Irish College Students' Attitudes toward Seeking Professional Psychological Help: The Role of Gender and Stigma.

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Abstract

Aims: The present study sought to provide a greater understanding of the factors influencing students' attitudes toward seeking professional psychological help, specifically gender, self-stigma and public stigma. This study examined how being male or female influences these attitudes, as well as how being male or female influences levels of stigma. **Method:** Participants were recruited online through social media using convenience sampling (n = 143) and completed an online questionnaire containing demographic information, the Attitudes toward Seeking Professional Psychological Help – Short Form, the Stigmatizing Attitudes and Believability scale and the Perceptions of Stigmatisation by Others for Seeking Help scale. **Results:** Results showed that higher levels of self and public stigma were negatively associated with help-seeking attitudes. Multiple regression analysis found that both types of stigma predicted help-seeking attitudes to a statistically significant level, as did gender, and public stigma was the greatest predictor. These variables explained 21.8% of variance in help-seeking attitudes. Males and females differed significantly in their help-seeking attitudes and levels of self-stigma, but not public stigma. **Conclusion:** Findings provide a greater understanding of the factors influencing help-seeking attitudes among Irish students. Importantly, the findings challenge the assumption that self-stigma is the greatest predictor of help-seeking attitudes, and therefore, have important implications regarding stigma reduction campaigns.

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Literature Review

Seeking Professional Psychological Help

This project examines whether gender and two forms of stigma influence attitudes toward seeking professional psychological help among a third-level population. College students are uniquely situated to avail of free support and information for their mental health, with third-level institutions providing the opportunity to avail of short-term therapy and counselling services without financial barriers that those in the wider population often encounter (Hunt & Eisenberg, 2010). However, despite this universal access, it has been found that out of those students experiencing anxiety or depression, the proportion of those who did not pursue available services ranged from 37% to 84% (Eisenberg et al., 2007). The researchers deduced that even in an environment providing basic health services and free counselling, the majority of students with evident mental disorders did not avail of treatment. Similarly, Karwig et al. (2015) revealed that only approximately one-fifth of Irish students (21%, n = 1,118) had availed of mental health and well-being support. Therefore, despite having readily available treatment, as well as the acknowledged value in seeking help (Wampold, 2013), those who need psychological help most often do not seek it (Clement et al., 2015; Vogel et al., 2006).

Within Europe, Ireland has been found to have one of the highest prevalence rates of mental health disorders, with 18.5% of individuals reported as experiencing a mental health condition such as depression, anxiety, bipolar disorder, schizophrenia, or drug or alcohol misuse (OECD, 2016). Research has shown that students, in particular, are more prone to these illnesses. Houghton et al. (2010) reported considerable poorer mental health among Irish students than of an age-matched general population sample. Furthermore, a large scale national survey of Irish adults (n = 8,221), the majority being third-level students, noted that approximately one-quarter of students had mild to moderate anxiety or depression and that

14% had severe to very severe anxiety or depression (Dooley & Fitzgerald, 2012). Such statistics delineate the poor mental well-being of Irish students. Increasing levels of mental distress and low well-being among third-level students (Thorley, 2017), as well as high prevalence rates of mental ill-health and suicide ideation, make this group a worthwhile and distinct cohort with regard to mental health research in Ireland. In addition to the recognised global prevalence of mental illness, there is an increasing demand for third level education in Ireland, with projections that demand will reach approximately 65,000 in 2025 (Department of Education and Skills, 2011). This has led to the expectation that there will be a considerable number of students suffering from mental illness enrolled in Ireland's third-level education institutions (Fox et al., 2020) making this population even more worthwhile to study in terms of mental health and help-seeking.

Help-Seeking Attitudes

Seeking help is vital if individuals are to avail of necessary mental health treatment. If appropriate treatment is not pursued within twelve months of the onset of mental illness, the seeking of such help may be delayed for more than ten years (WHO, 2009). The reasons why so many individuals do not pursue professional help has been an area of great research, with numerous studies conducted in attempts to identify the factors influencing these reasons (Kelly & Achter, 1995; Vogel et al., 2005). The results of such studies have found an individual’s attitude toward help-seeking to be the most consistent and strongest predictor of intentions to pursue or not to pursue psychological help (Ajzen & Fishbein, 1980; Codd & Cohen, 2003; Kelly & Achter, 1995). One's attitudes toward psychological help-seeking is a reflection of whether the outcomes of seeking help are interpreted as positive or negative (Fischer & Turner, 1970), with epidemiological research consistently finding such attitudes toward mental health treatments to be positively related to actual service use (Edlund et al., 2008; Smith et al., 2004).

Mental health models accounting for psychological help-seeking behaviours further support attitude as a significant factor in help-seeking, considering the decision to pursue psychological help to be the outcome of a process largely determined by pre-existing attitudinal beliefs surrounding mental illness and mental health services. For example, Ajzen's (1991) theory of planned behaviour (TPB) purports that, *via* intention, attitude may indirectly affect help-seeking behaviour and can also act as a precursor to actual help-seeking behaviours (Hantzi et al., 2019). Similarly, Pescosolido's (1992) model of help-seeking behaviour depicts help-seeking as the product of pre-existing attitudes and beliefs about mental illness and mental health treatment. This further highlights the influential role of help-seeking attitudes in promoting help-seeking behaviours. To better understand, and subsequently improve attitudes toward help-seeking, the factors influencing such attitudes must first be explored, with the aim of this project being to further such an exploration.

