seeking behaviors. However, certain demographic variables, such as age and gender, may also be influential in impacting decisions to seek help. Future research may benefit from replicating this work, as well as controlling for demographic variables that can further explain the main outcome variable of interest.

An additional limitation, data were collected during the global pandemic of the novel coronavirus of SARS-CoV-2 or COVID-19. This unprecedented time led to complications in terms of collecting empirical data and may have influenced results given the unordinary disruption of daily life caused by the global pandemic (e.g., people being more willing to seek out help, because this may have been needed during the pandemic). As previously discussed, we only collected data using online formats which may also be added as a limitation for the current study. For example, by only using online formats we could not ensure that all participants read through the materials thoroughly and fully understood the study/ questions; however, it should be noted that several of the studies cited in the introduction section also used similar methods of online data collection. Additionally, given the complex nature of the COVID-

19 pandemic, future research might benefit from replicating the findings of this work when the world resumes normal (or close to normal) functioning; at this time, it could be helpful to revisit this study and/or attempt to replicate these findings in the future.

Although collecting data during the COVID-19 pandemic may present as a potential limitation for this study, we also note that the situation may have provided a means for participants to get more psychological help in ways that may have been difficult or non-existent just a few years ago. For instance, an interesting consideration may be how the COVID-19 pandemic has propelled the world into the realm of utilizing online forms of communication, remote services, and telehealth. These factors and overall awareness have allowed for increased accessibility to mental health services. There is a possibility that more people were willing to reach out for psychological help because there were more efficient options with telehealth (e.g., better *perceived control* through telehealth or other means that influenced willingness to seek help).

Moreover, the increased need for remote and telehealth services was promoted during the pandemic. The consistent encouragement of seeking mental health services is another societal move that has shifted with the pandemic. This discussion and open dialogue about mental health struggles has recently become more normalized with so many individuals struggling with their mental health during the pandemic and times of isolation. Services such as *BetterHelp* are often promoted in podcasts and on television commercials which also leads to a better understanding of accessibility.

Overall, the results and implications of this study have the potential for adaptation and future directions. The impact of these findings allows for current empirical research to be supported, as well as poses new insights and questions for future research. This study also helps to connect existing gaps in the literature and explore areas that have not yet been examined together. Although not all the hypotheses were supported, from a theoretical perspective using the Theory of Planned Behavior, the findings regarding specific predictions and multiple variables that may impact seeking mental health services warrant further investigation. From an applied perspective, the findings of the current work may help to better inform how we understand and motivate people to seek out mental health services.

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