Mental Health Literacy & Help Seeking: Is Mental Health Literacy a predictor of Help Seeking behaviours?

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Abstract

Aims: The purpose of the current study was to better understand help seeking behaviours. The study examined if mental health literacy is a predictor of help seeking behaviours. The study also examined if age, being a psychology student or familiarity with mental illness impacted help-seeking behaviours. **Method:** An online cross-sectional survey was administered to participants (n = 153), which included a demographics questionnaire, an adapted version of The Mental Health Literacy Scale (MHLS) and The General Help Seeking Help Seeking Questionnaire (GHSQ). **Results:** Results showed that mental health literacy made a statistically significant contribution ($\beta = .28$, $p = .001$), towards predicting helping seeking behaviours. Age, being a psychology student or familiarity with mental illness were found not to be predictors of help seeking behaviours. There were no statistically significant differences found when comparing genders and regions on help seeking behaviours. Mental health literacy levels for psychology students were on the borderline of being statistically significantly higher when compared to the remaining sample. **Conclusion:** The study demonstrated that Mental Health Literacy is a predictor of help seeking behaviours. Implementing appropriate community interventions could be fundamental in improving mental health literacy and help-seeking behaviours and remove potential barriers towards treatment.

Keywords: help seeking behaviours, mental health literacy, predictors

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Is Mental Health Literacy a predictor of Help Seeking behaviours

The behaviour of actively seeking help from another person is defined by Heginbotham (1998) as seeking help from any source, either formal or informal. Enhanced understanding of these behaviours and what effects them will facilitate in reducing barriers towards treatment (Salaheddin & Mason, 2016). This paper examines if Mental health literacy (MHL) is a predictor of help-seeking behaviours, the term MHL was first introduced in Australia, by Anthony Jorm in 1997. It is defined as knowledge, beliefs and abilities that support the recognition, management, or prevention of mental health problems, (Jorm et al., 1997). The aim of this review is to determine if MHL is a predictor help-seeking behaviours whilst also investigating other factors that may predict help-seeking behaviours including age, being a psychology student and familiarity with mental illness.

Understanding that mental health is more than the absence of disorders and that it affects everyone is essential to understanding and promoting appropriate help-seeking behaviours. Mental health issues are a societal concern and not just an individual problem. It impacts our capacity to handle change and navigate life events including pandemics, death, and other transitions such as divorce, shifting employment and retirement. As a result, mental health can be conceptualized as a continuum, with individuals situated at various points based on life events (external factors), genetic inheritance, and developmental phases (internal factors) (WHO, 2004b). The World Health Organisation suggests that 'mental health' is "a state of complete physical, mental and social well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2004b, P.9). Mental health difficulties can range on the spectrum from minor concerns to more serious long term health conditions. In 2019, the Institute for Health Metrics and Evaluation (IHME) found that one in eight individuals, or 970 million people worldwide, had a mental illness,

with anxiety and depressive disorders being the most prevalent. According to the World Health Organisation (2021) the COVID-19 pandemic was found to have caused a 28.1% increase in the number of people with major depressive disorder and a 27.9% increase in the number of people with anxiety disorders worldwide.

Given the prevalence and incidence of mental health disorders the concept of mental health literacy and its relationship with crucial behaviours such as help-seeking have become increasingly important. Heginbotham (1998) defined help-seeking as seeking help from any source either informal; peers, parents, family members or formal sources such as councillors, psychologists, and psychiatrists. Seeking help is a critical step in ensuring that people receive the appropriate supports and interventions. According to Byrne (2001), help-seeking cannot begin until a problem or mental health issue is identified. It is possible that people may not seek help because they are unaware of the extent of their difficulties. Evidence has shown people are less inclined to disclose their difficulties to others if stigma, negative perceptions and attitudes are present, (Miraudo & Pettigrew, 2002; Gould et al., 2004) As a result, their illness or disorder is not identified, and they are not treated since they do not seek help. Cornally & McCarthy (2011) found that help-seeking was a complex decision-making process motivated by a problem that challenges personal abilities and it can be defined by problem focused, planned behaviour involving interaction with another person.

