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Abstract

The term stigma has been synonymous with mental illness since before the first studies were carried out on the subject in the late 1940’s and 1950’s. This exploratory study seeks to discover the prevalence of stigma in relation to people with mental health problems and secondly, whether this has an effect on help-seeking. An online questionnaire was designed and distributed to a sample of the general public in order to establish public attitudes towards those suffering from mental ill-health and attitudes towards the seeking of help for such problems. The data that was gathered from 96 respondents who took part in this research suggests that although a tolerant and positive attitude in general towards those suffering from mental health problems now exists, when faced with hypothetical situations which would actually affect an individual in their day to day life, stigma was higher. And although attitudes towards seeking help for a mental health problem were extremely positive, when faced with the possible effects this seeking of help might have on the individual, attitudes were not as positive.
1. INTRODUCTION

1.1 What is Stigma?

The word stigma is defined in the English dictionary as a mark of disgrace associated with a particular circumstance, quality or person” or a “visible sign or characteristic of a disease”. In Erving Goffman’s theory of social stigma, he defines a stigma as an attribute, a behaviour or a reputation which causes an individual to be mentally classified by others in an undesirable, rejected stereotype, rather than in an accepted normal stereotype (Goffman, 1963). Goffman recognises three forms of stigma, one being the experience of a mental illness and the others being a physical form of deformity or an undesired differentness or an association with a particular race, religion or belief. (Goffman, 1990). In simpler terms, stigma of mental illness is associating negative qualities with having this mental illness, resulting in this individual being viewed negatively by others and even by themselves as a result.

1.2 Stigma and mental illness in Ireland

In an article printed in the Irish Medical Times, on the 10th September, 2010, the pervasiveness of the stigma of mental illness in Ireland was examined and what could be done to tackle it. The article stated that according to the World Health Organisation, stigma, and the discrimination involved with it, is the “single most important barrier” facing those with mental health and behavioural problems and that the World Health Organisation, the World Psychiatry Association and the world Association for Social Psychiatry have identified stigma as a key public health issue. And at the launch of the “See Change” initiative in the previous April, the Minister for Health at that time, Mr. John Moloney, stated in relation to stigma in Ireland, that “Stigma has no place in Irish society today. It damages people’s lives and can be deeply hurtful and isolating, and is one of the most significant problems encountered by people with mental health problems.”

In 2006, the National Disability Authority conducted a study on public attitudes to disability,
which revealed that of those surveyed 32% believed employers would be willing to employ someone with a physical disability but only 7% believed an employer would want to employ someone with a mental health disability, (National Disability Authority, 2006). More recent research in April 2010, by See Change, the National Mental Health Stigma Reduction Partnership, commissioned a study on public attitudes towards mental ill-health. The aim of the research was to get a baseline measure of public attitudes with a specific emphasis on stigma in advance of the roll-out of the organisation’s activities from 2010 – 2012, with the study to be repeated in 2012 in order to measure the impact these activities, if any, will have had at that stage. This research was conducted by carrying out face to face interviews with 977 people aged 18 years or over. The research found that although 70% of those interviewed strongly agreed that virtually anyone can develop a mental health problem, half of this group would not want anyone to know if they had a mental health problem.

In recent research carried out in 2010 by Dublin City University’s School of Nursing, which was commissioned by Amnesty International as part of their mental health and human rights campaign, 300 people with mental health problems were interviewed regarding their own experience being treated unfairly in society in Ireland today. Of the 300 interviewed, 95.4% reported some experience of being treated unfairly as a result of having a mental health problem. It is interesting to keep these results of this recent Irish research in mind in terms of the current research study.
2. LITERATURE REVIEW

2.1 Background to research

There is much research to suggest that public attitudes to mental illness throughout the years have been negative in general and that stigma may still exist surrounding mental illness today. Despite there being discrepancies surrounding the issue of what people say and what they do, the link between attitude and behaviour must be recognised by the fact that extensive research has been carried out in the area of public attitudes to mental illness. The first studies were carried out in the late 1940’s and the stigma of the label “mental illness” has been widely documented since the early 1950’s. For years, people suffering from mental health problems have been regarded with more distaste and less sympathy than any other disabled group in society and Johannsen (1969) suggests that their handicaps have been partly attributable to the attitudes and behaviour of the public i.e rejection and avoidance.

When major studies in the field were carried out in the 1950’s, mental health professionals at that time were faced with the fact of the public’s inability to see mental illness as an illness like any other. The first classic study of opinions about mental illness was carried out by Cumming and Cumming (1957) in a rural Canadian agricultural community, where attitudes toward mental illness were tested before and after a 6 month educational campaign. The study found that initial negative attitudes towards mental illness were present, but that the community had a relationship with a certain system of values and regardless of an educational campaign, if the adoption of a new attitude was at variance with this system of values within the community, then it simply would not be acceptable and would be rejected.

2.2 Measuring Attitudes to Mental Illness

Most research into public attitudes towards mental illness has been based on a survey rather than an experiment. Nunnally (1961) carried out an extensive 6 year survey in the 1950’s in order to ascertain the public’s knowledge and feelings regarding mental illness and treatment. The findings on the public attitudes to mental illness were reported by Nunnally as follows:
“As is commonly suspected, the mentally ill are regarded with fear, distrust and dislike by the general public.” Nunnally found that the stigma associated with mental illness was found to be very general in that it did not follow any patterns of social demographic. The young, the old, the educated and the not so educated found people with mental illness to be dirty, worthless, unpredictable and dangerous.

Whatley’s 1956 research into the public attitudes towards patients who had been discharged from a psychiatric hospital involved a measurement scale which consisted of eight statements, which described minimal and intimate social involvement with a psychiatric patient who had been discharged from hospital. The results of the research showed that when people were faced with a statement that was quite general regarding social contact with these patients, their answer was positive and non-stigmatising, but guided by the fact that what was suggested in the question was not something that would intimately affect them in their day to day life. However, when faced with a more intimate level of interaction with a person who had been hospitalised in a mental health institution, their answer was very different and suggested a negative attitude.