The Stigma of Mental Illness and Help-Seeking Attitudes

A major factor associated with attitudes toward seeking psychological help has been the stigma surrounding mental illness. Stigma has been defined as a combination of prejudiced attitudes, negative stereotyped beliefs and discriminatory conduct towards members of an outgroup (Corrigan & Watson, 2002), with mental illness being the most stigmatized condition of all (Stier & Hinshaw, 2007). Mental illness has long been deemed a sign of weakness and has often resulted in social marginalisation (Overton & Medina, 2008). Unfortunately, such conceptions about mental illness are still quite prevalent (Corrigan & Watson, 2002). The stigma associated with mental illness, which refers to the devaluing and disfavouring of those with mental ill-health (Abdullah & Brown, 2011), has been recognised as a fundamental attitudinal factor impeding mental health service use (Hogan, 2003), making mental illness stigma a topic of great importance in regard to psychological help-seeking attitudes.

There are two main types of mental illness stigma to be considered when exploring the barriers to people seeking psychological help. According to Corrigan (1988, 2004), the significance of this stigma is twofold: namely public stigma and self-stigma. Perceived public stigma relates to an individual's perceptions of the stereotyping, prejudice and subsequent discrimination towards those with mental disorders that are held by members of a society (Corrigan, 2004). Therefore, in the context of help-seeking, perceived public stigma is the idea that an individual pursuing psychological help is socially unacceptable or undesirable (Vogel et al., 2006). Self-stigma, or an individual's own stigmatizing views, also includes stereotypes, prejudice and discrimination. However, differing from public stigma, self-stigma is concerned only with an individual's perceptions of his or her own attitudes and beliefs associated with mental illness (Corrigan & Shapiro, 2010). Thus, someone endorsing self-stigma would apply their negative beliefs and behaviours to themselves (Corrigan & Watson, 2002). As a result of labelling oneself as socially undesirable for seeking psychological help, the self-esteem or self-worth of the person is lowered (Vogel et al., 2006). This endangers positive self-conceptions that people are compelled to preserve (Lannin et al., 2013; Vogel et al., 2013).

Several empirical studies have investigated the respective contributions of self and public stigma on psychological help-seeking attitudes. In general, increased levels of self-stigma have been correlated with more negative attitudes toward seeking help (Barney et al. 2006; Sirey et al. 2001). Research by Schomerus et al. (2009) found self, but not public stigma, to predict attitudes and that those with higher self-stigma were more unwilling to pursue treatment. However, this research only examined a sample of persons suffering from depression which may not be a representation of the general population. Further evidence has been proposed by Vogel et al. (2006) who found that self-stigma not only predicted help-seeking attitudes but also that the two variables, self-stigma and attitudes, were negatively

correlated. More recently, Lannin et al. (2016) reported that 17.1% of their sample held negative help-seeking attitudes because of self-stigma. Their results from a large sample of 370 undergraduates revealed that decisions to pursue counselling information were negatively predicted by levels of self-stigma and that help-seeking attitudes mediated self-stigma's role in such decisions. Using self-report outcomes, Lannin et al. (2016) found that among students with increased levels of distress, the likelihood of pursuing mental health and counselling information for those with high self-stigma was almost half of those with lower levels of self-stigma (17.1% and 15.0% predicted probabilities, respectively). Both of these studies (Lannin et al., 2016; Vogel et al., 2006) employed large samples and well-validated scales to measure the variables of interest, providing strong evidence that self-stigma and help-seeking attitudes are often negatively correlated, highlighting the influential role of self-stigma in explaining attitudes towards seeking professional help.

While research into the role of self-stigma in predicting attitudes toward help-seeking has been relatively consistent, results for studies examining public stigma have been more varied. Some studies have found public stigma to be negatively related to help-seeking attitudes and behaviours (Vogel et al., 2007; Wrigley et al., 2005), although Wrigley et al. (2005) cautioned that their significant finding may be due to an overlap between measures assessing public-stigma and help-seeking attitudes. Additionally, Kessler et al., (2001) found that one in four people would not seek psychological services even though they perceived a need for help partly due to concerns about what others might think. Conversely, research has suggested that public stigma is not a significant predictor of psychological help-seeking attitudes. Golberstein et al. (2008) did not find a relationship between perceived public stigma and past-year mental health service use among college students. Among an undergraduate sample, public stigma was not identified as a predictor of help-seeking attitudes, while self-stigma was identified as a significant predictor of attitudes (Topkaya,

2014). Based on this, Topkaya (2014) suggested self-stigma to be of greater importance than perceived public stigma in explaining attitudes toward help-seeking. Such findings are in line with previous studies; for instance, Conner et al. (2010) investigated the association between attitudes toward mental health service use and the self and public stigma associated with seeking help. Although results revealed a negative relationship between attitudes toward treatment of mental illnesses and self-stigma, no association was found between attitudes and levels of public stigma (Conner et al., 2010). While the studies mentioned provide evidence that both self-stigma and public stigma play crucial roles in influencing an individual's attitudes toward seeking psychological help, it also suggests that there are still inconsistencies in the literature and that some questions about the relative contributions of both perceptions of stigma continue to exist.

Gender, Stigma and Help-Seeking Attitudes

Gender and Help-Seeking Attitudes

In addition to stigma, another widely cited correlate of psychological help-seeking attitudes has been gender. Research has found that males and females differ significantly in their attitudes towards help-seeking, with females consistently holding more favourable attitudes than males (Mackenzie et al., 2006; Nam et al., 2010). When examining gender differences in help-seeking attitudes, Mackenzie et al. (2006) found female gender-related to significantly more positive help-seeking attitudes than male, which the researchers suggested was likely due to females exhibiting higher levels of psychological openness (Mackenzie et al., 2006). In a large meta-analysis including 16 studies and over 5,000 participants, Nam et al. (2010) also observed a significant relationship ($p < .001$) between gender and attitudes toward seeking professional psychological help. In line with this research, a study on Irish adults found females to be considerably more inclined to share psychologically distressing information (Ward et al., 2007). Numerous studies support research that females hold more

positive attitudes toward help-seeking than males, reporting that female students utilize more mental health services than their male counterparts (Ang et al., 2004; Fischer & Farina, 1995). Although it is important to note that although higher than men's, women's treatment levels are still at low levels (Mackenzie et al., 2006).

