

# Knowledge and Beliefs About Mental Health and Their Impact on Attitudes and Help-Seeking Behaviour

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# Introduction

Young people aged 15 to 24 are more likely than any other age group to struggle with mental health problems.

University students, who are typically in this age range, are also often facing financial and academic pressure, flux in personal and romantic relationships.

13.8% screened positive for depression.

4.2% for an anxiety disorder.

2.5% for suicidal ideation in the past 4 weeks.

~85% of students report feeling overwhelmed and ~50% report feelings of hopelessness.

Less than **50%** of students who need mental health support actually get it

### Structural

Barriers that are contextual or environmental in nature.

### Attitudinal

An individual's attitude towards mental illness including stigma-related concerns, fears or embarrassment about having a mental illness, belief that one should handle the problem on their own, or beliefs in treatment efficacy.

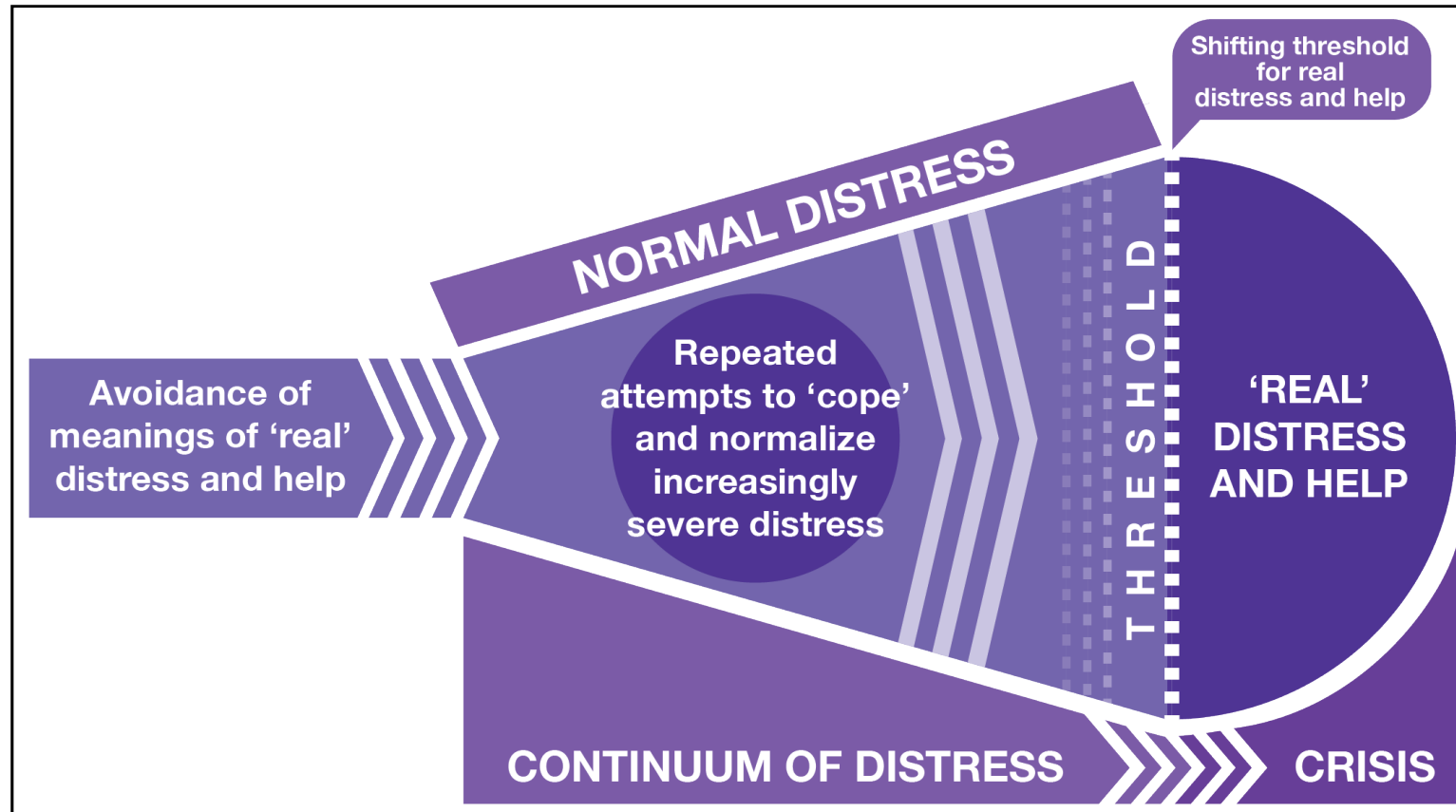
### Knowledge

Knowledge about mental illness, as well as awareness of services and how to access them.

