

An Investigation into a Psychological Model on Young People's Help-Seeking Behaviours

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Abstract

The purpose of this study was to investigate a psychological model on young people's help-seeking behaviours. A quantitative cross sectional design was utilised. A sample of 185 adolescents (M=93, F=92) from one secondary school in Leinster was used (age range 13-17 years). Self-reported questionnaires were used to explore gender differences and the effect of young people's knowledge and understanding of mental health, their resilience, self-esteem and general health on help-seeking behaviours. Self-esteem was explored as a 'moderator' between knowledge and understanding of mental health, resilience and help-seeking behaviours. Data was collected, analysed and generated using multiple regression, partial correlations and an independent t-test. Analysis revealed the model to be significant. Self-esteem was identified as a significant moderator between knowledge and understanding of mental health and help-seeking behaviours, and resilience and help-seeking behaviours. No gender differences were identified. A clear absence of awareness was found among young people regarding youth mental health services available to them, suggesting the services are not being used. Potential reasons as to why young people are and would not seek help were identified which include pride, lower or lack of self-esteem, shame and self-helping.

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Chapter 1: Introduction

1.1 Adolescence and Youth Mental Health

Adolescence is the transitional period between childhood and adulthood. It has been defined as ‘the no-man’s land’ between being a child and entering adulthood (Kraus, 1980). Others use the term ‘young people’ referring to individuals aged between 12-25 years old (Dooley & Fitzgerald, 2012). However, adolescence has begun much earlier and is finishing much later than in previous generations. Young people are beginning to experience many of the personal and social pressures that adolescence brings at an earlier age (Arnett, 2004). Adolescence is a time where young people are experiencing a vast range of issues such as the discovery of their self-identities, self-worth, gaining independence from former authority figures and developing family and peer relationships (Dawes, Tarter & Kirisci, 1997) as well as the developmental changes in the body (Zubrick, Silburn, Burton & Blair, 2000). Research has shown that mental distress is part of being a young person and it is not something that can be totally absent in young people (Michaud & Fombonne, 2005).

Furthermore, there are many reasons to be worried about youth mental health in the 21st Century, as the ‘My World Survey’ in 2012 found that youth mental ill-health is on the rise (Dooley & Fitzgerald, 2012). Mental health has been described by the World Health Organisation (2005) as a “state of well-being in which individuals recognise their own abilities and are able to cope with daily stresses in life” (p.12) on a day-to-day basis. It is more than just the absence or presence of a mental disorder. Good mental health has been linked to positive achievements, positive emotional health and general well-being (Kappahn, Morreale, Rickert & Walker, 2006). Mental ill health which includes disorders are generally

categorised and characterised by the DSM-V and can be a combination of abnormal thoughts, behaviours, emotions and relationships with others (WHO, 2003). Previous researchers (Kessler, Berglund, Demler, Merikangas & Walters, 2005; Kendall & Kessler, 2002; Hickie, 2004) have found that almost 75% of all mental disorders first emerge between the ages of 12 and 25 years of age. Poor mental health has been strongly correlated to concerns such as substance use & abuse (McGorry, 2005), violence, sexual health and educational achievements and has been identified as a risk factor for development of mental illness in adulthood (Fergusson & Woodward, 2002).

In recent years there has been a remarkable increase in youth mental ill health which is of concern to society and is of high priority in terms of public health (Sawyer et al, 2007; Zubrick et al, 2000). Suicide in Ireland among young people is of particular concern.

Ireland's suicide rate among young people is the fourth highest in Europe according to the National Office of Suicide Prevention statistics in 2010. In addition, Ireland is the fourth highest among young men aged between 15-19 years (Eurostat, 2009). Lewinsohn, Rohde & Seeley (1998) found that 28% of young people will have experienced an episode of major depressive disorder by the age of 19. Other issues affecting young people today are eating disorders, self-harm, substance use, abuse and borderline personality disorder.

In this thesis, a broad empirical conceptualisation of mental health issues is investigated. Although specific disorders are not the main focus they are hugely important to research. There are several self-reported mental health issues being reported upon in this thesis and include knowledge and understanding of mental health, self-esteem, resilience, gender, general health and help-seeking behaviours.

The next section will outline previous research on knowledge and understanding of mental health, including mental health literacy and the recognition of mental health illnesses.

1.2 Knowledge and Understanding of Mental Health

Researchers describe mental health literacy as “the ability to gain access to understand and use information in ways which promote and maintain good health” (Nutbeam et al, 1993, p.263). In physical health literacy the public is able to avail of the importance of a healthy diet, performing self-checks, keeping a healthy heart amongst other areas and these are widely accepted by society. However mental health literacy has been comparatively neglected (Jorm, 2000).

The recognition of mental health as identified by Zachrisson, Rodje & Bauman (2006) plays a major role in preventing young people from seeking help. A study conducted by Jorm et al, (1997a) in Australia, presented the public with a number of individuals who had been affected by ‘schizophrenia’ and ‘depression’. Interestingly, the study found only 27% of people could identify and recognise schizophrenia while 39% could recognise the depression symptoms. This is particularly interesting as 350 million people suffer from depression worldwide (WHO, 2012). Similar studies conducted in Europe found that the public did not understand the terms ‘schizophrenia’ or ‘mania’ (Hillert, Sandmann & Ehmgig, 1999).

Due to the advances of technology in the 21st century there are numerous types of sources on mental health knowledge available in forms such as books, in libraries, internet, helplines, poster campaigns and flyers amongst many more. However the overall impact of such literacy is unknown. There is a vast quantity of information available but the question the researcher explores in this thesis is whether the information available on mental health is reaching young people, whether it is in a clear and accessible language, if the young people understand the material being provided to them and if they are aware of what mental health is

and how to access services if they need professional help. Meyer (1964) demonstrated how the attitude of people towards mental health was gaining an increase in tolerance. In contrast Jorm (2000) identified that there is still a vast illiteracy within the public population about their knowledge and beliefs on mental health. The current study follows on from the previous research as discussed where it investigates whether young people's knowledge and understanding of mental health impacts and predicts their help-seeking behaviours. It examines a secondary school in a rural community in the Leinster region, specifically to note whether they are aware of youth mental services available which are mainly located in cities. Another variable which is discussed is resilience and other factors which influence people's coping abilities and strategies.

1.3 Resilience

Regeher & Bober (2005) described a person's locus of control as "their belief that they can control a situation or that control is outside of themselves". Locus of control may impact on young people when facing mental ill health or mental distress. It is people's ability to maintain their belief or self-efficacy levels in regards to controlling future outcomes and thus can aid the management of their experiences more efficiently. These researchers found that people with strong self-belief or high self-efficacy in their coping abilities were associated with lower levels of distress.

"Psychological-emotional well-being and mental health refer to the achievement of expected developmental milestones and the establishment of effective coping skills and secure attachment and positive social relationships" (Greenberg et al., 2003). Each individual has many different coping strategies. Through our life experiences and the environment, young people learn and develop different coping strategies, both adaptive and maladaptive, to cope

with life. Folkman & Lazarus (1980) defined coping as “all the cognitive and behavioural efforts to master, reduce or tolerate demands. It manages the internal and external demands of situations in order to soften the impact of demands” (p.222). Coping strategies include seeking help, seeking information, cognitive and behavioural strategies such as problem solving amongst others. Active coping strategies are key to aiding individuals when facing stressors in life (Lohman & Jarvis, 2000). Seeking social support and the crucial role of active engagement in planning strategies were the main results and focus in their study. Similarly, Taylor (1983) endorses the crucial role played by our cognitive thinking processes of plans before, during and after a coping process. In the theory of cognitive adaption, it expresses the importance of being flexible in our thinking; avoiding the ‘all or nothing’ thinking style in order to adjust accordingly to a given situation. Initially an identification of an issue needs to occur. The ‘regaining of mastery’ is necessary to avoid the self-doubt process that naturally occurs with stress and finally individuals must self-evaluate thus if seeking help resulted in positive treatment or a positive outcome, young people can feel confident that if they’re in distress or are faced with mental ill health over their lifespan that they can overcome this the next time.

Schwarzer (1996) described self-doubts as “a subset of worry cognitions pertaining to negative thoughts about oneself, one’s competence and one’s ability to cope with challenging or threatening demands” (p. 104). Examples of such self-doubts in a young person’s life may include “I doubt whether I can solve this problem”, “It is difficult for me to make friends”, and “I have been diagnosed with psychosis I will never recover”. This is particularly important in the lives of young people and their beliefs in their own ability to seek help, to be resilient and to cope when experiencing mental distress or if in the case of having been diagnosed with a mental disorder.

Through the My World Survey 2012, they identified that “One Good Adult” is linked with a higher degree of active coping strategies. The survey highlighted the importance of high social support from one adult in a young person’s life and expressed how this can have a positive influence for them and thus may increase the promotion of such active and positive coping styles. Rogers (1958) discussed how when others believe in individuals, people tend to have increased self-belief in themselves. Interestingly, females (M=16.12) were shown to significantly utilise social support as a coping mechanism while males (M=16.57) were more likely to utilise problem solving as their number one coping strategies when in distress (Dooley & Fitzgerald, 2012).

In addition, Tallis, Eysenck & Matthews (1992) identified that “self-doubts are related to individuals’ social-evaluative concerns and to lack of confidence in the capabilities required for goal attainment” and the researchers highlighted that this issue should be researched further. Thus this current research addresses the issue of coping abilities and investigates self-esteem as a protective factor by attempting to determine whether this variable along with the young people’s resilience, knowledge and understanding of mental health truly does impact on their help-seeking behaviours.