Gender and Stigma

The differences between males and females in their attitudes toward professional psychological help-seeking have been attributed to a stronger relationship between both perceptions of stigma and psychological help-seeking attitudes among men (Cleary, 2017; Vogel & Heath, 2016). Fischer and Turner (1970) proposed four major factors involved in help-seeking - interpersonal openness, stigma tolerance, recognition of a need for psychotherapeutic help and confidence in mental health practitioners. Two of these, stigma tolerance and interpersonal openness, are factors highly influenced by gender roles and appear to conflict with gender characteristics associated with masculinity (Chan & Hayashi, 2010). Therefore, where there is high conformity to traditional masculine norms, the act of help-seeking is seen as a feminine activity, which contradicts the societal expectation of men to be stoic and self-sufficient (Addis & Mahalik, 2003). In support of this, a review on help-seeking for depression suggested men may be less inclined to pursue psychological help because their masculinity normally encourages the suppression or denial of problems (Möller-Leimkühler, 2002). In parallel, research has found women to espouse lower levels of stigmatising beliefs toward both mental ill-health and mental illness treatment than men (Vogel et al., 2007). Given that the perception of stigma (both public and self) has been found to be one of the strongest predictors of help-seeking attitudes and behaviours (Nam et al., 2013; Vogel et al., 2007), the relationship between stigma and gender helps explain why males generally hold more negative attitudes toward psychological treatment.

In line with the research above, Griffiths et al. (2008) identified higher self-stigma among men than women. However, results indicated no gender differences in levels of public stigma. Higher self-stigma in men was also identified by Calear et al. (2011), although women scored higher on public stigma. These findings highlight further inconsistencies in the research surrounding both types of stigma, but also an importance in assessing personal and public stigma separately. Moreover, it is clear that gender not only uniquely influences an individual's attitude toward seeking psychological help but also plays an important role in influencing levels of self-stigma and perceived public stigma, which subsequently influences attitudes towards seeking help.

Overview of the Findings and the Current Study

The decision to seek professional psychological help is heavily dependent upon one's attitude toward such help, and therefore, is influenced by the perceived public stigma and self-stigma associated with psychological help-seeking. Even the perception of being stigmatized has been found to cause negative attitudes toward mental health treatment (Conner et al., 2010). Furthermore, despite a comparable need, studies have suggested that men hold more negative attitudes toward seeking psychological help than women. The relationship between attitudes toward psychological help, gender, and both self-and public stigma associated with help-seeking is an area that, to the best of our knowledge, has not yet been examined in an Irish student population. Levels of mental ill-health are higher among students compared to the general population, even when uniquely provided with health and well-being services that the majority do not have access to. This makes this cohort quite a novel one in terms of help-seeking attitudes and behaviours. Especially given the projected increase of demand for third-level education in Ireland (Department of Education, 2013), further exploration in relation to the help-seeking attitudes of students is warranted. The literature in the area relating to help-seeking in third level institutions is underexplored and

quite minimal and as such, more research in this area may help guide educational and mental health policy in the future.

To address this gap in the literature, the current study aims to determine the role of gender and both the public stigma and self-stigma associated with attitudes toward seeking professional psychological help among a third-level Irish population. Moreover, the gender differences with respect to the self-stigma and public stigma associated with psychological help-seeking attitudes will be investigated. Specifically, the research questions are as follows:

1. How do levels of self-stigma and public stigma associate with attitudes toward seeking professional psychological help?
2. Do gender differences exist between levels of self-stigma, public stigma and attitudes toward seeking professional psychological help?
3. To what extent do gender, self-stigma and public stigma explain attitudes towards seeking professional psychological help?

It is hypothesized, based on prior literature, that higher levels of self-stigma and public stigma will be associated with more negative attitudes towards seeking professional psychological help. We further hypothesise, in line with previous literature, that the relationship between both types of stigma and attitudes toward help-seeking will differ based on gender. Specifically, we hypothesise that being male will be associated with more negative help-seeking attitudes and higher levels of self-and public stigma. Finally, we hypothesize that gender, self-stigma and perceived public stigma will cumulatively explain help-seeking attitudes among this population.

Methods

Participants

The research sample for the current study consisted of 142 individuals (Males: $n = 65$; Females: $n = 77$). As a regression analysis was conducted in this study, G*Power: Statistical Power Analysis (Faul et al., 2009) was used to determine the sample size required for a statistically powerful analysis. As such, there was a 95% chance that the R-squared value would significantly differ from zero with a sample size of 119 or over, reducing the likelihood of a Type I error. The study implemented a non-probability, convenience sampling strategy to recruit participants, as participants were recruited online using the researcher's social media accounts (namely Instagram and Facebook). A brief description of the study and an online link to virtually participate in the research study was distributed through the researcher's social media accounts. Participants ranged in age from 18 to 48 years, with a mean age of 21.4 ($SD = 3.28$). No incentives were used in recruiting participants. In line with ethical considerations, participants were required to be at least 18 years of age to participate. Participants were also required to provide informed consent before completing the questionnaire.

Measures

The study questionnaire was comprised of demographic questions and three distinct scales amalgamated using Google Forms. Demographic questions were administered asking participants to indicate their gender (male, female, other) and provide their age.