The theory of planned behaviour (TPB), developed by Azjen in 1985, states that an individual's decision to engage or not engage in a particular behaviour, can be determined by their intentions. The motivating factors that drive an action are captured by intentions, which predict the likelihood of how much effort a person is prepared to put forth to carry out the behaviour. In general, the behaviour is more likely to occur if there is a stronger intention to engage in it (Ajzen; 1991, 2002). Research suggests that help-seeking intentions are more

closely related to actual behaviour than other constructs. Kim & Hunter (1993) found that there is a stronger relationship between intentions and behaviour than attitudes and behaviour. For this reason, many studies including the current study use the General Help Seeking Questionnaire (GHSQ) which measures help-seeking intentions. Another component of Azjen's theory of planned behaviour is that it links beliefs to behaviour, which is also a key component of mental health literacy.

The concept of mental health literacy was conceived by Anthony Jorm and colleagues they assessed the publics ability to recognise mental disorders and their beliefs about the effectiveness of treatment (Jorm et al., 1997). Their methodology consisted of a cross sectional survey with structured interviews using vignettes of a person with either depression or schizophrenia. They used a national sample from Australia (n=2031) of Individuals ranging from 18-74 years. 1010 participants were questioned about the depression vignette and 1021 about the schizophrenia vignette. 72% of participants recognised the presence of a mental disorder in the depression vignette with 39% correctly labelling it as depression, and 84% recognised a mental disorder in the schizophrenia vignette with 27% correctly labelling it as schizophrenia. Other results from this study included findings that counsellors and general Practitioners were seen as more helpful that the psychiatrists and psychologists.

Jorm's review of MHL (2000) breaks the concept into several components, the ability to recognise specific disorders or different types of psychological distress; knowledge and beliefs about risk factors and causes; knowledge and belief about self-interventions; knowledge and belief about professional help available; attitudes which facilitate recognition and appropriate help-seeking and knowledge of how to seek mental health information. This review found that many members of the public cannot recognise specific disorders or types of psychological distress and negative attitudes are hindering recognition and appropriate help seeking behaviour. Even though the prevalence of disorders are high many people do not

seek help or wait for many years before seeking help (Jorm., 2012), this is due to several factors including the lack of recognition of disorders (Gulliver, Griffiths, & Christensen, 2010). The global burden of disease study by the World Health Organisation (WHO, 2008) found that there was a range from 1-14 years for people who received treatment for mood disorders, 3-30 for anxiety disorders and 6-18 years for substance use. Delays of months were common for people with more severe psychotic disorders. Research shows that the longer the wait for treatment the poorer the outcome (Marshall et al., 2005; Altamura., 2008).

According to more recent research, individuals with high levels of mental health literacy seek help for mental health difficulties more frequently than those with low levels of mental health literacy, Ratnayake & Hyde (2019). Gorczynski, Sims-schouten, Hill, and Wilson (2017) conducted a study to determine if mental health literacy among students in England predicts help-seeking behaviours and better mental health outcomes. Their findings revealed a positive correlation between mental health literacy and the willingness to seek help. Thai and Nguyen's (2018) study on depression literacy found that 82.1 percent of the sample would seek help, and 32% of respondents used the vignette to accurately identify depression. However, because this study is descriptive in nature, the correlation between depression literacy and help-seeking behaviour was not identified. A study by Yu Yu et al., (2015) conducted a multivariate analysis on a rural population which showed that mental health knowledge is an indicator for help-seeking intentions.

A study utilizing the mental health literacy scale found that those familiar with and experiencing depression (M=74.45) had higher MHL as compared to those who did not have depression (M=67.35), (Recto & Champion, 2017). Additionally, 238 clergy members from various denominations across the United States were given the MHL scale by Vermaas, Green, Haley, and Haddock (2017). Comparing this study to studies by O'Connor and Casey (2017), Gorczynski (2017), Recto and Champion (2017), and the current study (M=130.67),

the overall mean MHL score was higher M=134.20. Almanasef, (2021) conducted a study on undergraduate pharmacy students in Saudi Arabia using both the MHLS and the GHSQ found a positive correlation between mental health literacy and help-seeking behaviours r (271) =0.26, p<0.01. The mean scores for the the MHLS (M=112.50) and GHSQ (M = 36.47) were both lower than the current study (MHLS, M= 130.67; GHSQ, M = 41.72). Similar to the current study, there was no statistically significant difference in help-seeking behaviours between males (M=37.1, SD=9.96) and females (M=36.21, SD=10.36), F (1, 269) =0.43, p=0.51.

