

An investigation of the relationship between mental health literacy and attitudes towards seeking psychological help in an adult population.

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Dedication.

This project is dedicated to my Father, Mother, my brothers Joseph, Meyvern and my Sister in-law not forgetting my precious niece Kyla Shona for they have supported me through it all.

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Abstract

Mental health is defined as the state of well-being where a person recognises his or her own capabilities to tolerate stresses. Mental health issues interfere with one's psychological, emotional and social well-being. The main objective of the present study is to investigate the relationship between mental health literacy and attitudes towards seeking psychological help. A cross sectional design was used with a sample of 67 participants who were recruited using online questionnaires with a link that was shared on social media. A mental health literacy scale was used to assess participants' knowledge/ understanding on mental health, mental help seeking attitude scale was employed to evaluate overall attitudes (positive or negative) towards seeking help from a mental health specialist. Results displayed no significant differences between the two variables mental health literacy and attitudes towards seeking help and there were no significant differences found when both genders were compared. Hence mental health literacy score between males and females (mean difference = 1.16 [95% CI: 7.90 – 5.58]) and attitudes towards seeking professional help scores between males and females (mean difference = -.07 [95% CI: .05 -.20]). Intervention programs aimed at raising awareness of mental health illness may be significant in the initial prevention of mental health disorders.

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LITERATURE REVIEW

Mental health is defined as the state of well-being where a person recognises his or her own capabilities to tolerate stresses (Embogama, 2016). Depression, anxiety, phobias and eating disorders just to name a few, these are some examples of mental health problems and they can interfere with an individual's psychological, emotional and social well-being (Edwards, Fuller, Moss & Procter, 2001). ESEMeD/MHEDEA 2000 Investigators, Alonso, Angermeyer, Bernert, Bruffaerts, Brugha and Gasquet, (2004) found that a great number of individuals were affected by different types of mental illnesses, were one in four participants conveyed long term experience of some mental disorders. The authors reported that young adults and women were mostly affected by the long term mental health disorders. In other studies conducted by (Andreas, Schulz, Volkert, Dehoust, Sehner, Suling, & Grassi, 2017; Merikangas, He, Burstein, Swanson, Avenevoli, Cui & Swendsen, 2010) deliberated that most of the young adults experiencing mental health disorders end up being involved in substance and drug abuse. McGorry, Bates, and Birchwood (2013) found that in Ireland 75% of individuals aged 18-mid 20's suffer from mental health issues. However (Niu, Álvarez-Álvarez, Guillén-Grima, & Aguinaga-Ontoso, 2017) argued that not only young adults and women present with mental health disorders, emphasis was given to the elderly population. Authors reported in that particular study most individuals acknowledged lifetime experiences of mental health issues. Despite an individual's age some studies highlighted the major importance of seeking professional help (Volkert, Schulz, Härter, Wlodarczyk & Andreas, 2013).

Research has shown that it is of paramount importance to seek help for mental health problems the same way help is sought for physical health issues. In a study by Dell, Pelham and Murphy (2019) supports the notion of seeking appropriate help for mental health related issues and they believed that when one's mental health is taken care of it positively impacts physical health for example engaging in regular healthy exercises. Hom, Stanley, Spencer, Thomas and Joiner (2018) believed that individuals going through mental health related issues are mostly restricted in choosing careers since they may not be able to work in some environments.

The World Health Organisation (WHO) (2004) suggested that it was essential to seek professional help if an individual, friend or family member was presenting with mental health problems and that adequate programs should be introduced globally so as to enlighten people on what mental health is. In studies conducted by Hom, Stanley, Spencer, Thomas and Joiner (2015); Seeman, Tang, Brown and Ing (2016) mentioned that in surveys that were carried out amongst 44 countries that had close to six hundred thousand participants showed that 7% of the population sought help for mental health issues without delay and almost half of the population revealed delays in seeking help. The authors believed that there were some factors such as stigma and discrimination that influenced impeded help seeking for mental health related issues.

The rates of treatment seeking for mental health disorders are much lower than physical health for example 35.5%- 50.3% developed countries somewhat received treatment on mental health problems and 76.3%- 85.4% in under developed countries received less or no treatment according to the surveys they conducted from 2001-2003 (The World Health Organisation, 2004). Mental health problems do have negative impacts on one's daily life, as

revealed in some literature. Sheals, Tombor, McNeill and Shahab (2016) revealed that most people who present with mental illness are prone heavy smoking or substance abuse and this may in turn have negative effects on their physical health.