Attitudes Toward Seeking Professional Psychological Help – Short Form (ATSPPH-SF): A short form of Fischer and Turner's (1970) Attitudes Toward Seeking Professional Psychological Help Scale was used (ATSPPH-SF; Fischer & Farina, 1995). This 10-item measure captured respondents' perceptions of receiving psychological help. Sample items include "If I were experiencing a serious emotional crisis, I would be sure that psychotherapy

would be useful" (Item 3), and "Personal and emotional troubles, like most things in life, tend to work out by themselves" (Item 10). Items were rated on a 4-point Likert scale ranging from 1 "strongly disagree" to 4 "strongly agree", where items 2, 4, 8, 9, and 10 are reverse scored. Scores were then summed together. Scores range from 0 to 40, with higher scores reflecting more positive attitudes toward seeking psychological services. Previous research has reported estimates of the internal consistency to range from adequate (α = .77; Elhai et al., 2008) to good (α = .84; Fischer & Farina, 1995). The Cronbach's alpha for the scale with this specific sample was (α = .82) which indicates a high level of internal consistency. Both the construct and criterion validity of this scale have been supported (Elhai et al., 2008).

Stigmatizing Attitudes and Believability Scale (SAB): The SAB (Masuda et al., 2009) is an 8-item self-report questionnaire measuring stigmatizing attitudes toward people with psychological disorders. Participants were asked to rank how believable a negative statement about an individual with a psychological disorder is, with responses reported on a 7-point Likert scale ranging from 1 "not at all believable" to 7 "completely believable". The overall score consists of a sum of all items and ranges from 8 to 56, with higher scores indicating greater stigmatizing attitudes. The SAB has been shown to have acceptable internal consistency, with a Cronbach's alpha of 0.78 (Hayes et al., 2004; Masuda et al., 2009). The Cronbach's alpha for the current sample was (α = .80), which suggests a high level of internal consistency for this scale.

Perceptions of Stigmatisation by Others for Seeking Help (PSOSH; Vogel et al., 2009): This five-item scale was used to measure perceived stigma by close others. Each item in this scale is a potential response of others to the participant seeking psychological help, beginning with the prompt: Imagine you had a problem that needed to be treated by a mental health professional. If you sought mental health services, to what degree do you believe that the people you interact with would _____ (e.g., react negatively to you)? Responses were

assessed on a 5-point Likert scale, ranging from 1 “not at all” to 5 “a great deal”. Scores range from 5 to 25 with higher scores indicating greater levels of perceived stigma. The measure has shown good test-retest reliability (α = .82; Vogel et al., 2009) and has been found to have good internal consistency (Vogel et al., 2009). The Cronbach’s alpha for the current sample was (α = .91), which suggests a high level of internal consistency for this scale. The scale also demonstrated good validity, with the relationships between variables (i.e., self-stigma, *r* = .40, and public stigma toward counselling, *r* = .31)) found to be similar to those in previous samples (Vogel et al., 2009).

Design

The present study implemented an experimental cross-sectional research design as all data was collected at a specific point in time. The study was quantitative in nature, employing survey research to collect data. Pearson’s correlations were conducted to assess the first research question, examining the associations between 1) self-stigma and help-seeking attitudes and 2) public stigma and help-seeking attitudes. Independent samples t-tests were used to assess the second hypothesis, if gender (IV) differences exist across the dependent variables self-stigma, public stigma and attitudes toward seeking professional psychological help. Multiple regression analysis was conducted to test the third hypothesis. There were three predictor variables (PV’s) which consisted of the following: gender, self-stigma and perceived public stigma. The criterion variable (CV) was attitudes toward seeking professional psychological help.

Procedure

Data was collected online through a Google Forms survey. First, this survey was piloted to three individuals to determine the length of the survey and to make sure no issues were encountered. Completion of the survey took under 5 minutes and there were no issues found. Their data were excluded from the analysis. The participation information sheet was

then updated to include that the length of time to complete the survey was under 5 minutes, and the survey was subsequently posted online. The survey was shared on the researcher's social media accounts (Instagram and Facebook) through a link, along with a brief description of the study and the eligibility criteria for participation. Upon opening the link, participants were presented with a Participant Information Sheet detailing the nature and purpose of the study (See Appendix I). This included contact information for who to contact if they required further detail prior to commencement of the survey and potential risks or benefits of participation. Participants were also informed of their right to withdraw from the study at any time without penalty up until data submission, at which point their data would become identifiable, so withdrawal after this point would not be possible.

Participants were then presented with a Consent Form (See Appendix II) which reiterated what was involved in the study. Before continuing with the survey, participants were required to verify they were over the age of 18 years, were a third-level student in Ireland and consented to voluntarily taking part in the study. Once participants clicked the "yes" box consenting they read and understood what was involved in participation, they were able to proceed to the questionnaire. The next page asked two demographic questions pertaining to gender and age. The Attitudes Toward Seeking Professional Psychological Help – Short Form (see Appendix III), the Stigmatising Attitudes and Believability Scale (see Appendix IV) and the Perceptions of Stigmatisation by Others for Seeking Help (see Appendix V) then followed this. Once all three sections of the questionnaire were completed, participants were provided with a Debriefing Form, again detailing the nature of the study and thanking individuals for their time (see Appendix VI). The researcher's contact details were provided on this page, along with various helpline numbers and a statement encouraging participants to seek help if the questionnaire caused any distress to the individual.

Ethical Considerations

All data was collected in accordance with the ethical guidelines of NCI. The risks and benefits of partaking in the study were clearly outlined and there was no incentive to take part, and all participants provided informed consent. Participants were informed that if the study receives a grade of 2.1 or above, it will be published in the NCI library for all students, lecturers and visitors alike with access to the library to view it. This was communicated to all participants by explicitly stating this on the debriefing form. Though no obvious harm was expected to be encountered from this study, the debriefing form included helpline contact details, such as Nightline and the Samaritans, for those that felt distressed as a result of taking part in the study (see Appendix VII).

Results

Descriptive Statistics

The current data is taken from a sample of 142 participants. This consisted of 54.2% females (n = 77) and 45.5% males (n = 65). Descriptive statistics were performed for all variables. Means (M), Standard Deviations (SD) and Range were obtained, along with tests of normality. The results for all continuous variables are presented in Table 1. Histograms were also obtained and indicated that the data was normally distributed.

