

# The Psychological Mechanism of Stigmatizing Attitudes toward Help Seeking Behavior for Mental Health Problems

Zhi-xia Chen and WS Chandrasekara<sup>1</sup>

School of Public Administration, Huazhong University of Science & Technology, China

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## Abstract

Stigmatizing attitudes toward psychological help seeking is a significant obstacle for the people with mental health difficulties to obtain sufficient psychological help. Therefore, this paper examines the psychological mechanism of stigmatizing attitudes towards people with mental illness and help seeking performance. Data were gathered using already developed and validated scales with modifications. They are; mental Health Service Utilization Questions (MHSUQ), the Inventory of Attitudes toward Seeking Mental Health Services (IASMHS), Griffith's public stigma scale, Griffith's self stigma scale, perceived need and utilization theory of mental health services, and General Help Seeking Questionnaire – Vignette Version (GHSQ-V). 600 students were interviewed from three state universities in Sri Lanka. The interviews were done based on three vignettes of young persons with a mental disorder consisting with statement show much they agree or not agree for each statement. Additionally, demographic information was collected. Data were analyzed using Statistical Package for Social Sciences (SPSS 19) and AMOS 20 software. Outcomes suggest that public stigma, and self stigma make influence on help seeking behavior negatively whereas public stigma makes greater influences on help seeking behavior negatively than self-stigma. However, in all vignettes, '*dangerous person*' is the most responded item in both public stigma and self-stigma. It was found that female students have more positive attitudes, intention and actual help seeking behavior than male students. Further, results indicate that stigma reduction programs are more essential to effectively increase of help-seeking behavior among students. Results further suggest that policy makers to make interventions to change public attitudes towards mental illnesses rather than self-attitudes.

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<sup>1</sup> Corresponding author's email: [sagara.user@gmail.com](mailto:sagara.user@gmail.com)

**Keywords:** Stigma, Mental illness, Help Need, Help Seeking.

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## Introduction

Mental illness is common in people, but many do not seek help (Wright, Jorm, & Mackinnon, 2011), despite the availability of evidence-based treatments (U.S. Department of Health and Human Services, 1999). Stigma associated with mental illness is the main obstacle to the provision of care of people with mental illnesses (Sartorius, 2007). Therefore, people with mental illnesses need to cope with two difficulties; one is their symptom of diseases and the other one is stigma related to mental illnesses. Public attitudes against people with mental illness are harmful (Feldman & Crandall, 2007; Yoshioka, Reavley, MacKinnon, & Jorm, 2014) as well as discriminative (Pescosolido, 2013; Angermeyer & Matschinger, 2005; Mustillo, Budd, & Hendrix, 2013; Lucas & Phelan, 2012). Therefore, self and public stigma have negative mediation between help need and help seeking behavior for mental health problems. Studies on mental illness stigma have found that higher stigmatizing attitudes associate with lower help seeking behavior (Corrigan, 2005). Specially, increased help seeking behavior among college students are important because higher of lifetime mental disorders have first onset during the college period (Kessler et al., 2005). Only very young people seek professional help for their mental distress (Rickwood, 1995).

### *Theory of Stigma*

Mental illness stigma and related discrimination may significantly interrupt the help seeking attitudes, beliefs, treatment, and recovery (Byrne, 2000; Corrigan, 2005). Mental illness stigma involve views that mentally ill people are a) accountable for their illness, b) they are weak, c) they are incompetent, d) they are dangerous, e) they are violent, and f) they should be separated from others (Corrigan, 2005; Link, Phelan, Bresnahan, & Stueve, 1999; Link, 2001). Five categories have been used to assess the health related stigma (Brakel, 2007). First, the experience of actual discrimination faced by people with mental illnesses; second, attitudes towards people with mental illnesses; third, perceived stigma; fourth, self stigma; and fifth, discriminatory and stigmatizing practices in services, legislation, media and educational materials. In this study, it was used the attitudes of students towards the people with mental illnesses to measure the stigma.

### *Theory of Planned Behavior*

Ajzen's Theory of Planned Behavior (TPB) is a general model of human behavior. The theory explains that one's behavior is influenced by the intention to engage and attitudes toward the behavior, perceived social norms, and perceived control over the behavior (Ajzen, 1985). Attitude towards behavior is defined as individual evaluation of the particular behavior and expected positive and negative outcomes (behavioral beliefs). Subjective norm includes that the social influences to engage or not to engage in a given behavior (normative beliefs). Perceived control is defined as capability to accomplish a given behavior based on beliefs about influences that may enable or disable its

performance (control beliefs). Intention to perform a behavior is defined as one's drive to do a behavior (Ajzen, 1985, 1991; Ajzen & Fishbein, 1980). The TPB had been used in more than 1000 independent studies and overall results have supported the theory (Ajzen, 2011)<sup>1</sup>. Fife-Schaw et al. (2007), state that control belief (social context) is more significant and influential on attitudes formation towards one's behavior than behavioral beliefs and normative beliefs. Conner et al., (1998) applied the TPB to understand drug compliance in a psychiatric population and they explored that treatment intention is influenced by behavioral, normative and control beliefs. The validity of the theory has confirmed by numerous research (Trafimow et al., 2002; Hagger et al., 2002; Armitage & Conner, 200; Armitage & Conner, 2001; Fishbein & Ajzen, 2009).