It has been suggested that seeking treatment at an earlier stage is associated with a greater likelihood of recovery (Fulton, Gibson, Pillay & Tang Lu, 2018). However despite greater prevalence and major impact that mental health can have for a single person, but for their family and wider society, a lot of people do not seek or receive adequate support and services (Held & Owens, 2012; Chew-Graham, Rogers & Yassin, 2003).

Common reasons for not seeking mental health support have been discussed in various studies. Edwards, Fuller, Moss and Procter (2000); Hom, Stanley, Spencer, Thomas and Joiner (2015); Seeman, Tang, Brown and Ing (2016); Hackler, Cornish and Vogel (2016) found that most people in remote areas did not seek or avail for mental health support services due to limiting factors such as transport and financial issues. Therefore (Cooke, 2017) supported the notion that those facing financial issues may not avail for proper help facilities compared to those who are financially stable. Consequently in a study conducted by (Mojtabai, Olfson, Sampson, Jin, Druss, Wang & Kessler, 2011) suggested that most people did not seek professional help especially those that presented with moderate mental disorders compared to those that had severe mental health issues. Authors discovered that it was due to these individuals understanding of mental illness, were they understood that those presenting with severe mental disorders had to pursue treatments. Andrade, Alonso, Mneimneh, Wells, Al-Hamzawi, Borges and Kessler (2014) suggested that there are numerous reasons that led people not to seek for medical or non-medical help if they were suffering from mental illness, one of the reason was handling the problem on their own. They discovered that most people were reluctant or did not seek help they feared being labelled, they also wanted to maintain certain standards in society.

Corrigan (2004) suggested that there were two types of stigma surrounding mental illness which are public and self-stigma. Public stigma was described as how other people viewed individuals presenting with mental illness and self-stigma was an individual's perception on mental illness. The author believed that public stigma had negative effects on social opportunities since it hindered people from achieving their desired goals such as obtaining employment. In the study by (Corrigan, 2004) found that self-stigma affected one's self-esteem and individuals presenting with mental health challenges often felt incompetent.

Fear of detachment from society was another reason that influenced the reluctance of help seeking for mental health problems, most participants were reported to have a preference of seeking physical health as opposed to mental health (Held & Owens, 2012). Hackler, Cornish and Vogel (2016) stated that the stigma surrounding mental health was found to be a significant reason for people not to avail for mental health support or treatment and has severe impacts on affected individuals. Hassan and De Luca (2015) supported the notion that different types of mental disorders despite severity, have unfavourable outcomes such as diminished quality of life that may lead to greater suicidal risks. Clement, Shauman and Graham (2015) expressed the importance of seeking appropriate support for mental health as it is important for physical. It was found that most people's preference was to seek help for any physical problem which included broken or fractured limbs, because it was viewed as the norm whereas seeking help for mental health issues was perceived as not normal and had a lot of resilience in society (Clement, Shauman & Graham, 2015).

In a study conducted by Lannin, Vogel, Brenner, Abraham and Heath (2016) it was discovered that people affected with mental health disorders preferred not to seek help, because of assessments carried out before commencing treatments or therapy sessions. Authors in the study stated that due to self-stigma 17.1% of their sample exhibited negative

attitudes towards seeking psychological help. Taber, Leyva and Persoskie (2015) proposed that other reasons for people not seeking help for mental health related issues included financial constraints 24.1%, negative attitudes towards organizations 33.3% and self-stigma 12.2%. However other research proposed that individuals would seek help for physical injuries compared to mental health issues (Van Brackel, 2006).

Thornicroft, Rose and Mehta (2010) found that individuals who presented with mental health issues did not seek appropriate help since they felt as they were burdening those around them like friends or families. Authors stated that most families that had their loved ones exhibiting mental health disorder symptoms were found to be in denial, instead of seeking professional help, they opted for other means of support, so as to maintain certain standards in society (Thornicroft, Rose & Mehta 2010; Barney, Griffiths & Banfield, 2011). In other studies it was proposed that most participants sought physical health care support since the duration of medication prescribed was not for long term use as compared to mental illness medication, where medication is expected to be taken on a daily basis for a longer period (Corrigan & Rusch, 2002; Corrigan, 2004; Clement, Shauman & Graham, 2015; Vogel, Wade & Haake, 2006). Vogel, Wade and Hackler (2007) believed that another reason why people preferred seeking support for physical health care was due to the intensity of assessments, where mental illness valuations were thought to be much more intense compared to physical health.