Link, Phelan, Bresnahan, Stueve and Pescosolido’s (1999) research into public conceptions of mental illness used a survey to measure public conception of mental illness and the perceived causes, dangerousness and desired social distance of people with mental health problems. Among the results indicated, it was shown that symptoms of mental illness remain strongly connected with potential violence in the eyes of the public and that this in turn leads to a desire for little social interaction with those suffering mental ill-health. This research concluded that while the public was able to recognise mental health problems, there still remained a strong stereotyping of violence and dangerousness connected to those suffering from mental health disorders and that this led to a desire for distance from these people.

Phelan and Link (2004) tested their “behaviour hypothesis” in order to understand if there was a connection between the behaviour of an individual with mental health problems and
the perceived fear of the general public in relation to this behaviour. However, results found that people who had more contact with those suffering from mental ill-health perceived them to be less dangerous. The findings of this study did not support the conclusion that fear of people with mental illness is due to observed behaviour of those individuals.

Hollingshead and Redlich’s 1958 research, which concentrated on social class and mental illness, found that the higher the social class, the greater understanding there was regarding psychiatrists and treatment and the willingness to seek such treatment. The lower the social class, the less understanding there was regarding mental illness and the more mental illness was seen as a disease to be feared. In 1964, Meyer carried out research using an approach that was previously used by Lemkau and Crocetti in 1962, which focused on public attitudes to mental health and which concentrated on the lower class of society. Meyer’s research built on this research, but included a 10 item opinion section using statements such as “Almost all patients who have a mental illness are dangerous”. The results of Meyer’s research were similar to Lemkau and Crocetti in that it was now felt that attitudes of the public showed more tolerance towards mental illness. So, unlike Hollingshead and Redlich’s research, Meyer’s research showed a more positive attitude to mental illness, especially amongst the lower class of society, as this was the sample demographic.

2.3 Change in Attitudes

Research published by Spiro, Siassi and Crocetti in 1973 reiterates that during the 1960’s, a more knowledgeable outlook on mental illness was evident in the general public in that, in comparison with early research in 1950 and 1951 by Star and Cummings, where only a small number of individuals were able to identify symptoms of mental illness other than paranoid schizophrenia, the results of the major studies carried out in the 1960’s were more positive. In Spiro et al’s research, not only were substantial numbers of the public able to recognise case descriptions as suffering from mental health problems, but there was no correlation between the ability to recognise pathological behaviour and positive or negative attitudes towards those suffering mental health problems. This research states that like Bentz and Edgerton,
who studied rural populations, using a different methodology, but who stated “our data
strongly supports the proposition that the persons who attached the label of mental illness to
the previously described behaviours do not differ significantly from persons not using this
label in terms of their willingness to interact at various levels with the mentally ill.” Spiro et
al state that their research confirms this statement.

However, The Joint Commission on Mental Illness and Health in 1961 found that there was
a major lack of recognition that mental illness is an illness like any other and that there is a
tendency of the general public to reject not only the individual with mental health problems,
but also those who may treat these individuals. So, not only is mental illness stigmatised, but
to actively seek help from those offering treatment is also frowned upon. Even thirty eight
years later, research by Angermeyer & Matschinger (1999) conveyed that the public was still
not properly informed when it came to mental health as their research showed that
schizophrenia was commonly associated with a split personality. Angermeyer & Matschinger
carried out further research in 2001, which looked at the stigma of mental illness and whether
the effects of labelling affected the beliefs of the public towards people with mental health
problems. They discovered that labelling had an effect on how people with schizophrenia
were viewed by the public in that negative attitudes far outweighed positive attitudes and that
the endorsement of the “dangerousness” stereotype regarding schizophrenia increased the
public preference for social distance. In contrast, labelling had no impact on public attitudes
towards people with major depression.

Jorm, Korten, Jacomb, Christensen, Rodgers and Pollitt (1997) carried out research regarding
the Australian public’s recognition of mental disorders and their beliefs regarding the
different treatments available. 50% of the sample were given a case vignette of a depressed
individual and the other 50% were given a vignette of a person suffering from schizophrenia.
39% of the sample was able to identify depression as the illness described in the vignette
given to them and 27% were able to identify schizophrenia from their vignette. Interestingly,
when asked to rate different types of treatments, the sample rated GP’s and counsellors highly
but psychiatrists and psychologists less favourably. The sample went so far as to choose
lifestyle changes like increased social and physical activity and relaxation methods over standard psychiatric treatments like antidepressants, for example. The positive from this research is that counselling as a professional treatment for mental illness was rated highly.

2.4 Mental Health Literacy

Further research by Jorm, Angermeyer and Katsching was carried out in 2000, which concentrated on the public’s knowledge and beliefs about mental health. The results of this research was that many members of the public could not identify specific mental health disorders or different types of psychological distress and also, that attitudes that would actually hinder people’s recognition of these disorders and again, help-seeking behaviour, were common. So, although as previously mentioned, in that Meyer’s research showed an increase in tolerance regarding the public’s attitudes to people with mental health problems, Jorm’s research nearly 40 years later still reports that there is vast illiteracy regarding the public’s knowledge and beliefs about mental health.

In 1991, a quantitative survey was carried out by MORI, which was commissioned as part of the Defeat Depression Campaign launched by the Royal College of Psychiatrists in association with the Royal College of General Practitioners in the UK. (Vize and Priest, 1993) The findings showed that over 90% of those interviewed felt that people suffering from depression should be offered counselling, whereas only 16% felt they should be offered antidepressants. This view was held across many different age groups, social classes and different genders. Again, considerable agreement across the different groups was found regarding the effectiveness of counselling as a treatment with 85% stating so, in comparison to 45% believing antidepressants to be effective. However, although 62% spontaneously stated they would contact their GP if they were depressed, the majority did feel that they would be embarrassed in doing so and would worry the GP would see them as “unbalanced” or “neurotic”.
Following up on this research carried out by MORI above for the Defeat Depression Campaign, Priest, Vize, Roberts, Roberts, and Tylee (1996) published more in-depth research showing the attitudes of the lay public before the campaign in order to assess any change. The Royal Colleges who commissioned the Defeat Depression Campaign found two main reasons why people who are depressed were not receiving treatment for their illness. They found that firstly, 50% of people who were depressed did not consult their GP and that secondly, not all GP’s recognise the symptoms of depression. The authors state that stigma is still associated with depression and that this is evident in the ambivalence of the general public in consulting their doctor.