A systematic review by Magaard (2017) on factors associated with help-seeking among individuals with major depression conducted an analysis of 17 different datasets used to examine the relationship between age and help-seeking mostly involved comparing various age groups. Age and help-seeking behaviour were strongly correlated in eight datasets. In two of these investigations, the relationship between help-seeking and age in years was found to be positive. Being middle-aged was strongly associated with more help-seeking in the other five datasets. The literature also investigated differences in help-seeking between urban and rural regions Thompson et al., 2018 found that suicide rates consistently increase with rurality and rates of help-seeking were significantly higher in urban areas and significantly lower for rural counties.

Furnham & Hamid (2014) systematic review of studies related to mental health literacy discovered and corrected significant gaps in the research despite the abundance of studies on mental health literacy and help-seeking behaviour. It has been shown that the majority of research on mental health literacy focuses on schizophrenia and depression, with only a minor proportion on other mental illnesses. The methodology of the investigations also varies from quantitative to qualitative with various vignettes and metrics, which prevents

comparisons of findings. Using a mental health literacy scale in this research is crucial for producing standardized results that are comparable.

The aim of the current study is to provide greater understanding of help-seeking behaviours and the factors that predict these behaviours. This study aims to ascertain the publics levels of mental health literacy on a psychometric scale with good reliability and validity and investigate if it is a factor than predicts help-seeking behaviours. Other factors that may predict help-seeking behaviours including age, being a psychology student and familiarity with mental illness will also be investigated. This research will help bring awareness of the concept of MHL and facilitate an enhanced understanding of help-seeking behaviours. The rationale behind this research is the prevalence and incidence of disorders which has increased due to the COVID-19 Pandemic. A meta-analysis of global prevalence of mental disorders from 1980-2013 using 174 surveys and 63 countries, 26 high income countries and 37 low- and middle-income countries found that 17.6% of respondents were identified as meeting criteria for a common mental disorder during the 12-months preceding assessment. 29.2% of respondents were identified as having experienced a common mental disorder at some time during their lifetimes, Steel et al. (2014). A systematic review and meta-analysis of global prevalence of mental health issues during the corona virus pandemic found that “the global prevalence estimate was 28.0% for depression; 26.9% for anxiety; 24.1% for post -traumatic stress symptoms; 36.5% for stress; 50.0% for psychological distress; and 27.6% for sleep problems” (Nochaiwong et al., 2021). Specifically, the research questions in the current study are, is mental health literacy, age, being a psychology student and familiarity with mental illness predictors of help-seeking behaviours? do psychology students have higher levels of mental health literacy? do males and females differ in help-seeking behaviours? do help-seeking behaviours differ in urban and rural regions?

Methods

Participants

The current study consisted of 153 adult participants (Males, n = 37; Females, n = 119). The sample size needed for multiple regression analysis was determined using the following formula developed by Tabachnick and Fidell (2013): (N > 50 + 8m). The minimum sample size required is n = 66, as n is the total number of participants and m is the total number of predictor variables, two in the current study. Participants were recruited via convenience sampling using the researchers Facebook and WhatsApp accounts, a brief description of the study and a link to an online questionnaire was distributed. Of the participants recruited; 97 (63.4%) were living in an urban region and 56 (36.6%) in a rural region. The mean age of participants was 38 years old, ranging from 18 to 77. Participants did not receive remuneration.

Measures

The survey builder Google Forms was used to combine two different scales and demographic questions into the study questionnaire. Demographic questions were asked, and extra variables were collected to assess the sample to gain basic background information and a general profile of participants.

Mental Health Literacy Scale (MHLS) developed by O'Connor & Casey (2015) is a 35-item scale designed to measure an individual's level of mental health literacy. The scale measures 6 attributes of mental health literacy; ability to recognise disorders, knowledge of where to seek information, knowledge of risk factors and causes, knowledge of self-treatment, knowledge of professional help available and attitudes that promote recognition or appropriate help seeking behaviours. Participants read and rated statements 1-15 in 4- Likert scale and questions 16 to 35 in 5 Likert scale. Items 10,12,15, 20-28 are reversed scored and the scale is added up to form one total score. The maximum score is 160 and the minimum

score is 35 (See Appendix B). MHLS has shown to have good internal consistency (Cronbach α = .873) and test-retest reliability r=.797, ($p<0.001$) (O'Conner and Casey, 2015). Questions 9 and 10, on risk factor knowledge, were adapted to be specific to no country of origin, 'Australia' was removed.