In a study conducted by (Vogel, Wade & Hackler, 2007) it was discussed that attitudes towards mental health treatment are an important predictor of people's likelihood to actually seek treatment. Jorm, (2012) deliberated that poor insight of mental health illness led to negative attitudes towards seeking professional help. It was reviewed in another study by (Montero-Marin, Carasco, Roca, Selano-Blanco, Gilli, Mayoral & Araya, 2013) that the

duration of the processes of referrals had an impact on the attitudes of people who sought mental health treatments. On the other hand (Chambers, Cook, Thake, Foster, Shaw, Hutten & Ricketts, 2015) indicated that since medication for treating mental health disorders adjusted gradually in one's system, most people did not pursue further treatment rather they exhibited negative attitudes towards seeking help.

It is important to understand what predicts people's attitudes towards psychological help seeking (Taylor, Sherman, Kim, Jarcho, Takagi & Dunagan, 2004; Slade, Johnston, Oakley Browne, Andrews & Whiteford, 2009). Mental health understanding and knowledge is an important predictor to attitudes towards professional help seeking (Jorm, 2012). Therefore it is of great importance to measure attitudes towards psychological help seeking, so as to try and educate society on the negative impacts that stigmatization has towards those suffering from mental health issues (Hackler, Cornish & Vogel, 2016). The general public's reaction/behaviours portrayed towards those faced by mental health illness caused withdrawal in the patients/mental illness sufferers (Fuller, Moss & Procter, 2000; Held & Owens, 2012; Hackler, Cornish & Vogel, 2016).

Therefore in various studies it has been found that people are less likely to seek help for mental health problems compared to physical health for numerous reasons. It is suggested by Evans-Locker (2013) that most research highlights that the barrier to positive attitudes to help seeking is the lack of mental health literacy. Mental health literacy is defined as the knowledge and understanding of mental illnesses, the signs and symptoms that may be observed from a person experiencing mental health challenges (Jorm, 2012; Kelly, Jorm & Wright, 2007). In other studies conducted by (Drake, Bond, Goldman, Hogan & Karakus, 2016; Egan, Pinto-Bruno, Bighelli, Berg-Weger, van Straten, Albanese & Pot, 2018) discussed the importance of support programs that enabled society to learn and understand

how they could help individuals presenting or experiencing mental health disorders. Since it was found that stigma contributed to negative attitudes towards help seeking in people experiencing mental health illnesses, various studies supported the notion on the introduction of active support groups/ programs that helped raise awareness (Anderson, El-Amin, Knudson, Leider & Satorious, 2018; Hackler, Cornish & Vogel, 2016; Jorm, 2015).

Boschoff, Hugo, Stein, Traut & Zungu-Dirwayi (2003) believed that society's views on mental illness did not only play a key role in successful treatments but it defined help seeking behaviour and attitudes of treatment influence compliance of patients. According to Arboleda- Flórez and Stuart (2001) believed that individuals who presented with mental illness disorders did not seek help/psychological support due to the fact that society had negative views on them. Clement et al. (2015) suggested that most participants did not seek out mental health support due to stigma surrounding 'mental health'. It has been reported in this study that stigma was a major barrier to most of the people that suffered from mental health related problems. About 21-23% of the participants reported that it was less embarrassing to seek help for physical health care and that they will not be discriminated against in their jobs and negatively judged in society (Clement et al., 2015).

McKenzie, Gekoski and Knox (2006) In addition to stigma and knowledge related to mental health, it has also been suggested that attitudes to psychological help seeking might be predicted by demographic factors such as gender. It is believed that both men and women do go through mental illness challenges, but the difference is in how the disorders are experienced, were men exhibit more externalized disorders than those of women (Rosenfield & Mouzon, 2013). In a study conducted by (Simon & Lively, 2010) found that even though women were known to be more open and had positive perceptions towards mental health and support seeking attitudes, there were some factors that led to the increase of mental illness related problems amongst them. Consequently (Seedat, Scot, Angermeyer, Berglund, Bromet,

Brugha & Karam, 2009) supported the notion on the difference in experiences of mental illness disorders between men and women and they further clarified that due to the shift in gender roles most women experienced depression. Therefore in a study by (Pattyn, Verhaeghe & Bracke, 2015) discovered that women were more open to seeking professional help for ongoing mental illness related challenges, were as men chose self-care routes as opposed to seeking professional support.