Table 1

Descriptive statistics for attitudes toward help-seeking, self-stigma and public stigma

Variable	*M* [95% CI]	*SD*	Range
Attitudes towards help-seeking	29.40 [28.54, 30.27]	5.25	10-40
Self-stigma	21.13 [19.95, 22.31]	7.14	8-56
Public stigma	10.36 [9.54, 11.19]	4.98	5-25

Inferential Statistics

To investigate the first research question, how do levels of self-stigma and public stigma associate with attitudes toward seeking professional psychological help, Pearson's correlation analyses were employed. Preliminary analyses were conducted to ensure no violation of the assumptions of normality, linearity and homoscedasticity. There was a significant, moderate, negative correlation between self-stigma and attitudes toward seeking professional psychological help (r = -.31, n = 142, p = < .001). This indicates that the two variables share approximately 9.6% variance. There was also a significant, moderate, negative correlation between public stigma and attitudes towards seeking professional psychological help (r = -.37, n = 142, p = < .001). This indicates that the two variables share

approximately 13.7% variance (See Table 2). Results indicate that higher levels of self-stigma and public stigma are associated with more negative attitudes towards help-seeking.

A multiple regression analysis was performed to determine how well attitudes toward seeking professional psychological help could be explained by three predictor variables which include gender, self-stigma and public stigma. Preliminary analyses showed no violation of the assumptions of normality, linearity and homoscedasticity. Tests for multicollinearity indicated that all Tolerance and VIF values were in an acceptable range and indicated that there was no violation of the assumption of multicollinearity. Additionally, the correlations between the predictor variables and criterion variable included in the model were examined. As above, the correlations between predictor variables were significant, and predictor variables were significantly correlated with the criterion variable (See Table 2), indicating that the data was suitably correlated with the dependent variable for examination through multiple linear regression to be reliably undertaken.

Table 2

Pearson's correlations for continuous variables

Variable	1	2	3
1. Self-stigma	1		
2. Perceived public stigma	.27***	1	
3. ATSPPH	-.31***	-.37***	1

Note: Statistical significance: *p < .05; **p < .01; ***p < .001

Since no *a priori* hypotheses had been made to determine the order of entry of the predictor variables, a direct method was used for the analysis. The results from Table 3 show that the model explained 21.8% of the variance in attitudes toward seeking professional psychological help ($F (3, 138) = 12.81$, $p < .001$). All three predictor variables entered in the

model were found to uniquely predict ATSPPH to a statistically significant level. Out of the predictor variables, public stigma best predicted ATSPPH (β = -.3, $p < .001$). This result indicates that increased levels of public stigma predict more negative attitudes towards seeking professional psychological help.

Table 3

Standard multiple regression model predicting ATSPPH total score

	R^2	*B*	*SE*	*β*	*t*	*p*
Model	.218***					
Gender		-1.99	.81	-.19*	-2.45	.015
Self-stigma		-.14	.06	-.19*	-2.398	.018
Public stigma		-.31	.08	-.3***	-3.77	< .001

Note: β = standardized beta value; B = unstandardized beta value; SE = Standard errors of B; $n = 143$; Statistical significance: *p < .05; **p < .01; ***p < .001

To investigate if gender differences exist between both types of stigma and attitudes toward seeking professional psychological help, a series of independent samples t-tests were conducted.

The first independent samples t-test was conducted to compare levels of self-stigma between males and females. Preliminary analyses were conducted to ensure no violation of the assumptions of normality and homogeneity of variance. Levene's test for equality of variance was significant for self-stigma ($p = .017$), violating the assumption of homogeneity of variance. Therefore, equal variance was not assumed and alternative *p*- and *t*-values were used. There was a significant difference in scores, with males ($M = 22.62$, $SD = 8.36$) scoring significantly higher in levels of self-stigma than females ($M = 19.58$, $SD = 5$; t (100.76) = -2.56, $p < .05$, two-tailed). The magnitude of the differences in the means (mean difference = -3.03, 95% CI: - 5.38 to -.68) was medium (Cohen's d = .46).

An additional independent samples t-test was conducted to compare group differences between the perceived public stigma levels of males and females. Data was normally distributed and satisfied the assumption of homogeneity of variance. This test indicated that perceived public stigma scores were higher for males (M = 10.78, SD = 5.17) than for females (M = 9.82, SD = 4.54; t (140) = -1.19, p = .238). However, the result was not significant.

To examine gender differences relating to attitudes toward seeking professional psychological help, a third independent samples t-test was conducted. Preliminary analyses revealed no violation of the assumption of normality, however, Levene's test for equality of variance was significant (p = .044), violating the assumption of homogeneity of variance. Equal variance was not assumed and alternative p- and t-values were used. Results revealed there was a significant difference in scores, with females (M = 30.74, SD = 4.16) scoring significantly higher than males (M = 28.12, SD = 5.57; t (116.77) = 3.12). The magnitude of the differences in the means (mean difference = 2.62, 95% CI: .96 to 4.28) was medium (Cohen's d = .54).

To summarise, both self-stigma and perceived public stigma were negatively correlated with ATSPPH. Therefore, higher levels of either stigma are associated with lower ATSPPH scores, which indicate more negative help-seeking attitudes. Similarly, lower levels of self and public stigma are associated with more positive help-seeking attitudes. Additionally, gender, perceived public stigma and self-stigma predicted an individual's attitude toward seeking professional psychological help, with perceived public stigma being the greatest predictor of help-seeking attitudes. Males scored higher on levels of self-stigma than females and also hold more negative attitudes toward seeking psychological help. However, males and females did not differ significantly on levels of perceived public stigma.