# Process model of adolescent help-seeking

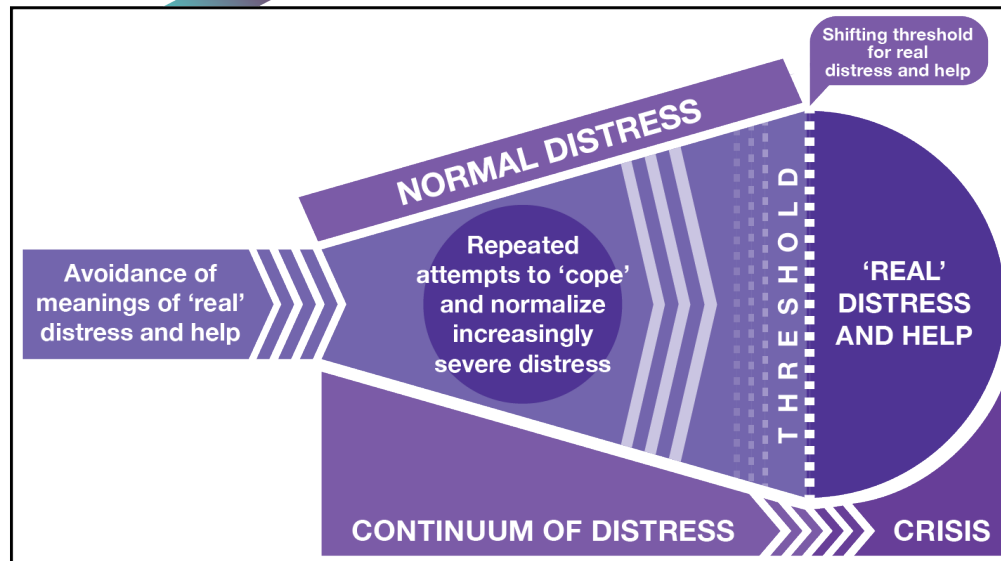


# The Cycle of Avoidance Model



# Unifying Model of Adolescent Help-Seeking

## 01 Awareness of Symptoms



Mental Health Literacy

## 02 Problem Appraisal

## 03 Expression of Symptoms and Need for Support to Others

## 04 Awareness and Attitudes Towards Treatment Services

## 05 Availability and Accessibility of Mental Health Services

## 06 Willingness to Seek Out Support Sources

Stigma

# Research questions

1. Will an online mental health literacy intervention positively impact attitudes towards help-seeking and intention to seek mental health services?
2. Will mental health literacy improve attitudes and help-seeking intentions to a greater degree than a stigma reduction intervention?

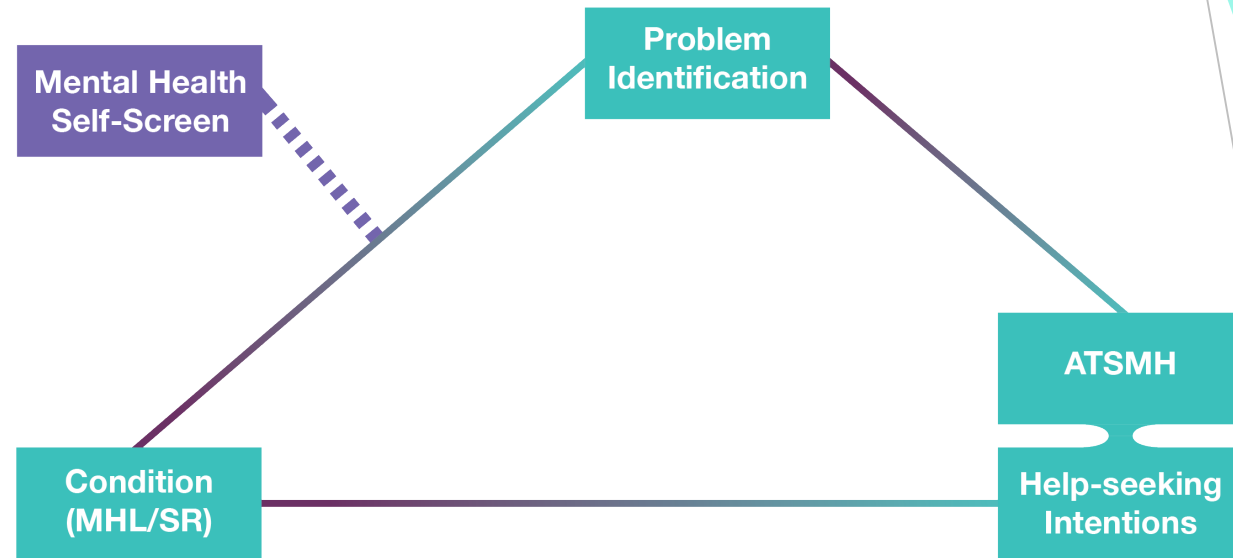
# Hypotheses

1. Race/ethnicity, living situation, proximity, gender identity, international status, and previous diagnosis will each influence students' knowledge and attitudes towards seeking help pre-intervention.
2. Student's self-reported barriers to treatment would be knowledge barriers (e.g. lack of problem recognition) as opposed to stigma-related barriers.
3. The mental health literacy condition would significantly increase positive attitudes towards seeking treatment compared to those students exposed to the stigma reduction condition.