Previous research has highlighted the importance of seeking mental health support either medical or non-medical and also emphasized on how the general public's attitudes have both positive and negative impact towards availing for common mental health support in those affected (Drake, Bond, Goldman, Hogan & Karakus, 2016; Egan, Pinto-Bruno, Bighelli, Berg-Weger, van Straten, Albanese & Pot, 2018). It was found in existing literature that intervention programs were essential so as to enhance mental health literacy in communities in the hope of reducing stigma around mental health (Anderson, El-Amin, Knudson, Leider & Satorious, 2018; Hackler, Cornish & Vogel, 2016; Jorm, 2015). Though in some studies the general public had some level of knowledge of what mental health was, but they still did not tolerate individuals affected (Watson & Hunter, 2015). Besides little to no knowledge to mental health, literature explains further on the different impacts that mental health disorders have on men and women and supported that gender hindered people to avail for support and help concerning mental health problems (Seedat, Scot, Angermeyer, Berglund, Bromet, Brugha & Karam, 2009; Pattyn, Verhaeghe & Bracke, 2015).

The present study will not dwell much on the barriers but instead the main aim is on the impacts of mental health literacy and gender differences towards help seeking attitudes. The current study's greater focus is on the relationship between mental health literacy and attitudes towards seeking professional help medical or non-medical. However there is little research addressing the relationship between these two variables and so the present research

will focus on covering this gap. As for the barriers the study will also compare gender to check if there is any significant differences in their attitudes towards seeking professional help or support as mentioned in the study by (Mckenzie, Gekoski & Knox, 2006).

The current research was performed amongst an adult population and the main aim for the study was to investigate the relationship between mental health literacy and attitudes towards help seeking and the hypothesis were:

- (i) There will be a relationship between mental health literacy and attitudes towards help seeking.
- (ii) There will be a significant difference in mental health literacy scores between males and females.
- (iii) There will be a significant difference between males and females in their attitudes towards psychological help seeking.

Methods

Participants

The present study sample size was $N=67$ consisted of participants of both genders, 32.8% $n=22$ males, 65.7% $n=44$ females and 1.5% $n=1$ preferred not state their gender. Participants were all aged 18 years or above, age range 18-60, $M=32.83$, $SD=9.69$. Participants were those who followed an online questionnaire, answered simple demographic questions, consented and took part in the research study. There were no specific requirements except that participants had to be 18 years and over. The target sample size for the present study was 90. The sampling methods employed in this study were convenience and snowball sampling, participants were asked to share the link to the online questionnaire on their own social media pages, which represented snowball sampling.

Design

A cross sectional design was used in the research study. Variables involved in the research study were mental health literacy/knowledge about mental health as the predictor variable and the criterion variable was attitudes towards seeking psychological help.

Measures

A self-report measure was used in the study so as to allow participants to give simple information on their gender and age.

The Mental Health Literacy Scale (Casey & O'Connor 2015) was used to assess participants' knowledge/ understanding on mental health. This scale contains 35 items which aim to assess participants' knowledge related to mental health by rating their agreement with statements, for example: 'to what extent do you think it is likely that dysthymia is a

disorder?'. Participants rated their responses on a either a 4-point Likert scale ranging from 1 – very unlikely/unhelpful to 4-very likely/helpful, or a 5-point Likert scale ranging from 1-strongly disagree/definitely unwilling, 5-strongly agree/definitely willing. All items in the scale are summed to form a total mental health literacy score. (See appendix 1). This scale has been widely used to measure mental health literacy (e.g. Hayden, Kutcher, McGrath & Wei, 2016; Davis, Jung & Sternberg, 2016; Casey & White, 2016; Cavanaugh, Costello, Grove & Reibschleger, 2017) and has been shown to have good reliability, with Cronbach's alpha of 0.87. Current sample Cronbach's alpha was .001.