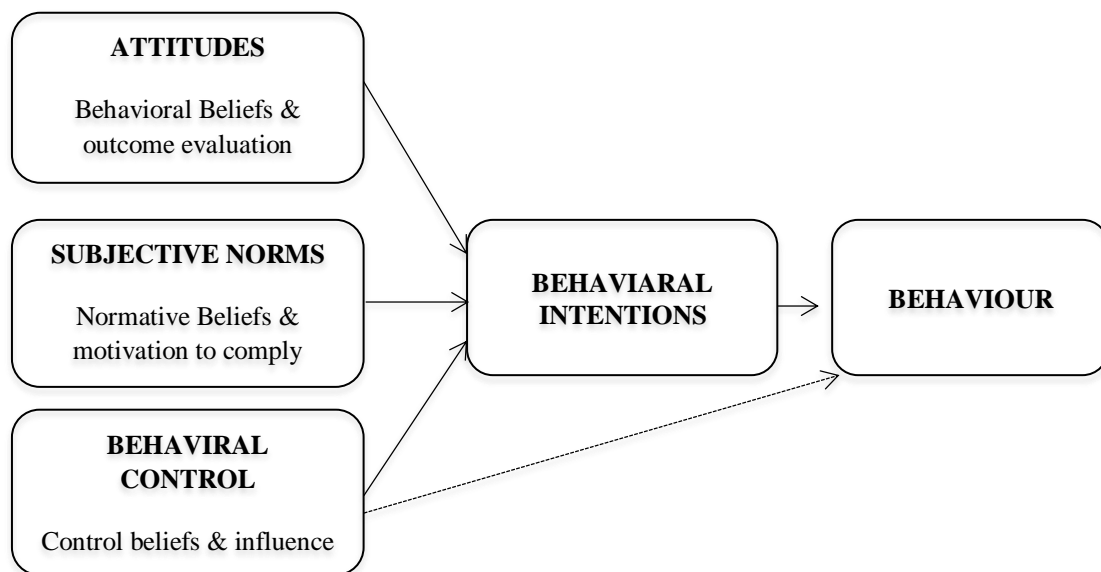


Figure 1. The Theory of Planned Behavior (Ajzen, 1991)

### Theoretical Framework of the Research

This study is based on the guidance of the theory of stigma and the Theory of Planned Behavior (TPB: Fishbein & Ajzen, 1975; 2009). Previous research have shown that intention to seek psychological help is done based on deferent models such as the health belief model (Rosenstock, Strecher, & Becker, 1988; Becker & Maiman, 1975), the self-regulation model, (Leventhal, Nerenz, & Steele, 1984), and the Theory of Reason Action (TRA). Theory of Planned Behavior (TPB) developed by Fishbein and Ajzen (1975, 2009) will be used as the theoretical framework. The theory of planned behavior (TPB) is an extension of the Theory of Reasoned Action (TRA) developed by Fishbein and Ajzen (1975, 2009). The difference between TRA and TPB is the perceived control over behavior. Ajzen's Theory of Planned Behavior (TPB) has been used to investigate the help seeking process. This model emphasized the importance of a multidimensional approach to understand the factors that influence for individual's intention to perform a behavior. This theory explains that one's planned behavior is influenced by three sets of variables, beliefs and attitudes toward the behavior, perceived social norms, and

<sup>1</sup> <http://www.webcitation.org/5xCtDJalM> Accessed on 20.12.2015

perceived control over the behavior (Ajzen, 1985). Attitude towards behavior is defined as individual evaluation of the particular behavior and expected positive and negative outcomes (behavioral beliefs). Subjective norm includes that the social influences to engage or not to engage in a given behavior (normative beliefs). Perceived control is defined as capability to accomplish a given behavior based on beliefs about influences that may enable or disable its performance (control beliefs). The TPB is the most widely used social cognition theory for predicting human behavior (Hardeman, Johnston, Johnston, Bonetti, Wareham, & Kinmonth, 2002). The TPB had been used in more than 1000 independent studies and overall results have supported the theory (Ajzen, 2011)<sup>1</sup>.