General Help Seeking Questionnaire (GHSQ) developed by (Wilson et. al., 2005) was used to measure help seeking intentions due to personal or emotional problems. The question asked was "If you are having a personal or emotional problem, how likely is it that you would seek help from the following people?" To answer this question participants rated the likelihood they are seeking help on 7-point Likert scale, 1 (extremely unlikely) to 7 (extremely likely). The options of the group of people to seek help are intimate partner, friend, mental health care professional, religious leader, parent, other relative/family member, support line, doctor/GP. There is also the option of "I will not seek help from anyone", this item was reverse scored, and "I would seek from other not listed from above". The minimum score is 10 and the maximum score is 70. Higher scores indicating a greater intention to seek help (See Appendix C). The GHSQ has shown to have internal consistency (Cronbach's a = .70) and test-retest reliability r = .86 (Wilson et. al., 2005)

Design

A quantitative method was adopted for the current research study. The research design was cross-sectional as participants were only measured at one point in time. To investigate the key hypothesis that mental health literacy (MHL) has an effect on help seeking behaviours (HSB) the dependent variable was identified as HSB and the independent variable as MHL. The independent variable age will also be used to address the second hypothesis, age is a predictor of HSB. With HSB remaining the criterion variable throughout the study, gender and region will be used as independent variables in two additional hypotheses: there is

a difference between male and female HSB and there is a difference between urban and rural HSB.

Procedures

An anonymous self-reported questionnaire was created using the Google Forms survey builder. First, the questionnaire was piloted to two individuals to assess its length and to ensure no issues emerged, the time length for completion of the survey was 15 minutes. The questionnaire was distributed through a link with a brief description using the researchers social network account (Facebook) and in WhatsApp chats. When participants opened the link, they were presented with a participant information sheet (See Appendix D) which detailed what the study was about, what taking part would involve and the study's purpose as well as information on confidentiality and eligibility. This was followed by a consent form (See Appendix E) with a box that must be ticked indicating consent before the survey could proceed to the next part. The next page asked the participants for demographic information (See Appendix A) including age, gender, and region. This was followed by the Mental Health Literacy Scale (See Appendix B) and the General Help Seeking Questionnaire (See Appendix C). When participants completed the questionnaires, they were taken to the last page of the survey which contained a participant debriefing sheet (See Appendix F) that thanked the participants and give the researchers email for participants who had any questions. In the event, that any participants experienced psychological distress due to taking part in the survey, support line phone numbers were provided. The National College of Ireland's Ethics Committee approved this research study, and it complies with both the NCI Ethical Guidelines and Procedures for Research with Human Participants and the Psychological Society of Ireland Code of Professional Ethics.

Results

Descriptive Statistics

Descriptive statistics for categorical variables are presented in Table 1 for all demographic questions. The data set consisted of a sample size of 153 participants (n=153), 24.2% of the sample were male (n = 37) and 75.8 were female (n = 116).

Table 1

Descriptive statistics for all categorical variables

	Frequency	Valid %
Gender		
Female	116	75.8
Male	37	24.2
Nationality		
Irish	116	75.8
Non-Irish	37	24.2
Region		
Urban	97	63.4
Rural	56	36.6
Third Level Student		
No	105	68.6
Yes	48	31.4
Psychology Student		
No	129	84.3
Yes	23	15.0
Mental Health Professional		
No	145	94.8
Yes	7	4.6
Familiar with Mental illness		
No	38	24.8
Yes	115	75.2

Note. N=153

Means (M), Standard deviations (SD), Standard error mean (Std. error mean), Median and Range for all continuous variables are presented in Table 2. The mean age of participants was 38.02 years (SD=11.17) ranging from 18 to 77. Preliminary analysis conducted on the data showed a non-significant result ($p > 0.5$) on the Kolmogorov-Smirnov test for the

variables age and mental health literacy total score (MHLS total). A significant result ($p < 0.5$) was found for the general help seeking questionnaire total score (GHSQ total) indicating that the data in non-normally distributed ($p = .038$). An inspection of the histogram (see appendix H), mean and median of the GHSQ total showed that the data is negatively skewed (Skewness -.370 to .196; Kurtosis -.176 to .390). In accordance with the central limit theorem the distribution of scores will be treated as normal as the current sample size is large enough to assume that the sample means are well approximated by a normal distribution.