In 2009, the Attitudes to Mental Illness 2009 Research Report was carried out in the UK. This report was the result of the findings of a survey of the attitudes towards mental illness in the UK. The aim of the report was to monitor attitudes of the public towards mental illness and to track any changes that have taken place in these attitudes over a period of time. Results showed some changes since a 2008 report. These included a showing of greater tolerance as opinion on some statements changed from 2008. Other positive change was the fact that there was a greater increase in the opinion that mentally ill people should be integrated into the community. However, opinions on what causes mental illness and the need for special services in this sector became less positive. The increase in tolerance is a positive finding, however, this is offset by the decrease in mental health literacy; as opinions on the causes of mental illness became less positive.

Research carried out by Prins, Verhaak, Bensing and van der Meer (2008), where a selection of research based on the patients perspective was studied, outlined that patients saw both psychological and medication treatment as helpful, but that all patients (suffering from anxiety or depression) prefer psychological treatment forms to medication. Depressed patients mainly preferred counselling and psychotherapy as a treatment. This study also discussed the fact that lay people recommended seeing a health professional if depressed. Their preference for treatment was for psychotherapists, psychiatrists and GP’s and the treatment recommendation was psychotherapy (53.7%).
In France, research was carried out by Kovess-Masfety, Saragoussi, Sevilla-Dedieu, Gilbert, Suchocka, Arveiller, Gasquet, Younes, and Hardy-Bale in 2007 where it was found that half of those sampled would see their GP first and then 46.6% would continue with their GP for a follow-up. GP’s were mentioned far more than mental health professionals. People were reluctant to take psychotropic medication but were positive when it came to psychotherapy. In contrast, in Ireland, research on public attitudes to depression carried out by McKeon and Carrick (1991) showed a less favourable attitude towards GP’s.

2.5 Help-Seeking behaviour

The research by McKeon and Carrick (1991) did reveal that public beliefs on what causes mental disorders like depression and schizophrenia is mostly attributed to social and environmental factors, especially recent stressors in the patient’s life. What is important to note about these public beliefs surrounding mental health is that they can affect help-seeking behaviour. A dramatic example of this would be for example, in Malaysia, a belief by psychiatric patients in the supernatural being a cause of mental health disorders was shown to be linked to help-seeking behaviour in that there was less compliance with medication that was prescribed and a greater dependence on the use of traditional healers (Razali, Khan and Hasanah, 1996). This type of behaviour however, would not be common in Western society and is simply an extreme example.

Regier, Narrow, Rae, Manderscheid, Locke and Goodwin, (1993) state that only very few people that meet the criteria for a mental health disorder actually seek help. Public beliefs not only about mental health, but also about the professional treatment type can affect help-seeking behaviour. An extreme example of this is evident in the research carried out by Jorm, Nakane, Christensen, Yoshioka, Griffiths and Wata (2005), where public beliefs about treatment and outcome of mental disorders were studied in Japan and Australia and a comparison made. The survey did note starting out that Japan and Australia are countries with two very different mental health care systems; Japan favouring hospital care and Australia more community-care oriented and the fact that Japan is a more collectivist society and
Australia a more individualist society. The Japanese are less likely to use psychiatric labels for illnesses especially those of the milder form, whereas the Australians have adopted these labels, like “depression”. The Japanese prefer to try and sort things themselves and prefer to keep discussions about mental health inside the family. They do not have the same belief in their GP being as helpful as the Australians do and do see benefit in treatment like counselling but do not have optimism regarding someone making a full recovery. On the other hand, the Australians are more positive about seeking professional help but also see benefits in trying lifestyle changes and have quite negative attitudes towards medication. Living in Australia or Japan would bring about very different help-seeking behaviour for a condition of depression.

Much of the research mentioned above has shown a negative attitude towards medication in relation to the treatment of mental health problems, as outlined by the Australian example above. What is worrying in this regard is the fact that if the public hold a negative view on medication, they may not seek medical help or follow medical advice when required, even if to do so would be to their own detriment. This leads back to the area of stigma and its effect on help-seeking, where Hillert, Sandmann, Ehmsg, Weisbecker, Kepplinger and Benkert’s research (1999) revealed that the German public showed a greater reluctance to discuss mental disorders with family and friends than physical disorders, similar to the Japanese in Jorm’s 2005 research.

Although much of the research above shows positive attitudes towards counselling and psychotherapy as treatments, there is also research which supports the idea that help-seeking in itself carries with it stigma. Corrigan (2004) states that many people who have experienced mental health problems never pursue treatment, the reasons being stigma attached to the mental illness itself, but also, stigma attached to seeking help. This research by Corrigan reiterates earlier research carried out by Sibicky and Dovidio (1986) which highlights that people tend to report more stigma around people who attend counselling than those who do not as those who have been labelled as having used a counselling service have been rated less favourable and treated more negatively than those who did not.
Individuals also rated less favourably were those contained in Ben-Prorath’s (2002) research, where those individuals who were described as having sought help for depression were rated as less interesting, more emotionally unstable and less confident than other individuals who sought help for back pain or even those who did not seek help for their depression. This discussion shows that not only is it public stigma surrounding mental health disorders that needs to be taken into consideration, but also the stigma of actual help-seeking that exists. This perception of stigma attached to a treatment like counselling has been shown to affect attitudes towards seeking counselling (Komiya, Good & Sherrod, 2000 and Vogel, Wester, Wei & Boysen, 2005) and also the actual willingness to seek counselling as a professional treatment (Nelson & Barbaro, 1985).
3. METHODOLOGY

3.1 Procedure

Having considered using a qualitative method to ascertain public attitudes towards mental health by the use of an interview as a research tool, it was considered a better insight into public attitudes would be gained by using a quantitative method in the form of a questionnaire. This quantitative method would allow for more responses and would also eliminate possible collusion with the interviewer by the respondent, particularly as the statements relating to people with mental health problems were of a sensitive nature.