Help seeking is considered as a process of awareness of symptoms, taking judgment as having a problem, which needs help. Help seeker should be able to access the help sources and also he/she should have willingness to access the help. Negative public attitudes towards people with mental illnesses (Public Stigma) create feeling of self-stigmatization attitudes, which impede help seeking behavior. This study focuses the public stigma; self-stigma and how it affects for help seeking behavior. Based on this theoretical approach, present study proposes the following model for help seeking behavior for peoples' mental health problems (Figure 2).

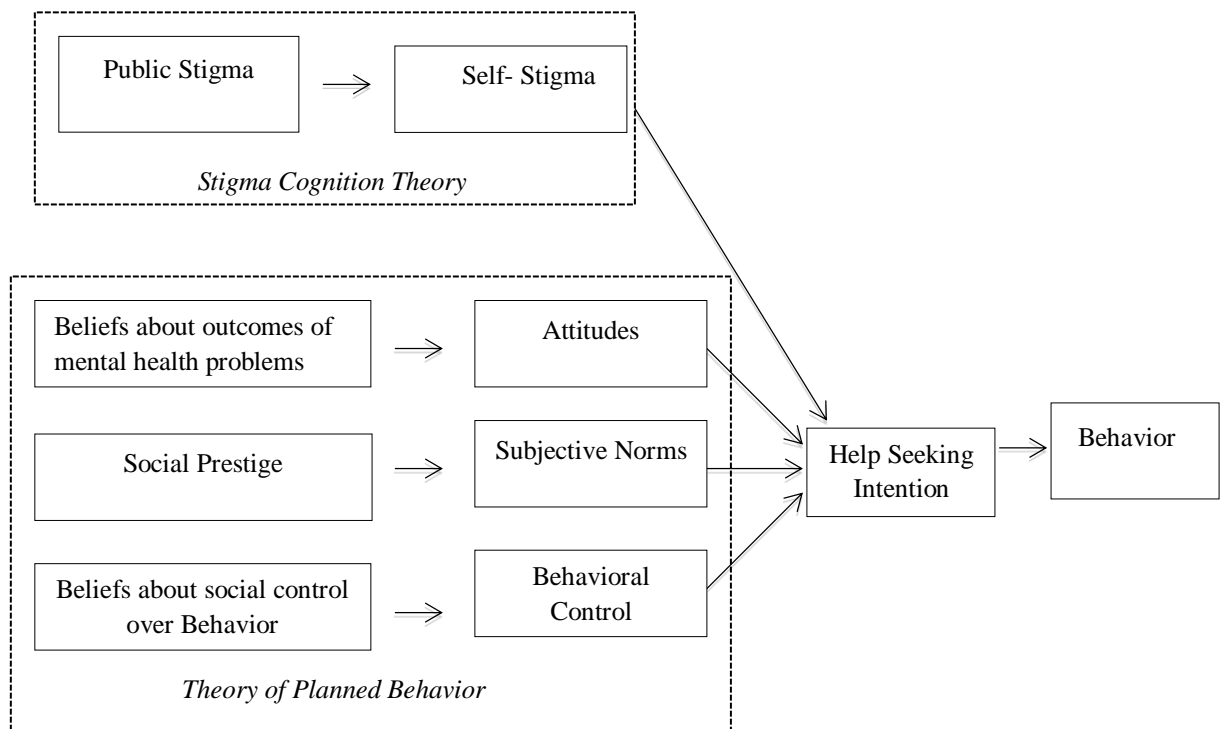


Figure 2 : Integrated Theoretical Model of the Mechanism of Help-Seeking Behavior

According to the model, following hypotheses are drawn;

In what level does mental illness stigma (public and self stigma) mediate the association between help seeking behavior and attitudes, intention, behavioral control, and subjective norms towards mental health problems?

<sup>1</sup> <http://www.webcitation.org/5xCtDJalM> Accessed on 20.12.2015

**H<sub>1</sub>:** *Public stigma of mental illness moderately mediates the association between Attitudes and behavior toward help seeking for mental health problems.*

**H<sub>2</sub>:** *Self-stigma of mental illness moderately mediates the association between Attitudes and behavior toward help seeking for mental health problems.*

**H<sub>3</sub>:** *Public Stigma of mental illness moderately mediates the association between Intention and Behavior toward seeking help for mental health problems.*

**H<sub>4</sub>:** *Self-Stigma of mental illness moderately mediates the association between help seeking Intention and Behavior toward seeking help for mental health problems.*

**H<sub>5</sub>:** *Public Stigma of mental illness moderately mediates the association between Behavioral beliefs and Behavior toward seeking help for mental health problems.*