Discussion

An unsettling paradox surrounding mental health in Ireland concerns the amount of Irish students that are not pursuing readily available psychological help. Therefore, the current study sought to investigate the role of gender, and both the public stigma and self-stigma associated with attitudes toward psychological help-seeking among a third-level Irish population. The relationship between both types of stigma and help-seeking attitudes was also explored. Furthermore, gender differences with respect to both the self-stigma and public stigma associated with professional psychological help-seeking attitudes were examined. Apropos of previous research, it was hypothesized that higher levels of self-stigma, higher levels of perceived stigma and being male would be associated with increasingly negative help-seeking attitudes and that the relationship between both types of stigma and help-seeking attitudes would differ based on gender. Findings revealed that self-stigma, public stigma and gender all significantly influenced attitudes toward seeking professional psychological help. Gender differences were found for levels of self-stigma and help-seeking attitudes, but not for levels of public stigma.

The first research objective was to examine the relationship between both types of stigma and psychological help-seeking attitudes. It was hypothesized, based on prior literature, that higher levels of self-stigma and higher levels of public stigma would be related to more negative attitudes toward seeking psychological help. Using correlational analyses, a significant, negative, moderate correlation between both types of stigma and attitudes toward help-seeking was found. Therefore, in line with our hypothesis, higher levels of both stigma perceptions were associated with more negative attitudes toward help-seeking. This research hypothesis was accepted. This finding is consistent with previous research which has also found a negative relationship between help-seeking attitudes and both types of stigma (Barney et al., 2006).

The second research objective of this study was to investigate gender differences in attitudes toward help-seeking, as well as in levels of self and public stigma associated with help-seeking. It was hypothesized that males and females would differ significantly in their help-seeking attitudes and levels of self and public stigma, specifically, that males would harbour higher levels of both types of stigma and also hold more negative attitudes compared to females. Results revealed that males experience higher levels of self-stigma and also hold more negative help-seeking attitudes compared to females. These findings are consistent with and lend support to previous research; for instance, Eisenberg et al. (2009) identified higher personal stigma among males and Vogel and Wester (2003) also found males to hold negative help-seeking attitudes.

However, this research hypothesis was only partially accepted as no significant gender differences were revealed for levels of perceived public stigma. This result indicates that males and females in the current sample do not experience perceived public stigma to a significantly different extent. This finding contrasts certain literature which has found significant gender differences for levels of perceived public stigma (Calaer et al., 2011) and contradicts the perception that males are more influenced by negative public perceptions associated with seeking psychological help than females (Hackler, 2007). However, this finding does support additional research which has similarly identified no gender differences in perceived stigma (Griffiths et al., 2008). The lack of gender differences in levels of public stigma found in the current study may be attributed to the fact that the current sample was self-selected, with the possibility that only males with an awareness or interest around mental health took part in the research, and therefore, hold lower levels of perceived public stigma than males who may not have such an interest or awareness. This is supported by research that has found that increased knowledge of mental health is associated with lower levels of

public stigma (Mothersill et al., 2021). It would be beneficial for future research to control for mental health literacy when investigating levels of stigma.

The final research objective of the present study was to examine whether attitudes toward seeking psychological help could be explained by gender, self-stigma and public stigma. It was hypothesized, based on prior literature, that gender, self-stigma and public stigma would have a cumulative effect on attitudes towards help-seeking. The research hypothesis was accepted as results revealed that gender and both perceptions of stigma significantly predicted attitudes in line with previous research (Wahto & Swift, 2016). However, some research has found that the perceived public stigma associated with help-seeking is not significant in predicting help-seeking attitudes, even when a similar model including the variables gender and self-stigma, is employed (Pfohl, 2010; Topkaya, 2014). This finding is interesting as perceived public stigma was not only significant but added the greatest predictive utility to the current model. This result may be due to the population on which this study was carried out. Given that similar research has only been carried out on non-Irish populations, this novel finding has significance for mental health stigma research among the current population and emphasizes a need for additional research in an Irish context.

Comparable research by Arora et al. (2016) has been conducted among South Asian students. In their research, and in line with the current study, self-stigma and male gender were negatively associated with help-seeking attitudes. Also in line with the current research, no significant correlation was found for help-seeking attitudes and public stigma. However, investigating the same three variables in a regression model, 10% of variance in help-seeking attitudes was accounted for, in comparison to the current model which accounted for 21.8% of variance. As such, our findings are consistent with previous research into help-seeking attitudes among students, but further extend this research to an Irish context. Specifically, the

findings highlight the strong predictive roles of the variables investigated in the current study and reiterate the value in addressing them in order to improve help-seeking attitudes.

Strengths & Limitations

A strength of the present study is its attempt to expand upon previous research in a novel way. To the researcher's knowledge, previous studies have not yet investigated the effects of self-stigma and public stigma on Irish students' help-seeking attitudes, as well as the effects of these constructs across gender in an Irish undergraduate population. As this study found significant results for the relationships between stigma and help-seeking attitudes, as well as for self-stigma and gender, it offers a notable contribution to mental health stigma literature in Ireland. Additionally, it is typical in psychological studies for females to be overrepresented in the research pool (Smith, 2008). However, rather than a disproportionate number of males and females, the current study had a relatively equal ratio of both genders, and could therefore enhance the scientific quality and social relevance of this research. The use of standardised, reliable and well-validated measures added further strength to the current research. All three questionnaires have been employed in similar research and have demonstrated high reliability and validity, for both the current research sample and additional research.