# Hypotheses

(continuation)



4. Anticipate a conditional mediation model that incorporates problem identification as the mediator and positive self-assessment as a moderator.
5. Students who screened positive for a mental health problem but are currently untreated would report low stigma beliefs and positive views of mental health treatment services.

## WHO WEARS THE LABEL?

People from all walks of life experience substance use, emotional, or mental health problems, such as depression, bipolar disorder, anxiety disorder, schizophrenia, and eating disorders, including a number of famous people, such as:



Buzz Aldrin (astronaut)



Ludwig van Beethoven (composer)



Aretha Franklin (singer)



Vincent van Gogh (painter)



Abraham Lincoln (former U.S. president)



Edgar Allan Poe (writer)



Leo Tolstoy (writer)



Ted Turner (founder of CNN)

## SIGNS YOU, OR SOMEONE YOU KNOW, MAY NEED HELP

It may be difficult to recognize when you need help. Think about how you have been feeling. Common signs can include:



- Losing your temper easily or frequently
- Decline in academic performance



- Withdrawal from social, class, or school activities
- A growing inability to cope with daily problems and activities



- Avoidance and procrastination
- Missed classes



- Thinking of harming or killing yourself
- Use of alcohol or other drugs



- Disruption to sleep and eating patterns
- Tiredness and fatigue

# Evaluation of pilot content

8 content experts

5-point Likert scale from 1 (Strongly disagree) to 5 (Strongly agree)

Condition	Condition elements									
	Easy to understand		Appropriate length		Reduce stigma		Increase knowledge		Help-seeking	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Mental health literacy	5	0	4.6	0.5	3.5	0.5	4.6	0.5	4.1	0.8
Stigma reduction	4.9	0.4	4.8	0.5	4.5	0.5	2.1	1.3	3.4	0.5

Reducing stigma  $t(7) = -5.3, p < .01$

- Non-traditional support services

Mental health literacy  $t(7) = 6.6, p < .01$

- Diversity of the student population

Help-seeking  $t(7) = 3.0, p = .02$

# Methods

- PIA (n = 3000)
- Campus advertising



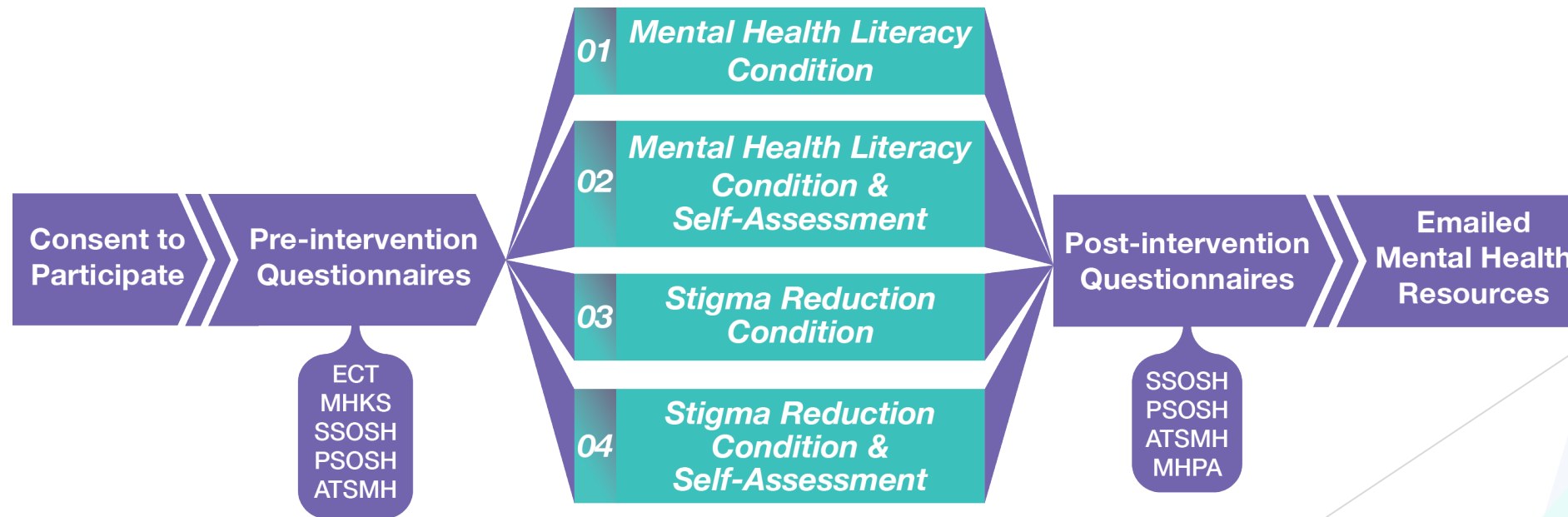
Characteristic		Statistics	
Age		20.72 ± 1.76	
Gender Identity			
	Male	43	26%
	Female	115	70%
	Transgender	1	1%
	Other	6	4%
Year of Study			
	1	29	18%
	2	47	29%
	3	50	30%
	4	33	20%
	5+**	6	4%
Sexual Orientation			
	Heterosexual	120	73%
	Bisexual	21	12%
	Gay/Lesbian/Queer	14	9%
	Questioning/Other	10	6%
Residency Status			
	Canadian or Permanent Resident	127	77%
	International	38	23%
Marital Status			
	Single/Never married	96	58%
	In a Relationship	66	40%
	Married	1	1%
	Other	2	1%
Living Situation			
	Campus Residence	10	6%
	Off-campus/ Non-university Housing	114	69%
	Parent/Guardian's Home	41	25%
Ethnicity			
	White/Caucasian	88	53%
	East Asian	24	14%
	South Asian	7	4%
	Latin American	1	1%
	Black/Afro-Canadian	2	1%
	Southeast Asian	5	3%
	Arab	6	4%
	Other*	34	20%