Table 2

Descriptive Statistics for continuous variables

	M [95% CI]	*Std.Error mean*	*Median*	*SD*	*Range [min-max]*
Age	38.02[36.23,39.80]	.90	38	11.17	59 [18-77]
MHLS total	130.67[128.87,132.48]	.91	132	11.28	64 [88-152]
GHSQ total	41.72[40.05,43.39]	.84	42	10.44	48 [16-48]

Note. (n=153); M=Mean; Std. error mean=Standard Error mean; SD=Standard deviation,
MHLS Total = Mental health literacy total score; GHSQ Total=General help seeking questionnaire total score.

Inferential Statistics

Levene's test for equality of variance was non-significant for gender ($p = .75$) and therefore the data does not violate the assumption of homogeneity of variance. Tests for normality showed that the data was non normally distributed for help seeking however the other variables were normally distributed. An independent samples t. test was conducted to compare help seeking behaviours between males and females. The results showed there was no significant difference in scores for males ($M = 41.43$, $SD = 10.45$) and females ($M = 41.81$, $SD = 10.48$; $t(151) = .191$, $p = .85$, two tailed). The magnitude of the difference in the means (mean difference = .38, CI: -3.53 to 4.29) was very small (Cohen's $d = 0.04$).

Levene's test for equality of variance was significant for region (p = .03) and therefore equal variances were not assumed. A second independent samples t. test was conducted to compare help seeking between urban and rural groups. The results showed there was no significant difference between urban (M= 42.93, SD = 9.51) and rural (M=39.63, SD =11.68, t (151) = 1.78, p = .075, two tailed). The magnitude of the difference in the means (mean difference = 3.30, CI: -.340 to 6.95) was small (Cohen's d= 0.31).

Levene's test for equality of variances was not significant for psychology students (p = .25) showing that the data did not violate the assumption of homogeneity of variance. A final independent samples t. test was conducted to compare mental health literacy scores between psychology students and the remaining sample. The results were on the borderline of being statistically significant, psychology students scoring (M =134.83, SD = 14.29) and the remaining sample (M = 129.96, SD = 10.60), t (150) =, p = .05, two tailed). The magnitude of the difference in the means (mean difference = 4.86, CI: -9.88 to .154) was small (Cohen's d= 0.39).

A model predicting help seeking behaviours is presented in table 3. A standard multiple linear regression was conducted to investigate how well help seeking behaviours could be explained by four predictor variables which include mental health literacy, age, Familiarity with mental illness and being a psychology student. The results from table 3 show that the model explains 8% of variation in help seeking behaviours, F (4, 148) = 3.04, p = .019. Out of the four predictor variables, it was found that mental health literacy made a statistically significant unique contribution towards predicting help seeking behaviours (β = .28, p = .001). The predictor variable, age, was found to be non- statistically significant (β = .011, p = .899). The next predictor variable, psychology students was non-statistically significant (β = .028, p = .735). Lastly the predictor variable, familiarity with mental illness, was also non-statistically significant (β = .051, p = .544).

Multiple regression model predicting help seeking behaviours

Variable	R^2	*B*	*SE*	β	*t*	*P*
Model	.08					
Mental Health Literacy		.26	.07	.28	3.48	.001
Age		.01	.08	.01	.28	.89
Psych student		.75	2.27	.03	.339	.74
Familiarity with MI		1.22	2.00	.05	.61	.54

Note. R2 = R-squared; Adj R2 = Adjusted R-squared; B=unstandardised beta value; β=standardised beta value; SE=Standard errors of B; Psych student = psychology student; Familiarity with MI = familiarity with mental illness; N=153

To summarize mental health literacy had a statically significant effect on help seeking behaviours. Age, psychology student or familiarity with mental illness were all found to have no effect and therefore not a predictor of help seeking behaviours. Gender comparisons showed that there was no significant difference for males and females in help seeking behaviours with both genders scoring highly similar. Region comparisons showed that there was a small difference between urban and rural help seeking although the result was not statistically significant. Mental health literacy levels for psychology students were compared against the remaining participants, the result was on the borderline of being statistically significant.