While this research augments the knowledge base on the significance of stigma and gender in positive help-seeking attitudes among third-level students in Ireland, the results need to be considered in the context of several limitations. First, although it satisfied the necessary size (119; Faul et al., 2009), the sample size could be greater to attain higher generalisability. Future studies should measure a larger sample and also consider a non-student population to allow for comparative analysis of such attitudes. An additional sampling bias of the current study concerns the convenience sampling method employed. Participants were recruited through the researcher's social media accounts, suggesting that,

akin to the researcher, individuals who were presented with the opportunity to participate may have also been psychology undergraduates. If this is the case, although speculative, it is possible that the exposure to mental-health-related concepts and increased mental health literacy resulted in lower stigmatizing beliefs and more positive attitudes than other members of the eligible population, as it has been found that those with more information regarding mental health are less stigmatizing than individuals who are less informed (Couture & Penn, 2003). Although the research design and methodology employed for the current study did not allow for an appropriate investigation of particular programmes participants were enrolled in, it would be beneficial for further research to investigate the nature of the course being studied.

Although the questionnaires employed were a strength of the current study, these measures also present a limitation, given their reliance on self-report measures. Although anonymous in nature, it is possible that some individuals may have felt embarrassed by or be unaware of their potentially stigmatizing attitudes. It is also possible they held implicit stigmatizing beliefs which may not have emerged through the current scales or that given the transparent nature of the scales utilized, it is possible the participants may not have answered authentically. The use of self-report measures makes the data susceptible to self-selecting bias, meaning that the answers may have been compromised by how the participant felt at the time, and not their overall feelings surrounding the variables being measured. Perhaps employing an experimental research design may be more reliable. For example, the use of implicit association measures would address this limitation. Lastly, the causal directions of these relationships were not explored. In the future, longitudinal data would help evaluate the patterning of the identified relationships. A longitudinal and experimental study of help-seeking attitudes, stigma and gender remains a desideratum of future research.

Implications

Despite the above limitations, the results of the current study have practical implications. Firstly, the current study contributes to the growing body of literature targeting mental health stigma-reduction in Ireland. This research, alongside other findings, may be valuable to organisations such as See Change, an Irish organisation committed to ending mental health stigma, who wish to obtain a greater understanding of the role stigma plays in discussing emotional problems with a professional, specifically in a novel setting such as higher education institutions in Ireland, where mental ill-health is prevalent (Fox et al., 2020). Through initiatives such as the Green Ribbon Campaign, See Change aspire to create environments in which individuals are more transparent and positive in their attitudes and behaviours in regards to mental health and where those who have experienced mental health issues are empowered to gain respect and equality (See Change, 2019). This study provides valuable support and input to such research.

The current research findings also have implications for the development of educational materials and awareness campaigns in relation to mental health help-seeking, specifically within third level institutions. The reduction of stigma is important to allow for necessary help-seeking for those who need it, therefore targeting stigma will improve attitudes toward seeking psychological help, and will likely increase mental health service use in universities. Thus, destigmatizing efforts should be taken within third level institutions and the broader community that focus on improving levels of stigma. It is useful for those creating stigma reduction campaigns to consider the influence of public stigma, which was identified in the present study as the greatest predictor of help-seeking attitudes for both genders. In a recent study by Mothersill et al. (2021), levels of public stigma in relation to schizophrenia, bipolar disorder, and autism were examined. Results revealed a strong association between knowledge, attitudes and behaviours across the diagnoses, indicating that greater knowledge

of mental disorders leads to more positive attitudes and thus reducing the associated stigma. Drawing from this research, and with the results of the current study in mind, it would be beneficial for educational campaigns to target the reduction of public stigma through informational strategies to increase knowledge and promote positive attitudes and stigma reduction.

Conclusion

Given that the rise in mental health illness among those in third-level education is a public health issue (Fox et al., 2020) this study has attempted to give an insight into reasons why a cohort renowned for poor mental health, that have access to free mental health services, do not utilize such services to a greater degree. Based on research that attitudes toward seeking such help are a major predictor of actual help-seeking behaviours, this study explored help-seeking attitudes as well as factors influencing such attitudes, including gender and two perceptions of stigma – self and public stigma. This research is novel in that it examines the relationship among the above variables in an understudied population. Findings offer a timely contribution to the area of mental health and mental health stigma in Irish students, contributing to the growing body of literature seeking to understand attitudinal factors impeding mental health service use. The present study found gender, self-stigma and public stigma to all predict help-seeking attitudes and identified gender differences for self-stigma and help-seeking attitudes. Contrasting prior literature, perceived public stigma was the greatest predictor of help-seeking attitudes, highlighting the importance of further research in this area. While this study was a novel attempt to expand on previous research, future studies may benefit from using implicit association measures and longitudinal data. This study substantiates existing literature and strengthens prior findings, with the overall aim of this and future studies to cultivate an environment where those with mental illness can

openly and without fear of prejudice utilize mental health services that are readily available, in order to benefit themselves and those around them.

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Appendices

Appendix I – Participant Information Sheet

You are being invited to take part in a research study. Before deciding whether to take part, please take the time to read this document, which explains why the research is being done and what it would involve for you. If you have any questions about the information provided, please do not hesitate to contact me using the details at the end of this sheet.

WHAT IS THIS STUDY ABOUT?

I am a final year student in the BA in the Psychology programme at the National College of Ireland. As part of our degree, we must carry out an independent research project. For my project, I aim to investigate the role of stigma and gender in attitudes towards seeking psychological help in Irish students.

WHAT WILL TAKING PART IN THE STUDY INVOLVE?

If you decide to take part in this research, you will be asked to complete 3 online questionnaires and provide the researcher with the answers. Participation will take no longer than 10 minutes.

WHO CAN TAKE PART?

You can take part in this study if you are aged over 18 and are attending third level education in Ireland.

DO I HAVE TO TAKE PART?

Participation in this research is voluntary; you do not have to take part, and a decision not to take part will have no consequences for you. If you do decide to take part you can withdraw from the study at any time without repercussions, by exiting out of the browser. However, once you have submitted your questionnaire, it will not be possible to withdraw your data from the study, because the questionnaire is anonymous and individual responses cannot be identified.

WHAT ARE THE POTENTIAL RISKS OF TAKING PART?

