

Attitudes towards mental illness and help seeking in relation to gender, self-esteem and life satisfaction

Ciara O'Brien

Submitted in partial fulfilment of the requirements of the
Higher Diploma in Arts in Psychology at DBS, School of Arts,
Dublin.

Supervisor: Margaret Quinn Walsh

Programme Leader: Dr Garry Prentice

March 2016

Department of Psychology

DBS School of Arts

Contents

Acknowledgments	Page 4
Abstract.....	Page 5
Introduction.....	Page 6
Methodology.....	Page 20
Results.....	Page 25
Discussion.....	Page 34
References.....	Page 43
Appendix.....	Page 55

List of tables

Table 1 Demographic data.....	Page 20
Table 2 Descriptive statistics: attitudes towards mental illness and help seeking in relation to age.....	Page 25
Table 3 Descriptive statistics: psychological variables	Page 26
Table 4 Independent Samples T-test table- attitudes towards mental illness, attitudes towards help seeking in relation to gender and age	Page 28
Table 5 Correlational table attitudes towards mental illness, help seeking, Self-esteem and satisfaction with life	Page 29

List of Figures

- Figure 1. Attitudes to mental illness and attitudes towards help seeking and genderPage 27
- Figure 2. Attitudes to mental illness and help seeking and knowing someone with mental illness.....Page 31

Acknowledgements

I would like to take this opportunity to thank my supervisor Margaret Walsh for generously giving so much of her time and for all her patience and support throughout this process. Thanks to my proof readers Barry and Colette and my sister Sinead for her support throughout and keeping me on track. I extend a massive thank you to all the faculty and staff at Dublin Business School who make studying an enjoyable and pleasurable experience. And finally, to all who participated in this study; without your input I would not have been able to conduct my research. Thank you.

Abstract

The aim of this study was to examine attitudes towards mental illness and help seeking in relation to gender, self-esteem and life satisfaction. This mixed method study using a sample of 79 college students investigated attitudes to mental illness and help seeking in relation to gender and the relationship between these attitudes and self-esteem and life satisfaction. No significant attitudinal differences between genders were reported. Self-esteem and attitudes towards mental illness were identified as strong predictors of help seeking and a strong correlation between self-esteem and life satisfaction was found. A significant difference was found in attitudes amongst respondents who know someone with a mental illness and those who don't. Findings conclude gender is not a factor in attitudinal difference whereas knowing someone with a mental illness is, while self-esteem and attitudes to mental illness are predictors of help seeking. Findings and limitations are discussed along with future research suggestions.

1. Introduction

1.1 Mental health – a global issue

Ireland has made considerable progress in highlighting the importance of mental health. The World Health Organisation defines mental health as “a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life and is able to make a contribution to his or her community” (WHO, 2005, p.2). It is fundamental to a person’s quality of life in order to experience life fully and meaningfully (WHO, 2001, as cited in Barry *et al.*, 2009, p.1) and yet the growing rise in mental health illness is a major public health issue of 21st Century (Murray & Lopez, 1996). Mental illness is the experiencing of severe and distressing psychological symptoms and refers to a variety of mental health difficulties, from psychological distress to more severe mental health difficulties (Doherty, Moran, Kartalova-O’Doherty & Walsh, 2010) such as depression, anxiety, bipolar affective disorder, schizophrenia and other psychoses.

An estimated 450 million people currently experience mental health problems, with depression and anxiety being the most common problems worldwide (Doherty *et al.*, 2007). In 2010 the global cost for such disorders was \$2.5 trillion and it is expected to grow to \$6.0 trillion by 2030. The costs for mental disorders were greater than the costs of diabetes, respiratory disorders and cancer combined (Bloom *et al.*, 2011). The rise in mental illness continues to grow with reports that one in four people will experience a mental health disorder in their lifetime (Lopez & Murray, 1996). Mental health conditions constitute five of the ten leading causes of ill health worldwide and is predicted that by 2020 neuropsychiatric problems, including depression which currently affects an estimated 350 million (World Health Organisation [WHO], 2014) will be the second largest cause of illness worldwide (Barry *et al.*, 2009). This problem is

exacerbated by delays in seeking help and low treatment rates; with less than 30% of those in need accessing treatment (Andrews, Issakidis & Carter, 2001). Wang *et al.*,(2007) study on WHO Mental Health Surveys found that failure and delays in initial help seeking was generally greater in developing countries, men and older cohorts. Jang, Chiriboga & Okazaki (2009) found older adults were more subject to misconceptions and stigma related to mental illness which influenced their service use. Ward *et al.*, 2007 (as cited in Doherty & Kartalova-O'Doherty, 2010) reported younger age groups were more willing to discuss distressing personal information than older people. Whereas Doherty & Kartalova-O'Doherty (2010) and Cotton *et al.*,(2006) found age was not a significant predictor of help seeking, that attitudinal difference was more associated with gender. The burden, risks and factors of mental disorders are a cause of global concern.

1.2 Mental Health in Ireland

Despite Ireland's extensive efforts in tackling mental illness it remains a serious health and societal issue. Irish Health Research Board Survey (2007) with a sample of 2,711 found that approximately 12% of the Irish population will experience psychological distress at any given time and almost 14% will report subjective mental health problems over a one-year period (Doherty *et al.*, 2007). Whereas the National Survey of Lifestyle, Attitudes and Nutrition in Ireland (SLÁN 2007) (N=10,364) reported Ireland's prevalence of probable mental health problems was 6.4%, down from 16% in 2003 (Barry *et al.*, 2009). This shows significant disparity in figures and a substantial difference to the 23% average reported from a Eurobarometer survey (Van Lente *et al.*, 2012). There is a lack of population based studies in Ireland and results and inconsistencies are evident.

Irish research reported between 52% (SLAN, 2007) and 56% of respondents wouldn't want people knowing if they were experiencing mental health problems and 28% would delay seeking treatment for the same reason ("Irish Attitudes towards mental health problems "n.d.). These findings suggest that stigma relating to mental health exists in Irish society. This current study will examine the attitudes of a sample of Irish psychology students in relation to mental illness and whether stigma is negatively influencing attitudes.

1.3 The stigma of mental illness

Since the middle ages mental illness has been considered a weakness and has led to social marginalisation (Overton & Medina, 2008) and such beliefs are still commonly held (Corrigan & Watson, 2002). Individuals with mental illness not only deal with the symptoms of their illness but are also vulnerable to the stigma associated with it (Corrigan & Watson, 2002). Stigma is 'a combination of stereotyped beliefs, prejudiced attitudes and discriminatory behaviours towards outgroups' (Hinshaw & Stier 2008 as cited in Barry *et al.*, 2009 p.13). Mental disorders are reported as the worst of all stigmatised conditions (Hinshaw & Stier, 2007) and can impact negatively on social relations, employment and quality of life, all of which are thought to outweigh even the impairments related to mental disorders themselves (Link *et al.*, 1997; Wright *et al.*, 2000 as cited in Barry *et al.*, 2009).

The impact of stigma is twofold; namely public and self-stigma. Public stigma is defined by the extent to which the general population collectively hold negative beliefs and attitudes and the degree to which they discriminate against those with mental illness (Lally, O'Conghaile, Quigley, Bainbridge & McDonald, 2013). Eker (1989) asserts that lay people have their own

definitions of mental illness and beliefs of characteristics possessed by those with mental illness. A UK study (N=1737) found the most commonly held beliefs were that people with mental health problems were dangerous, generally hard to talk to and problems such as eating disorders and addiction were self-inflicted (Crisp, Gelder, Rix, Meltzer, & Rowlands, 2000). Such negative attitudes have been attributed to public stigma.

Self-stigma differs from public stigma as it is an internal form of stigma where an individual takes on negative public attitudes and turns them on themselves (Corrigan & Watson, 2002), resulting in the belief that seeking help is negative, a threat to one's self-worth (Vogel, Wade & Hake, 2006). It is also linked to diminished self-esteem (Corrigan & Shapiro, 2010) and satisfaction with life (Barry *et al.*, 2009). A survey in National University Galway (N = 735) found that self-stigma was a greater hindrance to help seeking than perceived public stigma. Only 15% of students reported receiving treatment for their mental health problem despite 48% reporting that they needed help in the same period but had not sought treatment (Lally *et al.*, 2013). Conversely Corrigan & Watson (2002) found stigma can be the catalyst for change; rather than becoming diminished by the discrimination some people channel the anger over the prejudice to empower change such as advocating for improvements in services and raising awareness.

Self-stigma is also reported to be related to cultural and gender-role norms. Studies suggest males this may be more susceptible to self-stigma as their traditional role is to be strong and in control and may be influential in their low treatments rates (Vogel & Wade, 2009). Similarly Vogel, Wester, Hammer & Downing-Matibag (2014) study on male college student's found that traditional gender roles encouraged men to fix their problems without help and to withhold emotion and Vogel, Heimerdinger-Edwards & Hubbard (2011) found men with higher

masculine beliefs have less favourable attitudes towards help seeking. This current study will examine whether gender is a predictor and influencer in mental health attitudes.

1.3 Attitudes towards mental illness and help seeking

There is significant evidence that negative attitudes to mental health such as fear, disgust, neglect and social rejection (Overton & Medina, 2008) act as barriers to acceptance of mental illness and treatment. There has been extensive efforts to promote attitudinal change and increase mental health literacy amongst the general public (Mackenzie, Erickson, Deane, & Wright, 2014). Mental health literacy refers to the knowledge and beliefs that the general public has about mental health disorders and their prevention and findings suggest that these rates are increasing (Swami, 2012). However Schomerus *et al.*, (2012) found that over the last 20 years there has been no improvements in attitudinal change or better social acceptance of people with mental illness. Mackenzie *et al.*, (2014) cross temporal meta-analysis used Fischer & Farina's (1970) help seeking attitudes measure on data from 6518 students over 40 years and found that help seeking attitudes have become more negative from 1968 - 2008. Possible reasons cited were the unintended negative effects of stigmatising reducing campaigns and the availability of medication for treatment as opposed to psychological help. This current study will use Farina's & Fischer's (1995) scale to examine the help seeking attitudes using an Irish student population sample.