Mental help seeking attitudes scale (Hammer, Parent, & Spiker 2018) was used to assess participants' overall evaluation of their attitudes (positive or negative) towards seeking help from a mental health specialist if they found themselves, friends or family to be dealing with a mental health concern. This scale consists of 9 items that intend to measure participants' attitudes towards seeking professional help. Participants rated their responses on a 7 point likert scale ranging from 1- useless and 7- useful. All items in the scale are summed to form a total mental help seeking attitudes score, were a lower score indicated negative attitudes and a higher score presented positive attitudes. (See appendix 2). This scale has been widely used to measure attitudes towards seeking professional help (e.g Hammer, Parnell & Spiker, 2018; Bradstreet & Parent, 2018; Austin & Schwartz, 2018; Hechanova, Tuliao & Velasquez, 2018; Brenner, Engel, Lannin, Tucker & Vogel, 2018). The cronbach's alpha for the current sample was .001.

Procedures

The researcher created a Google form which comprised of questions that participants were to answer. An online link to this form was posted/ shared on social media platforms namely Whatsapp and Facebook. Participants that were willing to take part in the study followed the online link, where they read information about the study before they consented in taking part in the research, they answered simple demographic questions about their age and gender. The information sheet/ consent page (appendix 3.) entailed of participants' rights in the study, such as the right of withdrawal at any stage without penalties and that the study was of freewill no one was forced to take part if they didn't want to. A mental health literacy scale was used to evaluate participants' knowledge on mental health, this scale had statements that were directly related to mental health, and hence participants gave a response according to what they thought mental health was. For measuring attitudes towards help seeking a mental help seeking attitudes scale was employed to measure both positive and negative attitudes. Hence low scores suggested that participants had negative attitudes towards help seeking and higher scores indicated that participants had positive attitudes towards help seeking. As participants finished answering the online questionnaire they were debriefed on what the study was all about and they were thanked for their participation in the research study.

Data was collected anonymously, the researcher then downloaded it and stored the data on their computer and a password was set so as to securely store the data and avoid any other person from gaining access to it. For data analysis the researcher used the SPSS software.

All study procedures were approved by the Research Ethics Committee of the National College of Ireland.

Results

Descriptive statistics

The present study had 67 participants who took part and they were all 18 years of age or above. They answered to two questionnaires which measured their knowledge about mental health and the other measured their attitudes towards seeking professional help. The current study had 65.7% ($n=44$) females, 32.8% ($n=22$) males and 1.5% ($n=1$) participant that did not specify their gender.

Table 1.

Descriptive statistics of all continuous variables

	Mean (95% Confidence Intervals)	Std. Error Mean	Median	SD	Range
MHLS	87.15 (83.94-90.36)	1.61	89	13.15	54-109
MHSAS	3.82 (3.76-3.88)	.03	3.78	.24	3-5
Age	32.83 (30.45-35.22)	1.19	32	9.69	18-60

Note: MHLS=mental health literacy scale (knowledge on mental health), MHSAS=mental help seeking attitudes scale (attitudes towards seeking professional help)

Inferential statistics

The relationship between knowledge on mental health (measured by the MHLS) and attitudes towards seeking professional help (measured by the MHSAS) was examined using non-parametric Spearman's rho. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity and homoscedasticity. Assumptions were violated in this case since one participant did not specify their gender, so the attitudes variable was not normally distributed. There was no significant relationship between, mental health literacy and attitudes towards seeking professional help $\rho = .103$ $N=67$, $p=.409$, two tailed. Results indicate that high scores in mental health literacy are not associated with high scores in attitudes towards seeking professional help.

An independent samples t-test was conducted to compare scores in mental health literacy between males and females. There was no significant difference in scores $t(64) = .34$, $p = .64$. The magnitude of the differences in the means (mean difference = 1.16, 95% CI: 7.90 – 5.58) was moderate (Cohen's $d = .09$).

An independent samples t-test was conducted to compare scores in attitudes towards seeking professional help between males and females. There was no significant difference in scores $t(64) = -1.17$, $p = .11$. The magnitude of the differences in the means (mean difference = -.07, 95% CI: .05 -.20) was small (Cohen's $d = .03$).