Gender differences and similarities in seeking professional help has been varied in previous research. The next section discusses both sides of what previous literature has found.

1.4 Gender Patterns in Help-Seeking Behaviours

It has been identified that stigma and the discrimination involved with this is the “single most important barrier” facing those with a mental health issue (WHO, 2010). This has been linked as having a direct impact on young people’s help-seeking behaviours, thus affecting those on whether or not they decide to go and seek help (Doherty & O’ Doherty, 2010).

Due to the cultural implications of what are considered socially acceptable masculine practices versus feminine practices, men are less likely to report emotional distress and may perhaps be less able to recognize and articulate symptoms of mental illness than females (Mackenzie et al., 2006). Gender differences have been found in young people's knowledge and understanding of mental health (Dooley & Fitzgerald, 2012) and yet other studies showed little or no evidential differences (Burns & Rapee, 2006). Interestingly studies carried out by researchers (Gonzalez et al, 2011; Doherty, O' Doherty, 2010) found that there were remarkable differences between the male and female help-seeking ratio. Females were just over twice as likely to seek help as males. In an Australian study conducted in 2010, their results revealed that males were less likely and less open to seeking help as they felt they would be thought less of or be treated differently while females were more open towards needing to see a professional and seek help.

In the 'See Change' campaign in 2010 on "public attitudes towards seeking mental health" it was revealed that 29% of males between the ages of 18-25 would avoid and delay seeking help and a large proportion of 53% would not know how to handle or what to do to help another person with a mental health issue. Thus these statistics provide another basis for this study which intends to examine why young people might not be seeking help. Perhaps it is their lack of knowledge and understanding of mental health or are there may be other factors that need to be identified in order to further the field of youth mental health.

Through the thematic analysis that is conducted in this current study, results may provide qualitative analysis and an exploratory form of more in-depth reasons as to why young people may not seek help. Previous literature responses and findings of such reasons will be discussed in the next section.

1.5 Why Or Why Not Seek Help When In Psychological Distress?

Seeking help has been described as “potentially difficult, embarrassing and overall risky” and thus leads to avoidance in many individuals (Kushner & Sher, 1989, p.253). Consistent with this research Dooley & Fitzgerald (2012) reported that 9% of adolescents reported that although they felt that they needed to seek professional help they did not. Similarly, other studies show that less than one third of people who feel that they need help due to psychological distress actually seek help from professionals (Andrews, Issakidis & Carter, 2001). The perception of seeking help can be viewed as a dilemma for many young people. There has been a vast amount of research conducted in the field of why people decide on seeking or not seeking help.

Avoidance factors such as social stigma (Komiya, Good & Sherrod, 2000; Dooley & Fitzgerald, 2012), treatment fears (Kushner & Sher, 1989) and self-disclosure (Dooley & Fitzgerald, 2012; Vogel & Wester, 2003) all have been identified as major barriers as to why people avoid seeking professional help. Seeking help therefore is associated with stigma, perceived signs of weakness or personal inadequacy. Kuschnir & Cardoso (1997) conducted a study in Brazil on adolescents with chronic health issues and found that the resistance to seek help from professionals was due to a perception of being a failure, being weak and self-blame. While a number of young people seek professional psychological help it has been identified that young people are more likely to seek help from friends and family members (Offer et al., 1991).

1.6 Social Stigma

The fear of being treated as different, labelled as unemotionally stable, unsociable or awkward has a remarkable impact on whether young people seek help (Sibicky & Dovidio, 1986). Being labelled as a “former mental hospital patient” or as being “depressed” has been

associated with being labelled as being different, however Ben-Porath (2002) found that it was the seeking of professional help that had an equivalence in stigmatisation. A study (Steffl & Prospero, 1985) tested a large sample on their attitudes towards seeking help when they thought they would need it. The results clearly showed that the individuals who needed help but did not or would not seek professional therapy were twice as likely to report social stigma as the major barrier. Therefore young people not seeking help is not such a surprise. Young people are more likely to seek help for issues that are not associated to negative judgements or views such as a physical issue of breaking one's arm.

1.7 Self-Disclosure and Trust among Young People

The ability to self-disclose personal and private feelings, emotions, thoughts and attitudes is a challenge for every young person. It has been viewed as distressing and reaching outside of ones 'comfort-zone' per se (Jourard, 1964). Previous research suggests that this ability to be open along with fear of emotions plays an important role in young people's help-seeking behaviours (Vogel & Wester, 2003; Vogel, Wester, Wei & Boysen, 2005). Other research suggests that young people may ignore health or help related information because of a lack of trust they feel towards the source or view it as unreliable (WHO, 2007). Young people have shown to make a decision to seek help based on whether they view the potential helper as a listener rather than someone who speaks down at them or due to previous experiences with seeking help (Frydenberg, 1977; Vogel & Wester, 2003). Parents have been linked as one of the first protocols for young people to seek help when in distress due to a physical issue however when a mental health or sexual health issue needs to be addressed young people were found more likely to go to an extended family member or for formal support (WHO, 1997).

1.8 Self-Esteem:

Factors such as social stigma and fear of emotions as discussed previously all can potentially impact on whether a young person seeks help or not. Fisher, Nadler & Whitcher-Alagna (1982) argue that when a young person does seek help, this means potentially an admittance of not being able to cope and the dealing with one's problem alone. Thus this can have a detrimental impact on a young person's self-esteem level and in turn may not lead to them seeking help in order to avoid negative judgements by others and maintain a positive self-image and composure (Miller, 1985). Self-esteem is a protective factor and previous research, although sparse, has suggested that it can be viewed as a potential barrier and has been directly linked to help-seeking behaviours (Bee-gates, Howell, Pitney, Rowe & LaFromboise, 1996). Shame, embarrassment and inferiority have been associated to negative attitudes and lower self-esteem in terms of young people making the crucial decision to seek help (Sharpio, 1993; Yeh, 2002). Researchers Vogel, Wester & Larson (2007) have discussed that those who have used mental health services tended to have lower self-esteem levels than those who have not. However it is not yet known whether the opposite is true. Previous research has also shown that girls tend to have poorer self-esteem than boys (Bolognini, Plancherel, Bettschert & Halfon, 1996).

The purpose of this current study is to address this gap in research and to investigate whether a young person who has higher self-esteem levels, actually prevents them from seeking help even though they are suffering from psychological distress and have a high knowledge of mental health. Thus the higher self-esteem may result in the avoidance of counselling services or admittance for needing help.

1.9 Rationale-The Current Study?

Despite the growing body of knowledge in youth mental health there are several gaps in the research. Overall the general picture that emerges from the research reviewed is that youth mental ill health is still on the increase (Dooley & Fitzgerald, 2012). A cross sectional survey

design will be utilised in order to attain results. The title of this study is to investigate a psychological model on help-seeking behaviours. The literature reviewed supports gender differences in help-seeking behaviours, where males dominantly are less open and willing to seek help than their counterparts. Through a comprehensive review of previous research some of the crucial factors that have been identified for such a percentage include parents (Logan & King, 2001) and the lack of knowledge and recognition of a mental health problem (Zachrisson et al, 2006). Statistics revealed by the World Health Organisation in 2010 identified that 1 in 5 young people are affected by a mental health problem, 1 in 10 will have a mental illness and 1 in 20 have a major psychiatric disorder. Moreover, only 29% of those young people affected contact a professional service for help (Sawyer et al, 2000). With statistics as high as revealed by WHO (2010) the researcher argues that possibly there are other factors involved that researchers may be missing.

Self-esteem is an area where there has been little research completed and thus one aim of the current study is to investigate whether self-esteem may play a more crucial role in terms of young people seeking help. Young people perhaps may have the knowledge and understanding of mental health but when affected by mental ill health may not want to seek help due to their self-esteem being low or lower than normal or perhaps due to another factor. This is an issue which needs to be addressed as young people are vulnerable and perhaps this is an area which will need to be explored more in future research.

In this study the main aim is to extend current knowledge about mental health literacy among an adolescent sample. Moreover, this study investigates whether a protective factor such as self-esteem acts as a 'moderator' between young people's knowledge of mental health, their coping abilities, their gender and their general health score on help-seeking behaviours. The results of this study provide valuable data to a growing range of youth mental health research and may impact on how mental health services provide and deliver information to young

people. Such results may assist in developing school based interventions that promote and support help-seeking among young people. It is anticipated that if significant results are revealed that it can aid youth mental health services to begin investigating the issue further and perhaps statistics such as the ones discussed will decrease. Central to understanding young people's mental health is to ask them how they feel and what they know.

Hypotheses:

Hypothesis 1: It is predicted that knowledge of mental health, self-esteem, resilience, gender and general health score will predict help-seeking behaviours.

Hypothesis 2: Self-esteem will act as a 'moderator' between knowledge of mental health, resilience and help-seeking behaviours.

Hypothesis 3: There will be a significant difference between males and females in help-seeking behaviours.

Chapter 2: Methodology

2.0 Overview

The purpose of this study is to explore young people's knowledge and understanding of mental health, their resilience, self-esteem, general health score and gender differences on help-seeking behaviours. In this section, the research design, participant selection and the procedure of data collection and analysis will be outlined.