Seeking treatment is vital for the management and recovery of mental illness and early intervention is paramount as it results in improved long-term outcomes. If treatment is not sought within the first year of the onset of mental illness, it can lead to delays in help seeking of more than 10 years, (WHO, 2009, p.9). Failure to seek support can lead to more adverse psychological

conditions and have far reaching consequences such as school and job failure, teenage pregnancies, and violent, or unstable marriages (Swami, 2012). The psychological impact of mental illness is significant and research in mental health regularly incorporate a variety of psychological variables to provide a better insight into the attitudes held. This current study proposes to examine satisfaction with life and self-esteem as they are both predictors and influencers on an individual's wellbeing and mental health.

1.4 Satisfaction with life

Life satisfaction has been defined as a “subjective global assessment of a person's quality of life according to his chosen criteria” (Schin & Johnson 1978, p.478 as cited in Diener, Emmons, Larson & Griffin, 1985. p.71). Factors such as education, social involvement, self-esteem and mental health may influence life satisfaction (Strine, Chapman, Balluz, Moriarty & Mokdad, 2008). Scores on the Satisfaction with Life Scale (SWLS) have been shown to negatively correlate with distress dimensions of mental health and can also be predictive of future behaviours such as suicide attempts (Diener, Ingelhart & Tay, 2012; Koivumaa-Honkanen *et al.*, 2014). An Australian study examined stoicism, a facet of the stereotypical gender role and proposed that stoicism could downplay difficulties and result in negative attitudes to seeking help and impact on life satisfaction. Using the Satisfaction with life scale (Diener *et al.*, 1985) and attitudes towards seeking professional psychological help scale (Fischer & Farina, 1990) it found that stoicism was associated with less positive attitudes to help seeking and reduced satisfaction with life were mediated by these negative attitudes (Murray *et al.*, 2008). This current study will examine if there is a similar relationship between satisfaction with life levels and attitudes towards mental illness and help seeking.

1.5 Self Esteem

Self-esteem is “a person’s appraisal of his or her value” (Leary & Baumeister, 2000, as cited in Sowislo, Orth, & Meier, 2014, p. 2). It is an important psychological factor contributing to health and quality of life, conversely poor self-esteem is associated with a broad range of mental disorders; depression, suicidal tendencies, eating disorders and anxiety (Mann, Hosman, Schaalma, & de Vries, 2004; Markowitz, 1998). 2009 Danish study used the Rosenberg Self-Esteem scale (1965) found that stigma has a detrimental impact on self-esteem. And participants reported that disclosure of their mental illness to acquaintances and colleagues resulted in less supportive and stronger stigmatising reactions (Bos *et al.*, 2009). A study by Link, Struening, Neese-Todd & Phealan (2014) reported similar findings; 74% of participants believed that employers would discriminate against former psychiatric patients and that stigma determined self-esteem. This current study will use the Rosenberg (1965) Self-Esteem scale to examine if there is a relationship between attitudes towards mental illness, help seeking and self-esteem from an Irish perspective.

1.6 Help seeking

Accessing support and professional services is recommended for the management and recovery of mental health problems (Davidson & Roe, 2007 as cited in DeLenardo & Lennox Terrion, 2014) however negative attitudes impede help seeking. Only 11% - 30% of individuals in need are accessing treatment (Andrews *et al.*, 2001; Vogel *et al.*, 2011). 16% of all adults in the UK have clinical depression or anxiety and yet only 25% of those received treatment (Layard *et al.* 2007 as cited in Doherty *et al.* ,2007) . Of those who are seeking treatment only a small proportion are availing of specialised mental health care. In Ireland approximately 90% of

common mental health problems are dealt with by general medical practitioners with only 10% being dealt with by specialised mental health services (Department of Health and Children as cited in Doherty & Kartalova-O'Doherty, 2010). IHRB survey (2007) reported that 9% of participants had spoken to a general practitioner about mental health problems in the previous year, 6% had been in contact with specialised medical or support services, 5% had reported attending outpatient services and less than 1% had used inpatient services. A 2003 Eurobarometer survey involving 15 countries with 16,000 participants reported 64% of Irish respondents would seek help from their GP first, higher than the European response of 50%, 42% would seek help from a family member first compared to European response of 53% and 21% reported they would seek help from a friend first compared to 22% of European participants. (Eurobarometer 2003 as cited in Barry *et al.*, 2009). Such findings show that the majority of people do not want to use formal health services suggesting that mental health stigmatisation is influential in help seeking behaviours in Ireland. As outlined stigma impacts attitudes to mental health and impedes help seeking for the Irish public, however gender is also a significant influencer and predictor of these attitudes and behaviours.

1.7 Gender and mental illness

Gender is a critical determinant of mental health (WHO, 2009, p.2) and is responsible for many of the disparities in mental health diagnosis, treatments, attitudes and behaviours (Afifi, 2007). The traditional male gender role in western culture assumes men are strong and able to address any problems without the assistance of others (Vogel *et al.*, 2014) females are stereotypically viewed as more emotional than men (Timmers, Fischer, & Manstead, 2003). Research suggests that medical diagnosis and treatment of health problems are predisposed to

gender stereotypes and bias. A 1999 study found that 77.6% of women were more likely to be diagnosed with depression than men, even when they have the same symptoms and similar scores on measure of depression. They are also more likely to be prescribed medication than their male counterparts (Stoppe, Sandholzer & Huppertz, 1999 as cited in Doherty & Kartalova-O'Doherty, 2010). These findings have attributed to existing gender stereotypes that women are emotionally and psychologically more vulnerable whereas men are more prone to alcohol issues (WHO, 2009, p.9).

Gender bias is the differential treatment and beliefs based on an individual's gender however, it is not solely a result of the target gender but is also a factor of the gender of the respondent. A UK study with 1218 participants over 18 years of age found significant difference in the participant's ability to correctly identify cases of depression based on the respondent and target gender. Male and female respondents were more likely to indicate that the male vignette did not suffer from a disorder compared to the female vignette. The study used the Attitudes Towards Seeking Professional Psychological Help (ATSPPH-SF) scale and found that respondents, particularly the men, rated the female vignette as significantly more distressing, difficult to treat and more deserving of sympathy than the male vignette (Swami, 2012). An Australian study, (N =1207 aged 12 - 25 years) found males showed significantly lower recognition of symptoms associated with mental illness (34.5% compared to female score of 60.7%), and were more likely to recommend the use of alcohol to deal with mental health problems (Cotton *et al.*, 2006; Jorm, 2012; Gibbons, Thorsteinsson & Loi, 2015). Findings are consistent with the view that dominant gender role shape attitudes towards mental illness and provide insight into the possible reasons for delayed help seeking and low treatment rates in

males. This current study using the ATSPPH scale will examine attitudes towards help seeking in relation to gender.

1.6 Gender and help seeking

Stigma is believed to be largely responsible for the low levels of treatment in mental health overall, particularly in men. Gonzalez, Alegria, Prihoda, Copeland & Zeber (2011) found less than half the male cohort sampled reported a willingness to seek out help for any mental health difficulties they were having. IHRB (2007) study on Irish adults found females were significantly more willing to disclose psychologically distressing information (Ward, O'Doherty & Moran, 2007) and Möller-Leimkühler (2002) found females are twice as likely to seek medical support as men. Research suggests that women have higher rates of initial treatment contact as they are faster recognising feelings of distress and emotional problems (Wang *et al.*, 2007) found women reported more common health problems, held more positive attitudes toward seeking psychological help (Doherty & Kartalova-O'Doherty, 2010) and use more psychological services than men (Addis & Mahalik, 2003). It should be noted that despite women's treatment rates being higher than men's they are still at significantly low levels (Mackenzie *et al.*, 2014).

Gender role conflict is another barrier to help seeking for men as such behaviour is seen to be inconsistent with the belief of what a man's role involves (Vogel *et al.*, 2014). This stigma can reduce men's willingness to talk with others about mental health issues and influence their willingness to provide support and guidance to others in need. Vogel, Wade, Wester, Larson, & Hackler (2007) examined the influence from within one's social network to seek psychological help using a U.S student population (N= 780). 47% of participants reported that their mothers

encouraged them to seek mental health services, whereas only 5% reported that fathers did (Vogel *et al.*, 2007). The majority of studies in relation to gender disparities and mental illness are carried out outside of Ireland and this study will seek to examine this topic from an Irish context. However regardless of one's gender, a person's social support network plays an influential role in seeking medical care (Angermeyer, Matschinger & Riedel-Heller, 2001 as cited in Vogel *et al.*, 2007). 92% of persons who sought medical care reported talking to at least one person about their problem before seeking help and 50% of those who sought medical services were prompted to go by a significant other (Cameron, Leventhal & Leventhal, 1993 as cited in Vogel *et al.*, 2007).

1.7 Knowing someone with a mental illness

The stigma of mental illness can be overcome with the help of an individual's social support network and it can also be addressed through positive direct interactions between persons with mental illness and the general public (Corrigan & Watson, 2002) as this can address misconceptions and lack of education which are cited as root causes of negative attitudes (Link *et al.*, 2014). There is however conflicting findings over whether contact with someone with a mental illness results in less stigmatising views. Factors within the contact situation are important for attitudinal change such as level and voluntary nature of contact, the attitudes of the person with the mental illness in relation to their illness and treatment they have received and whether the overall experience was perceived as positive or negative. Couture & Penn (2003) and ten Have *et al.*, (2010) found that attitudes can also be positively or negatively influenced by personal contact and is dependent on the aforementioned factors. This current study will examine

if there are any significant differences in attitudes between those who have past contact of mental illness and those who have not.