Discussion

In the current study, help-seeking behaviours and mental health literacy was explored. The current study aimed to enhance understanding of help-seeking and factors that affect these important behaviours. While there are many variables that influence help-seeking

behaviours this study examined if mental health literacy was a predictor of help-seeking, whist also investigating three further hypotheses.

Hypothesis 1: Mental health literacy is a predictor of help-seeking behaviours. Whilst investigating this hypothesis it was also examined if age, being a psychology student and familiarity with mental illness are also predictors of help-seeking behaviours. A multiple regression was conducted, the final model accounted for 8% of the variation in help-seeking behaviours. Mental health literacy was the only predictor variable in the model that was significantly associated with a change in help-seeking behaviours. As such the central hypothesis to this study was supported, mental health literacy is a predictor of help-seeking behaviours.

Hypothesis 2: There will be a gender difference in help-seeking behaviours. It was investigated if males or females differ in help-seeking behaviours. A t test was conducted to compare help-seeking behaviour scores between males and females, there was no significant difference in the scores. There is no gender difference in help-seeking behaviours, the hypothesis was rejected, and the null hypothesis retained.

Hypothesis 3: There will be an urban/rural difference in help-seeking behaviours. It was examined if there were regional differences in help-seeking behaviours by comparing scores for help-seeking behaviours between people in urban and rural areas. The results of a t test showed that there were no differences between urban and rural help-seeking.

Hypothesis 4: Psychology students will have higher levels of mental health literacy compared with the remaining sample. A t test was conducted to compare mental health literacy scores between psychology students and the remaining sample. Although the result was on the borderline of being statistically significant it was not a significant result and there

were no differences in scores. The hypothesis was rejected, and the null hypothesis was retained.

Previous research has shown mental health literacy to be a predictor of help-seeking behaviours (Almansef, 2020; Ratnayake, 2019). The limitations within this study are that the background research mainly consisted of vignettes on depression and schizophrenia making it difficult to compare scores between studies. Recommendations for future research are to measure help-seeking behaviours before and after mental health literacy interventions.

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Appendices

Appendix A

Demographics Questionnaire

This section is for recording relevant background information.

Please answer the following questions

1. Please state your age

2. Please select your gender

○ Female

○ Male

○ Nonbinary

○ Other

3. Please specify your nationality

4. Which do you currently reside in

□ Urban

□ Rural

5. Are you a third level student?

□ Yes

□ No

6. Are you a psychology student?

□ Yes

□ No

7. Are you a mental health professional?

□ Yes

□ No

8. Do you consider yourself to be familiar with mental illness? For example: A close relationship with someone who has a mental illness

□ Yes

□ No

Appendix B

Mental Health Literacy Scale (MHLS; O'Connor, M., & Casey, L. (2015)

The purpose of these questions is to gain an understanding of your knowledge of various aspects to do with mental health.

Please rate your answer on how likely you find each of the following statements

- 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** (paranoid, schizoid, schizotypal, antisocial, borderline, histrionic, narcissistic, avoidant, dependent and obsessive–compulsive personality disorder) are a category of mental illness

Very unlikely Unlikely Likely Very Likely

5. To what extent do you think it is likely that **Dysthymia** (persistent depressive disorder) is a disorder

Very unlikely Unlikely Likely Very Likely

6. To what extent do you think it is likely that the diagnosis of **Agoraphobia** (Fear of public places) 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, 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, 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

Strongly Disagree Disagree Neither agree or disagree Agree Strongly agree

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

Strongly Disagree Disagree Neither agree or disagree Agree Strongly agree

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

Strongly Disagree Disagree Neither agree or disagree Agree Strongly agree

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

Strongly Disagree Disagree Neither agree or disagree Agree Strongly agree

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

Strongly Disagree Disagree Neither agree or disagree Agree Strongly agree

21. A mental illness is a sign of personal weakness

Strongly Disagree Disagree Neither agree or disagree Agree Strongly agree

22. A mental illness is not a real medical illness

Strongly Disagree Disagree Neither agree or disagree Agree Strongly agree

23. People with a mental illness are dangerous

Strongly Disagree Disagree Neither agree or disagree Agree Strongly agree

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

Strongly Disagree Disagree Neither agree or disagree Agree Strongly agree

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

Strongly Disagree Disagree Neither agree or disagree Agree Strongly agree

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

Strongly Disagree Disagree Neither agree or disagree Agree Strongly agree

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

Strongly Disagree Disagree Neither agree or disagree Agree Strongly agree

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

Strongly Disagree Disagree Neither agree or disagree Agree Strongly agree

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

Definitely unwilling Probably unwilling Neither unwilling or willing Probably willing Definitely willing

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

Definitely unwilling Probably unwilling Neither unwilling or willing Probably willing Definitely willing

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

Definitely unwilling Probably unwilling Neither unwilling or willing Probably willing Definitely willing

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?