# Questionnaires

Healthy Minds Questionnaire (HMQ)	Demographic questions and reporting of experience with mental health issues and symptoms
Mental Health Knowledge Schedule (MHKS)	Assesses stigma-related mental health knowledge among the general public
Error Choice Test (ECT)	A questionnaire that assesses public stigma
Self Stigma about Seeking Mental Health Services (SSOSH)	Assesses an individual's personal beliefs about seeking professional mental health services
Perception of Stigmatization by Others for Seeking Help (PSOSH)	Assesses the perception of stigma from others
Attitudes Towards Seeking Mental Health (ATSMH)	Assesses attitudes towards seeking professional help
Problem identification (Mental Health Problem Appraisal, MHPA)	Assesses the degree to which the rater feels that a problem or symptom they are experiencing could be a mental health issue warranting treatment

# Study design

Condition		n
Stigma-reduction	Self-assessment	43
	No self-assessment	42
Mental health literacy	Self-assessment	40
	No self-assessment	40



# Results: Pre-intervention questionnaires

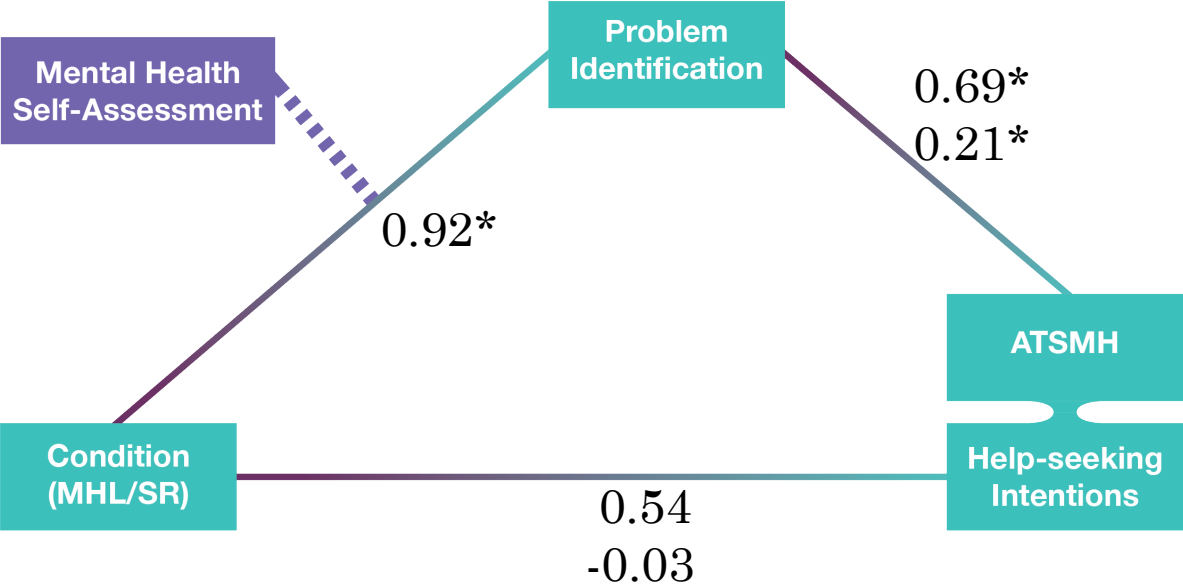
	Race/ Ethnicity	Living situation	Proximity	Gender identity	International status	Previous diagnosis
ECT	X	X	✓	X	X	X
MHKS	✓	X	X	X	X	X
SSOSH	X	✓	✓	X	X	X
PSOSH	✓	X	X	X	✓	X
ATSMH	X	✓	X	✓	X	X