**H<sub>6</sub>:** *Self-Stigma of mental illness moderately mediates the association between Behavioral beliefs and Behavior toward seeking help for mental health problems.*

**H<sub>7</sub>:** *Public Stigma of mental illness moderately mediates the association between Subjective Norms and Behavior toward seeking help for mental health problems.*

**H<sub>8</sub>:** *Self-Stigma of mental illness moderately mediates the association between Subjective Norms and Behavior toward seeking help for mental health problems.*

Based on the above model, this research paper considers the following questions relating to mental illness stigma; extent of the mediating role of stigma (personal and public) for help seeking behavior, extent of perceived public stigmatization attitudes against people with mental ill-health, and extent of personal stigmatization attitudes against people with mental ill-health among Sri Lankan students. Under these research questions, it was investigated that at what kind of characteristics associated with lower level or higher level of stigmatization attitudes and how it effect on help seeking behavior.

## **Participants and Methods**

### *Participants*

Six hundred students were interviewed from three state universities and five villages in six districts in three provinces. Data was collected from May to August 2014. Three major categories were included in the sample, considering the significant cultural differences in the country. They are urban (n=205, 34.2%), rural (n=348, 58%), and estate (n=47, 7.8%). The basic background data of the study population is as follows; the age groups included in the study were 17 to 19 (2.7%), 20 to 25 (57.8%) and 26 to 35 (39.5%). Gender is 52.3% of male and 47.7% of female. Ethnicity: Sinhala 85.2%, Tamil 7.8%, Moor 7.0%. Religion: Buddhist 78.7%, Hindu 7.2%, Muslims 7.0%, Catholic 5.0%, Christian 2.2%. Marital status: married 32.7% unmarried 65.3%, other 2.0%. Level of education: up to Advance Level 38.5%, degree and above 61.5%.

### *Measures*

The study was based on the Mental Health Literacy Interview developed by Jorm and Wright (2007). It was given a vignette of a young person with mental disorder. Three vignettes on Depression, Psychosis, and Social phobia were presented to respondents to determine the attitudes assigned to each mental ill health person. One out of the three vignettes was given randomly to respondents and asked a set of questions. The questions were about help seeking behavior, belief about treatments, and about stigmatization attitudes against mental health consumers. The questionnaire was translated in to respondents' their mother languages, Sinhala and Tamil. The male character 'John' in the vignette was translated as 'Kamal' in Sinhala and 'Kumar' in Tamil. The female character 'Jenny' in the vignette was translated as 'Imasha' in Sinhala and 'Shanthinee' in Tamil. The age of the young person was given as 22 years old. Stigmatization attitudes were assessed in two ways, first way is that respondents' own attitudes towards the person explained in the vignette (personal stigma) and the second way is that the respondents belief about other people' attitudes about the person describe in the vignette (public perceived stigma).

#### Stigma: Personal Stigma

Six items were used to measure the level of Personal Stigma. They are: 1. Person with a problem like he/she has could snap out of it if he/she wanted, 2. A problem like he/she has is a sign of personal weakness, 3. His/her problem is not a real medical illness, 4. Person with a problem like his/her is dangerous, it is best to avoid, 5. People with a problem like him/her are unpredictable, 6. If I had a problem like his/her, I would not tell anyone. The participants were asked to select their level of agreement related to each item on a nine-point Likert scale from 1= strongly agree to 9= strongly disagree.

#### Stigma: Perceive Public Stigma

Perceived Public stigma was measured using scale developed by Griffiths et al. (2006). It was used the same items that were used to measure personal stigma but starting with 'Most other people believe that...'. 1. People with a problem like his/her could snap out of it if they wanted, 2. A problem like his/her is a sign of personal weakness, 3. His/her problem is not a real medical illness, 4. People with a problem like his/her are dangerous, It is best to avoid, 5. People with a problem like him/her are unpredictable, 6. If I had a problem like his/her, I would not tell anyone. The participants were asked to select their level of agreement related to each item on a five-point Likert scale as, 1= strongly agree, 2= agree, 3= neutral 4= strongly disagree and 5= disagree.

#### Attitudes, Subjective Norms and Behavioral control

Attitudes, Subjective Norms and Behavioral control of variables of TPB were measured using the Inventory of Attitudes toward Seeking Mental Health Services (IASMHS: Mackenzie et al., 2004). The IASMHS (Mackenzie et al., 2004) has been developed based on the Attitudes toward Seeking Professional Psychological Help Scale (ATSPPHS), developed by Fischer and Turner (1970). This IASMHS scale consists of 24 items measured on a likert scale ranging from 0 to 4 (0 = disagree, 4 = agree). It consists three internally consistent subscales, psychological openness, help-seeking propensity and indifference to stigma, which measure attitudes, subjective norms and



behavioral control of TPB. The psychological openness subscale measures the individuals' knowledge about having a psychological problem and possibility to seek professional psychological help. The help-seeking propensity subscale measures the individuals' willingness and ability to seek psychological help. The indifference to stigma subscale measures the individuals' concern about others acceptance if others happen to know that he/she is receiving professional help for psychological problems.