As the opinion statements regarding people suffering from mental health problems were particularly sensitive, it was felt a more natural and spontaneous response would be in effect if the questionnaire was completely anonymous in nature. For this reason, the questionnaire was developed and sent via email as an electronic link, where respondents simply clicked on the link and filled out the questionnaire.

The research tool of a questionnaire has its’ own disadvantages in that there is no opportunity for the interviewer to explain or clarify a question or motivate the individual in responding, there is the possibility of incomplete responses, respondents may ignore certain questions, respondents may misinterpret a question, questionnaires may seem impersonal and if a question is forgotten, there is no opportunity to go back to the respondent, especially if the questionnaire is anonymous. Specifically, online questionnaires can overlook those who are not computer literate, those who are less confident of electronic format may disregard the questionnaire on this basis and they can yield low response rates. In contrast, online questionnaires can be distributed quickly, have a fast turnaround rate, there is time for the respondents to consider their answer in a non-pressurised environment and data analysis is easier. These advantages are in addition to the general advantages of a questionnaire as a method of gathering research which include the fact that they are easy to use and involve
lower cost and that they reflect trends, patterns and shifts in attitude and opinion. Having considered all of the above, the use of an online questionnaire was decided upon for this research.

In order to measure the perceived public stigma the online questionnaire was developed which was based on a version of the 12 item Perceived Devaluation –Discrimination scale (Link et al., 1987), where participants rated their answers to statements from 1 (strongly agree) to 6 (strongly disagree) regarding the degree to which they believed certain statements about how most people view current or former psychiatric patients. A sample statement from this scale is “Most people would not hire a former mental patient to take care of their children, even if he or she had been well for some time”. In order to ensure the questionnaire was appropriate, some terms were changed, for example, the term “mental patient” was removed and replaced with a more politically correct terminology. On this scale, higher scores represent higher perceptions of stigma.

Two further scales were studied in order to develop questions which would ascertain public attitudes towards help-seeking. The Attitudes Towards Seeking Professional Psychological Help Scale (Fischer & Farina, 1995). This scale is a revised version of the 29 item scale used by Fischer & Turner, 1970. A sample statement is “If I believed I was having a mental breakdown, my first inclination would be to get professional attention.” Answers are rated from 1 (disagree) to 4 (agree) with higher scores reflecting positive attitudes. This scale was considered too lengthy to use in its entirety.

The Intentions to Seek Counselling Inventory (ISCI; Cash, Begley, McCown & Weise, 1975) in order to measure willingness to seek counselling for psychological and interpersonal concerns. The ISCI is a 17 item measure where respondents rate answers from 1 (very unlikely) to 4 (very likely) about how likely they would be to seek counselling if they were experiencing the problem listed.

For the purposes of this research, the scales mentioned above were used as a research tool.
and the questionnaire was developed using certain aspects of each scale in order to create a
two-dimensional tool, where opinion statements regarding perceptions of stigma could be as
certained firstly, followed by opinion statements regarding perceptions about help-seeking in
the form of counselling in order to ascertain if public attitudes towards mental health could
have an impact on attitudes towards help-seeking. The questionnaire was developed in such a
way in order to be clear and concise, using language that could easily be understood and that
the mental and physical effort in completing the questionnaire was reduced.

3.2 Participants

Having considered using a sample of counsellors and therapists from mental health support
organisations in order to guage public opinion, it was considered that a random selection of
the general public would be a more natural sample to use in order to access public attitudes
and would give insight into whether these public attitudes have changed greatly over the
years in conjunction with the literature published. It was decided that the easiest way to
access the largest sample of the general public would be to use an electronic questionnaire.
Using the software from www.surveymonkey.com, the questionnaire was designed and sent
as an email link to family, friends, work and student colleagues, who were requested to
forward the link to their own email contacts. Although this type of non-probability and
snowball sampling brought the risk of sampling bias, it was still deemed the most suitable
method of sampling, in that it would allow for the greatest number of responses and
would ensure complete anonymity for the respondents.

3.3 Measures

3.3.1 Respondent’s Background Information

In order to measure results for this quantitative research some general background
information was requested from participants. This would allow for more detailed analysis of
the results. Participants were asked to supply their gender, age group, occupation, marital
status, ethnicity and educational level as these could be factors in identifying trends or patterns in the results.

3.3.2 Attitudes towards mental health (Perceptions of stigma)

In order to ascertain the attitudes of the public towards mental health, eight opinion statements were designed, where respondents were asked to choose their answer, based on a Likert scale (answers ranged from strongly disagree to strongly agree). These opinion statements contained a mixture of general viewpoint statements such as “People with mental health problems do not deserve any sympathy” and “People with mental health problems are a burden on society” allowing for responses, based on social distance from the person with mental health problems. In addition, statements that brought the person with mental health problems more into focus in possibly having an effect on the respondent’s life, i.e. decreasing the social distance from the subject matter being researched were included. These statements included “I would not want to have a neighbour with mental health problems” and “I would not leave my children with a babysitter who had previously had mental health problems, even if they have fully recovered.”

3.3.3 Attitudes towards help-seeking

The final section of the questionnaire involved ascertaining attitudes towards seeking help for a mental health problem. This involved 6 opinion statements, where respondents, again, were asked to answer the questions, based on a Likert scale (answers ranging from strongly disagree to strongly agree) and choose the answer which best represented their opinion. Questions ranged again from the more broad viewpoint of “People with mental health problems should seek professional help” and “People with mental health problems are just looking for attention” to the more specific; “A person’s self-esteem should not change just because they choose to seek help from a counsellor / therapist”. This part of the questionnaire was designed to ascertain whether people agreed firstly, that people with mental health problems should seek professional help and whether or not they displayed attitudes that might
suggest they believed there was stigma attached to the actual seeking of help for a mental health problem.

### 3.4 Limitations

Limitations to the research included the fact that the convenience sample of recipients used limited the ability of the study to generalise to other age groups, for example, the age groups 18-24 and 55+ had much lower response rates than the other age groups. The sample used was primarily Caucasian and native Irish and that may affect how the issue of stigma is viewed as people from different cultural and ethnic backgrounds may view the issue of stigma very differently. In other communities, there may be less or more focus around the issue of seeking help, so until the findings in this research study can be applied to other samples of respondents from other backgrounds, any findings should be taken into consideration with caution.