1.8 Current study

There has been extensive efforts over the past number of years to reduce negative attitudes and stigma towards mental illness, nevertheless the aforementioned literature and research demonstrates that discriminatory attitudes and beliefs still exist. Despite the prevalence of mental illness only a small number of those in need avail of help and for those that do it is rarely from specialised mental health professionals (Andrews *et al.*, 2001). Research also highlights that gender disparity exists in relation to mental health attitudes, treatments and diagnosis and gender has been cited as a predictor and influencer of help seeking. There is significant research from the US, UK and Australia in this area, however there are limited investigative and population based Irish studies. There is also a lack of Irish studies pertaining to gender biases and its relationship with attitudes towards mental health illness and help seeking. The aim of this mixed method study is to examine if attitudes towards mental illness and help seeking differ due to gender and age. Also to examine if there is a relationship between these attitudes in relation to self-esteem and life satisfaction. The Attitudes towards Mental Illness scale (Cates, Burton & Woolley, 2005) will measure respondents understanding of and attitudes towards mental illness. Attitudes toward seeking professional psychological help: shortened form scale (ATSPPH-SF), (Fischer & Farina, 1995) will measure attitudes towards psychological help. The Satisfaction with Life Scale (Diener *et al.*, 1985) will be used as a general construct of subjective well-being, and Rosenberg's (1965) Self Esteem Scale will measure self-esteem. The aim of this study is to provide further insight into the attitudes held by an Irish population

and the impact of mental illness discrimination and stigmatisation has on help seeking, self-esteem and life satisfaction. These findings will assist in early intervention and treatment for mental illness and educational and awareness programmes with gender sensitive approaches.

1.9 Hypotheses:

Hypothesis 1: The first research objective of this study is to examine attitudes towards mental illness in relation to gender through the use of the Attitudes towards Mental Illness scale. It is hypothesised that male and females will have significantly different attitudes towards mental illness.

Hypothesis 2: The second research objective is to examine attitudes towards mental illness help seeking in relation to gender. It is hypothesised that male and females will have significantly different attitudes towards mental illness help seeking.

Hypothesis 3: The third research objective of this study is to examine attitudes towards mental illness and help seeking in relation to age. It is hypothesised that there will be significant difference in attitudes towards mental illness and help seeking in relation to age.

Hypothesis 4: The fourth research objective is to examine the relationships between attitudes towards mental illness and self-esteem and life satisfaction. It is hypothesised that there will be a significant correlation between attitudes towards mental illness, help seeking, self-esteem and life satisfaction

Hypothesis 5: The fifth research objective is to examine attitudes towards mental illness and help seeking between participants who know someone with a mental illness and those who do not. It is hypothesised that there will be significant difference in attitudes amongst respondents who know someone with a mental illness and those who do not.

Hypothesis 6: The sixth and final research question will examine the correlation between the attitudes towards mental illness and help seeking and self-esteem and life satisfaction, It is hypothesised that attitudes towards mental illness, self-esteem and life satisfaction will be significant predictors of attitudes towards help seeking.

2. Methodology

2.1 Participants

The present investigation obtained a sample of 79 participants enrolled in an urban college. The participants consisted of both male (n = 26) and female (n = 53) college students who were obtained by convenience sampling. Female participants accounted for 67.1% of the sample while male participants accounted for 32.9%. In relation to age categories; 53.2% of the sample group were aged between 18 – 29, 38% were aged between 30 – 39 and 8.9% were aged between 40 -49 years. Of the sample population 89.9% knew somebody with a mental illness and 10.1% did not.

Table 1. Demographic data

Demographic data	Frequency	%
Gender (%)		
Male	26	32.9%
Female	53	67.1%
Age (%)		
18-29	42	53.2%
30-39	30	38.0%
40-49	7	8.9%
50-59		
60+		
Know someone with Mental Illness		
Yes	71	89.9%
No	8	10.1%

22 Design

This quasi-experimental and correlational study utilised a mixed method design; quantitative data took the form of self-reported questionnaires and qualitative data was collected from open ended questions. Predictor variables included mental illness, help seeking and gender. Criterion variables included self-esteem and satisfaction with life. Demographics include gender, age and whether participants know anyone who has or had a mental illness (including the respondent) were used.

2.3 Materials

All participants were given a pen, a copy of the questionnaires which included 5 scales, optional open ended questions and demographic data questions. Participants were also provided with a consent and information form and support agencies contact details. A statistical package, SPSS version 22, was used to collate data and carry out statistical tests.

The following scales were used; Attitudes towards Mental Illness (*Cates et al., 2005*) a standardised tool that measures attitudes towards mental illness. The Attitudes towards Seeking Professional Psychological scale – short form (Fisher & Farina 1995) measuring attitudes towards seeking professional psychological help. The Satisfaction with Life Scale (Diener *et al., 1985*) assesses satisfaction with people's lives as a whole and Rosenberg's (1965) Self-Esteem scale.

Attitudes towards Mental Illness (*Cates et al., 2005*) scale is used to measure attitudes towards mental illness. It consists of 11 Likert-type questions using four response options (1 = strongly disagree, 2 = disagree, 3 = agree and 4 = strongly agree). Items 2, 3, 4, 5, 6, 9 and 10

were reversed coded before scoring. Responses to these items along with items 1, 7, 8 and 11 were added up to compute an overall attitude towards mental illness score. Scores can range from 11 to 44 with a score of 44 indicating the highest positive attitude towards mental illness. An example of an item is “Mental illness is nothing to be ashamed of” and an example of an item that is reverse coded is “Mentally ill persons are not intelligent”. This is a reliable and valid scale, the Cronbach’s Alpha for this scale was .71 (Cates *et al.*, 2005).

Attitudes toward seeking professional psychological help: shortened form (Fischer & Farina, 1995) is a shortened version of Fischer and Turner’s (1970) 29 item scale for measuring attitudes towards psychological help. The test is used to measure help seeking attitudes towards mental illness and consists of 10 Likert type questions using four varying response from strongly disagree to strongly agree. Items 2, 4, 8, 9 and 10 are reversed coded before scoring. The items are totalled with the participant’s responses to items 1, 3, 5, 6 & 7 which calculate an overall attitude towards help seeking score. Scores can range from 10 – 40 with a score of 40 indicating the highest positive attitude towards seeking professional psychological help for psychological problems. An example of an item is “I would want to get psychological help if I were worried or upset for a long period of time”. An example of reverse coding is “A person should work out his or her own problems; getting psychological help counselling would be a last resort” The ATSPPH-SF scale has a high internal consistency coefficient of .84, indicating more positive treatment attitudes and associated with less treatment-related stigma, and greater intentions to seek treatment in the future (Fischer & Farina, 1995)

Self Esteem Measure (Rosenberg, 1965) is a widely used self-report instrument and is used to assess global self-esteem in children and adults. This scale consists of 10 items. Scoring involves a method of combined ratings. It is measured on a four point Likert type scale from 1

(Strongly Agree) to 4 (Strongly Disagree). An example of item is “I certainly feel useless at times”. Low self-esteem responses are “disagree” or “strongly disagree” on items 1, 3, 4, 7, 10, and “strongly agree” or “agree” on items 2, 5, 6, 8, 9. The scale can also be scored by totalling the individual 4 point items after reverse-scoring the negatively worded items in 2, 5, 6, 8, 9 and 10 with higher scores indicating higher levels of self-esteem. The RSE demonstrates a Guttman scale coefficient of reproducibility of .92, indicating excellent internal consistency (Rosenberg, 1965). Sowislo, Orth & Meier (2014) demonstrated the test retest reliability over a period of 6 weeks of .91, indicating excellent stability. The RSE correlates in the predicted direction with measures of depression. Cronbach’s alpha reliability measurement also demonstrates high reliability from 0.77 to 0.88 (Rosenberg, 1986)

Satisfaction with life Measure (Diener *et al.*, 1985) will be used as a general construct of subjective well-being. The instrument consists of 5 items and a 7-point Likert scale is employed ranging from “strongly disagree” (scored as 1) to “strongly agree” (scored as 7). An example of an item is “the conditions of my life are excellent”. The scale maintains favourable psychometric properties with an internal consistency of .87 (Diener *et al.*, 1985). The higher the score the greater the level of life satisfaction.

3.5 Procedure

Following approval of the study from the Ethics review board lecturers were contacted requesting access to classes for data collection. The study’s outline and aims were explained to all attending students and those willing to participate were given; a standard information and consent form (detailing the nature of the study, all data collected is anonymous and participants have the right to withdraw up to collection of the data) and a questionnaire (appendix A)

comprising of six sections which took an average of ten minutes to complete. Due to the sensitivity of the topic of mental health participants were provided with contact details for support agencies on a separate page which were given out alongside the questionnaires.

The first section comprised of demographic questions and whether participants knew someone with a mental illness. This was followed by the Rosenberg Self-Esteem scale (1965) with 11 items and four varying levels of agreement (from strongly disagree to strongly agree). In the third section students are asked to complete the satisfaction with life scale (Diener *et al.*, 1985) which comprised of five statements and participants indicate their level of agreement on 1-7 scale (1 – strongly disagree to– 7 strongly agree). The Attitudes towards Seeking Professional Psychological Help scale (Farina & Fischer, 1995) followed which has 10 items and also has four varying levels of agreement (from strongly disagree to strongly agree). Section 5 comprised of the Attitudes towards Mental Illness scale with 11 Likert type questions and similarly four varying levels of agreement (from strongly disagree to strongly agree). The final section comprised of 6 optional questions which included “In your opinion is one gender more associated with mental health illness” and “In your opinion is one gender more associated with seeking help for mental illness” and if so please advise which gender. Participants had the option of providing a reason for their answer to these open ended questions.

Once all the respondents had completed the questionnaire they were debriefed, had time to ask any questions or express opinions about the study and were thanked for their participation. They were also provided with researchers email address to allow for any questions or opinions that they may not have wanted to share publicly.

3. Results

All questionnaires were screened for errors or blank errors which were omitted from statistical analysis. All students completed all scales. Reverse scoring was carried out where applicable and all data was entered into SPSS and the appropriate statistical tests were carried out. The 79 participants consisted of both male ($n = 26$) and female ($n = 53$) and were recorded under 3 age categories which were collapsed into two groups due to spread of responses. 53.2% of the sample group were aged between 18 – 29, 46.8% were aged 30 - 49 years. The results of the descriptive statistics recorded attitudes towards mental illness for 18 - 29 years ($M = 23.62$, $SD = 4.42$) and for 30 - 49 years ($M = 24.89$, $SD = 3.70$). Attitudes towards help seeking for mental illness for 18 - 29 years ($M = 20.45$, $SD = 4.04$) and for 30 - 49 years ($M = 20.84$, $SD = 4.39$).