2.1 Research Design

Given the aims of the research a method will be required which will be conducive to a full exploration of diversity and experience. This current study utilised a cross sectional, quasi experimental quantitative approach in order to explore the objective and relatively large scale and representative sets of data in this study. Researchers adopt a quantitative approach to produce statistically reliable and objective data that will produce similar results no matter who carries out the research (Neuman, 2007). A multiple regression was used to generate the data which included five predictor variables and one criterion variable. The primary predictor variables included knowledge and understanding of mental health, resilience, self-esteem, general health score and gender. The criterion variable that will be included is help-seeking behaviours.

In addition, a section on thematic analysis, a form of qualitative analysis was used to explore the subjective, in-depth personal views of the young people. Despite thematic analysis being a relatively unacknowledged approach used, its aim is to describe themes that are elaborated upon by groups of participants and to identify meanings that are valid across the participant groups (Marks & Yardley, 2004). It is apparent from research that a qualitative approach is rather loosely defined. Merriam and Muhamead (2000) stated that qualitative research is descriptive and inductive in nature, focusing on uncovering meaning from the perspective of participants.

2.2 Participants

This current study was carried out within one secondary school in the Leinster Region. The sample consisted of 185 adolescents within the age range of 13-17 years of age (M=93, F=92). The participants were divided into groups according to their class year.

The participants for this study were selected through the process of convenience sampling strategy that is based on the assumption that “the persons participating in the study were chosen because they were readily available” (Mertens, 1998, p. 265).

To ensure applicability when making sampling decisions, researchers needed to think about two assumptions: “(a) considering how the sample fits the research purpose and the phenomenon of interest and (b) employing a sampling strategy that is consistent with the style of inquiry” (Kuzel, 1999, 44-45). Forms requesting informed parental consent were given to each participant prior to testing.

2.3 Materials

A descriptive design involving five pen and paper questionnaires was chosen to carry out this current study in order to allow the large sample size to produce quantitative data that can be analysed by the statistical computer program SPSS. The questionnaires are standardised and

easily administered measures yielding objective scores for data analysis. The front cover of the questionnaire included demographic questions such as age, gender, year group and a question about the knowledge of participants of someone who has suffered a mental illness (a friend, family member, and colleague). The following questionnaires were used to test the hypotheses (See Appendix 4).

Knowledge and Understanding towards Mental Disorders (Siu, Chow, Lam, Chan, Tang & Chui., 2012) was used to assess the basic knowledge of the participants on mental disorders and evaluate their attitudes, potential stigmas and myths about mental disorders. It is a 15 item questionnaire where participants are asked to rate their levels of agreement or disagreement to the statements on a five point Likert scale from 'strongly disagree to strongly agree'. A knowledge and attitude score was derived by adding the scores. The higher the score, the higher the knowledge and understanding of mental disorders among the participants. An internal consistency of .715 was found for this questionnaire.

The second measure that was used in this study is the Resilience Appraisal Scale (Johnson, Gooding, Wood, Taylor, Pratt & Tarrier., 2010). This questionnaire was selected in order to measure psychological resilience. It includes three subscales. Four questions are included on social support, four questions on emotion coping and four questions measuring situational coping. Responses are rated on a five point Likert scale from 'strongly disagree to strongly agree'. Items are then summed up as a total and a higher score on this questionnaire reflects a higher resilience level. The resilience appraisal scales reliability for the scale as a whole is .843. As individual subscales the social support subscale has a reliability of .93, for situational coping subscale and the emotion coping subscale both have the reliability of .92.

Rosenberg's Self-Esteem Inventory (1965) was used to assess global feelings of self-worth and self-acceptance through positive and negative feelings about the self. It is a 10 item Likert scale with items ranging from 'strongly agree to strongly disagree' and a total score of

10-40 will be derived. Five items on the scale are positively worded and range from 1-4 on scores while the remaining five questions (2, 5, 6, 8, and 9) are negatively worded and therefore need to be reversed scored. The sum of the scores are added up for all 10 items and the higher the score in total indicates a higher self-esteem level. Cronbach's alpha is .850.

The General Health Questionnaire (Goldberg, D & Williams (1988) was selected to measure general mental health. The GHQ-12 is the most commonly used screening instrument for common mental disorders. The 12 item scale was used to measure two areas- the inability to carry out normal functions and the appearance of new and distressing experiences. The questionnaire asks whether the participant has experienced a particular symptom or behaviour over the past few weeks. Each item is rated on a four-point scale from "Better than usual" to "Much less than usual". Scoring is conducted on a Likert Scale 0, 1, 2, 3 from left to right. There are 12 items, 0 to 3 each item. Scores range 0 to 36. Score >15 evidence of distress Score >20 suggests severe problems and psychological distress.

Willingness to Seek Help Questionnaire (Mackenzie, Knox, Gekoski & MaCauley, 2004) was chosen to investigate participants' attitudes to seeking help for a mental illness. It consisted of 24 items and measures 3 concepts; psychological openness, help-seeking propensity and indifference to stigma. The concept of the questionnaire is based on their willingness to seek help for a mental illness, their views on help-seeking and their openness to make themselves available for help if needed. Participants were asked to respond to each statement by writing down how much they agree with the statement. Statements range on a 5 point scale from 'strongly disagree' to 'strongly agree' in the direction of positive attitudes towards help-seeking behaviour. A total number for all items is calculated. The higher the score the higher the level of agreement with seeking help. Cronbach's alpha was .612.

In this study other materials used will include the following, a letter of invitation to participate and an assent form was given to participants prior to taking the questionnaire and a debrief sheet was provided following participation (See Appendix 1 & 3).

A letter/an information sheet including basic information about the study and the underlying rationale of the study was forwarded to parents, along with a consent form (See Appendix 2). An opt-out consent form was chosen due to time constraints and access that were available in the school.

2.4 Procedure

Ethical Consent

Ethical approval to carry out the study was sought from the Ethics Committee, D.B.S. Prior to beginning this research project and being granted ethical approval, a detailed research proposal was submitted to the D.B.S. Committee.

Due to the nature of the study, the ethical issues were identified as minimal however due to the target group being under eighteen, they are a vulnerable group and therefore had to be considered in a specific ethical manner. Although no direct questions were being asked, the topic of mental health and help-seeking behaviours may be an uncomfortable issue or it may have a psychological impact for a small number of individuals within the sample. Therefore, several interventions were put in place prior to the study taking place. A debriefing sheet which included a number of external mental health support services details were provided following completion of the questionnaires. The school had appointed a lead contact for the researcher and had made the researcher aware of the many services available within the school for the support of the students. They also have a behavioural support unit which facilitates any students who are going through a difficult time or who may be in need to talk to someone in a safe environment. If any distress was caused from the research taken place,

the researcher was able to direct students to such services within the school. Parent/guardian consent was an important ethical issue as the target group was under the age of eighteen from a parent/guardian. If consent forms were brought back signed this indicated to the researcher that the parent/guardian did not want their child to participate in the study and those students were taken to a different room and given an alternative activity to do.

Confidentiality & Anonymity

On the introduction cover sheet on the questionnaire, research participants were assured that the ethical issue of confidentiality of material would be maintained and that their participation will remain anonymous and disguised in any subsequent reporting of the data.

It was also stated that no names were to be written on the questionnaire itself. All the information collected via the questionnaires will be used for the sole purposes of the project. Participants were informed that all data is going to be generated as a whole. Participants were informed of their right to withdraw from the study at any time if they so wished.

The questionnaire informed participants that the data would be securely stored on a password protected computer. Participants were informed that data will be kept for up to 1 year after the research is finished for appraisals and assessment purposes and then destroyed through shredding.

All questionnaires were given out on the same day at the same time in order to overcome potential confounding variables such as different times of the day and fatigue. The questionnaires combined consisted of 77 items all together. Within the questionnaire, demographic items such as age, gender and class year were included. In addition, questions asking whether participants knew anyone who had suffered a mental illness and if they could name any youth mental health services were included. Following this page, the participants continued on to fill out the questionnaires whilst finishing on an open ended question, so as to

elicit a full response. There were no time limits imposed however the questionnaire takes approximately 15 minutes to complete. There were no incentives for completing this study.

Chapter 3: Results

3.0 Overview

This section provides an overview of the results of the study. It includes descriptive statistics and an analysis of the results of this study to see if they are consistent with previous findings.

3.1 Data Analysis Introduction

A quantitative quasi experimental cross-sectional design was used for the current study. Knowledge and understanding of mental health, resilience, self-esteem, general health and gender were the predictor variables and the criterion variable is help-seeking behaviours. Data from the respondents were entered into the Statistical Package for Social Sciences (SPSS) computer program version 21.0, and an alpha of .05 was set for determining statistical significance. In addition to a variety of summary statistical tests, the researcher used a multiple regression to predict the impact of the predictor variables on the criterion variable and a partial correlation to explore relationships within the data. The present investigation obtained a sample of 185 participants (N=185), 92 females and 93 males.

3.2 Descriptive Statistics

The age range of participants was 13-17 years old. Descriptive Statistics were used to make simple comparisons of the data set and will be addressed in this section in the same order as they appeared on the questionnaire, and include knowledge and understanding of mental health, resilience, self-esteem, general health and attitudes towards seeking professional psychological help. Table 1 discusses descriptive statistics of the variables in this current study.