It is difficult to prove through research that the public and one’s own beliefs can actually cause a person to not seek help or stop a person from seeking help. The results showed a correlation between whether public stigma can affect a person’s attitude to seeking help. Ajzen & Fishbein (1980) state that although attitudes have been shown to be an important indicator of intentions and future behaviour, to determine whether public stigma is a predictor of help-seeking behaviour would require further research.

### 3.5 Ethical Considerations

To ensure all participants that received the questionnaire were fully informed about the background to the research, the reason for conducting the research and where the information would be used, an introductory paragraph was included in the online questionnaire, introducing myself as a final year student of Dublin Business School, introducing that the nature of the research was to investigate levels of stigma in relation to mental health and whether public stigma can affect help-seeking and that the research conducted was to be used
in a thesis. The questionnaire was outlined as completely voluntary and anonymous but that
the information contained in the questionnaire would be used in the research and may be
published, as a result.
4. RESULTS

4.1 Respondent’s Background Information

96 members of the public responded to the online questionnaire, with 95 of those choosing to answer the question regarding gender. Of this total sample number of 95, 38 respondents were male (40%) and 57 were female (60%).

Figure 1: Gender
Age
In relation to age categories, 2 (2.1%) of the respondents were aged 18-24, 43 (44.8%) were aged 25-34, 46 (47.9%) were aged 35-55 and 5 (5.2%) were aged 55+.

![Age Pie Chart]

Figure 2: Age

Occupation
95 of the 96 sample total answered the question relating to Occupation. 65 (68.4%) of the respondents chose Professional / Managerial as their occupation, 12 (12.6%) chose Other non-manual occupations, 8 (8.4%) were students, 3 (3.2%) were unemployed, a further 3 (3.2%) were full time carers, 2 (2.1%) had skilled manual occupations, 1 (1.1%) chose unskilled manual occupations and 1 (1.1%) was retired. There were no long-term sick respondents. Figure 3 below outlines these results.
Figure 3: Occupation

Figure 4: Marital Status

Marital Status

Figure 4 above reflects the information on marital status and 95 of the 96 sample total of respondents answered this question. 31 (32.6%) of the respondents were married, 26 (27.4%)
were in a relationship and living together, 21 (22.1%) were single, 10 (10.5%) were in a relationship and living separately, 4 (4.2%) were separated, 2 (2.1%) were divorced and 1 (1.1%) was widowed.

**Ethnicity**

95 participants answered the question relating to ethnicity. 83 (87.4%) of the respondents were Irish, 8 (8.4%) were European, 2 (2.1%) were Asian and 2 (2.1%) of other ethnicity.

![Ethnicity](image)

**Figure 5: Ethnicity**

**Educational Level**

Of the 96 respondents, 32 (33.3%) of the respondents had a bachelor degree, 26 (27.1%) had a postgraduate qualification, 22 (22.9%) had a diploma or cert, 14 (14.6%) had a Leaving Certificate or equivalent, 1 (1%) had a Junior Certificate or equivalent and 1 (1%) had no formal qualifications.
4.2 Attitudes Towards Mental Health (Perceptions of Stigma)

Participants were asked to rate their answer to the statement “People with mental health problems do not deserve any sympathy”. 95 of the 96 participants answered this question and of this total of 95, 78 (82.1%) of the respondents strongly disagreed with the statement “People with mental health problems do not deserve any sympathy”. 16 (16.8%) disagreed with the statement and 1 (1.1%) neither agreed nor disagreed with the statement. No respondents agreed or strongly agreed with the statement.
The next statement suggested that “People with mental health problems are a burden on society” and participants were asked to rate their answer to this statement. Of a total of 95 respondents, 62 (65.3%) of the respondents strongly disagreed with this statement. 23 (24.2%) disagreed, 7 (7.4%) neither agreed nor disagreed with the statement and 3 (3.2%) agreed with the statement. No respondents strongly agreed with the statement.
In response to the statement “People with mental health problems should not be in positions of responsibility” 95 participants answered the question and of these, an equal percentage of 31.6% (30 respondents each) disagreed with this statement and neither agreed nor disagreed with this statement. 19 respondents (20%) strongly disagreed with this statement, 15 (15.8%) agreed with the statement and 1 (1.1%) strongly agreed with the statement.

**Figure 9: People with mental health problems should not be in positions of responsibility**

Again, 95 respondents out of the total sample of 96 rated their answer to the statement “I would not want to have a neighbour with mental health problems”. Of these 95, 38 (40%) of the respondents disagreed with the statement, 34 (35.8%) strongly disagreed, 16 (16.8%) neither agreed nor disagreed, 6 (6.3%) agreed with the statement and 1 (1.1%) strongly agreed.
Figure 10: I would not want to have a neighbour with mental health problems

Question 5 in this section of the questionnaire asked participants to rate their answer to the statement “I would not leave my children with a babysitter who had previously had mental health problems, even if they have fully recovered.

Figure 11: I would not leave my children with a babysitter who had previously had mental health problems, even if they have fully recovered
Out of a total of 95 respondents, 37 (38.9%) disagreed with the statement, 24 (24.2%) of respondents agreed with the statement, equal numbers of 15 respondents each (15.8%) strongly disagreed and neither agreed nor disagreed with the statement and 5 (5.3%) strongly agreed with the statement.

Figure 12 below demonstrates the responses from the 95 respondents who rated their answer to the statement “People with mental illness should not be elected to public office”. 33 (34.7%) of the respondents disagreed with the statement, 27 (28.4%) strongly disagreed, 17 (17.9%) agreed with the statement, 17 (17.9%) neither agreed nor disagreed with the statement and 1 (1.1%) strongly agreed.