Table 2: Descriptive statistics of attitudes towards mental illness and help seeking based on age

Variable	Mean	Standard Deviation
Attitudes towards Mental Illness		
18 - 29 years	23.62	4.423
30 - 49 years	24.89	3.695
Attitudes towards help seeking		
18 - 29 years	20.45	4.044
30 - 49 years	20.84	4.388

The descriptive statistics recorded for self-esteem ($M = 17.73$, $SD = 3.34$), satisfaction with life ($M = 23.34$, $SD = 6.63$), Attitudes towards seeking professional psychological help ($M = 20.63$, $SD = 4.19$) and attitudes towards mental health illness ($M = 24.22$, $SD = 4.12$) (Table 3)

Table 3: Descriptive statistics of psychological measures

Variable	Mean	Standard Deviation
Attitudes towards Mental Illness	24.22	4.12
Attitudes towards psychological help	20.63	4.19
Self Esteem	20.26	5.45
Satisfaction with Life	23.34	6.63

For all test of statistical significant, α was set at 0.05

Hypothesis 1: It is hypothesised that male and females will have significantly different attitudes towards mental illness.

A two – tailed Independent sample test was run to ascertain significant differences between mental health attitudes and gender.). The results of the t test analysis found that scores in attitudes in the males ($M = 24.08$, $SD = 3.86$) and female students ($M = 24.28$, $SD = 4.28$) did not differ significantly ($t(77) = -.208$, $p = .836$, $CI(95\%) -2.18$ and 1.77). Therefore the research hypothesis was rejected.

Hypothesis 2: It is hypothesised that male and females will have significantly different attitudes towards mental illness help seeking

A two – tailed Independent sample test was run to ascertain significant differences between mental health help seeking and gender. Results found that there was no difference in attitudes towards help seeking for mental illness between males ($M = 20$, $SD = 4.18$) and females ($M = 20.94$, $SD = 4.19$). The results of the t test analysis found that male and female students did not differ significantly in their scores in attitudes towards mental illness help seeking and gender ($t(77) = -.941$, $p = .350$, $CI(95\%) = -2.94$ and 1.05). The research hypothesis was rejected.

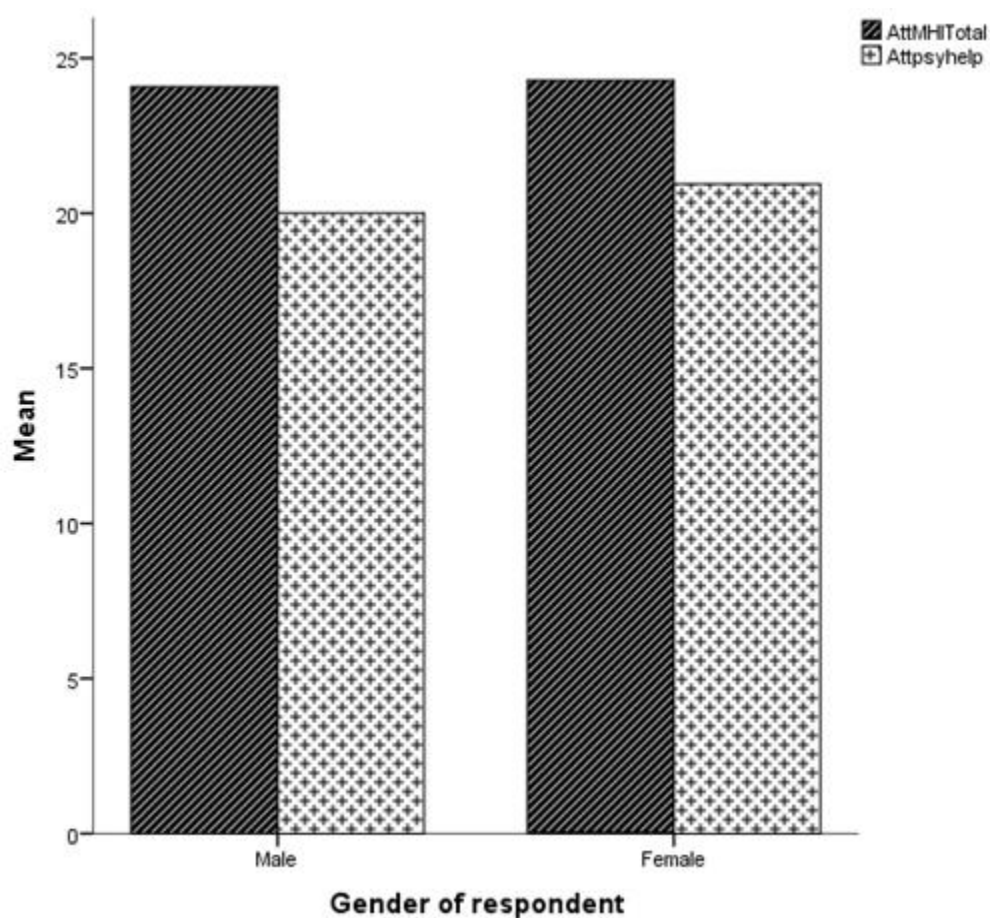


Fig. 1. Attitudes to mental illness and attitudes towards help seeking in relation to gender

Hypothesis 3: It is hypothesised that respondents will have significantly different attitudes towards mental illness and help seeking based on their age.

A two – tailed Independent sample test was run to ascertain significant differences between mental health illness and the two age categories. Results found that there were no difference in attitudes towards mental illness between 18 -29 years old participants (M= 23.62, SD = 4.42) and 30-49 year olds (M = 24.89, SD =3.7), ($t(77) = -1.38, p = .172, CI(95\%) -3.11 - .57$).

A two – tailed Independent sample test was run to ascertain significant differences between mental health help seeking between the two age categories. Results found that there were no difference in attitudes towards help seeking between 18 -29 years old participants (M= 20.45, SD = 4.04) and 30 - 49 year olds (M = 20.84, SD = 4.39). ($t(77) = -.406, p = .686, CI(95\%) -2.75 - 1.50$). The research hypothesis was rejected.

Table 4: Independent Samples T-test table for attitudes towards mental illness, attitudes towards help seeking in relation to gender and age

Scales	Groups	Mean	SD	<i>t</i>	<i>df</i>	<i>p</i>
Attitudes towards Mental Illness	Male	24.08	3.86	-0.208	77	0.836
	Female	24.28	4.28			
Attitudes towards Help Seeking	Male	20	4.18	-0.941	77	0.35
	Female	20.94	4.20			
Attitudes towards Mental Illness	18 -29 yrs.	23.62	4.42	-1.38	77	.172
	30-49 yrs.	20.94	4.19			
Attitudes towards Help Seeking	18 -29 yrs.	20.45	4.04	-.406	77	.686
	30-49 yrs.	20.94	4.194			

Table 5. Correlational table attitudes towards mental illness, help seeking, self-esteem and satisfaction with life

	Attitudes towards Help Seeking	Attitudes towards Mental Illness	Self Esteem	Satisfaction with Life
Attitudes towards Help Seeking				
Attitudes towards Mental Illness	0.317			
Self Esteem	0.308	0.244		
Satisfaction with Life	0.130	0.093	0.608	

Hypothesis 4: It is hypothesised that there will be a significant correlation between attitudes towards mental illness, attitudes towards help seeking and self-esteem and life satisfaction.

The mean scores for attitudes towards mental illness was (M= 24.22, SD = 4.12), attitudes towards help seeking was (M= 20.63, SD = 4.19), self-esteem was (M= 20.27, SD = 5.49) and for satisfaction with life was (M = 23.34, SD =6.63).

Pearson correlation and Spearman Rho tests were run with the latter used due to violations of normality with satisfaction of life indicated by the mahalanobis distance exceeding critical value of 16.27.

Pearson correlation coefficient found that there was a positive moderate significant relationship between attitudes towards mental illness (M = 24.22, SD = 4.12), and attitudes towards help seeking (M = 20.63, SD = 4.19), ($r(77) = .34$, $p = .003$). The relationship can account for 11% of variation of scores. Therefore the research hypothesis was accepted. There was significant correlation between attitudes towards mental illness and attitudes towards help seeking.

Pearson correlation found other non-significant results with a weak positive relationship between attitudes towards mental illness and self-esteem ($r(77) = .171, p = .131$) and weak positive relationship was also found in relation to attitudes towards help seeking and self-esteem which was approaching significance ($r(77) = .215, p = .057$). The research hypothesis is rejected as there is no significant relationship between mental illness and self-esteem and no significant relationship between attitudes towards help seeking mental illness and self-esteem.

Spearman rho test was run for attitudes towards mental illness, attitudes towards help seeking, self-esteem and satisfaction with life. There was a strong, positive significant correlation with self-esteem and satisfaction with life, $r_s(79) = .615, p < .001$ and also a moderate positive significant correlation between attitudes towards mental illness and attitudes towards help seeking ($r_s(79) = .36, p < .001$). Therefore the research hypothesis was accepted as there was a significant correlation between self-esteem and satisfaction with life and attitudes to mental illness and help seeking.

A weak positive significant correlation with attitudes towards help seeking and self-esteem was also reported ($r_s(79) = .287, p = .01$). Weak positive non-significant correlation were found in relation to; attitudes towards help seeking and satisfaction with life $r_s(79) = .176, p = .120$; attitudes towards mental illness and satisfaction with life $r_s(79) = .131, p = .249$ and attitudes towards mental illness and self-esteem $r_s(79) = .216, p = .055$. Therefore the research hypothesis was rejected as there was no significant correlation between attitudes towards help seeking and satisfaction with life, attitudes towards mental illness and satisfaction with life and attitudes towards mental illness and self esteem.

Hypothesis 5: It is hypothesised that there will be significant difference in attitude between respondents who know someone with a mental illness and those who do not.

Mann Whitney U Tests were run due to disproportionate number of participants who knew someone with a mental illness (N = 71) against those who did not (N = 8).

Results indicated that there was a significant difference in attitudes towards mental illness and was greater for students who knew someone with mental illness (mean rank = 42.15) to those who did not (mean rank = 18.44) ($z = -2.81$ $p = .005$.)

There was also a significant difference in attitudes towards help seeking was greater for students who know someone with mental illness (mean rank = 42.15) and those who do not (mean rank = 20.94) ($z = -2.49$ $p = .013$). The research hypothesis was accepted.