Definitely unwilling Probably unwilling Neither unwilling or willing Probably willing Definitely willing

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

Definitely unwilling Probably unwilling Neither unwilling or willing Probably willing Definitely willing

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

Definitely unwilling Probably unwilling Neither unwilling or willing
Probably willing Definitely willing

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

Definitely unwilling Probably unwilling Neither unwilling or willing
Probably willing Definitely willing

Scoring

Total score is produced by summing all items (see reverse scored items below). Questions with a 4-point scale are rated 1- very unlikely/unhelpful, 4 – very likely/helpful and for 5-point scale 1 – strongly disagree/definitely unwilling, 5 – strongly agree/definitely willing

Reverse scored items: 10, 12, 15, 20-28
Maximum score – 160
Minimum score – 35

Appendix C

General Help Seeking Questionnaire (GHSQ; Wilson, C., Deane, F., Ciarrochi, J., Rickwood, D. (2005)

The purpose of these questions is to formally assess aspects of your help seeking behaviour. Please indicate your response that best describes your intention to seek help, from each help source that is listed

If you were having a personal or emotional problem, how likely is it that you would seek help from the following people?

Please indicate your response that best describes your intention to seek help from each help source listed

1= Extremely Unlikely, 2, 3 = Unlikely, 4, 5 = Likely, 6, 7 = Extremely Likely

a. Intimate partner (e.g., girlfriend, boyfriend, husband, wife, de' facto)	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○
b. Friend (not related to you)	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○
c. Parent	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○
d. Other relative/ family member	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○
e. Mental health professional (e.g., psychologist, social worker, counsellor)		1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○
f. Phone helpline (e.g., Lifeline)		1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○

g. Doctor/GP	1	2	3	4	5	6	7
	○	○	○	○	○	○	○
h. Minister or religious leader (e.g., Priest, Rabbi, Chaplain)	1	2	3	4	5	6	7
	○	○	○	○	○	○	○
i. I would not seek help from anyone	1	2	3	4	5	6	7
	○	○	○	○	○	○	○
j. I would seek help from another not listed above	1	2	3	4	5	6	7
	○	○	○	○	○	○	○

Appendix D

Participant Information Leaflet

You are being invited to take part in a research study on the effect of Mental Health Literacy on Help Seeking Behaviours. 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 provided at the end of this sheet.

What is this study about?

I am a final year student in the BA in 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 bring awareness of the concept of Mental Health Literacy and investigate its effects on Help Seeking Behaviours. This study has been granted full ethical approval from the National college of Ireland's Research Ethics Committee and is being supervised by Dr. Robert Fox.

What will taking part in the study involve?

If you decide to take part in this research, you will be asked to complete an anonymous online questionnaire. The questionnaire will ask you to provide some basic demographic information and to answer a series of questions on your knowledge, attitude, and beliefs towards mental disorders and help seeking behaviours. Participation will take approximately 15 minutes of your time.

Who can take part?

You can take part in this study if you are aged over 18 years old.

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 participation at any time up until you have submitted your questionnaire. After this point it will not be possible to withdraw your data from the study as the questionnaire is anonymous and individual responses cannot be identified.

What are the possible risks and benefits of taking part?

There are no direct benefits to you for taking part in this research. However, the information gathered will contribute to research that helps to aid in the recognition, management and prevention of mental disorders. There is a possibility that some participants may experience minor distress or upset, if the survey causes them to reflect on or discuss difficult experiences. If you feel distressed or upset for any reason during the survey, you are free to withdraw from the survey at any point up until you press the submit tab.

Will taking part be confidential and what will happen to my data?

The questionnaire is anonymous, it is not possible to identify a participant based on their responses to the questionnaire. All data collected for the study will be treated in the strictest confidence. 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.

What will happen to the results of the study?

The results of this study will be presented in my final dissertation, which will be submitted to National College of Ireland.