### *Intention to seek psychological help*

Intention to seek psychological help was measured using the General Help Seeking Questionnaire – Vignette Version (GHSQ-V; Wilson, Rickwood, Bushnell, Caputi, & Thomas, 2011). The GHSQ-V involves with vignettes to explain mental health problems based on the Diagnostic and Statistical Manual for Mental Disorders, Fourth Edition Text Revision (DSM-IV-TR; APA, 2000). Participants were asked to rate the likelihood they would seek psychological help from different sources to measure general help-seeking intentions for mental health problems. Different help seeking sources were intimate partner, friend, parent, other relative, mental health professional, family doctor and teacher. 'Phone help line' which was in the GHSQ-V as help seeking source took out and added other sources called 'teacher' as Phone help line' is not familiar in Sri Lanka and teachers play a role in counseling. Item 'mental health professional' was used to evaluate psychological help-seeking intentions of the participants. Participants rated their intentions to seek help on seven-point Likert scales ranging from 1 = extremely unlikely to 7= extremely likely. Help-seeking intention with higher scores indicate higher intention to seek help.

### *Help Seeking*

To measure the service utilization or the help seeking, perceived need and utilization theory of mental health services were used (Wells et al., 2003). It was asked whether they received any psychotropic medications or any therapy or counseling for their mental or emotional health during last 12 months. Other measure of help seeking from non-clinical sources was included too. First, it was asked whether they have received counseling or any support for their mental or emotional health problems from any of the following sources during last 12 months. Help sources are partner, friends, parents, other relatives/family members, mental health professionals, teacher or doctor. The participants were asked to select their level of required need related to each item on a nine-point Likert scale ranking from 1= strongly agree to 9= strongly disagree.

Socio-economic variables such as age, gender, ethnicity, religion, living background, level of education and marital status were collected to measure the impact of these variables on mental illness stigma and help seeking behavior.

## **Results**

### *Reliability and Validity of Scales*

*Cronbach's Alpha Coefficient* and mean inter-item correlation for the items were calculated to check the reliability of the scale used in the study. *Cronbach's Alpha*

*Coefficient* of a scale should be above .7 (De Vellis 2003). In this study, *Cronbach's Alpha Coefficient* of help need scale is 0.706 and whereas 0.750, 0.789 and 0.903 for self-stigma scale, public stigma scale and help seeking scale respectively. The values of the coefficient of all the scales are above the optimal level of the reliability indicating that each variable has internal consistency. However, Briggs and Cheek (1986) recommend an optimal range for the inter-item correlation of .2 to .4. Inter-item correlations of this study are in the above optimal level of reliability. Pearson's correlation analyses were conducted to see the interrelationship between items (Table 1). Results show that all the variables are significantly correlated.

Confirmatory factor analysis was conducted to check the validity of each variable used in the study. For an optimal model fit, the values of Goodness of Fit Index (*GFI*), *Adjusted Goodness of Fit Index (AGFI)*, *The Comparative Fit Index (CFI)*, and the *Tucker-Lewis Coefficient (TLI)* should be above .90. The value of *Root Mean Square Error of Approximation (RMSEA)* should be less than .05, and  $\chi^2/df$  should be less than 4.5. The results in the Table 2 indicate that all the values are above the threshold level. It indicates that the adopted model in this study is very much suitable to analyze the data.

Table 1: Mean, Standard Deviation & Inter-item Correlation of Self-stigma & Public Stigma Scales

|               | Attitudes | Intention | Behaviour | Beliefs | Norms  | Public Stigma | Self Stigma |
|---------------|-----------|-----------|-----------|---------|--------|---------------|-------------|
| Attitudes     | 1         |           |           |         |        |               |             |
|               | 600       |           |           |         |        |               |             |
| Intention     | -.156**   | 1         |           |         |        |               |             |
|               | 0         |           |           |         |        |               |             |
|               | 600       | 600       |           |         |        |               |             |
| Behaviour     | -.236**   | .409**    | 1         |         |        |               |             |
|               | 0         | 0         |           |         |        |               |             |
|               | 600       | 600       | 600       |         |        |               |             |
| Beliefs       | 0.03      | .229**    | 0.009     | 1       |        |               |             |
|               | 0.462     | 0         | 0.835     |         |        |               |             |
|               | 600       | 600       | 600       | 600     |        |               |             |
| Norms         | -0.057    | -0.02     | -0.05     | .176**  | 1      |               |             |
|               | 0.161     | 0.625     | 0.226     | 0       |        |               |             |
|               | 600       | 600       | 600       | 600     | 600    |               |             |
| Public Stigma | .165**    | -.236**   | -.240**   | .086*   | .134** | 1             |             |
|               | 0         | 0         | 0         | 0.035   | 0.001  |               |             |
|               | 600       | 600       | 600       | 600     | 600    | 600           |             |
| Self Stigma   | .147**    | -.188**   | -.184**   | .157**  | .099*  | .383**        | 1           |
|               | 0         | 0         | 0         | 0       | 0.015  | 0             |             |
|               | 600       | 600       | 600       | 600     | 600    | 600           | 600         |