Discussion

The study of 67 reflected that there is no significant association between mental health literacy and attitudes towards seeking psychological help. A comparison of male and female scores on mental health literacy and attitudes towards seeking professional help, results indicated no significant difference despite high scores in mental health knowledge. All three hypothesis of the present study were rejected based on the findings. The results also contradict previous literature findings that women were more inclined to seeking professional help compared to men.

There are different barriers that could possibly impact on the attitudes towards seeking psychological support as mentioned in earlier research. Therefore some of the barriers mentioned in studies by (Anderson, El-Amin, Knudson, Leider & Satorious, 2018; Hackler, Cornish & Vogel, 2016; Jorm, 2015) were, stigma, shame, financial challenges and discrimination. However the present study did not control for any of the barriers but instead focused on the relationship between mental health literacy and its impact on help seeking attitudes.

The two positions reflected by this study were that, firstly the present research managed to compare mental health literacy and the attitudes towards seeking psychological help as compared to previous literature where these two variables were analysed separately. Secondly the current study managed to replicate other studies and presenting different outcomes compared to prior research, where results showed that females were more inclined to seek professional help for mental health related issues, however this study proposed that there is no significant difference in both genders. Thirdly the current study results might have been influenced by the use of online questionnaires that were shared on social media which

were only accessible to people who followed the link and people answered in their own time, but prior studies were conducted in laboratory settings.

However though this study succeeded in replicating earlier research, it is of paramount importance to highlight and discuss the present study's limitations.

The current study sample size was small and the outcomes of this research will not be generalizable on a greater scale. Another limitation of the study was that the researcher could not verify if participants who took part were really 18 years of age or over, since the link to the online questionnaire was posted on social media anybody could follow the link even if they were not within the age range stated. As highlighted in previous research that there were factors that influenced individuals' attitudes towards seeking professional help, the current study did not at any stage control for these factors. One more limitation to the current study is that the research was carried out in a short space of time, this restricted any follow up as compared to prior studies. Lastly as stated in earlier literature that people experience mental health illness in various ways, but there was no specific type of mental disorders and how they affected individuals deliberated in the present study.

Implications

Mental health illness has become one of the leading causes of different challenges in both genders in varying populations around the world. The present research will aid in the support of different individuals or families with loved ones experiencing mental health problems in realizing that not only females are prone to seeking help, instead both genders may avail for support when needed. Results of the current study show that despite great scores in mental health literacy, help seeking attitudes could be defined by other factors. Intervention programs could be introduced as mentioned in the above literature and the researcher proposes that not only people who are affected by mental health illness challenges should attend these programs, but anyone who will be willing to attend could benefit from it. This in turn could assist in raising awareness of mental health issues.

Recommendations for future research

The researcher recommends on a bigger sample size for imminent research so as to increase the chances of generalising findings. Controlling for confounding factors that could possibly affect outcomes of studies to be conducted. Another recommendation will be adding more variables for example the present study had three variables gender, mental health literacy and attitudes towards help seeking. Future research could add other variables like age and ethnicity, so as to attain an understanding of how different people in different countries interpret mental health illness. Research should compare groups that availed for support through intervention programs and those that did not so as to investigate if these programs are effective.

Conclusion

The current study found that there was no significant differences in gender regardless of high scores in mental health literacy and that there was no significant impact on the attitudes towards professional help seeking. These findings exhibited that there is a chance that other factors may have interfered with attitudes towards seeking support. This statement cannot be ruled out since the main focus of the current study was on the association between attitudes towards seeking psychological help and mental health knowledge and no further analysis was done for example controlling for confounding barriers. Mental health illness is becoming a vast challenge in both men and women and it is worth recognising that support is available to help reduce the increase of these problems. Intervention programs aimed at raising awareness of mental health illness may be significant in the initial prevention of mental health disorders.

Appendices

Appendix 1.

Mental Health Literacy Scale.