Table 1: Descriptive statistics of the five predictor variables and the criterion variable

	Mean	SD	Minimum	Maximum
Knowledge & Understanding of mental health	47.54	6.67	31.0	61.0
Self-Esteem	16.49	5.05	4.0	30.0
GHQ	17.36	3.27	8.0	28.0
Resilience	44.81	6.99	24.0	61.0
Attitudes	50.50	9.65	21.0	78.0

N=185

A histogram and scatterplot were used to analyse and examine to see if a linear line of strength was present or if the scatterplot was unrelated to the criterion variable. The curvilinear line of the histogram was also analysed and examined to determine whether there was normal distribution and strength of the results.

Descriptive and correlational analyses were used to discover the significance of the predictor variable in contributing to the criterion variable. The researcher checked to ensure the assumption of no multicollinearity had not been violated by having any variables too closely related to one another by checking the Pearson Correlation Coefficient, the tolerance level and the variance inflation factor (VIF) values.

Table 2: Pearson Correlations

	Attitudes	Self-Esteem	GHQ	Resilience	KUMH	Gender
Attitudes		.41	-.28	.33	.37	.05
Self-Esteem	.41		-.32	.59	.12	-.22
GHQ	-.28	-.32		-.26	.03	.07
Resilience	.33	.59	-.26		.19	-.10
KUMH	.36	.12	.03	.19		.14
Gender	.06	-.22	.07	-.09	.14	

As displayed in Table2, the Pearson Correlations were calculated among the five predictor variables and criterion variable. As none of the correlations reached the .8 threshold, the analysis shows that no two of the variables are closely related. Two other assumption checks that were examined were multicollinearity of the predictor variables, the tolerance levels and the variance inflation factor (VIF) value. The tolerance levels are all above .1 and the VIF scores are all below the cut-off point of 10. Thus, indicating to the researcher that the values displayed in this table and in SPSS output provides no reason of concern that the predictor variables excessively influencing each other.

3.3 Inferential Statistics:

Hypothesis 1

In order to test hypothesis 1 a multiple regression was the best suited means of gathering data without the introduction of threats to reliability that can often occur with other data collection forms (Suskie, 1996). Field (2009) stated that multiple regression analysis allows us to predict future outcomes based on values of predictive variables (p.198). Results of the regression is presented in Table 3 below.

Table 3: Summary of multiple regression analyses examining the following variables on help-seeking behaviours (N=185)

	B	β	<i>t</i>	Sig.(<i>p</i>)	F	Sig(<i>p</i>)
Self-Esteem	.60	.31	3.95	.000**	16.19	.000**

GHQ	-.53	-.18	-2.72	.007*
Resilience	.09	.06	.79	.427
KUMH	.45	.31	4.87	.000**
Gender	2.09	.11	1.68	.094

* $p < .05$ ** $p < .001$

As displayed in Table 3, the statistical significance and Beta values of each variable were analysed. Multiple regression was conducted to test and examine the first hypothesis that knowledge and understanding of mental health, resilience, self-esteem, general health and gender will predict help-seeking behaviours in this sample. The results of the regression indicated that three predictors showed significance in predicting help-seeking behaviour and explained 30% of the variance ($R^2 = .30$, $F(5, 178) = 16.19$, $p < .001$). They include knowledge and understanding of mental health ($\beta = .31$, $p < .001$, 95% CI = .269-.634), Self-esteem ($\beta = .31$, $p < .001$, 95% CI = .301-.902) and General health ($\beta = -.178$, $p = .007$, 95% CI = -.908--.145). Therefore hypothesis 1 is partially significant.

Interestingly self-esteem has the highest beta value of .31 indicating it has the biggest contribution to the model. This will be discussed further in the next section.

Hypothesis 2

A Partial correlation was an appropriate test in order to investigate the second hypothesis in this current study. These correlations were computed using the partial correlation function of SPSS 21.0 and simultaneously controlling for the total scale value of self-esteem. The partial correlation function allows the researcher to remove the variance of the controlled variables shared with the variable of interest from the analysis of the relationship. By doing so, it allows the researcher to uncover the unique association between the variables.

There was a strong significant relationship between knowledge and understanding of mental health, and attitudes towards help-seeking behaviours. The partial correlation also found there

is a strong relationship between resilience and knowledge and understanding of mental health (See table 4). These results suggest that self-esteem does to some degree moderate the relationship between the variables discussed above.

Table 4: A partial correlation using a Pearson correlation co-efficient while controlling for the role of self-esteem

	Attitudes	Resilience	Knowledge & Understanding of Mental Health
Attitudes		$r = .124$ $P = .095$	$r = .351$ $p < .001^{**}$
Resilience			$r = .155$ $p = .036^*$

* $p < .05$ ** $p < .001$

Hypothesis 3

In relation to the third research hypothesis of the study, it was hypothesised that there would be a statistical difference between males and females on help-seeking behaviours. An independent samples t-test was used to determine any significant differences. A two-tailed independent samples t-test was conducted in order to determine any statistical significant gender differences. Normal distribution was checked. The results of the t-test analyses found that males ($M = 49.98$, $SD = 9.08$) and females ($M = 51.04$, $SD = 10.22$) were not observed to significantly differ with respect to help-seeking behaviours ($t(183) = .750$, $p > .05$). Therefore the null hypothesis is supported.

3.4 Thematic analysis

Two open ended questions were posed to the participant sample which included “Write down as many youth mental health services/agencies that you are aware of” and “Write down potential reasons as to what would prevent you seeking professional help when in times of distress”. Transcripts were analysed using a simple thematic analysis, a qualitative method used for ‘identifying, analysing and reporting patterns/themes within data’ (Braun & Clarke, 2006).

During the course of the completion of the questionnaire, participants were asked to describe their reaction towards seeking help (See Table 5) and services they were aware of (See Figure 1). The participants gave their views on how they felt that seeking professional help would be perceived by those around them especially their family and friends.

Briefly, the findings from participant’s responses on writing down what would prevent them from seeking help included 16.8% of the participants identified lack of self-esteem/confidence or would lead to having low self-esteem as a potential not to seek help. Shame, embarrassment and pride were the highest contributors to the young people’s attitudes towards not seeking help at 29.7%. The second highest contributor of the young people’s responses included fear of being judged and stigmatised at 28.1%, feeling stupid or being laughed at represented 17.3% and self-help represented 13%. 4.3% of the sample highlighted that they would not know who to tell if they were in distress and a huge 64.86% were unaware of any youth mental health services available to them.

Interestingly, a theme which emerged from the participants transcripts were low self-esteem, lack of confidence and yet others identified having high self-efficacy in getting better or resolving the issue themselves. Responses such as “Believing you can get through it yourself” or “Play a game of football with your friends and take your mind of it and hope everything will be alright” were identified in numerous transcripts. This will be further analysed and reviewed in the next section: Discussion.

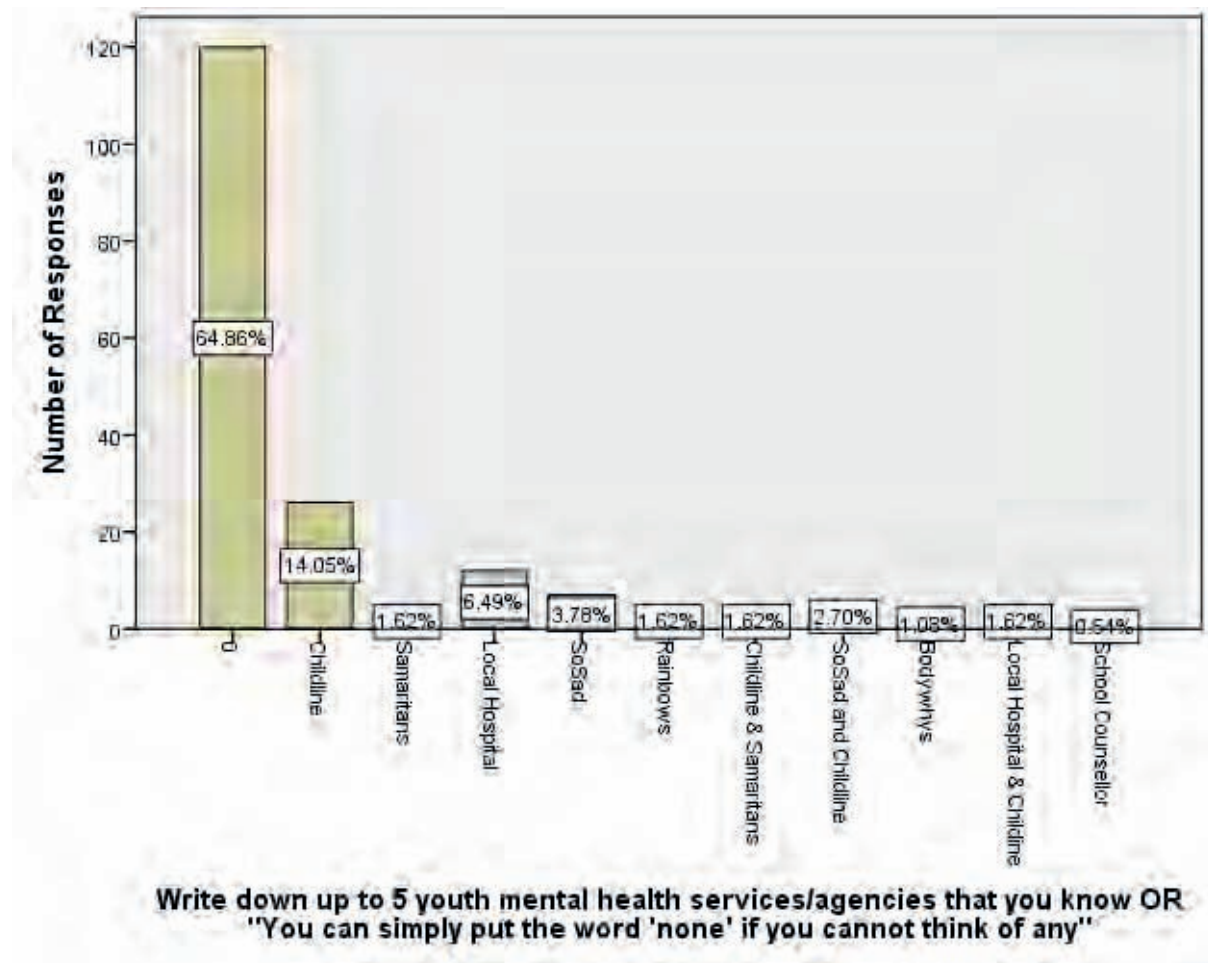


Table 5: List of percentages of reasons given as to what would prevent the young people from seeking help from a professional when in times of distress.