\*\* . Correlation is significant at the 0.01 level (2-tailed).

\* . Correlation is significant at the 0.05 level (2-tailed).



Table 2: The Reliability and Validity of the Scales

| Variables     | Chi-square | RMSEA | GFI   | AGFI  | CFI   | TLI   | NFI   | RMR  | AVE | CR  |
|---------------|------------|-------|-------|-------|-------|-------|-------|------|-----|-----|
| Attitudes     | 3.870      | 0.049 | 0.981 | 0.943 | 0.876 | 0.821 | 0.827 | .015 | .52 | .81 |
| Beliefs       | 4.627      | 0.050 | 0.901 | 0.921 | 0.932 | 0.867 | 0.804 | .032 | .56 | .85 |
| Intention     | 4.371      | 0.035 | 0.871 | 0.906 | 0.851 | 0.920 | 0.916 | .021 | .54 | .80 |
| Self Stigma   | 3.521      | 0.054 | 0.972 | 0.935 | 0.844 | 0.907 | 0.907 | .040 | .53 | .83 |
| Public Stigma | 4.204      | 0.036 | 0.991 | 0.979 | 0.991 | 0.985 | 0.985 | .023 | .51 | .81 |
| Behaviour     | 3.205      | 0.041 | 0.987 | 0.973 | 0.993 | 0.991 | 0.990 | .041 | .56 | .86 |

### Self & Public Stigma

To simplify the analysis, initially it was measured the level of respondents agreeing with the individual items listed in the self and public stigma scales to measure the level of stigmatization attitudes towards the people with mental ill-health. Table 3 explains the levels of the stigmatization attitudes that are most common and least common among students for each item and vignette.

Table 3: Percentage of students who ‘agree’ or ‘strongly agree’ with statements about the attitudes on self-stigma & public stigma

| Public Stigma                                 | Depression % | Social Phobia % | Psychosis % | Difference between vignettes ( $\chi^2$ (2) and p value) |            |
|---|--------------|-----------------|-------------|--|------------|
| Person could snap out of the problem          | 38           | 29              | 42.5        | 0.932  | $P= 0.628$ |
| Problem is a sign of personal weakness        | 36.5         | 39              | 38          | 0.269  | $p= 0.874$ |
| Problem is not a real medical illness         | 31           | 36.5            | 37          | 1.953  | $p= 0.377$ |
| People with this problem are dangerous        | 43.5         | 54.5            | 50.5        | 4.96   | $p= 0.084$ |
| People with this problem are unpredictable    | 38.5         | 45              | 40          | 1.913  | $p= 0.384$ |
| If I had this problem I would not tell anyone | 47           | 42              | 37.5        | 3.704  | $p= 0.157$ |
| Self Stigma                                   |              |                 |             |  |            |
| Person could snap out of the problem          | 25.5         | 29.5            | 29          | 0.942  | $p= 0.624$ |
| Problem is a sign of personal weakness        | 32.5         | 31              | 30.5        | 0.201  | $p= 0.904$ |
| Problem is not a real medical illness         | 32           | 35              | 29          | 1.654  | $p= 0.437$ |
| People with this problem are dangerous        | 26.5         | 35.5            | 31          | 3.787  | $p= 0.151$ |
| People with this problem are unpredictable    | 25           | 29.5            | 28.5        | 1.116  | $p= 0.572$ |
| If I had this problem I would not tell anyone | 34.5         | 34              | 33.5        | 0.045  | $p= 0.978$ |

In all vignettes, ‘*dangerous person*’ is the most responded item in both scales whereas the item relating to ‘*not a medical illness*’ is the least responded item in the public stigma scale and ‘*unpredictable person*’ is in the self-stigma scale. Item ‘*dangerous person*’ in social phobia vignette is the most responded category (54.5%) among three vignettes in the public stigma scale. Item ‘*not a medical illness*’ is the least responded category (31%) among three vignettes in the public stigma scale.