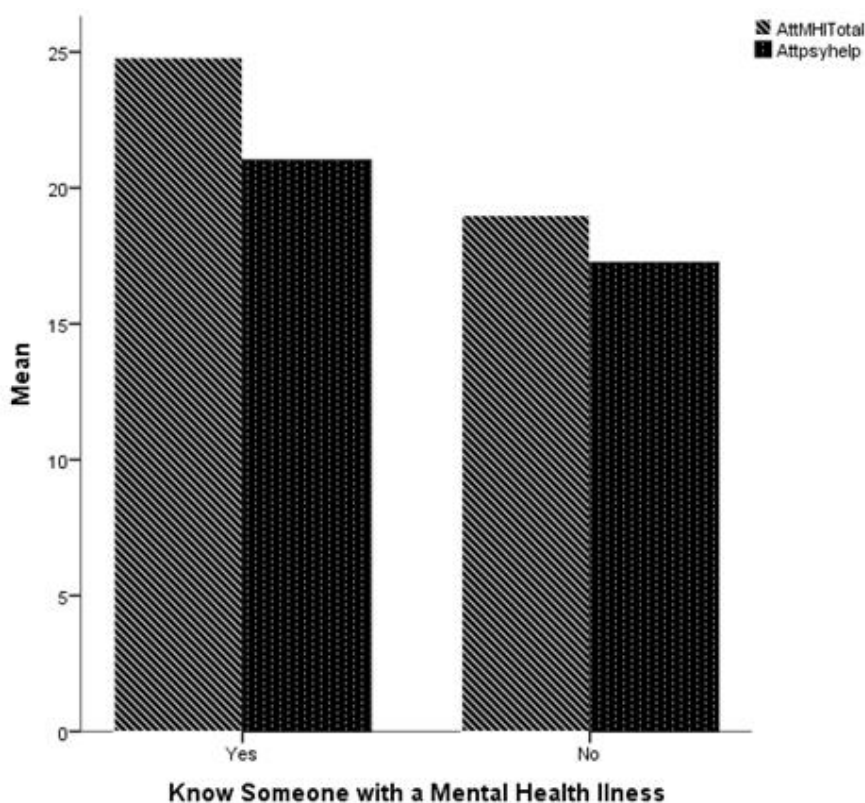


Fig.2. Attitudes to mental illness and help seeking based and knowing someone with mental illness

Hypothesis 6: It is hypothesised that there will be a significant correlation between attitudes towards mental illness and help seeking and self-esteem and life satisfaction

Multiple regression was used to test whether attitudes towards mental illness, self-esteem and satisfaction with life were predictors of attitudes towards help seeking. The results of the regression indicated that three predictors explained 13% of the variance. ($R^2 = .126$, $F(3, 74) = 4.70$, $p < .005$). It was found that attitudes towards mental illness significantly predicted attitudes towards help seeking ($\beta = .25$, $p = .024$, 95% CI = .03 - .48) as did self-esteem ($\beta = .29$, $p = .040$, 95% CI = .01 - .46). Self-esteem was the stronger predictor of the two for attitudes towards help seeking. The research hypothesis was accepted. Results indicated that there was a small negative relationship between satisfaction with life as a predictor for attitudes towards help seeking ($\beta = -.069$, $p = .611$, 95% CI = -.21 - .13). The research hypothesis was rejected. Satisfaction with life is not a significant predictor of attitudes towards help seeking.

Qualitative data

Another focus of the study was to explore the opinions of the sample group without the limitation of using a Likert scale linked question. Six optional questions were placed at the end of the questionnaire broken into two sections in the final Section F) Part 1) “In your opinion is one gender more associated with mental health illness” with three choices – Yes, No or Not Sure. If participants answered yes to the question they were asked to advise which gender they felt was applicable and was requested to provide reasons for their answers. 65% of respondents of the entire sample group (N=79) answered that no one gender is more associated with mental health illness, with 5% noting females, 9% associating men more so with mental health illness and the

remaining 21% answered that they were unsure. The general theme that arose was that there are certain mental illnesses that certain genders may be more prone however “both male and females can equally experience mental health problems” and “mental illness can affect anyone regardless of gender”.

Part 2) “In your opinion is one gender more associated with seeking help for mental illness with three options– Yes, No or Not Sure. If participant answered yes to the question they were asked to advise which gender they felt the questions was more applicable to and were requested to provide reasons for their answers. - 64% of respondents felt women were more associated with help seeking, 4% reported men, 7% felt it was non gender specific and 24% were not sure. The main themes that emerged were that women find it easier to discuss their problems and ask for help and that men follow that stereotype that they must be strong in every sense and that there is “more stigma attached to males” and that “men may feel unable to ask for help as they may feel they need to sort it out for themselves”

4. Discussion

4.1 Discussion

The aim of this study was to investigate the attitudes held amongst college students towards mental illness and help seeking behaviours in relation to gender, self-esteem and life satisfaction. No significant differences were found in attitudes towards mental illness and help seeking in relation to gender or age. A number of significant findings were identified; a positive moderate significant correlation between attitudes towards mental illness and attitudes towards help seeking, a strong positive significant correlation with self-esteem and satisfaction with life and also a weak positive significant correlation with attitudes towards help seeking and self-esteem. Other non-significant differences were reported with weak positive non-significant relationships between attitudes towards mental illness and self-esteem and for attitudes towards mental illness and satisfaction with life. Similarly no significance was found in attitudes towards help seeking and self-esteem and attitudes towards help seeking and satisfaction with life, with both reporting weak positive non-significant correlations. However further significant results were identified for two further hypotheses: significant difference was reported in both attitudes towards mental illness amongst students who knew someone with mental illness and this was also the same for help seeking attitudes. It was also found that attitudes towards mental illness significantly predicted attitudes towards help seeking as did self-esteem with self-esteem being the stronger predictor of the two for attitudes towards help seeking. Results also indicated that there was a small negative non-significant relationship between satisfaction with life as a predictor for attitudes towards help seeking. In addition findings from qualitative data also report no attitudinal differences in relation to mental illness and help seeking as a result of

gender however 64% respondents felt that woman were more associated with help seeking than males.

The first research objective of this study is to examine gender differences towards mental illness and will look at this through the use of the attitudes towards mental illness scale (Cates, *et al.*, 1965). It was hypothesised that male and females will have significantly different attitudes towards mental illness. The research hypothesis was rejected as no significant differences were observed. These findings are inconsistent with the majority of research which suggest that there are gender disparities in attitudes towards mental illness. (Cotton *et al.*, 2006; Jorm *et al.*, 2006). Studies suggest that males adhere to the aspects of traditional masculinity which result in more negative attitudes, however it should be noted that such literature takes a view of hegemonic masculinity and does not account for individual differences (Swami, *et al.*, 2012). Differences in attitudes are also influenced by the gender of the target and respondent. Studies have shown males are less likely to correctly identify and diagnose depression in a male vignette compared to a female vignette that displays the same symptoms. They are also likely to be more empathetic to female suffers (Cotton *et al.*, 2006, Swami, 2012). The increase in mental health literacy and stigma reduction campaigns (Mackenzie *et al.*, 2014) may be a factor in this study's findings where no attitudinal difference across gender were identified which is contrary to the majority of findings in this area (Schomerus *et.*, *al* 2012.). This is supported by Jorm *et al.*, (2012) who advocated the use of community based education campaigns to promote positive attitudinal change, Couture & Penn (2003) found individuals who possess more information about mental illness are less stigmatising than those who are misinformed and Eker (1989) suggests students studying in academic programmes with an emphasis on psychological well-being hold more favourable attitudes. These findings are supportive of this current study's findings.

The second research objective was to examine gender differences towards mental illness help seeking through the use of the attitudes towards seeking professional psychological help measure (Fischer & Farina, 1995). It is hypothesised that male and females will have significantly different attitudes towards help seeking. Results found no gender disparities and the research hypothesis was rejected. Similar to hypothesis one; the majority of research suggest that sex differences exist when it comes to public attitudes and beliefs towards mental illness (Cotton *et al.*, 2006; Jorm *et al.*, 2012). Self-stigma is noted as a predictor for non-help seeking particularly in males due to gender role conflict which leads to delayed help seeking and low take up of treatment. (Lally *et al.*, 2013). A Study by Gonzalez *et al.*, (2011) found less than half the male cohort reported a high willingness to seek help for any mental health difficulties. The lack of attitudinal difference to help seeking by gender in this current study may be attributed to the rise of educational and stigmatising reduction campaigns which can have a positive impact on attitudes towards help seeking (Jorm *et al.*, 2012) and that participants are psychology students who may hold more favourable attitudes due to their area of study (Eker, 1989).

The third research objective of this study is to examine attitudes towards mental illness and help seeking based on respondent's age through the use of attitudes towards mental illness scale (Cates *et al.*, 2005) and the attitudes towards seeking professional psychological help measure (Fischer & Farina 1995). It is hypothesised that there will be significantly different attitudes towards mental illness and help seeking based on participants age. Results found that age was not a significant predictor to attitudes. This is supported by research in this field where studies have found that factors such as education, employment, marital status and gender have been influential in attitudes rather than age (Doherty, *et al.*, 2010). Nevertheless Jang *et al.*, (2009) found adults (60 years and above) were more subject to misconceptions and stigma

related to mental illness which influences levels of help seeking. This current study age range was 18 - 49 years and the findings as such are in line with many studies such as Cotton et al., (2006) which found age was not a significant predictor of help seeking, that attitudinal difference was more associated with gender.

The fourth research objective is to examine if there is a correlation between attitudes towards mental illness and self-esteem and life satisfaction using the Rosenberg (1965) self-esteem scale and the satisfaction with life measure (Diener *et al.*, 1985). It is hypothesised that there will be a significant correlation between attitudes towards mental illness, help seeking, self-esteem and life satisfaction suggesting that attitudes towards mental illness, self-esteem and satisfaction with life are predictors of attitudes towards help seeking. Results found a positive moderate significant correlation between attitudes towards mental illness and attitudes towards help seeking which suggests that the more positive attitudes towards mental illness the more potential or openness to seeking help and conversely the less positive attitudes the less willingness to seek help (Vogel *et al.*, 2007; Schomerus *et al.*, 2012). Such findings are supported by vast amount of research in this area. Results also found strong positive significant correlation between self-esteem and satisfaction with life. Markowitz (1998) study on the effects of stigma on psychological well-being reports a bi-directional relationship between self-esteem and life satisfaction. Life satisfaction is mediated by self-esteem and self-esteem is also affected by satisfaction with life circumstances. It also found small positive significant correlation in relation to attitudes towards help seeking and self-esteem. This is conclusive with research whereby stigmatising and prejudiced views can impact help seeking and lead to diminished self-esteem (Corrigan & Watson, 2002). Other non-significant difference was reported; a weak positive relationship between attitudes towards mental illness and self-esteem and also a weak

positive relationship between attitudes towards mental illness and satisfaction with life. As well as a weak positive non-significant relationship between attitudes towards help seeking and self-esteem and attitudes towards help seeking and satisfaction with life. Strine *et al.*, (2008) reported self-esteem and mental health may influence life satisfaction.