Chapter 4: Discussion

4.0 Overview

This section will include general discussion, including interpretation of results from previous literature and of results found from this current study and the implications of these results.

Strengths and limitations of the study will be identified; along with future direction for further study and finally a conclusion to the study.

4.1 General Discussion

The aim of this current research was to investigate a psychological model on young people's attitudes towards help-seeking behaviours. The rationale for this study was to further extend current knowledge and research in the vast growing world of the literature on youth mental health. Much research has been carried out on youth mental health in recent years but little research has explored variables such as 'self-esteem' as a protective and a moderating factor in help-seeking behaviours among young people. A further rationale for this current study was to perhaps bridge the gap between researchers understanding of young people's knowledge and awareness of youth mental health services and the potential reasons as to what is preventing young people seeking professional help when in times of distress. This has the potential to help and provide youth mental organisations, presenters of youth mental

Shame/Embarrassment/ Pride	Lack/Lower Self- Confidence	Being Judged/ Stigma	Feeling Stupid or Feeling Scared of being laughed at	Money/ Time	Not Knowing Who To Tell	Self- Help
29.7 %	16.8%	28.1%	17.3%	4.3%	4.3%	13%

health awareness and mental health literacy provides an in-depth understanding around this concept. This therefore could help reduce or help tackle the rise in youth mental ill health as reported by the 'My World Survey, 2012'.

Hypothesis 1: It is predicted that knowledge of mental health, self-esteem, resilience, gender and general health score will predict help-seeking behaviours.

Results confirmed that this model of variables significantly predicted help-seeking behaviours. Consistent with previous research and an expected result, the multiple regression model revealed that knowledge and understanding of mental health, self-esteem and general health were the three significant results found. Therefore the hypothesis is partially supported.

The introduction of the literature draws attention to the importance of resilience and its impact on help-seeking behaviours. However interestingly, based on previous research it was expected that there would be statistically significant result obtained from the questionnaire measuring resilience however in the current study there was no significant result obtained. This may be due to the fact that this particular sample size had a large range of resilience scores from 24-60 and a high mean ($M=44.89$) indicating to the researcher that the sample has good coping strategies in place already. This could perhaps be due to previous research on self-efficacy conducted by Regeher & Bober (2008) which it could be argued that because resilience levels within this sample was not shown as statistically significant perhaps self-belief and self-efficacy could play a larger role than the researcher expected.

Hypothesis 2: Self-esteem will act as a 'moderator' between knowledge of mental health, resilience and help-seeking behaviours.

When the partial correlation was conducted while controlling for 'self-esteem' to explore the second hypothesis, a strong significant result between knowledge and understanding of

mental health and attitudes towards seeking help was significant as was resilience and knowledge and understanding of mental health was revealed. This finding is consistent with previous research (Fisher et al., 1982; Miller, 1985; Bee-gates et al., 1996) who all have shown that self-esteem either impacts young people's intentions negatively towards seeking help due to avoid judgement, admittance of not being able to cope or deal with an issue alone or as a potential barrier of seeking help. The hypothesis is supported and therefore can be accepted as self-esteem has been shown to act as a moderator between the variables.

In addition, a result identified by Vogel et al. (2007) was those who had used mental health services tended to have low self-esteem but the opposite has not been explored. However the result found in this current study as seen in Table 1 of this section identified the participant group had a large range of between 4-30 (M=16.52) on self-esteem and a general health range of 8-28 (M=17.36). Those with average-high self-esteem and identify as showing signs of distress according to the GHQ scale (>15 evidence of distress) are less likely to seek help. This raises an important question as to why this occurs and what the previous research has shown before. The researcher must wonder is this perhaps due to pride as identified in the thematic analysis or avoiding having to admit not being able to cope or deal with ones issue as identified by Fisher et al. (1982) or perhaps is could be due to fear of being stigmatised or viewed as being weak (Kuschnir & Cardoso., 1997).

What is interesting from this finding is perhaps providers of youth mental health literacy and youth mental health organisations may need to explore self-esteem in more detail as to how they can deliver services to help increase young people's self-esteem levels as it has been identified as a moderator between knowledge and understanding of mental health and help-seeking behaviours as well as knowledge and understanding of mental health and resilience levels.

Hypothesis 3: There will be a significant difference between males and females in help-seeking behaviours.

Although there has been different research supporting or rejecting this hypothesis based on gender differences in help-seeking behaviours, the current study has not found any statistical significance between the groups. Therefore the null hypothesis was accepted.

This finding is inconsistent with some previous research which identified remarkable differences between males and females help-seeking behaviours. Rickwood, Deane & Wilson, 2007 argued that particularly young men have lower abilities to seek help than older men. While other research has shown females were just over twice as likely to seek help as men (Gonzalez et al, 2011; Doherty, O' Doherty, 2010). However the finding of this study is consistent with research carried out by Burns & Rapee, 2006 who found no gender differences in help-seeking behaviours.

Perhaps a reason for not finding statistical significant differences in this study could be due to the high emphasis put into the education programme on mental health within the school programme. The school places a big emphasis on positive well-being and mental health by having a well-equipped, modern behavioural analysis unit and a school counsellor in place. A future direction for a study based on this argument will be discussed in section 4.5.

4.2 Thematic analysis discussion:

A number of themes have emerged in the examination of the results. Themes that the researcher expected to find, in line with previous research on help-seeking behaviours discussed by the participants included stigma (Barney, Griffith, Jorm & Christensen, 2006; Wrigley, Jackson, Judd & Komiti, 2005), shame and embarrassment (Sharpio, 1993; Yeh, 2002; Chew-Graham, Rogers & Yassin, 2003; Hepworth & Paxton, 2007) and fear of being

judged by others and stigmatised which represented the second highest contributor (Kushner & Sher, 1989; Deane & Chamberlain, 1994). Other participants identified not seeking help due to pride and not having the confidence or that it would lower their self-esteem by seeking help was identified from the sample. This finding raises an interesting question as to whether those with low self-esteem but high self-efficacy are trying to self-help more in today's society. A very intriguing result from the thematic analysis was the 13% of the sample had noted that their first port-of-call when feeling in distress is to self-help. Responses such as "keeping your mind busy to take your mind off things", "play a game of football with the lads" and "believe you can get over it and you will" were some of the typical responses.

These findings provide interesting results for the researcher and for current mental health literature showing that pride, shame and embarrassment is an area which needs to be addressed in order to help break down the barrier. What is an interesting concept to mention is that pride as a potential barrier to seek help and the young people's self-esteem and resilience perhaps could be the cause of the 13% who reported self-help as a reason not to seek help and this could be related to furthering previous research by Crocker & Park (2004) who proposed similar results on the idea that self-esteem should be viewed as how people strive for it i.e. self-efficacy.

Previous research has suggested that family and friends may be a preferred source of help first when in distress (Rickwood, Deane & Wilson, 2007; Logan & King, 2001) is inconsistent with the findings of this current study. A small percentage of the sample in this study noted parents and friends as a potential barrier due to a fear of being judged or that their problem would be treated as stupid. While it can be viewed as positive that young people are willing to talk to someone about their distress that previous research shows, often young people do not receive the sort of help they need from their informal supports (Offer et al., 1991).

Lack of knowledge and awareness of youth mental services has been a perceived barrier to help-seeking behaviours, a finding consistent with previous research (Barker, Olukoya & Aggleton, 2005). Primary services identified by the sample include Childline (14.05%), Sosad (3.78%), Samaritans (1.62%) and the local mental health hospital (6.49%). These findings presented here provide a reason of concern to mental health organisations who may be unaware that the young people in a more rural part of the Leinster region are not aware of their services and to question why the information is not reaching these young people.

4.3 Limitations of the Study

A number of limitations must be acknowledged and have been identified in the current study. The researcher would have preferred to have carried out this research with participants who provided formal consent rather than using the opt-out consent form. Unfortunately due to time constraints within the school, this was not possible. The dissertation also had to be completed within a short period of time which had to be taken into consideration in reaching this decision.

Further limitations included the utilisation of self-reported methods. The main disadvantage to questionnaire self-report method is described by Sheatsley, (1983) ‘People understand the questions differently. Respondents are forced into what may seem to them an unnatural reply and they have no opportunity to qualify their answers or to explain their opinions more precisely’ (p.197). The inclusion of qualitative methods such as interviews and focus groups would have provided the researcher with a broader understanding and insight into the true nature of the young people’s knowledge and understanding of mental health, resilience, general health and perceptions and beliefs about help-seeking behaviours. This qualitative

approach would have provided support for the quantitative approach that the researcher used in the present study. Again due to time constraints this was not possible.