![Graph showing responses to the statement: People with mental illness should not be elected to public office.](image)

**Figure 12: People with mental illness should not be elected to public office**

Nearing the end of this section of the questionnaire, Figure 13 below reflects the opinion of the participants in relation to the statement “No-one has the right to exclude people based on their mental health problems”. Out of the 95 respondents who answered this question, 41 (43.2%) of the respondents agreed with the statement, 29 (30.5%) strongly agreed, 11 (11.6%) neither agreed nor disagreed, 10 (10.5%) disagreed with the statement and 4 (4.2%) strongly disagreed with the statement.
Finally, in this section of the questionnaire dealing with attitudes towards mental health, participants were asked their opinion on whether “People with mental health problems should have the same rights to employment as anyone else”. Of the 95 who chose to answer the question, 45 (47.4%) of the respondents agreed with this statement, 25 (26.3%) strongly agreed, 20 (21.1%) neither agreed nor disagreed and 5 (5.3%) disagreed with the statement. No respondents strongly disagreed with the statement.
4.3 Attitudes Towards Seeking Help

The first question in this section asked participants to respond to the statement “People with mental health problems should seek professional help”. 90 of the total sample of 96 respondents answered this question. 50 (55.6%) of the respondents strongly agreed with this statement, 36 (40%) agreed, 2 (2.2%) neither agreed nor disagreed and 2 (2.2%) strongly disagreed. No respondents disagreed with the statement.

![Bar chart showing responses to the statement: People with mental health problems should seek professional help.]

Figure 15: People with mental health problems should seek professional help

Figure 16 below outlines the response pattern to the statement “People who seek the help of a professional mental health professional are weak or inadequate”. Again, only 91 of the 96 sample total answered this question and of those, 76 (83.5%) of the respondents strongly agreed with this statement. 14 (15.4%) disagreed and 1 (1.1%) neither agreed nor disagreed. No respondents agreed or strongly agreed.
Figure 16: People who seek the help of a mental health professional are weak or inadequate

Figure 17 below outlines the opinions to the statement “People who seek help for mental health problems are just looking for attention”

66 (72.5%) of the 91 respondents strongly disagreed with this statement, 21 (23.1%) disagreed and 4 (4.4%) neither agreed nor disagreed with the statement. No respondents
agreed or strongly agreed.

Question 4 in this section used the statement “People who seek help for a mental health problem should feel ashamed they couldn’t solve their own problems” and asked participants to rate their answer. Of the 90 respondents, 77 (85.6%) strongly disagreed with this statement and 13 (14.4%) disagreed. No respondents agreed, strongly agreed or neither agreed nor disagreed with the statement. These results are outlined in Figure 18 below.

**Figure 18: People who seek help for a mental health problem should feel ashamed they couldn’t solve their own problems**

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>86%</td>
</tr>
<tr>
<td>Disagree</td>
<td>0%</td>
</tr>
<tr>
<td>Neither Agree nor Disagree</td>
<td>14%</td>
</tr>
<tr>
<td>Agree</td>
<td>0%</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>0%</td>
</tr>
</tbody>
</table>

Question 5 asked if “People who seek help from a counsellor / therapist will probably feel less satisfied about themselves”. 52 of the 90 respondents (57.8%) strongly disagreed with this statement, 28 (31.1%) disagreed, 9 (10%) neither agreed nor disagreed and 1 (1.1%) agreed with the statement. No respondents strongly agreed.
Figure 19: People who seek help from a counsellor / therapist will probably feel less satisfied about themselves

And finally, participants were asked their opinion on the statement “A person’s self-esteem should not change just because they choose to seek help from a counsellor / therapist”. 39 (43.3%) of the 91 respondents strongly agreed with this statement, 21 (23.1%) agreed, 13 (14.3%) disagreed, 10 (11%) neither agreed nor disagreed and 8 (8.8%) strongly disagreed.

Figure 20: A person’s self-esteem should not change just because they choose to seek help from a counsellor / therapist
5. DISCUSSION AND CONCLUSION

5.1 Discussion

The sample demographic revealed that 60% of respondents were female and 40% were male and that most of the sample was split between the age categories of 25-34 (44.8%) and 35-55 (47.9%). A very large section of the sample (68.4%) chose Professional / Managerial as their occupation and this factor is quite interesting when taken into account in relation to the opinion statement on people with mental health problems being in positions of responsibility and also the opinion statement on people with mental illness should not be elected to public office which will be discussed in further detail later. Further background information supplied by respondents showed that the majority were married (32.6%), followed closely by those living together and in a relationship (27.4%) and those who were single (22.1%). A smaller percentage of 10.5% were in a relationship and living separately and 4.2% were separated, 2.1% divorced and 1.1% widowed. The question on ethnicity clarified that the vast majority of the sample of participants (87.4%) were Irish and that when it came to education, 99% of respondents had some formal qualifications, with 33.3% holding a bachelor degree and 27.1% holding a postgraduate qualification. In summary, it could be assumed that the majority of the sample was Irish, well educated, working in a professional or managerial capacity and aged between 25 and 55 years of age. It is possible that this particular sample bias was as a result of the snowball sampling method in place and also as a result of the fact that the research tool used was an online questionnaire, which would immediately eliminate individuals who did not have an email address or access to a computer.

In the section of the questionnaire relating to attitudes towards mental health, where the aim was to measure levels of stigma, the first statement “People with mental health problems do not deserve any sympathy” brought a very strong response from respondents, in that most (82.1%) strongly disagreed with this statement and no respondents agreed or strongly agreed with the statement. This result is extremely positive in that it shows a level of empathy for those with mental health problems which is very different from the research by Johanssen (1969) where he stated that people with mental health problems have been
regarded with less sympathy than any other disabled group. This study shows that attitudes have changed greatly since the 1969 research by Johannsen.

When asked their opinion on the statement “People with mental health problems are a burden on society”, the results showed that again, a high percentage strongly disagreed with the statement (65.3%) with a further 24.2% disagreeing with the statement. No respondents strongly agreed, yet 3.2% agreed with the statement and 7.4% neither agreed nor disagreed. Overall, a positive finding to this opinion statement, which could reflect the findings of the Attitudes to Mental Illness 2009 Research Report, where there was a greater increase in the opinion that those with mental health problems should be integrated into the community.