# Barriers to treatment

- 44.2% - *I question how serious my needs are.*
- 42.4% - *I don't have time.*
- 40.0% - *Stress is normal in college/graduate school.*
- 32.0% - *I get a lot of support from other sources.*
- 26.6% - *Financial reasons*

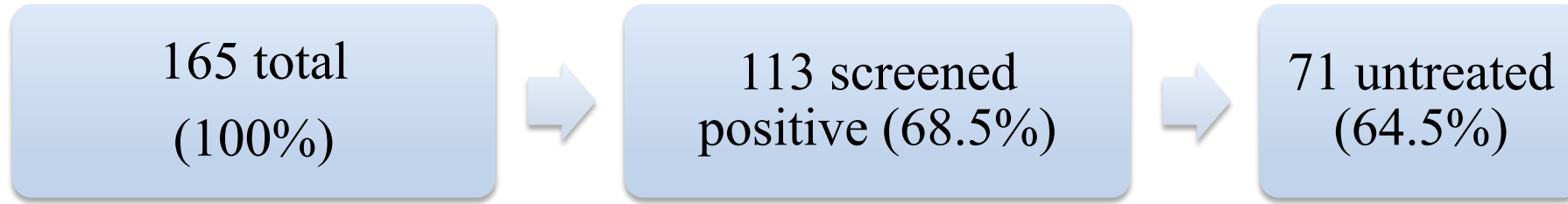
# Moderated Mediation Model



		Problem Identification	
	<i>n</i>	<i>M</i>	<i>SD</i>
Stigma	32	3.03	1.47
Mental Health Literacy	25	3.72	1.02

$t(55) = -2.08, p = .04$

## Untreated participants



Untreated participants had poorer attitudes towards treatment seeking ( $t(111) = -5.36, p < .01$ ).

68 participants (95.8%) reported low levels of stigma.

3 participants (4.2%) reported high levels of stigma.

Participants were generally more skeptical of medication versus therapy as a treatment option.

83.8% reported positive views of treatment versus 16.2% who questioned the effectiveness.

# Post-intervention questionnaires

Percent change scores for ATSMH, PSOSH, and SSOSH were calculated

## Attitudes (ATSMH)

- Mental health literacy had significantly higher change scores than stigma reduction towards positive attitudes about seeking help.

## Self-Stigma (SSOSH)

- Mental health literacy participants had greater SSOSH change scores compared to the stigma reduction condition; indicative of a greater decrease in personally held stigma towards treatment seeking.

## Perceived Stigma (PSOSH)

- No significant differences between conditions

# Conclusion

The present study demonstrated that a brief online mental health literacy intervention, including a short standardized mental health self-assessment can be effective at:

- a) increasing mental health problem appraisal and,
- b) improving attitudes towards seeking treatment.

Support was found for an explanatory model of help-seeking such that those in the mental health literacy condition with an affirmative mental health self-assessment reported increased problem identification, which in turn was associated with more positive help-seeking intentions and positive attitudes.

A new integrated model to understand the process of adolescent help-seeking was proposed, integrating previous models and building upon them.

Thank You!

The background features abstract geometric shapes in shades of teal and light blue. A prominent teal shape is located in the upper right corner, while other lighter blue shapes are scattered across the right side of the frame. The overall aesthetic is clean and modern.

# Pre-intervention questionnaires

- race/ethnicity

Measures	Groups	<i>N</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>p</i>
ECT	Caucasian/white	165	6.20	2.31	1.53	163	.13
	Visible minority		5.55	2.42			
MHKS	Caucasian/white	165	24.00	2.70	2.17	163	.03*
	Visible minority		23.10	2.60			
SSOSH	Caucasian/white	165	26.17	7.16	1.77	163	.08†
	Visible minority		24.29	6.50			
ATSMH	Caucasian/white	165	17.65	5.54	1.17	163	.24
	Visible minority		18.67	5.56			
PSOSH	Caucasian/white	165	10.17	4.18	2.41	163	.02*
	Visible minority		8.68	3.76			