Participation in this research requires filling out standardized scales and questionnaires which have been used in multiple studies and will present no substantial risk with any of the questions asked. However, in the unlikely event of distress or upset during or after the study, helplines will be provided.

Helplines should you feel upset or distressed:

Support Services:

Pieta house free phone service: 1800 247 247

Or text HELP to 51444.

WILL TAKING PART BE CONFIDENTIAL AND WHAT WILL HAPPEN TO MY DATA?

All data will be treated in the strictest confidence. Each participant will be anonymous. Responses to the questionnaire will be stored securely in a password protected/encrypted file on the researcher's computer. Only the researcher and their supervisor will have access to the data. Data will be retained for 5 years in accordance with the NCI data retention policy. You are permitted to withdraw from the study at any time by closing out of the survey before submission of responses. After submission, data becomes identifiable so it will not be possible to remove an individual's data from the study.

WHAT WILL HAPPEN WITH THE RESULTS OF THIS STUDY?

The results of this study will be presented in my final dissertation, which will be submitted to the National College of Ireland. The findings of this study may be published in an academic journal but that data will be anonymous and analyzed at the group level so no participant will be singled out or identifiable.

Contact information:

Should you have any reason to contact, please see contact details below:

Lead researcher: Ciara O'Malley

Email: x19432604@student.ncirl.ie

Supervisor: Dr David Mothersill: David.mothersill@ncirl.ie

Appendix II – Consent Form

In agreeing to participate in this research and ticking the box at the end of this text, I understand the following:

This research is being conducted by Ciara O'Malley, an undergraduate student at the School of Business, National College of Ireland. The method proposed for this research project has been approved in principle by the Departmental Ethics Committee, which means that the Committee does not have concerns about the procedure itself as detailed by the student. It is, however, the above-named student's responsibility to adhere to ethical guidelines in their dealings with participants and the collection and handling of data.

If I have any concerns about participation, I understand that I may refuse to participate or withdraw at any stage, until the point of data submission, from which point my data becomes de-identifiable.

I have been informed as to the general nature of the study and agree voluntarily to participate.

I am over the age of 18 and am attending third level education in Ireland.

I can confirm I do not have a diagnosed neurological or psychological condition.

There are no known expected discomforts or risks associated with participation.

All data from the study will be treated confidentially. The data from all participants will be compiled, analysed, and submitted in a report to the Psychology Department in the School of Business. No participant's data will be identified by name at any stage of the data analysis or in the final report.

At the conclusion of my participation, any questions or concerns I have will be fully addressed.

Appendix III – Attitudes toward Seeking Professional Psychological Help – Short Form

Instructions: Please rate the following statements on how believable you find them. Scale:

1 - strongly disagree

2 - disagree

3 - agree

4 - strongly agree

1. If I thought I was having a mental breakdown, my first thought would be to get professional attention. 1 2 3 4
2. Talking about problems with a psychologist seems to me as a poor way to get rid of emotional problems. 1 2 3 4
3. If I were experiencing a serious emotional crisis, I would be sure that psychotherapy would be useful. 1 2 3 4
4. I admire people who are willing to cope with their problems and fears without seeking professional help. 1 2 3 4
5. I would want to get psychological help if I were worried or upset for a long period of time. 1 2 3 4
6. I might want to have psychological counselling in the future. 1 2 3 4
7. A person with an emotional problem is not likely to solve it alone; he or she is more likely to solve it with professional help. 1 2 3 4
8. Given the amount of time and money involved in psychotherapy, I am not sure that it would benefit someone like me. 1 2 3 4
9. People should solve their own problems, therefore, getting psychological counselling would be their last resort. 1 2 3 4
10. Personal and emotional troubles, like most things in life, tend to work out by themselves. 1 2 3 4

Appendix IV – Stigmatizing Attitudes and Believability Scale

Please rate the following statements on how believable you find them. Scale:

1 2 3 4 5 6 7

Not at all believable Completely believable

a. Those with psychological disorders are dangerous to others 1 2 3 4 5 6 7

b. A person with a psychological disorder is unpredictable 1 2 3 4 5 6 7

c. Those with psychological disorders are hard to talk to 1 2 3 4 5 6 7

d. I feel that I am different from those with psychological disorders 1 2 3 4 5 6 7

e. A person with a psychological disorder is the one to be blamed for

his or her problems 1 2 3 4 5 6 7

f. A person with a psychological disorder cannot pull himself/herself

together in order to appropriately function in society 1 2 3 4 5 6 7

g. Those with a psychological disorder will not improve even

if they are treated 1 2 3 4 5 6 7

h. Those with psychological problems will never recover 1 2 3 4 5 6

Appendix V – Perceptions of Stigmatization by Others for Seeking Help

Instructions: Imagine you had an emotional or personal issue that you could not solve on your own. If you sought counselling services for this issue, to what degree do you believe that the people you interact with would _____.

1 = Not at all

2 = A little

3 = Some

4 = A lot

5 = A great deal

1. React negatively to you
2. Think bad things of you
3. See you as seriously disturbed
4. Think of you in a less favourable way
5. Think you posed a risk to others

Appendix VI – Debriefing Form

I'd like to thank you for participating in this research study, the study aimed to investigate the role of stigma and gender in attitudes towards seeking psychological help in Irish students. Participants have the right to withdraw up until the submission of this survey. I would like to reiterate that all data generated is fully anonymous and will be treated with the highest level of discrepancy. Data will be stored in a password-protected file that only the researcher will have access to. After 5 years the data will be destroyed in accordance with the NCI data retention policy.

Should you have any further questions or concerns please feel free to contact me (x19432604@student.ncirl.ie or my supervisor Dr David Mothersill, David.mothersill@ncirl.ie) for more information.

Support Services:

Pieta house free phone service: 1800 247 247

Or text HELP to 51444.

Thank you for your time.