Item '*dangerous person*' in social phobia vignette is the most responded category (35.5%) among three vignettes in the self-stigma scale too. Item '*unpredictable person*' in depression vignette is the least responded category (25%) among three vignettes in the self-stigma scale. Analysis of individual items exposed that public stigma is higher than self-stigma for all items in all vignettes.

### *Partial Mediation Role of Stigma*

First, it was conducted a regression to test the relationship between Attitudes and Behavior towards mental health problems. Next, it was conducted a partial regression analysis to test whether the statistical significant of the relationship of Attitudes and Behavior significantly reduced when public stigma was mediated. Partial correlation was conducted to explore the relationship between attitudes and behavior towards help seeking for mental health problems, while controlling for scores on public stigma scale. Preliminary analysis was performed to ensure no violation of the assumption of normality, linearity and homoscedasticity.

There was a strong, negative, partial correlation between Attitudes and help seeking Behavior for mental health problems, controlling for public stigma,  $r = -.236$ ,  $n = 598$ ,  $p = 000$ , with high level of negative attitudes towards help seeking for mental health problems being associated with lower level of help seeking behavior. There is a strong decrease in the strength of correlation ( $r = -.236 - r = -.206$ ) when public stigma was mediated. Analysis of the zero order correlation ( $r = -.206$ ) suggested that controlling for public stigma responding had strong effect on the strength of the relationship between Attitudes and Behavior towards help seeking for mental health problems.

There was a strong, negative, partial correlation between Attitudes and Behavior towards help seeking for mental health problems, controlling for self stigma,  $r = -.236$ ,  $n = 598$ ,  $p = 000$ , with high level of negative attitudes towards help seeking for mental health problems being associated with lower level of help seeking behavior. There is a strong decrease in the strength of correlation ( $r = -.236 - r = -.215$ ) when self-stigma was mediated. Analysis of the zero order correlation ( $r = -.215$ ) suggested that controlling for self stigma responding had strong effect on the strength of the relationship between Attitudes and Behavior towards help seeking for mental health problems.

There was a strong, positive, partial correlation between Intention and Behavior towards help seeking for mental health problems, controlling for public stigma,  $r = .409$ ,  $n = 598$ ,  $p = 000$ , with high level of positive intention towards help seeking for mental health problems being associated with high level of help seeking behavior. There is a strong decrease in the strength of correlation ( $r = .409 - r = -.373$ ) when public stigma was mediated. Analysis of the zero order correlation ( $r = .373$ ) suggested that controlling for public stigma responding had strong effect on the strength of the relationship between Intention and Behavior towards help seeking for mental health problems.

There was a strong, positive, partial correlation between Intention and Behavior towards help seeking for mental health problems, controlling for self stigma,  $r = .409$ ,  $n = 598$ ,  $p = 000$ , with high level of positive intention towards help seeking for mental health problems being associated with high level of help seeking behavior. There is a

strong decrease in the strength of correlation ( $r = .409 - r = .388$ ) when public stigma was mediated. Analysis of the zero order correlation ( $r = .388$ ) suggested that controlling for public stigma responding had strong effect on the strength of the relationship between Intention and Behavior towards help seeking for mental health problems.

There was no significant partial correlation between Behavioral beliefs and Behavior towards help seeking for mental health problems, controlling for public stigma,  $r = .009$ ,  $n = 598$ ,  $p = .835$ . Analysis of the zero order correlation ( $r = .03$ ) suggested that controlling for public stigma responding had no significant strength of the relationship between Behavioral beliefs and Behavior towards help seeking for mental health problems.

There was no significant partial correlation between Behavioral beliefs and Behavior towards help seeking for mental health problems, controlling for self stigma,  $r = .009$ ,  $n = 598$ ,  $p = .835$ . Analysis of the zero order correlation ( $r = .039$ ) suggested that controlling for self stigma responding had no significant strength of the relationship between Behavioral beliefs and Behavior towards help seeking for mental health problems.

There was no significant partial correlation between Subjective Norms and Behavior towards help seeking for mental health problems, controlling for public stigma,  $r = -.05$ ,  $n = 598$ ,  $p = .226$ . Analysis of the zero order correlation ( $r = -.018$ ) suggested that controlling for public stigma responding had no significant strength of the relationship between Subjective Norms and Behavior towards help seeking for mental health problems.

There was no significant partial correlation between Subjective Norms and Behavior towards help seeking for mental health problems, controlling for self stigma,  $r = -.05$ ,  $n = 598$ ,  $p = .226$ . Analysis of the zero order correlation ( $r = -.032$ ) suggested that controlling for public stigma responding had no significant strength of the relationship between Subjective Norms and Behavior towards help seeking for mental health problems.