On average, the questionnaire took between 15-20 minutes to complete. While the majority of the questions were easily understood and in clear accessible language, the researcher noted that some participants struggled to understand other questions particularly on the attitudes towards seeking professional psychological help measure which may indicate the language used may need to be looked at in terms of its suitability to this age group of under 18s.

4.4 Strengths of Study & Implications

This study hopes to fill a gap in the young mental health literature about the impact of knowledge and understanding of mental health, resilience, self-esteem, general health on help-seeking behaviours as a whole. It also wanted to highlight that the protective role of 'self-esteem' did in some way moderate the relationships between knowledge and understanding of mental health, resilience and attitudes towards help-seeking. Up until now, self-esteem has been identified as a potential barrier to wanting to seek help but this study has highlighted that it plays a more important role and needs to be explored more. Findings of this study may be generalised due to the large sample size (N=185) and the equal distribution of females and males that were included (F=92, M=93). The two open ended questions presented to the participants as part of the questionnaire provided the researcher with a greater insight into what youth mental health services the young people are aware of and a greater understanding as to what is and what would prevent them from seeking help when in times of distress. This adds additional information and enhances the researcher's understanding of the young people's point of view.

The practical implications of this study is that it provides a unique view point upon the subject of self-esteem as a protective factor related to attitudes towards seeking help. It provides the researcher a greater insight and informs psychological research into what the young people's awareness levels of youth mental services/agencies available to them are, what their knowledge and understanding of mental health is and potential reasons as to what is or may prevent them seeking help. Many interventions and phenomenal organisations exist in today's society regarding positive mental health and changing how we view mental health in society. However a study such as the current one suggests that these drives for positive youth mental health and changing views and perceptions about mental health could perhaps become more focused on factors such as 'self-esteem' and reassessing the language and main focus in mental health literacy been given to young people. It is of great importance to ensure that young people understand the material given to them and be aware of what services are available to them. This could encourage appropriate help-seeking behaviours in young people and may lead to an improvement in the mental health of this group of the population.

4.5 Future Direction for Further Study

In terms of recommendations for furthering or for future research, there are a number of interesting research approaches that could potentially be explored. Understanding individual barriers to help-seeking is an important part of the process. As the thematic analysis in this current study, although a simple form of exploring and identifying the themes that emerged from the participant's responses, it provided a rich in-depth experience of what services the young people are aware of and what they think and perceive of help-seeking. Perhaps, a qualitative approach of "therapeutic narratives" which includes listening to the stories and narratives of young people who has been diagnosed with specific mental health problems and

have used youth mental health services and compare their perceptions of using the services and their beliefs of before and after have changed, if any.

As identified previously, there is a gap in youth mental health literature. One of the main findings highlighted in the study is that self-esteem, resilience and help-seeking behaviours have been identified to perhaps be related to the young people's self-help ideations. Perhaps a measure of self-efficacy could be included in order to investigate whether people's self-esteem, self-efficacy and help-seeking behaviours are related. Finally another future research direction could including a two part study of youth mental health barriers and including physical health and then one could compare both to each other.

Finally, a third future recommendation for this study could be perhaps carry it out on a larger scale across the entire school and compare the results across a wider age group and include all class years. Perhaps, a future researcher could compare this schools results to other schools in an urban area who may or may not have such a huge emphasis on youth mental health and less resources available to them. This would provide vital information for teaching staff as perhaps it could be developed as the best practice model for other schools as the young people's resilience levels are high due to the interventions in place and this is why gender differences have not been found within this school

4.6 Conclusion

The overall findings of this present study certainly have produced interesting findings. In general, young people's attitudes towards seeking professional help when in times of distress is impacted based upon the chosen predictor variables of knowledge and understanding of mental health, resilience, self-esteem, general health score and gender. The study set out to investigate whether the variables stated above as a whole predicted help-seeking behaviours and also when controlling for self-esteem, does it act as a moderator between knowledge and

understanding of mental health, resilience and help-seeking behaviours which was found to be partially supported on two out of three counts.

One of the overall conclusions drawn from the thematic analysis was that there is a clear absence or very low awareness among this sample of the vast number of available services in Ireland for youth mental health. Barriers such as stigma, shame embarrassment, pride, fear of being judged, feeling stupid and not knowing who to tell all remain a concern for young people. This study's results partially agreed with the previous research but there needs to be a greater exploration into the findings of this study regarding awareness of mental health, self-esteem playing a more crucial role than before and help-seeking behaviours.

References

- Andrews, G., Issakidis, C. & Carter, G. (2001). Shortfall in mental health service utilisation. *The British Journal Of Psychiatry*, 179 (5), 417-425.
- Arnett, J. J. (2004). *Emerging adulthood: The winding road from the late teens through the twenties*. New York: Oxford University Press.
- Barker, G., Olukoya, A., & Aggleton, P. (2005). Young people, social support and help-seeking. *International journal of adolescent medicine and health*, 17(4), 315-336.
- Barney, L. J., Griffiths, K. M., Jorm, A. F., & Christensen, H. (2006). Stigma about depression and its impact on help-seeking intentions. *Australian and New Zealand Journal of Psychiatry*, 40(1), 51-54.
- Bee-Gates, D., Howard-Pitney, B., LaFromboise, T. & Rowe, W. (1996). Help-seeking behavior of native american indian high school students. *Professional Psychology: Research And Practice*, 27 (5), p. 495.

- Ben-Porath, D. D. (2002). Stigmatization of individuals who receive psychotherapy: an interaction between help-seeking behavior and the presence of depression. *Journal Of Social And Clinical Psychology, 21* (4), 400-413.
- Bolognini, M., Plancherel, B., Bettschart, W. & Halfon, O. (1996). Self-esteem and mental health in early adolescence: development and gender differences. *Journal Of Adolescence, 19* (3), 233-245.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology, 3*(2), 77-101.
- Burns, J. R. & Rapee, R. M. (2006). Adolescent mental health literacy: young people's knowledge of depression and help-seeking. *Journal Of Adolescence, 29* (2), 225-239.
- Chew-Graham, C. A., Rogers, A., & Yassin, N. (2003). 'I wouldn't want it on my CV or their records': medical students' experiences of help-seeking for mental health problems. *Medical education, 37*(10), 873-880.
- Crocker, J., & Park, L. E. (2004). The costly pursuit of self-esteem. *Psychological bulletin, 130*(3), 392.
- Dawes, M. A., Tarter, R. E. & Kirisci, L. (1997). Behavioral self-regulation: correlates and 2 year follow-ups for boys at risk for substance abuse. *Drug And Alcohol Dependence, 45* (3), 165-176.
- Deane, F. P., & Chamberlain, K. (1994). Treatment fearfulness and distress as predictors of professional psychological help-seeking. *British Journal of Guidance and Counselling, 22*(2), 207-217.
- Doherty, D. T. & Kartalova-O'doherty, Y. (2010). Gender and self-reported mental health problems: predictors of help-seeking from a general practitioner. *British Journal Of Health Psychology, 15* (1), 213-228.

- Dooley, Barbara A., Fitzgerald, Amanda: My World Survey: National Study of Youth Mental Health in Ireland. Headstrong and UCD School of Psychology, 2012-05.
- Dovidio, J. F., Fishbane, R. & Sibicky, M. (1985). Perceptions of people with psychological problems: effects of seeking counselling. *Psychological Reports*, 57 (3f), 1263-1270.
- Eurostat (2009). Suicide death rate: By age group. Retrieved January 3rd, 2014 from <http://epp.eurostat.ec.europa.eu/tgm/table.do?tab=table&init=%201&language=en&pcode=tsdph240&plugin=1>.
- Fergusson, D. M. & Woodward, L. J. (2002). Mental health, educational, and social role outcomes of adolescents with depression. *Archives Of General Psychiatry*, 59 (3), p. 225.
- Field, A. (2009). *Discovering statistic using SPSS* (3rd ed.). London: SAGE Publications Ltd
- Fisher, J. D., Nadler, A. & Witcher-Alagna, S. (1982). Recipient reactions to aid. *Psychological Bulletin*, 91 (1), p. 27.
- Folkman, S. & Lazarus, R. S. (1980). An analysis of coping in a middle-aged community sample. *Journal Of Health And Social Behavior*, 219-239.
- Frydenberg, E., & Lewis, R. (1996). A replication study of the structure of the adolescent coping scale: Multiple forms and applications of a self-report inventory in a counselling and research context. *European Journal of Psychological Assessment*, 12(3), 224.
- Gonzalez, J. M., Alegria, M., Prihoda, T. J., Copel & Zeber, J. E. (2011). How the relationship of attitudes toward mental health treatment and service use differs by age, gender, ethnicity/race and education. *Social Psychiatry And Psychiatric Epidemiology*, 46 (1), 45-57.
- Greenberg, M. T., Weissberg, R. P., O'Brien, M. U., Zins, J. E., Fredericks, L., Resnik, H., & Elias, M. J. (2003). Enhancing school-based prevention and youth development through coordinated social, emotional, and academic learning. *American psychologist*, 58(6-7), 466.