The fifth research objective is to examine the difference in attitudes towards mental illness and help seeking amongst participants who know someone with a mental illness and those who do not. It is hypothesised that there will be a significant difference in attitudes between those who know someone with a mental illness and those who do not. The research hypothesis was accepted. Attitudes towards mental illness and help seeking were significantly greater for students who knew someone with a mental illness. Research on contact with persons with mental illness and attitudinal change has produced inconsistent findings. Vogel (2009) proposed contact as one of the most effective ways to change individual's endorsement of stigma towards others. Ten Have *et al.*, (2010) and Corrigan & Watson (2002) reported contact can result in negative attitudes as reported in mental health medical staff. All contact and attitudinal changes is subject to factors such as the voluntary nature of the contact, the level of intimacy, whether experience was pleasant or unpleasant and the level of success is subject to these factors (Couture & Penn, 2003).

The sixth research question seeks to examine a correlation between attitudes towards mental illness, help seeking, self-esteem and life satisfaction. It is hypothesised that attitudes towards mental illness, self-esteem and life satisfaction will have a cumulative effect on attitudes towards help seeking. Results found that attitudes towards mental illness significantly predicted attitudes towards help seeking as did self-esteem. Significant correlation between attitudes towards mental illness and attitudes towards help seeking suggests that the more positive

attitudes towards mental illness the more potential for availing of treatment (Vogel *et al.*, 2007; Schomerus *et al.*, 2012). Similarly studies have reported self-esteem is a predictor of help seeking. Diminished self-esteem can impact help seeking; with poor treatment utilisation (Watson *et al.*, 2007). This current study found a weak negative non-significant relationship between help seeking and satisfaction with life suggesting decreased satisfaction with life due to psychological distress will lead to an increase in help seeking treatment. This finding is not consistent with previous research that suggests poor satisfaction with life mediates poor health behaviour and is predictive of future behaviours such as suicide attempts (Koivumaa-Honkanen *et al.*, 2014). The attitudes towards mental illness held by this sample group may indicate that the stigmatising reduction campaigns (Jorm *et al.*, 2006) are yielding results and leading to increased willingness to help seeking due to decreased satisfaction with life.

4.2 Strengths and limitations

The strength of this study was its quasi experimental and correlational design and its use of a number of standardised, reliable and well validated measures. It can be easily replicated and can be conducted over a relatively shortly period of time with minimum costs. The primary findings from this study are that there is no attitudinal difference towards mental illness and help seeking based on gender of respondents. These results need to be considered in the context of several limitations. This study had a relatively small sample size of college students which is not a nationally representative sample and as such it is insufficient data to analyse for gender effects. There was also a gender imbalance which could have influenced results.

The finding that there is no attitudinal difference towards mental illness and help seeking of this study went against findings of previous research and the sample size and gender imbalance could

have affected these results. Result from attitudes towards mental illness and help seeking was significantly greater for students who knew someone with mental illness and must also be viewed with caution due to the disproportionate number of participants who knew someone with a mental illness against those who did not. Furthermore the sample was limited to psychology students and Eker (1989) suggests that they may have more empathy and understanding attitudes due to their area of study.

4.3 Future research

There is a lack of Irish research in relation to mental illness, help seeking and gender. There is a need for greater exploration and investigation into this area. Future research should consider measuring a larger sample and also use non student population to allow for comparative analysis of such attitudes. This study did not allow for assessment of the influence of stigma and may be looked as much work yet needs to be done to fully understand the prejudice against people with mental illness. Investigation into self-stigma inoculation where persons who experience mental illness do not develop self-stigma should be considered, as learnings from this may assist in the education and prevention of stigma. This current study uses the ATSPPH scale (Fischer & Farina, 1995) which refers to specialised mental health and does not account for primary medical sector, the use of such a measure may be beneficial in further understanding attitudes towards help seeking. Further identification of sex disparities in mental health literacy would also help to facilitate and guide education programs.

The overall aim of this and future studies is to create a society where people with mental illness can openly and without fear of prejudice take prompt and preventive action in order to benefit themselves and their families.

4.4 Conclusion

The rise in mental health illness is a major public health issue with reports that one in four people will experience a mental health disorder in their lifetime (Lopez & Murray, 1996) and less than 30% of those in need of treatment seeking help due to mental health stigmatisation (Vogel *et al.*, 2011). This current study explores student attitudes to mental illness and help seeking in relation to gender, self-esteem and life satisfaction in order to further our understanding of the factors that influence and affect mental illness and help seeking.

The present study reports no difference in the attitudes among male and female participants which was contrary to popular research (Jorm *et al.*, 2012). Results also found that knowing someone with a mental illness yielded more favourable attitudes which is line with current research (Corrigan & Watson, 2002; ten *et al.*, 2010). These results may be due to the increase in mental health literacy and education campaigns, however another possible suggestion is that respondents as students of psychology may be more informed and educated in relation to mental health and help seeking and in turn hold more positive attitudes (Eker, 1989). A number of significant correlations were identified. A positive moderate significant correlation between attitudes towards help seeking and mental illness and a strong positive significant correlation between self-esteem and satisfaction with life. Attitudes towards mental illness and self-esteem significantly predicated attitudes towards help seeking and self-esteem was identified as the stronger predictor of the two. The results from the qualitative data also supports the qualitative findings that there is no attitudinal differences based on gender but did report that women are more associated with seeking help. The results of the study support the argument that education

and increasing awareness may enhance intervention and lead to more favourable attitudes towards mental illness and help seeking.

5. References

- Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *The American Psychologist*, (1) 5. Retrieved March 7, 2016 from <http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,custuid,cookie,url&custid=s6175963&db=edsggo&AN=edsgcl.99185661&site=eds-live>
- Afifi, M. (2007). Gender differences in mental health. *Singapore Medical Journal*, 48(5), 385-391. Retrieved March 7, 2016 from <http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,custuid,cookie,url&custid=s6175963&db=cmedm&AN=17453094&site=eds-live>
- Andrews, G., Issakidis, C., & Carter, G. (2001). Shortfall in mental health service utilisation. *The British Journal of Psychiatry*, 179(5), 417-425. Retrieved February 28, 2016 <http://bjp.rcpsych.org/content/179/5/417>
- Barry, M.M., Van Lente, E., Molcho, M., Morgan, K., McGee, H., Conroy, R.M., Watson, D., Shelley, E. and Perry, I. (2009) *SLÁN 2007: Survey of Lifestyle, Attitudes and Nutrition in Ireland. Mental Health and Social Well-being Report*, Department of Health and Children. Dublin: The Stationery Office. Retrieved February 29, 2016, from https://www.ucd.ie/t4cms/slan_wellbeing_report.pdf
- Bloom, D. E., Cafiero, E., Jané-Llopis, E., Abrahams-Gessel, S., Bloom, L. R., Fathima, S., ... & O'Farrell, D. (2012). *The global economic burden of noncommunicable diseases* (No. 8712).

Program on the Global Demography of Aging.. Retrieved March 7, 2016 from http://www.hsph.harvard.edu/program-on-the-global-demography-of-aging/WorkingPapers/2012/PGDA_WP_87.pdf

Bos, A. R., Kanner, D., Muris, P., Janssen, B., & Mayer, B. (2009). Mental Illness Stigma and Disclosure: Consequences of Coming out of the Closet. *Issues in Mental Health Nursing*, 30(8), 509-513. doi:10.1080/01612840802601382

Cates, M. E., Burton, A. R., & Woolley, T. W. (2005). Attitudes of Pharmacists Toward Mental Illness and Providing Pharmaceutical Care to the Mentally III. *Annals of Pharmacotherapy*, 39(9), 1450-1455. = <http://aop.sagepub.com/content/39/9/1450.abstract>

Corrigan, P. W., & Shapiro, J. R. (2010). Measuring the impact of programs that challenge the public stigma of mental illness. *Clinical Psychology Review*, 30(8), 907-922. Retrieved February 27, 2016 from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2952670/>

Corrigan, P. W., & Watson, A. C. (2002). Understanding the impact of stigma on people with mental illness. *World psychiatry*, 1(1), 16-20. Retrieved February 28, 2016 from [http://resolver.ebscohost.com/openurl?groupid=ftf_test&sid=EBSCO:cmedm&genre=article&issn=17238617&ISBN=&volume=1&issue=1&date=20020201&spage=16&pages=16-20&title=World%20Psychiatry:%20Official%20Journal%20Of%20The%20World%20Psychiatric%20Association%20\(WPA\)&atitle=Understanding%20the%20impact%20of%20stigma%20on%20people%20with%20mental%20illness.&aulast=Corrigan%20PW&id=DOI:](http://resolver.ebscohost.com/openurl?groupid=ftf_test&sid=EBSCO:cmedm&genre=article&issn=17238617&ISBN=&volume=1&issue=1&date=20020201&spage=16&pages=16-20&title=World%20Psychiatry:%20Official%20Journal%20Of%20The%20World%20Psychiatric%20Association%20(WPA)&atitle=Understanding%20the%20impact%20of%20stigma%20on%20people%20with%20mental%20illness.&aulast=Corrigan%20PW&id=DOI:)

Cotton, S. M., Wright, A., Harris, M. G., Jorm, A. F., & McGorry, P. D. (2006). Influence of gender on mental health literacy in young Australians. *Australian and New Zealand Journal of Psychiatry*, 40(9), 790-796. Retrieved March 7, 2016 from <http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,custuid,cookie,url&custid=s6175963&db=edsgao&AN=edsgcl.158115310&site=eds-live>