This was followed by the statement “People with mental health problems should not be in positions of responsibility”, where results showed less unanimity in relation to responses, where 31.6% of respondents disagreed with the statement and 31.6% neither agreed nor disagreed with the statement. 20% strongly disagreed, so in total, those disagreeing and strongly disagreeing still comprise the majority percentage (51.6%) of the sample. However, 15.8% agreed with the statement and 1.1% strongly agreed. A large percentage of 31.6% choosing to neither agree nor disagree with the statement suggests uncertainty surrounding the issue. In summary, this statement reflects uncertainty and some attitudes of stigma by a percentage of respondents who agreed that those suffering from mental health problems should not be in positions of responsibility. As the research by Nunnally (1961) mentioned the term distrust in terms of how the mentally ill are regarded by the public, this negative stereotyping could explain the split in the results in relation to this opinion statement and that the public may not trust a person with mental health problems to hold a position of responsibility based on their beliefs about mental health problems and associated behaviours.

Responses to the statement “I would not want to have a neighbour with mental health problems” reflected a more positive result with 40% disagreeing and 35.8% strongly disagreeing with the statement, which is in contrast to the research carried out by Link et al (1999) where there was a strong stereotyping of dangerousness connected to people with
mental health problems, resulting in a desire to have distance from this group of society.

However, when faced with an even more intimate level of interaction, responses to the statement “I would not leave my children with a babysitter who had previously had mental health problems, even if they have fully recovered” results, although still positive overall, with a majority of 54.7% disagreeing (15.8% of which strongly disagreed), nearly a quarter of the sample (24.2%) agreed with the statement and a 5.3% strongly agreed. This statement resulted in the highest level of perceived stigma in relation to those with mental health problems. This could reflect the research carried out by Whatley (1956) where when faced with a statement which was quite general in relation to contact with discharged psychiatric patients, responses were non-stigmatising but when faced with a more intimate level of interaction, more negative attitudes were present.

With 34.7% of participants disagreeing and 28.4% strongly disagreeing with the statement “People with mental illness should not be elected to public office”, this is overall a positive result and more positive than the result on “positions of responsibility”. However, 17.9% of respondents did agree with the statement and a further 17.9% neither agreed nor disagreed with the statement, reiterating that there is uncertainty and a negative attitude in existence surrounding mental health sufferers holding positions which involve responsibility, authority and leadership.

Interestingly, the statement which suggested that “No-one has the right to exclude people based on their mental health problems” resulted in 30.5% of respondents strongly agreeing and 43.2% agreeing, which seems contradictory in terms of the evidence of some negative attitudes and perceptions of stigma in some of the previous opinion statements. Although, with 10.5% disagreeing with this statement and 4.2% strongly disagreeing, there is still evidence of some negative attitudes in relation to excluding those who are not deemed to fit into a certain way of being. This exclusionary aspect brings to mind the first study of opinions on mental illness by Cumming and Cumming (1957), where even after an educational campaign, the previously existing negative attitude towards mental illness
persisted as the adoption of a new attitude was at variance with the values of the given community.

The final statement in relation to measuring attitudes towards mental health was more general and stated that “People with mental health problems should have the same rights to employment as anyone else” and was extremely positive in that the findings showed 26.3% of participants agreeing strongly and 47.4% of participants agreeing with the statement. Although just over one fifth of the sample was uncertain (21.1% neither agreeing nor disagreeing), only 5.3% disagreed with no respondents disagreeing strongly. Although a positive result overall again, this result contradicts earlier findings on the opinion statements regarding those elected to public office and those in positions of responsibility.

In the final section of results, the focus was on attitudes towards seeking help. In response to the statement “People with mental health problems should seek professional help” over half the respondents strongly agreed (55.6%) and a further 40% agreed, showing almost unanimous agreement on this issue. This result is in contrast to the research by Corrigan (2004) where reasons for people who never pursue treatment are given as stigma attached to mental illness but also stigma attached to seeking help. It must be noted that 2.2% of the sample strongly disagreed and 2.2% neither agreed nor disagreed with the statement and although a minority percentage the 2.2% who strongly disagreed are still evidence of stigmatising views regarding help-seeking that are held by certain individuals.

When asked to rate their answer to the statement “People who seek the help of a mental health professional are weak or inadequate, 83.5% of those who answered strongly disagreed with the statement and 15.4% disagreed; a staggering positive result suggesting that public attitudes towards seeking professional help for a mental health problem is viewed extremely positively and that those who do so are not seen as inferior for doing so. This result does not confirm the findings of Sibicky and Dovidio (1986) where more stigma was reported around those who attended counselling than those who did not.
In response to the statement “People who seek help for mental health problems are just looking for attention” results showed that 72.5% of respondents strongly disagreed with this statement, with a further 23.1% disagreeing. Only 4.4% neither agreed nor disagreed and no respondents agreed or strongly agreed. Again, this result confirms the positive attitude of the public towards help-seeking by those suffering with a mental health problem.

Question 4 in this section on help-seeking asked the participants if they believed that “People who seek help for a mental health problem should feel ashamed they couldn’t solve their own problems”. Again, the vast majority of the sample (85.6%) strongly disagreed with the statement with a further 14.4% disagreeing with the statement. No respondents agreed, strongly agreed or neither agreed nor disagreed with the statement. These results confirm public beliefs that seeking help is nothing to be ashamed of and does not confirm the research carried out by Ben-Prorath (2002) where those who sought help through counselling for their depression were considered less interesting, more emotionally unstable and less confident than others who sought help for back pain or even those who did not seek help for their depression.

When asked if “People who seek help from a counsellor / therapist will probably feel less satisfied about themselves”, 57.8% strongly disagreed, and 31.1% disagreed. A further 10% neither agreed nor disagreed and 1.1% agreed. Again, overall a positive finding, this time in relation to attitudes towards counselling specifically, where the majority of the sample do not agree with the suggestion that an individual will probably feel less about themselves as a result of seeking help through a counsellor or therapist. Referring again to Sibicky and Dovidio’s research (1986) where it further states that those who have been labelled as having used a counselling service have been rated less favourably and treated more negatively than those who did not, the current study reflects the opposite with only 1 respondent in agreement with the negative suggestion.