The purpose of these questions is to gain an understanding of your knowledge of various aspects to do with mental health. When responding, we are interested in your degree of knowledge. Therefore when choosing your response, consider that:

Very unlikely = I am certain that it is NOT likely

Unlikely = I think it is unlikely but am not certain

Likely = I think it is likely but am not certain

Very Likely = I am certain that it IS very likely

1. If someone became extremely nervous or anxious in one or more situations with other people (e.g., a party) or performance situations (e.g., presenting at a meeting) in which they were afraid of being evaluated by others and that they would act in a way that was humiliating or feel embarrassed, then to what extent do you think it is likely they have Social Phobia Very unlikely Unlikely Likely Very Likely

2. If someone experienced excessive worry about a number of events or activities where this level of concern was not warranted, had difficulty controlling this worry and had physical symptoms such as having tense muscles and feeling fatigued then to what extent do you think it is likely they have **Generalised Anxiety Disorder**. Very unlikely Unlikely Likely Very Likely

3. If someone experienced a low mood for two or more weeks, had a loss of pleasure or interest in their normal activities and experienced changes in their appetite and sleep then to what extent do you think it is likely they have **Major Depressive Disorder**. Very unlikely Unlikely Likely Very Likely

4. To what extent do you think it is likely that **Personality Disorders** are a category of mental illness Very unlikely Unlikely Likely Very Likely

5. To what extent do you think it is likely that **Dysthymia** is a disorder Very unlikely Unlikely Likely Very Likely

6. To what extent do you think it is likely that the diagnosis of **Agoraphobia** includes anxiety about situations where escape may be difficult or embarrassing Very unlikely Unlikely Likely Very Likely

7. To what extent do you think it is likely that the diagnosis of **Bipolar Disorder** includes experiencing periods of elevated (i.e., high) and periods of depressed (i.e., low) mood Very unlikely Unlikely Likely Very Likely

8. To what extent do you think it is likely that the diagnosis of **Drug Dependence** includes physical and psychological tolerance of the drug (i.e., require more of the drug to get the same effect) Very unlikely Unlikely Likely Very Likely

9. To what extent do you think it is likely that in general in Ireland, **women are MORE likely to experience a mental illness of any kind compared to men** Very unlikely Unlikely Likely Very Likely

10. To what extent do you think it is likely that in general, in Ireland, **men are MORE likely to experience an anxiety disorder compared to women** Very unlikely Unlikely Likely Very Likely

When choosing your response, consider that:

- Very Unhelpful = I am certain that it is NOT helpful
- Unhelpful = I think it is unhelpful but am not certain
- Helpful = I think it is helpful but am not certain
- Very Helpful = I am certain that it IS very helpful

11. To what extent do you think it would be helpful for someone to **improve their quality of sleep** if they were having difficulties managing their emotions (e.g., becoming very anxious or depressed) Very unhelpful Unhelpful Helpful Very helpful

12 To what extent do you think it would be helpful for someone to **avoid all activities or situations that made them feel anxious** if they were having difficulties managing their emotions Very unhelpful Unhelpful Helpful Very helpful

When choosing your response, consider that:

- Very unlikely = I am certain that it is NOT likely
- Unlikely = I think it is unlikely but am not certain
- Likely = I think it is likely but am not certain
- Very Likely = I am certain that it IS very likely

13. To what extent do you think it is likely that **Cognitive Behaviour Therapy (CBT)** is a therapy based on challenging negative thoughts and increasing helpful behaviours Very unlikely Unlikely Likely Very Likely

14. Mental health professionals are bound by confidentiality; however there are certain conditions under which this does not apply. To what extent do you think it is likely that the following is a condition that would allow a mental health professional to **break confidentiality**:

If you are at immediate risk of harm to yourself or others Very unlikely Unlikely Likely Very Likely

15. Mental health professionals are bound by confidentiality; however there are certain conditions under which this does not apply. To what extent do you think it is likely that the following is a condition that would allow a mental health professional to **break confidentiality**:

If your problem is not life-threatening and they want to assist others to better support you Very unlikely Unlikely Likely Very Likely

Please indicate to what extent you agree with the following statements:

Strongly Disagree

Disagree

Neither agree nor disagree Agree

Strongly agree

16. I am confident that I know where to seek information about mental illness

17. I am confident using the computer or telephone to seek information about mental illness

18. I am confident attending face to face appointments to seek information about mental illness (e.g., seeing the GP)

19. I am confident I have access to resources (e.g., GP, internet, friends) that I can use to seek information about mental illness

Please indicate to what extent you agree with the following statements:

Strongly Disagree

Disagree

Neither agree nor disagree

Agree

Strongly agree

20. People with a mental illness could snap out if it if they wanted

21. A mental illness is a sign of personal weakness

22. A mental illness is not a real medical illness

23. People with a mental illness are dangerous

24. It is best to avoid people with a mental illness so that you don't develop this problem

25. If I had a mental illness I would not tell anyone

26. Seeing a mental health professional means you are not strong enough to manage your own difficulties

27. If I had a mental illness, I would not seek help from a mental health professional

28. I believe treatment for a mental illness, provided by a mental health professional, would not be effective

Please indicate to what extent you agree with the following statements:

Definitely unwilling

Probably unwilling

Neither unwilling nor willing

Probably willing

Definitely willing

29. How willing would you be to move next door to someone with a mental illness?

30. How willing would you be to spend an evening socialising with someone with a mental illness?

31. How willing would you be to make friends with someone with a mental illness?

Definitely unwilling Probably unwilling Neither unwilling or willing Probably willing

Definitely willing

32. How willing would you be to have someone with a mental illness start working closely with you on a job?

33. How willing would you be to have someone with a mental illness marry into your family?

34. How willing would you be to vote for a politician if you knew they had suffered a mental illness?

35. How willing would you be to employ someone if you knew they had a mental illness?

Appendix 2.

Mental Help Seeking Attitudes Scale (MHSAS) INSTRUCTIONS:

For the purposes of this survey, “mental health professionals” include psychologists, psychiatrists, clinical social workers, and counselors. Likewise, “mental health concerns” include issues ranging from personal difficulties (e.g., loss of a loved one) to mental illness (e.g., anxiety, depression). Please mark the circle that best represents your opinion.

For example, if you feel that your seeking help would be extremely useless, you would mark the circle closest to "useless." If you are undecided, you would mark the "0" circle. If you feel that your seeking help would be slightly useful, you would mark the "1" circle that is closer to "useful."

If I had a mental health concern, seeking help from a mental health professional would be...

3 2 1 0 1 2 3

Useless ○○○○○○○○ Useful

Important ○○○○○○○○ Unimportant

Unhealthy ○○○○○○○○ Healthy

Ineffective ○○○○○○○○ Effective

Good ○○○○○○○○ Bad

Healing ○○○○○○○○ Hurting

Disempowering ○○○○○○○○ Empowering

Satisfying ○○○○○○○○ Unsatisfying

Desirable ○○○○○○○○ Undesirable

Appendix 3.

Information/Consent Sheet.

INVITATION

You are being asked to take part in a research study that is being conducted by Blessing Pfakacha, a final year undergraduate psychology student at the National College of Ireland (NCI). This research is being conducted as part of the requirements for my final degree project. You are kindly being asked to carefully read the information below before deciding whether to take part in this study.

PURPOSE

The aim of this study is to investigate the relationship between mental health literacy (our knowledge about mental health) and attitudes towards seeking psychological help.

PROCEDURES

If you choose to take part in the study, you will be requested to complete this online questionnaire. You will be asked to provide simple demographic information and to then answer a series of questions about your knowledge related to mental health, and your attitudes towards psychological services. The questionnaire will take approximately 15 minutes to complete.

PARTICIPATION

The study is voluntary with no payments or rewards offered for participation. Participants will be able to withdraw at any stage during the completion of the questionnaire and there are no penalties imposed. The data collected for this study is anonymous. Participants answered/completed questionnaires will not include their personal information or contact details at any stage. Information gathered will remain anonymous and confidential and participants' responses will not be known to other participants. Once data has been submitted it will not be possible to withdraw from the study, as we will not be able to identify your data in order to remove it.

This questionnaire contains items about mental health and psychological services. Therefore it is possible that answering these questions could result in some participants experiencing negative emotions or being reminded of past personal experiences that were distressing. Information about available supports is provided at the end of the questionnaire, which you can use if you experience any distress as a result of your participation in this study.

This study has received ethical approval from the Research Ethics Committee of the National College of Ireland. For further inquiries pertaining participants' rights in the study, you can contact me at mentalhealthliteracy2019@gmail.com or alternatively you can reach my supervisor at Caoimhe.Hannigan@ncirl.ie

Please tick the box to confirm that (1.) you have carefully read and understood the information above, and you consent to take part in this research and

(2.) You are 18 years or above.

- Please tick this box to confirm you are over 18.
I'm over 18*.
- Please tick this box to confirm that you have read and understood the information above and that you consent to take part in this research.

I consent to take part in this research*.

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