Couture, S., & Penn, D. (2003). Interpersonal contact and the stigma of mental illness: A review of the literature. *Journal of mental health*, 12(3), 291-305. Retrieved March 6, 2016 from <http://penn.web.unc.edu/files/2014/07/Interpersonal-contact-and-the-stigma-of-mental-illness.pdf>

Crisp, A. H., Gelder, M. G., Rix, S., Meltzer, H. I., & Rowlands, O. J. (2000). Stigmatisation of people with mental illnesses. *The British Journal of Psychiatry*, 177(1), 4-7. Retrieved March 6, 2016 from <http://bjp.rcpsych.org/content/177/1/4>

DeLenardo, S., & Lennox Terrion, J. (2014). Suck It Up: Opinions and Attitudes about Mental Illness Stigma and Help-Seeking Behaviour of Male Varsity Football Players. *Canadian Journal of Community Mental Health*, 33(3), 43-56. doi:10.7870/cjcmh-2014-023

Diener, E. D., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of personality assessment*, 49(1), 71-75. Retrieved from DBS Library on February 29 2016 <http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,custuid,cookie,url&custid=s6175963&db=edb&AN=6385463&site=eds-live>

- Diener, E., Inglehart, R., & Tay, L. (2013). Theory and Validity of Life Satisfaction Scales. *Social Indicators Research*, (3), 497. doi:10.1007/s11205-012-0076-y
- Doherty, D. T., Moran, R., Kartalova-O'Doherty, Y., & Walsh, D. (2007). *HRB national psychological wellbeing and distress survey: baseline results*. Health Research Board. Retrieved February 28, 2016 from http://www.hrb.ie/uploads/tx_hrbpublications/NPWDS.pdf
- 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. doi:10.1348/135910709X457423
- Eker, D. (1989). Attitudes toward mental illness: Recognition, desired social distance, expected burden and negative influence on mental health among Turkish freshmen. *Social Psychiatry and Psychiatric Epidemiology*, (3),
- Fischer, E. H., & Farina, A. (1995). Attitudes toward seeking professional psychological help: A shortened form and considerations for research. *Journal of College Student Development* 36, 368- 373 Retrieved December 16, 2015 from <http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,custuid,cookie,url&custid=s6175963&db=edsgao&AN=edsgcl.294103115&site=eds-live>

Gibbons, R. J., Thorsteinsson, E. B., & Loi, N. M. (2015). Beliefs and attitudes towards mental illness: an examination of the sex differences in mental health literacy in a community sample. *Peerj*, 3e1004. doi:10.7717/peerj.1004

Gonzalez, J. M., Alegria, M., Prihoda, T. J., Copeland, L. A., & 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*, (1), 45. Retrieved March 13, 2016 from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3654385/>

Irish Attitudes towards mental health problems (2013) Retrieved February 27, 2016, from See Change, the National Mental Health Stigma Reduction Partnership website:
<http://www.seechange.ie/research/>

Jang, Y., Chiriboga, D. A., & Okazaki, S. (2009). Attitudes toward mental health services: Age-group differences in Korean American adults. *Aging and Mental Health*, 13(1), 127-134. Retrieved March 11, 2016 from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2737391/>

Jorm, A. F., & Wright, A. (2008). Influences on young people's stigmatising attitudes towards peers with mental disorders: national survey of young Australians and their parents. *The British Journal of Psychiatry: The Journal of Mental Science*, 192(2), 144-149. doi:10.1192/bjp.bp.107.039404

Jorm, A. F. (2012). Mental health literacy: Empowering the community to take action for better mental health. *American Psychologist*, 67(3), 231-243. doi:10.1037/a0025957

Koivumaa-Honkanen, H., Honkanen, R., Viinamaeki, H., Heikkilae, K., Kaprio, J., & Koskenvuo, M. (2014). Life satisfaction and suicide: a 20-year follow-up study. *American Journal of Psychiatry*. Retrieved 6 March, 2016 from https://www.researchgate.net/profile/Heli-Tuulie_Koivumaa-Honkanen/publication/12101723_Life_Satisfaction_and_Suicide_A_20-Year_Follow-Up_Study/links/561c17ef08aea80367243786.pdf

Lally, J., O'Conghaile, A., Quigley, S., Bainbridge, E., & McDonald, C. (2013). Stigma of mental illness and help-seeking intention in university students. *Psychiatrist*, 37(8), 253. doi:10.1192/pb.bp.112.041483

Link, B. G., Struening, E. L., Neese-Todd, S., Asmussen, S., & Phelan, J. C. (2014). Stigma as a barrier to recovery: The consequences of stigma for the self-esteem of people with mental illnesses. *Psychiatric services* Retrieved Feb 22, 2016 from <http://www.heart-intl.net/HEART/120606/StigmaasaBarrier.htm>.

Mackenzie, C. S., Erickson, J., Deane, F. P., & Wright, M. (2014). Changes in attitudes toward seeking mental health services: A 40-year cross-temporal meta-analysis. *Clinical psychology review*, 34(2), 99-106. Retrieved March 6, 2016 from <http://ro.uow.edu.au/cgi/viewcontent.cgi?article=1779&context=sspapers&sei-redir=1&referer=http%3A%2F%2Fscholar.google.com%2Fscholar%3Fq%3DChanges%2Bin%2>

[Battitudes%2Btowards%2Bseeking%2Bmental%2Bhealth%2Bservices%2B%252B%2Bmackenzie%26hl%3Den%26as_sdt%3D0%26as_vis%3D1%26oi%3Dscholart%26sa%3DX%26ved%3D0ahUKEwj177nh06zLAhXClg8KHcHZCN8QgQMIGTAA#search=%22Changes%20attitudes%20towards%20seeking%20mental%20health%20services%20%2B%20mackenzie%22](http://dx.doi.org/10.1093/her/cyg041)

Mann, M., Hosman, C. H., Schaalma, H. P., & de Vries, N. K. (2004). Self-esteem in a broad-spectrum approach for mental health promotion. *Health Education Research*, 19(4), 357. doi:10.1093/her/cyg041

Markowitz, F. E. (1998). The effects of stigma on the psychological well-being and life satisfaction of persons with mental illness. *Journal of Health and Social Behaviour*, (4) 335-347 Retrieved March 7, 2016 from <http://eds.b.ebscohost.com/eds/detail/detail?vid=22&sid=a0ac5aab-ed61-48f6-a588-d7b723950a89%40sessionmgr111&hid=111&bdata=JkF1dGhUeXBIPWlwLGN1c3R1aWQsY29va2llLHVybCZjdXN0aWQ9czYxNzU5NjMmc2l0ZT1lZHMtbGl2ZQ%3d%3d#AN=edsjsr.2676342&db=edsjsr>

Möller-Leimkühler, A. M. (2002). Barriers to help-seeking by men: a review of sociocultural and clinical literature with particular reference to depression. *Journal of affective disorders*, 71(1), 1-9. Retrieved March 7, 2016 from https://www.researchgate.net/profile/Anne_Moeller-Leimkuehler/publication/11218434_Barriers_to_help-seeking_by_men_A_review_of_sociocultural_and_clinical_literature_with_reference_to_depression/links/0deec53b28450cb0d9000000.pdf

Murray, C. J., & Lopez, A. D. (1996). Evidence-Based Health Policy--Lessons from the Global Burden of Disease Study. *Science*, 274(5288), 740-743. Retrieved February 28, 2016 from http://www.eurohex.eu/bibliography/pdf/0619262817/Murray_1996_Science.pdf

Murray, G., Judd, F., Jackson, H., Fraser, C., Komiti, A., Pattison, P., ... & Robins, G. (2008). Big boys don't cry: An investigation of stoicism and its mental health outcomes. *Personality and Individual Differences*, 44(6), 1369-1381. Retrieved March 7, 2016 from https://www.researchgate.net/profile/Henry_Jackson3/publication/223361152_Big_boys_don't_cry_An_investigation_of_stoicism_and_its_mental_health_outcomes/links/09e4150f7564953ff400000.pdf

Overton, S. L., & Medina, S. L. (2008). The stigma of mental illness. *Journal of Counseling and Development*, (2), 143. Retrieved February 29, 2016 from <http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,custid,cookie,url&custid=s6175963&db=edsggo&AN=edsgcl.179277454&site=eds-live>

Schomerus, G., Schwahn, C., Holzinger, A., Corrigan, P. W., Grabe, H. J., Carta, M. G., & Angermeyer, M. C. (2012). Evolution of public attitudes about mental illness: a systematic review and meta-analysis. *Acta Psychiatrica Scandinavica*, 125(6), 440-452. doi:10.1111/j.1600-0447.2012.01826.x

- Sowislo, J. F., Orth, U., & Meier, L. L. (2014). What constitutes vulnerable self-esteem? Comparing the prospective effects of low, unstable, and contingent self-esteem on depressive symptoms. *Journal of Abnormal Psychology, 123*(4), 737-753. doi:10.1037/a0037770
- Stier, A., & Hinshaw, S. P. (2007). Explicit and implicit stigma against individuals with mental illness. *Australian Psychologist, 42*(2), 106-117. doi:10.1080/00050060701280599
- Strine, T. W., Chapman, D. P., Balluz, L. S., Moriarty, D. G., & Mokdad, A. H. (2008). The associations between life satisfaction and health-related quality of life, chronic illness, and health behaviours among US community-dwelling adults. *Journal of community health, 33*(1), 40-50.
- Swami, V. (2012). Mental Health Literacy of Depression: Gender Differences and Attitudinal Antecedents in a Representative British Sample. *Plos ONE, 7*(11), 1-6. doi:10.1371/journal.pone.0049779
- ten Have, M., de Graaf, R., Ormel, J., Vilagut, G., Kovess, V., & Alonso, J. (2010). Are attitudes towards mental health help-seeking associated with service use? Results from the European Study of Epidemiology of Mental Disorders. *Social Psychiatry & Psychiatric Epidemiology, 45*(2), 153-163. doi:10.1007/s00127-009-0050
- Timmers, M., Fischer, A., & Manstead, A. (2003). Ability versus vulnerability: Beliefs about men's and women's emotional behaviour. *Cognition & Emotion, 17*(1), 41-63. Retrieved March 7 , 2016 from <http://eds.b.ebscohost.com/eds/detail/detail?vid=34&sid=a0ac5aab-ed61-48f6-a588->

d7b723950a89%40sessionmgr111&hid=111&bdata=JkF1dGhUeXBIPWlwLGN1c3R1aWQsY2
 9va2llLHVybCZjdXN0aWQ9czYxNzU5NjMmc2l0ZT1lZHMtbGl2ZQ%3d%3d#AN=9123290
 &db=bth