# Pre-intervention questionnaires

- living situation

Measures	Group	<i>n</i>	Mean rank	<i>M</i>	<i>SD</i>	$\chi^2$	<i>df</i>	<i>Asymp. Sig. (two tailed)</i>
ECT	Campus residence	10	91.55	6.1	1.45	1.07	2	.59
	Off campus	141	80.51	5.7	2.48			
	Parents/Guardian	41	87.83	6.07	2.29			
MHKS	Campus residence	10	84.05	23.6	1.71	0.76	2	.69
	Off campus	141	80.95	23.39	2.84			
	Parents/Guardian	41	88.44	23.88	2.39			
SSOSH	Campus residence	10	126.90	31.8	6.31	9.01	2	.01**
	Off campus	141	80.07	24.81	6.59			
	Parents/Guardian	41	80.44	24.59	7.06			
ATSMH	Campus residence	10	36.35	12.8	4.42	10.33	2	.01**
	Off campus	141	85.14	18.46	5.36			
	Parents/Guardian	41	88.41	18.76	5.77			
PSOSH	Campus residence	10	95.65	11.1	5.92	1.20	2	.55
	Off campus	141	80.66	9.28	4.15			
	Parents/Guardian	41	86.43	9.24	3.01			



# Pre-intervention questionnaires

- proximity

Measures	Group	<i>n</i>	Mean rank	<i>M</i>	<i>SD</i>	$\chi^2$	<i>df</i>	<i>Asymp. Sig. (two tailed)</i>
ECT	No one	18	112.28	7.11	2.00	13.06	2	.01**
	1 - 2 people	51	87.16	6.16	2.73			
	3+ people	92	71.47	5.38	2.16			
MHKS	No one	18	73.67	23.06	2.56	3.38	2	.18
	1 - 2 people	51	73.10	23.16	2.43			
	3+ people	92	86.82	23.82	2.84			
SSOSH	No one	18	93.00	27.17	8.03	6.37	2	.41
	1 - 2 people	51	91.22	26.43	7.06			
	3+ people	92	72.99	23.98	6.48			
ATSMH	No one	18	65.92	16.17	6.38	2.65	2	.27
	1 - 2 people	51	79.14	18.00	5.81			
	3+ people	92	84.98	18.87	5.20			
PSOSH	No one	18	84.5	9.17	3.13	1.40	2	.50
	1 - 2 people	51	86.44	9.51	3.53			
	3+ people	92	77.30	9.12	4.32			

# Pre-intervention questionnaires

- gender identity

Measures	Group	<i>n</i>	Mean rank	<i>M</i>	<i>SD</i>	$\eta^2$	<i>df</i>	<i>Asymp. Sig. (two tailed)</i>
ECT	Male	43	75.69	5.37	2.34	1.74	2	.42
	Female	115	86.2	5.97	2.33			
	Trans/GNC	7	75.29	6.00	3.32			
MHKS	Male	43	77.35	23.19	2.63	1.28	2	.53
	Female	115	84.27	23.61	2.72			
	Trans/GNC	7	96.79	24.29	2.36			
SSOSH	Male	43	92.5	26.33	6.04	2.31	2	.32
	Female	115	79.67	24.71	6.99			
	Trans/GNC	7	79.43	25.71	9.50			
ATSMH	Male	43	63.35	15.93	5.57	11.54	2	.01**
	Female	115	91.3	19.14	5.28			
	Trans/GNC	7	67.36	16.43	6.40			
PSOSH	Male	43	91.15	10.05	4.16	2.19	2	.36
	Female	115	80.85	9.13	3.77			
	Trans/GNC	7	68.21	9.43	6.80			

## Pre-intervention questionnaires

- student status (international or domestic)

Measure	Group	<i>n</i>	Mean rank	<i>M</i>	<i>SD</i>	<i>U</i>	<i>Z</i>	<i>df</i>	<i>Asymp. Sig. (two tailed)</i>
ECT	Domestic students	127	80.76	5.69	2.34	2128.5	-1.11	1	.27
	International students	38	90.49	6.24	2.49				
MHKS	Domestic students	127	84.54	23.63	2.61	2217.0	-0.76	1	.45
	International students	38	77.84	23.18	2.89				
SSOSH	Domestic students	127	85.27	25.33	6.8	2124.5	-1.12	1	.26
	International students	38	75.41	24.66	7.14				
ATSMH	Domestic students	127	84.47	18.37	5.45	2226.0	-0.73	1	.47
	International students	38	78.08	17.58	5.93				
PSOSH	Domestic students	127	88.89	9.77	3.91	1665.0	-2.92	1	.01**
	International students	38	63.32	8.08	4.18				