Who should you contact for further information?

If you have any questions, please contact:

Researcher: Gráinne Long

Email: x18113249@student.ncirl.ie

Supervisor: Dr. Robert Fox

Email: Robert.Fox@ncirl.ie

Appendix E

Consent Form

In agreeing to participate in this research I understand the following:

This research is being conducted by Gráinne Long, a final year psychology student at the 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 up until I submit the survey.

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

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 National college of Ireland. 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.

I may withdraw from this study at any time up until I have submitted my answers as data will be de-identified at this point.

I must be over 18 years old.

I have read and understand the above information and I consent to taking part in the study

□ I consent

Appendix F

Participant Debriefing Information

Thank you for your completing the survey and for participating in the research study.

The questions asked related to your attitude, knowledge, and beliefs about mental disorders as well as your help seeking behaviours. This research aims to assess mental health literacy levels in the public and the effect it has on help seeking behaviours.

The data is collected in an anonymized format and will be used solely for research purposes, the data will be kept for 5 years in accordance with the National College of Ireland's data retention policy.

If you have experienced any form of distress relating to the content of this survey or your participation in the study, please see a list of support services below.

Samaritans (Support for any mental distress) Tel: 116 123

Aware (Support for depression, Anxiety, Bipolar) Tel: 1800 80 48 48

Crisis text line (emergency support for anxiety) Text: 741741

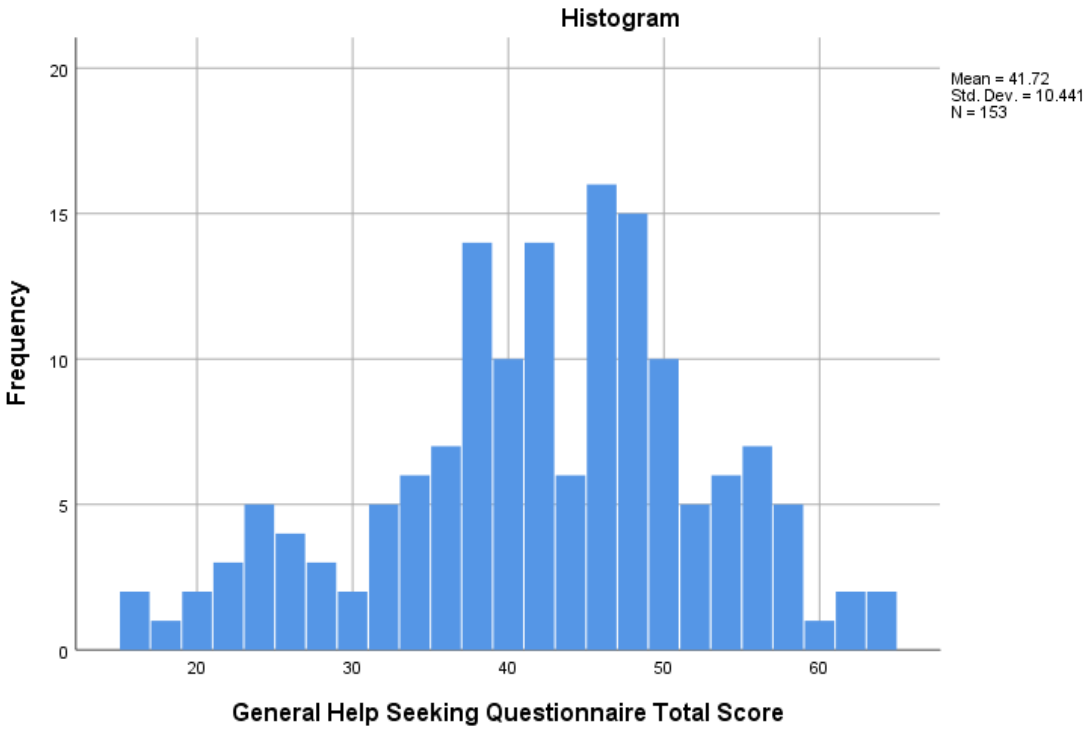
Thank you again for participating, if you have any queries or questions regarding the study, please contact me at the email address provided below.

Researcher- Gráinne Long

Email: X18113249@student.ncirl.ie

Appendix G

Histogram for GHSQ



Note. Skewness -.370 to .196; Kurtosis -.176 to .390