Vogel, D. L., Heimerdinger-Edwards, S. R., Hammer, J. H., & Hubbard, A. (2011). 'Boys don't cry': Examination of the links between endorsement of masculine norms, self-stigma, and help-seeking attitudes for men from diverse backgrounds. *Journal of Counseling Psychology, 58*(3), 368-382. doi:10.1037/a0023688

Vogel, D. L., & Wade, N. G. (2009). Stigma and help-seeking. *Psychologist, 22*(1), 20-23. Retrieved March 7, 2016 from <http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,custuid,cookie,url&custid=s6175963&db=a9h&AN=36646269&site=eds-live>

Vogel, D. L., Wade, N. G., & Haake, S. (2006). Measuring the self-stigma associated with seeking psychological help. *Journal of Counseling Psychology, 53*(3), 325-337. doi:10.1037/0022-0167.53.3.325

Vogel, D. L., Wester, S. R., & Larson, L. M. (2007). Avoidance of counselling: Psychological factors that inhibit seeking help. *Journal of Counselling and Development, 85*(4), 410. Retrieved March 13, 2016 from https://www.researchgate.net/profile/Stephen_Wester/publication/263718281_Avoidance_of_Co

unseling_Psychological_Factors_That_Inhibit_Seeking_Help/links/5592b3b408ae5af2b0eb52da.pdf

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), 233-246.

Vogel, D. L., Wester, S. R., Hammer, J. H., & Downing-Matibag, T. M. (2014). Referring men to seek help: The influence of gender role conflict and stigma. *Psychology of Men & Masculinity*, 15(1), 60. Retrieved February 20, 2016 from https://www.researchgate.net/profile/David_Vogel3/publication/263924633_Referring_men_to_seek_help_The_influence_of_gender_role_conflict_and_stigma/links/5457982b0cf2cf51648217b5.pdf

Ward, M., Doherty, D. T., & Moran, R. (2007). *It's good to talk: distress disclosure and psychological wellbeing*. Dublin, Ireland: Health Research Board. Retrieved February 28, 2016 from http://www.hrb.ie/uploads/tx_hrbpublications/HRBResearchSeries1.pdf

Wang, P. S., Angermeyer, M., Borges, G., Bruffaerts, R., Chiu, W. T., De Girolamo, G., ... & Kessler, R. C. (2007). Delay and failure in treatment seeking after first onset of mental disorders in the World Health Organization's World Mental Health Survey Initiative. *World Psychiatry*, 6(3), 177. Retrieved February 28, 2016 from

[http://resolver.ebscohost.com/openurl?sid=EBSCO%3acmedm&genre=article&issn=17238617&ISBN=&volume=6&issue=3&date=20071001&spage=177&pages=177-85&title=World+Psychiatry%3a+Official+Journal+Of+The+World+Psychiatric+Association+\(WPA\)&atitle=Delay+and+failure+in+treatment+seeking+after+first+onset+of+mental+disorders+in+the+World+Health+Organization%27s+World+Mental+Health+Survey+Initiative.&aulast=Wang+PS&id=DOI%3a&site=ftf-live](http://resolver.ebscohost.com/openurl?sid=EBSCO%3acmedm&genre=article&issn=17238617&ISBN=&volume=6&issue=3&date=20071001&spage=177&pages=177-85&title=World+Psychiatry%3a+Official+Journal+Of+The+World+Psychiatric+Association+(WPA)&atitle=Delay+and+failure+in+treatment+seeking+after+first+onset+of+mental+disorders+in+the+World+Health+Organization%27s+World+Mental+Health+Survey+Initiative.&aulast=Wang+PS&id=DOI%3a&site=ftf-live)

World Health Organisation (2005) Mental Health Action Plan for Europe Retrieved on 18 December 2015 from http://www.euro.who.int/_data/assets/pdf_file/0006/99735/Mental-Health-Action-Plan.pdf?ua=1 -

World Health Organisation (2009). Gender disparities in mental health. Retrieved March 6, 2016 from http://www.who.int/mental_health/media/en/242.pdf?ua=1

WHO 2014 Factsheet Mental Health Data and Statistics Retrieved on December 18, 2015 from <http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/data-and-statistics>

6. Appendix

Information and consent form

My name is Ciara O'Brien and I am an undergraduate student of Psychology in Dublin Business School. I am conducting research that explores the attitudes towards mental illness. This research is being conducted as part of my final year project and will be submitted for examination and may be used for future research, presentations and publications.

You are invited to take part in this study and participation involves completion of the attached anonymous survey which will take 10 minutes to complete.

Participation is entirely voluntary and therefore you are not obliged to participate. Participation is anonymous and confidential. Please do NOT put your name on the questionnaire.

Due to the anonymity of this survey responses will not and cannot be attributed to any individual and for this reason it is not possible to withdraw from participation once the questionnaire has been collected.

The questionnaires will be securely stored and data from the questionnaires will be transferred from the paper record to electronic format and stored on a password protected computer.

If you have any questions regarding this study please contact me on 10056318@mydbs.ie or my supervisor Margaret Walsh

Thank you for taking the time to complete this survey.

Ciara O'Brien

Agency Contact Information sheet

Dear participant

If you have been affected by any of the questions raised in this survey please find a list of contact details of relevant support organisations:

Aware 1890 303 302 www.aware.ie

Samaritans 1850 60 90 90 www.samaritans.org

Pieta House 01 601 0000 www.pieta.ie

Thank you for taking the time to complete this survey.

Ciara O'Brien

Questionnaires:**Section A**

Please indicate your sex:

Male

Female

Age: 18 - 29
 30 - 39
 40 - 49
 50 - 59
 60+

Do you know anyone who has or has had a mental illness (please include yourself)

Yes

No

Section B:

Below is a list of statements please read carefully and indicate your degree of agreement using the scale below.

If you *strongly agree* with the statement circle SA.If you *agree* with the statement circle A.If you *disagree* with the statement circle D.If you *strongly disagree* with the statement circle SD.

1.	On the whole, I am satisfied with myself.	SA	A	D	SD
2.	At times, I think I am no good at all.	SA	A	D	SD
3.	I feel that I have a number of good qualities.	SA	A	D	SD
4.	I am able to do things as well as most other people.	SA	A	D	SD
5.	I feel I do not have much to be proud of.	SA	A	D	SD
6.	I certainly feel useless at times.	SA	A	D	SD
7.	I feel that I'm a person of worth, at least on an equal plane with others.	SA	A	D	SD
8.	I wish I could have more respect for myself.	SA	A	D	SD
9.	All in all, I am inclined to feel that I am a failure.	SA	A	D	SD
10.	I take a positive attitude toward myself.	SA	A	D	SD

Section C: Scale of Satisfaction with Life

Below is a list of statements please read carefully and indicate your degree of agreement using the scale below.

- 7 - Strongly agree
- 6 - Agree
- 5 - Slightly agree
- 4 - Neither agree nor disagree
- 3 - Slightly disagree
- 2 - Disagree
- 1 - Strongly disagree

	In most ways my life is close to my ideal
	The conditions of my life are excellent
	I am satisfied with my life
	So far I have gotten the important things I want in life
	If I could live my life over, I would change almost nothing

Section D: Attitudes towards seeking professional psychological help

Below are a list statements please read carefully and indicate your degree of agreement using the scale below.

If you *strongly agree* with the statement circle SA.
 If you *agree* with the statement circle A.
 If you *disagree* with the statement circle D.
 If you *strongly disagree* with the statement circle SD.

1.	If I believed I was having a mental breakdown, my first inclination would be to get professional attention.	SA	A	D	SD
2.	The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.	SA	A	D	SD
3.	If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.	SA	A	D	SD
4.	There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.	SA	A	D	SD
5.	I would want to get psychological help if I were worried or upset for a long period of time.	SA	A	D	SD
6.	I might want to have psychological counselling in the future.	SA	A	D	SD
7.	A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help	SA	A	D	SD
8.	Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.	SA	A	D	SD
9.	A person should work out his or her own problems; getting psychological counselling would be a last resort.	SA	A	D	SD
10.	Personal and emotional troubles, like many things, tend to work out by themselves.	SA	A	D	SD

Section E: Attitudes towards mental illness

Using the scale below, please circle the relevant answer beside each statement

If you *strongly disagree* with the statement circle SD
 If you *disagree* with the statement circle D.
 If you *agree* with the statement circle A
 If you *strongly agree* with the statement circle SA

1.	Most patients in mental hospitals are not dangerous	SD	D	A	SA
2.	It is easy to recognise someone who once had a serious mental illness.	SD	D	A	SA
3.	We cannot expect to understand the bizarre behaviour of mentally ill persons.	SD	D	A	SA
4.	Mentally ill people are not intelligent.	SD	D	A	SA
5.	Most mentally ill persons haven't the ability to tell right from wrong.	SD	D	A	SA
6.	Most mentally ill people don't care how they look.	SD	D	A	SA
7.	Most people have mental and emotional problems.	SD	D	A	SA
8.	Mental illness is nothing to be ashamed of.	SD	D	A	SA
9.	Mentally ill people are ruled by their emotions; normal people by their reason.	SD	D	A	SA
10.	A mentally ill person is in no position to make decisions about even everyday living problems	SD	D	A	SA
11.	There is nothing about mentally ill people that makes it easy to tell them from normal people.	SD	D	A	SA

Section F

In your opinion is one gender more associated with mental health illness?

Yes

No

Not sure

If you answered yes to the above question please advise which gender you associate more with mental health illness Male Female

Please provide reasons for your answer

In your opinion is one gender more associated with seeking help treatment for mental illness?

Yes

No

Not sure

If you answered yes to the above question please advise which gender you associate more with seeking treatment for mental illness - Male Female

Please provide reasons for your answer

Thank you for taking the time to complete this survey