The final opinion statement’s results were a little different in that responses to the statement “A person’s self-esteem should not change just because they choose to seek help from a
counsellor / therapist” revealed that 14.3% of participants disagreed with this statement and 8.8% strongly disagreed with a further 11% neither agreeing nor disagreeing.

Although a majority of 43.3% strongly agreed and a further 23.1% agreed with the statement, there is definite uncertainty and also evidence of stigma in relation to the help-seeking behaviour.

5.2 Conclusion

The overall findings of this study certainly suggest that in general, the attitudes of the general public towards those with mental health problems are identified as tolerant, sympathetic and non-stigmatising and very encouraging regarding seeking help for said problems. The pattern of positive attitudes towards those with mental health problems continued into the section of the questionnaire on attitudes towards seeking help, suggesting a connection between attitudes towards those with mental health problems and attitudes towards help-seeking.

However, it was identified that Whatley’s research was quite relevant to the study, where respondents’ opinions in relation to statements which involved a more intimate level of engagement with a person who had mental health problems, created a larger probability for a negative attitude. This was particularly evident in respondents’ opinions on the statement “I would not leave my children with a babysitter who had previously had mental health problems, even if they have fully recovered”. This statement, which would affect the individual in their day to day life impacted on the results in that a more stigmatising attitude was in effect, especially in comparison to the previous non-stigmatising attitudes to the more general statements “People with mental health problems do not deserve any sympathy” and “People with mental health problems are a burden on society”.

In addition, particularly when it came to the issue of trust and responsibility, the public’s attitudes were less positive in how they viewed people with mental health problems. This was evident from the fact that there were stigmatising attitudes in place regarding people with mental health problems holding positions of responsibility and also being elected to
public office. It is evident that there are still beliefs that exist in relation to people with mental health problems and that the mental health literacy of the general public needs to be improved in order to eliminate stereotyping that still exists in relation to this group in society.
REFERENCES


Likert, R. (1932) A Technique for the measurement of Attitudes. Archives of Psychology; No. 140


APPENDIX
Online questionnaire emailed to friends, family, work and student colleagues

1. Questionnaire on public attitudes to mental health and help-seeking behavio...

This questionnaire will require you to give your opinion on the general statements relating to mental health below. It will then seek your opinion on help-seeking behaviour and the treatments available. Participation in this survey is completely voluntary and anonymous.

The research is being carried out by a final year student of Dublin Business School, Lynn Greene, who is conducting research as part of her thesis on attitudes to mental health and help-seeking behaviour. Lynn can be contacted at lynnogreene15@hotmail.com for any queries relating to this research. Although participation is voluntary the information you provide will be used in the research, and may be published, as a result.

If you are in agreement to fill out the questionnaire, please answer the questions below as accurately as possible by ticking the box beside the answer that best represents your opinion.

THANK YOU

2. Section A

General Information

1. Sex
   - Male
   - Female

2. Age
   - 18-24
   - 25-34
   - 34-55
   - 55+

3. Occupation
   - Professional / Managerial
   - Other non-manual occupations
   - Skilled manual occupations
   - Semi- / Unskilled manual occupations
   - Unemployed
   - Long-term sick
   - Student
   - Full-time carer
   - Retired
4. Marital Status
   - Single
   - In a relationship and living separately
   - In a relationship and living together
   - Married
   - Divorced
   - Separated
   - Widowed

5. Ethnicity
   - Irish
   - European
   - Asian
   - Black
   - Chinese
   - Other

6. Educational Level
   - No formal qualifications
   - Leaving Certificate or equivalent
   - Junior Certificate or equivalent
   - Diploma / Cert
   - Bachelor Degree
   - Postgraduate Qualification

3. Section B

Attitudes towards mental health
Please choose the answer which best represents your opinion

1. People with mental health problems do not deserve any sympathy
   - Strongly Disagree
   - Disagree
   - Neither Agree nor Disagree
   - Agree
   - Strongly Agree
2. People with mental health problems are a burden on society
   - Strongly Disagree
   - Disagree
   - Neither Agree nor Disagree
   - Agree
   - Strongly Agree

3. People with mental health problems should not be in positions of responsibility
   - Strongly Disagree
   - Disagree
   - Neither Agree nor Disagree
   - Agree
   - Strongly Agree

4. I would not want to have a neighbour with mental health problems
   - Strongly Disagree
   - Disagree
   - Neither Agree nor Disagree
   - Agree
   - Strongly Agree

5. I would not leave my children with a babysitter who had previously had mental health problems, even if they have fully recovered
   - Strongly Disagree
   - Disagree
   - Neither Agree nor Disagree
   - Agree
   - Strongly Agree

6. People with mental illness should not be elected to public office
   - Strongly Disagree
   - Disagree
   - Neither Agree nor Disagree
   - Agree
   - Strongly Agree
7. No one has the right to exclude people based on their mental health problems
   - Strongly Disagree
   - Disagree
   - Neither Agree nor Disagree
   - Agree
   - Strongly Agree

8. People with mental health problems should have the same rights to employment as anyone else
   - Strongly Disagree
   - Disagree
   - Neither Agree nor Disagree
   - Agree
   - Strongly Agree

4. Section C

Attitudes towards seeking help

Please choose the answer which best represents your opinion

1. People with mental health problems should seek professional help
   - Strongly Disagree
   - Disagree
   - Neither Agree nor Disagree
   - Agree
   - Strongly Agree

2. People who seek the help of a mental health professional are weak or inadequate
   - Strongly Disagree
   - Disagree
   - Neither Agree nor Disagree
   - Agree
   - Strongly Agree
3. People who seek help for mental health problems are just looking for attention

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

4. People who seek help for a mental health problem should feel ashamed they couldn’t solve their own problems

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

5. People who seek help from a counsellor / therapist will probably feel less satisfied about themselves

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

6. A person’s self-esteem should not change just because they choose to seek help from a counsellor / therapist

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

5. Thank You

Thank you for taking the time to complete this questionnaire.

Should you have any queries relating to this questionnaire please contact Lynn Greene at lynngreene15@hotmail.com