- Hepworth, N., & Paxton, S. J. (2007). Pathways to help-seeking in bulimia nervosa and binge eating problems: A concept mapping approach. *International journal of eating disorders, 40*(6), 493-504.
- Hickie, I. (2004). Can we reduce the burden of depression? The Australian experience with beyond blue: the national depression initiative. *Australasian Psychiatry, 12* (s1), 38-46.
- Hillert, A., Sandmann, J., Ehmg, S. C. (1999) The general public's cognitive and emotional perception of mental illnesses: an alternative to attitude-research. In *The Image of Madness: The Public Facing Mental Illness and Psychiatric Treatment* (eds J. Guimon, W. Fischer & N. Sartorius), 56-71. Basel: Karger.
- Jorm, A. F., Korten, A. E., Jacomb, P. A. (1997a) 'Mental health literacy': a survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. *Medical Journal of Australia, 166*, 182 -186.
- Jorm, A. F. (2000). Mental health literacy public knowledge and beliefs about mental disorders. *The British Journal Of Psychiatry, 177* (5), 396-401.
- Jorm, A. F., Angermeyer, M. & Katschnig, H. (2000). Public knowledge of and attitudes to mental disorders: a limiting factor in the optimal use of treatment services. *Unmet Need In Psychiatry, 399-413*
- Jourard, S. M. (1964). *The transpersonal self*. New York: Van Nostrand.
- Kapphahn, C., Morreale, M., Rickert, V. I. & Walker, L. (2006). Financing mental health services for adolescents: a background paper. *Journal Of Adolescent Health, 39* (3), 318-327.
- Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R. & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of dsm-iv disorders in the national comorbidity survey replication. *Archives Of General Psychiatry, 62* (6), p. 593.

- Kessler, R. C., Foster, C. L., Saunders, W. B. & Stang, P. E. (1995). Social consequences of psychiatric disorders, i: educational attainment. *American Journal Of Psychiatry*, 152 (7), 1026-1032.
- Komiya, N., Good, G. E. & Sherrod, N. B. (2000). Emotional openness as a predictor of college students' attitudes toward seeking psychological help. *Journal Of Counseling Psychology*, 47 (1), p. 138.
- Kushner, M. G. & Sher, K. J. (1989). Fear of psychological treatment and its relation to mental health service avoidance. *Professional Psychology: Research And Practice*, 20 (4), p. 251.
- Kraus, L. M. (1980). Therapeutic Strategies with Adolescents. *Social Casework*, 61 (5), 313-316.
- Lewinsohn, P.M., Rohde, J. R. (1998). Major depressive disorder in older adolescents: Prevalence, risk factors, and clinical implications. *Clinical Psychology Review*, 18(7), 765-794.
- Logan, D. E. & King, C. A. (2001). Parental facilitation of adolescent mental health service utilization: a conceptual and empirical review. *Clinical Psychology: Science And Practice*, 8 (3), 319-333.
- Lohman, B., & Jarvis, P. A. (2000). Adolescent stressors, coping strategies, and psychological health studied in the family context. *Journal of Youth and Adolescence*, 29 (1), 15-43.
- Marks, D. F., & Yardley, L. (Eds.). (2004). *Research methods for clinical and health psychology*. Sage.
- Meyer, J. (1964). Attitudes toward mental illness in a Maryland community. *Public Health Reports* 79, 769-772.

- Mcgorry, P. (2005). 'every me and every you': responding to the hidden challenge of mental illness in australia. *Australasian Psychiatry*, 13 (1), 3-15.
- Michaud, P. A., & Fombonne, E. (2005). ABC of adolescence: Common mental health problems. *BMJ: British Medical Journal*, 330(7495), 835.
- Miller, W. R. (1985). Motivation for treatment: a review with special emphasis on alcoholism. *Psychological Bulletin*, 98 (1), p. 84.
- NOSP (2010). *National Office for Suicide Prevention*. Retrieved from: <http://www.nosp.ie/> [Accessed:17 Jan 14].
- Nutbeam, D., Wise, M., Bauman, A., et al (1993). *Goals and targets for Australia's health in the year 2000 and beyond*. Canberra: Australian Government Publishing Service.
- Offer, D., Howard, K.I., Schonert, K.A. & Ostrov, E.J.D. (1991). To whom do adolescents turn for help? Differences between disturbed and nondisturbed adolescents. *Journal of the American Academy for Child and Adolescent Psychiatry*, 30, 623-630.
- Regehr, C. & Bober, T. (2005). *In the line of fire: Trauma in the emergency services*. New York: Oxford. University Press.
- Rogers, C. R. (1958). The characteristics of a helping relationship. *The Personnel and Guidance Journal*, 37(1), 6-16.
- Sawyer, M. G., Miller-Lewis, L. R. & Clark, J. (2007). The mental health of 13--17 year-olds in australia: findings from the national survey of mental health and well-being. *Journal Of Youth And Adolescence*, 36 (2), 185-194.
- Sawyer, M. G., Arney, F. M., Baghurst, P., Clark, J., Graetz, B., Kosky, R., Nurcombe, B., Patton, G., Prior, M., Raphael, B. & Others (2000). *The mental health of young people in australia*. Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care: Canberra.

- Schwarzer, R. (1996). Thought control of action: interfering self-doubts. *Cognitive Interference: Theories, Methods, And Findings*, 99-115.
- Shapiro, E. G. (1983). Embarrassment and help-seeking. In B. M. DePaulo, A. Nadler, & J. Fisher (Eds.), *New directions in helping*, 2, 143–163). New York: Academic Press.
- Sheatsley, P. B. (1983). Questionnaire construction and item wording. In P.H. Rossi, J. D. Wright, & A. B. Anderson (Eds.), *Handbook of Survey Research* (pp. 195-230). Boston: Academic Press.
- Sibicky, M. & Dovidio, J. F. (1986). Stigma of psychological therapy: stereotypes, interpersonal reactions, and the self-fulfilling prophecy. *Journal Of Counseling Psychology*, 33 (2), p. 148.
- Siu, B. W. M., Chow, K. K. W., Lam, L. C. W., Chan, W. C., Tang, V. W. K., & Chui, W. W. H. (2012). A questionnaire survey on attitudes and understanding towards mental disorders. *East Asian Archives of Psychiatry*, 22(1).
- Stefl, M. E. & Prosperi, D. C. (1985). Barriers to mental health service utilization. *Community Mental Health Journal*, 21 (3), 167-178.
- Suskie, L. A. 1996. *Questionnaire survey research*. Tallahassee, Fla.: Association for Institutional Research.
- Tallis, F., Eysenck, M. W., & Mathews, A. (1992). A questionnaire for the measurement of nonpathological worry. *Personality and Individual Differences*, 13, 161-168.
- Taylor, S. E. (1983). Adjustment to threatening events: a theory of cognitive adaptation. *American Psychologist*, 38 (11), p. 1161.
- Vogel, D. L. & Wester, S. R. (2003). To seek help or not to seek help: the risks of self-disclosure. *Journal Of Counseling Psychology*, 50 (3), p. 351.

- Vogel, D. L., Wester, S. R., Wei, M. & Boysen, G. A. (2005). The role of outcome expectations and attitudes on decisions to seek professional help. *Journal Of Counseling Psychology*, 52 (4), p. 459.
- Vogel, D. L., Wade, N. G., Wester, S. R., Larson, L. & Hackler, A. H. (2007). Seeking help from a mental health professional: the influence of one's social network. *Journal Of Clinical Psychology*, 63 (3), 233-245.
- Wilson, C. J. (2007). When and how do young people seek professional help for mental health problems?. *The Medical Journal of Australia*, 187
- World Health Organization. (2003). *The World health report, 2003: Shaping the future*. World Health Organization.
- WHO (2005). Promoting mental health: concepts, emerging evidence, practice: a report of the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne. Geneva: World Health Organisation.
- WHO (2010) Child and adolescent mental health. Retrieved from http://www.who.int/mental_health/prevention/childado/en/. WHO (January 10th, 2014)
- WHO (2012). Mental Health: What is depression? Retrieved from http://www.who.int/mental_health/management/depression/definition/en/ (January 10th, 2014)
- Wrigley, S., Jackson, H., Judd, F., & Komiti, A. (2005). Role of stigma and attitudes toward help-seeking from a general practitioner for mental health problems in a rural town. *Australian and New Zealand Journal of Psychiatry*, 39 (6), 514-521.
- Yeh, C. J. (2002). Taiwanese students' gender, age, interdependent and independent self-construal, and collective self-esteem as predictors of professional psychological help-seeking attitudes. *Cultural Diversity And Ethnic Minority Psychology*, 8 (1), p.19.

Zachrisson, H., Rodje, K. & Mykletun (2006). Utilisation of health services in relation to mental health problems in adolescents: A population based survey, *BMC public health*, vol 6, No.34.

Zubrick, S. R., Silburn, S. R., Burton, P. & Blair, E. (2000). Mental health disorders in children and young people: scope, cause and prevention. *Australian And New Zealand Journal Of Psychiatry*, 34 (4), 570-578.

Appendices

Appendix 1: Front Cover of the Questionnaire

Dear Participant,

My name is Louise O' Kane and I am a final year Psychology student in Dublin Business School (DBS). I am conducting research on Help-Seeking Behaviours in young people.

Please say what you really think and try to be as honest as possible. There are no 'Right' or 'Wrong' answers and complete confidentiality and anonymity is guaranteed. All questionnaire results are merged together to generate data and we will NOT be able to identify your answers back to you. Please DO NOT write your name on the booklet.

All participation is voluntary and you have the right to withdraw at any stage during the completion of this survey. Please feel free to ask me any questions before, during or after the questionnaire relating to this research.