## Discussion

This study was done with a random sample of 600 students in three state universities in Sri Lanka. The present study provides insight in stigmatizing attitudes towards mental illness and help seeking behavior of university students in Sri Lanka. It was first assessed the extent of stigmatizing attitudes of students towards the people with mental illnesses.

Public stigma makes greater influence on help seeking than self-stigma negatively. These findings repeat with Jorm and Wright (2008). When it compare with a survey conducted in Australia on stigma among young people (Reavley & Jorm, 2011), it suggests that while personal beliefs are similar on some items, Sri Lankan students are more likely to believe that a person with mental disorder (depression, social phobia and psychosis) is more dangerous and unpredictable. They also more likely to believe that mental illness are outcomes of personal weakness.

Overall, the results show a higher degree of public stigma toward people with mental illness than self-stigma, agreeing with stigmatizing attitudes such as 'People with this problem are dangerous', 'People with this problem are unpredictable', and 'If I had this

problem I would not tell anyone'. Therefore, these findings repeat the previous findings of Griffiths et al., (2006) and Calear et al., (2011). Respondents reported their own level of stigma as much lower than the level of public stigma. This may be due to reluctance of disclosing their own true attitudes towards people with mental illness due to social prestige bias. However, they disclose others' attitude (Peluso & Blay, 2009; Griffiths et al., 2006). Social prestige bias may be higher when data collection was done based on face-to-face interviews. When measuring the public stigma, the same items that were used to measure self-stigma but starting with 'Most other people believe that...' then, respondents may have thought about the entire society rather than about their friends and family members. However, findings suggest focusing on reducing public stigma campaigns, which eventually could reduce self-stigma (Griffiths et al., 2008)<sup>1</sup>.

Rate of help seeking behavior for mental health problems is very much lower (30%) among university students. It may be due to stigmatization attitudes towards mental health consumers. Self-stigma toward depression negatively affects help seeking (Griffiths et al., 2011). According to Jorm et al., (2003), and Ten et al., (2010), beliefs and attitudes towards help seeking for mental health problems influence actual help seeking behavior. Other reason for lower level of help seeking is that most of students do not recognize their problems as help needed issues and they think that such mental related problems are part of student life. They believe that they can handle the problem by themselves without outside support.

As shown in table 4, the independent-samples t-test was conducted to compare the attitudes score towards help seeking for male and female. There was a small significant difference in scores for males and for females, as predicted, male students have less positive attitudes and intention toward help seeking for mental health problems than female students. Men (79.9%) are less willing to seek help for their mental health problems than women (59%), which is aligning with literature (Aromaa et al., 2011; Ten Have et al., 2010; Rickwood et al., 2005). This may be a reason that women face more mental health experiences than male. Men are tending to hide their own pain and manage by themselves than female (O'Loughlin, et al., 2011). In line with previous studies, results of this research suggest that stigma campaigns should focus on reducing stigma and to support to increase the willingness to seek help.

Findings suggest that students are aware about their mental health problems at some level but more male do not tend to seek counseling. It is because they do not feel that counseling would help them to solve their problems. Therefore, campaigns against public and self-stigma should focus on increasing the reflectiveness, reliability and the usefulness of seeking help for mental health problems. Special attention should be given to make interventions to change public beliefs and attitudes towards people with mental illness rather than self-attitude.

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<sup>1</sup> <http://www.biomedcentral.com/1471-244X/8/25> Accessed on 28.12.2015

Table 4: t-test Tested variables by gender

|                     | Male     |           | Female   |           |                 |                 |          |          |
|---------------------|----------|-----------|----------|-----------|-----------------|-----------------|----------|----------|
|                     | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | <i>Skewness</i> | <i>Kurtosis</i> | <i>t</i> | <i>p</i> |
| Attitudes           | 3.37     | .971      | 3.55     | .746      | -.379           | -.751           | -2.610   | 0.010    |
| Intention           | 2.89     | 2.214     | 3.74     | 2.530     | .928            | -.208           | -4.358   | 0.000    |
| Subjective norms    | 2.45     | 1.384     | 2.31     | 1.310     | -.505           | -.988           | 1.221    | 0.223    |
| Behavioural Beliefs | 2.80     | 1.766     | 2.85     | 1.899     | -.569           | -.772           | 1.245    | 0.214    |
| Behaviour           | 1.851    | 1.851     | 3.86     | 3.418     | -.579           | -.551           | -8.597   | 0.000    |
| Public Stigma       | 4.07     | 2.124     | 3.69     | 2.181     | -.187           | -1.21           | 2.168    | 0.031    |
| Self Stigma         | 3.79     | 2.642     | 3.19     | 2.451     | .135            | -1.185          | 2.906    | 0.004    |

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