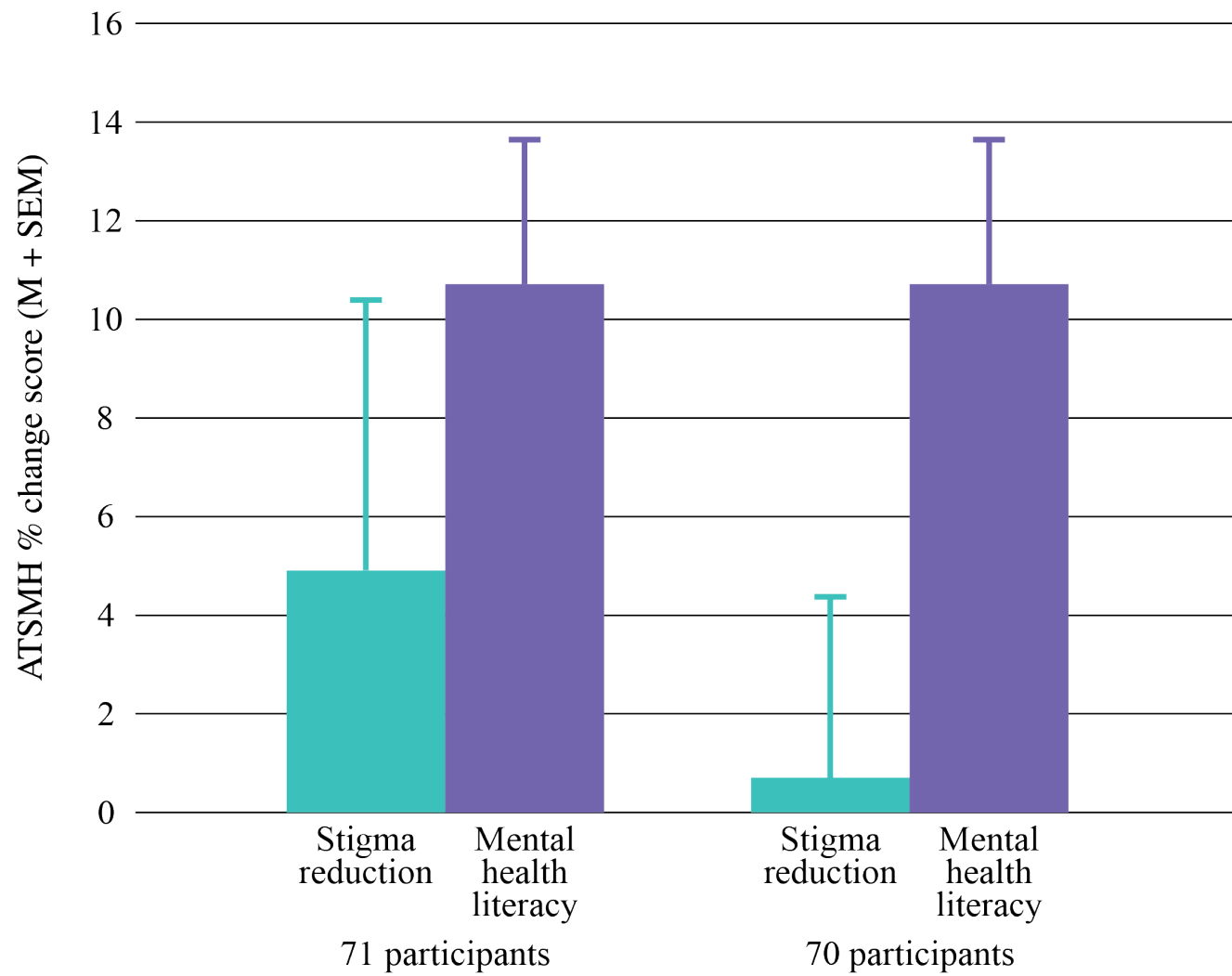
# Pre-intervention questionnaires

- previous diagnosis

Measures	Groups	<i>n</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>p</i>
ECT	Previous diagnosis	165	5.91	2.21	0.46	163	.65
	No previous diagnosis		5.74	2.52			
MHKS	Previous diagnosis	165	23.36	2.74	-0.73	163	.46
	No previous diagnosis		23.67	2.63			
SSOSH	Previous diagnosis	165	25.35	6.82	1.20	163	.23
	No previous diagnosis		25.02	6.94			
ATSMH	Previous diagnosis	165	18.74	5.98	0.31	163	.76
	No previous diagnosis		17.7	5.14			
PSOSH	Previous diagnosis	165	9.84	4.12	1.39	163	.17
	No previous diagnosis		8.98	3.91			

## Results: Post-intervention questionnaires (Untreated participants)

	Race/ Ethnicity	Living situation	Proximity	Gender identity	International status	Previous diagnosis
ECT	X	X	✓	X	X	X
MHKS	X	X	X	X	X	✓
SSOSH	X	✓	X	X	X	X
PSOSH	X	X	X	X	✓	X
ATSMH	X	✓	X	X	X	X



# Stigma reduction condition



## WORDS THAT WOUND

Stigma can be multi-layered. People may face stigma because of their mental or emotional problems, in addition to added stigma because of their race, culture, or religion.