All you have to do is complete the questionnaire, which will take no longer than 15 minutes and just work through the questions, in each case indicating to the extent to which you feel about each of the statements.

Thank you for showing interest in taking part of my study on Help-Seeking Behaviours.

I consent to participate in the following study. Please tick the box

Kind Regards,

Louise O' Kane

Appendix 2: The opt out consent for that was sent home to the parents

Dear Parents/ Guardians,

My name is Louise O' Kane and I am a 3rd year psychology student of Dublin Business School. As a part of my final year I am conducting questionnaires on Mental Health Knowledge and Help-Seeking Behaviours. Your child will be asked to complete a questionnaire, the questionnaire consists of 77 questions and will take approximately 15 minutes to complete.

All information provided will remain confidential and will only be reported as group data with no identifying information. All data, including questionnaires will be kept in a secure location and only those directly involved with the

research will have access to them. After the research is completed, the questionnaires will be destroyed.

Participation in this research study is voluntary. You child will have the right to withdraw at any time or refuse to participate entirely without Prejudice or discrimination.

If you have questions regarding this study, you may contact myself at
or my supervisor Mr John Hyland at

If you do not want your child to participate in this study please sign below and return this form to the school.

Signature: _____ Date_____

Childs Name _____

Appendix 3: Debriefing Sheet

Thank you for taking the time to complete the questionnaire for my research on Help-Seeking Behaviours. If any of the statements or questions have caused any effect or impact on you and you wish to talk to someone about it, here are a number of organisations that may be able to help.

www.headstrong.ie +353 1 472 7010

www.aware.ie 1890 303 302

www.bodywhys.ie 1890200444

www.reachout.com

www.pieta.ie [Centre for prevention of self-harm & suicide]

Helpline: 01 601000

Appendix 4: Questionnaire

Please answer the following questions:

Age: _____

Gender: Male or Female

Class Year: (eg. first year) _____

Circle Yes or No. Do you know anyone who has suffered a mental health illness (A friend, a family member, a relative, a neighbour?)

Yes

No

Write down as many Youth Mental Health Services/Agencies that you know of (Up to 5) OR "You can simply put the word 'none' in the box if you cannot think of any"

Knowledge & Understanding of Mental Health.

For each item use the following scale to indicate your level of agreement to each statement.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
It is difficult to communicate with people with mental illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is common	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
for people with mental illness to have propensity for violence.					
The majority of people with mental illness can recover.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People with mental illness are weak, they should blame themselves for their illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The society should treat people with mental illness with a tolerant attitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is difficult to predict the behaviours and mood of people with mental illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Everyone has the chance to develop mental illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would not tell others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
that I suffer from mental illness					
People having a relative suffering from mental illness would be looked down upon by others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel afraid of talking to people with mental illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I oppose the building up of residential hostels for people with mental illness near to my household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are no medication treatments for mental illness and people with mental health illness have very low chance of being recovered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is difficult for me to make friends with people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
with mental illness.					
I feel embarrassed to go out with my relative if my relative has mental illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Resilience Questionnaire.

Resilience is the ability to bounce back from negative events by using positive emotions to cope (Tugade et al., 2004).

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
If I were to have problems, I have people I could turn to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My Family or Friends are very supportive of me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In difficult situations, I can manage my emotions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can put up with my negative emotions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
When faced with a problem, I can usually find a solution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I were in trouble, I know of others who would be able to help me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can generally solve problems that occur	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can control my emotions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can usually find a way of overcoming problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can usually find family or friends who listen to me if I needed them to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If faced with a setback, I could probably find a way around the	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Strongly
Disagree

Disagree

Neutral

Agree

Strongly
Agree

problem

I can
handle my
emotions**Self- Esteem Questionnaire**

Below is a list of statements dealing with your general feelings about yourself. Select which answer describes you best. There is no 'right' or 'wrong' answer.

Strongly Agree

Agree

Disagree

Strongly Disagree

On the
whole, I
am
satisfied
with
myself.At
times, I
think I
am no
good at
all.I feel
that I
have a
number
of good
qualities.I am
able to
do
things as
well as

	Strongly Agree	Agree	Disagree	Strongly Disagree
most other people.				
I feel I do not have much to be proud of.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I certainly feel useless at times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I'm a person of worth, at least on an equal plane with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wish I could have more respect for myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All in all, I am inclined to feel that I am a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take a positive attitude toward myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

General Health Questionnaire

We want to know how your health has been in general over the last few weeks. Please read the questions below and each of the four possible answers. Tick the response that best applies to you.

Have you recently

1. been able to concentrate on what you're doing?

- Better than usual
- Same as usual
- Less than usual
- Much less than usual

2. Lost much sleep over worry?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

3. Felt that you are playing a useful part in things?

- More so than usual
- Same as usual
- Less so than usual
- Much less than usual

4. felt capable of making decisions about things?

- More so than usual
- Same as usual
- Less than usual
- Much less than usual

5. Felt constantly under strain?

- Not at all
- No more than usual
- Rather more than usual

- Much more than usual

6. Felt you couldn't overcome your difficulties?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

7. been able to enjoy your normal day to day activities?

- More so than usual
- Same as usual
- Less than usual
- Much less than usual

8. been able to face up to your problems?

- More so than usual
- Same as usual
- Less than usual
- Much less than usual

9. Been feeling unhappy or depressed?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

10. Been losing confidence in yourself?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

11. Been thinking of yourself as a worthless person?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

12. Been feeling reasonably happy, all things considered?

- More so than usual
- Same as usual
- Less so than usual
- Much less than usual

Attitudes towards Seeking Professional Psychological Help

Please read the following statements and rate them on the one that most accurately reflects your agreement or disagreement for the following items. There are no “wrong” answers, just rate the statements as you honestly feel or believe. It is important that you answer every item.

SD= Strongly Disagree
PD= Partially Disagree
Neither Agree or Disagree
PA= Partially Agree
SA= Strongly Agree

1. There are certain problems which should not be discussed outside of one's immediate family

- SD
- PD
- Neither Agree or Disagree
- PA
- SA

2. I would have a very good idea of what to do and who to talk to if I decided to seek professional help for psychological problems

- SD
- PD
- Neither Agree or Disagree
- PA
- SA

3. I would not want my significant other (spouse, Partner etc.) to know if I were suffering from psychological problems

- SD
- PD

- Neither Agree or Disagree
- PA
- SA

4. Keeping one's mind on a job is a good solution for avoiding personal worries and concerns

- SD
- PD
- Neither Agree or Disagree
- PA
- SA

5. If good friends asked my advice about a psychological problem, I might recommend that they see a professional

- SD
- PD
- Neither Agree or Disagree
- PA
- SA

6. Having been mentally ill carries a burden of shame

- SD
- PD
- Neither Agree or Disagree
- PA
- SA

7. It is probably best not to know everything about oneself

- SD
- PD
- Neither Agree or Disagree
- PA
- SA

8. If I were experiencing a serious psychological problem at this point in my life, I would be confident that I could seek relief in psychotherapy.

- SD

- PD
- Neither Agree or Disagree
- PA
- SA

9. People should work out their own problems, getting professional help should be a last resort

- SD
- PD
- Neither Agree or Disagree
- PA
- SA

10. If i were to experience a psychological problem, I could get psychological help if i wanted to.

- SD
- PD
- Neither Agree or Disagree
- PA
- SA

11. Important people in my life would think less of me if they were to find out that in was experiencing psychological problems

- SD
- PD
- Neither Agree or Disagree
- PA
- SA

12. Psychological problems, like many things tend to work out by themselves

- SD
- PD
- Neither Agree or Disagree
- PA
- SA

13. It would be relatively easy for me to find the time to see a professional for psychological problems

- SD
- PD
- Neither Agree or Disagree
- PA
- SA

14. There are experiences in my life that i would not discuss with anyone

- SD
- PD
- Neither Agree or Disagree
- PA
- SA

15. I would want to get professional help if I was worried or upset for a long period of time

- SD
- PD
- Neither Agree or Disagree
- PA
- SA

16. I would be uncomfortable seeking professional help for psychological problems because people in my business or social circles might find out about it

- SD
- PD
- Neither Agree or Disagree
- PA
- SA

17. Having been diagnosed with a mental disorder is a blot on a person's life

- SD
- PD
- Neither Agree or Disagree
- PA
- SA

18. There is something admirable in the attitude of people who are willing to cope with their conflicts and fear without resorting to professional help.

- SD

- PD
- Neither Agree or Disagree
- PA
- SA

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

- SD
- PD
- Neither Agree or Disagree
- PA
- SA

20. I would feel uneasy going to a professional because of what some people would think

- SD
- PD
- Neither Agree or Disagree
- PA
- SA

21. People with strong characteristics can get over psychological problems by themselves and would have little need for psychological help

- SD
- PD
- Neither Agree or Disagree
- PA
- SA

22. I would willingly confide intimate matters to an appropriate person if I thought it might help me or a member of my family

- SD
- PD
- Neither Agree or Disagree
- PA
- SA

23. Had I received treatment for a psychological problems. I would not feel that it ought to be covered up

- SD

- PD
- Neither Agree or Disagree
- PA
- SA

24. I would be embarrassed if my neighbour saw me going into the office of a professional who deals with psychological problems.

- SD
- PD
- Neither Agree or Disagree
- PA
- SA

Write down potential reasons as to what would prevent you seeking help when in time of distress.