Multi-layered stigma can create enormous barriers for people who seek treatment or support for substance use and mental health problems.

When you use language to stigmatize people, it is hurtful and can lead to discrimination and exclusion. A simple thing like an inconsiderate word choice can reduce the ability of people to live, work, and recover at McGill.

Some examples of hurtful words include:

- |           |        |             |       |
|-----------|--------|-------------|-------|
| Alcoholic | Nuts   | Psycho      | Weird |
| Insane    | Junkie | Handicapped | Freak |
| Crazy     | Addict | Loony       |       |

### TO ILLUSTRATE THE MULTIPLE LAYERS OF STIGMA, TRY THIS BRIEF ACTIVITY:

- 1 Use the button below to view a list of labels.
- 2 Select 3 of the labels with which you have the most familiarity.
- 3 Next to each label, write down some of the negative stereotypes that society has attributed to people with the labels you chose.
- 4 Finally, describe what it would be like to live each day having to wear the same 3 labels you selected labels.

- |  |                      |   |                      |
|--|----------------------|---|----------------------|
| <input type="radio"/> Disturbed        | <input type="text"/> | <input type="radio"/> Confused          | <input type="text"/> |
| <input type="radio"/> Spastic          | <input type="text"/> | <input type="radio"/> Depressed         | <input type="text"/> |
| <input type="radio"/> Mental           | <input type="text"/> | <input checked="" type="radio"/> Freak  | <input type="text"/> |
| <input type="radio"/> Mad              | <input type="text"/> | <input type="radio"/> Insane            | <input type="text"/> |
| <input type="radio"/> Nuts             | <input type="text"/> | <input type="radio"/> Psycho            | <input type="text"/> |
| <input checked="" type="radio"/> Crazy | <input type="text"/> | <input type="radio"/> Disabled          | <input type="text"/> |
| <input type="radio"/> Weird            | <input type="text"/> | <input checked="" type="radio"/> Retard | <input type="text"/> |
| <input type="radio"/> Unpredictable    | <input type="text"/> | <input type="radio"/> Loony             | <input type="text"/> |

# Stigma reduction condition

## THINGS YOU CAN DO

### STEPS YOU CAN TAKE TO HELP END STIGMA SURROUNDING MENTAL HEALTH AT MCGILL:

- Imagine "walking in the shoes" of a person who faces stigma.
- Be aware of the labels that you use.
- Monitor media, and speak out against stigmatizing material.
- Speak up about stigma to friends, family, and colleagues.
- Be aware of your own attitudes and judgments.
- Acknowledge the prevalence of mental and emotional problems in all walks of life.
- Support organizations that fight stigma.
- If you are someone with mental and emotional problems, share your story with others and encourage them to get help when they need it.



# Mental



## I DON'T FEEL OK. WHEN SHOULD I SEEK HELP?

Over a decade of research at centres around the world has shown that early intervention can often prevent mental or emotional problems from worsening and will lead to faster recovery. Even if a person does not yet show clear signs of a diagnosable mental illness, these “red flag” early warning symptoms can be frightening and disruptive.

In the text box below, list 5 warning signs of mental or emotional difficulties

1

2

3

4

5

**DONE**

- Excessive and persistent worry
- Crying or losing temper easily or frequently
- Disruption to sleep and eating patterns
- Missing classes
- Withdrawal from social, class, or school activities
- A growing inability to cope with daily problems and activities

- Restlessness and irritability
- Avoidance and procrastination
- Decline in academic performance
- Increased use of alcohol, or other drugs
- Tiredness and fatigue
- Thinking about harming or killing oneself

# Mental health literacy condition



## TIPS TO FIGHT NEGATIVE FEELINGS AND TO HELP WITH TREATMENTS FOR ANY MENTAL ILLNESS

- **GO OUTSIDE.** Staying inside all the time, especially in winter, can be really draining. Getting outside and enjoying the sun and fresh air can lift your spirits.
- **EXERCISE.** Try to get at least a half hour of vigorous physical activity (e.g., a brisk walk) each day.
- **BE SOCIAL.** Get out there! Even if you're not in the mood, you may find that being out with people you like helps you to feel better.
- **STOP THINKING SO MUCH.** Too much over analyzing and ruminating about things makes you feel worse. Turn off your brain, just for a little bit
- **TALK.** Talk to people you can trust about your feelings and concerns. Sharing your feelings with someone else can feel like a weight is lifted off your chest.
- **RELAX.** Take time for yourself everyday. Consider trying yoga, meditation or breathing exercises.
- **STAY AWAY FROM ALCOHOL AND DRUGS.** Alcohol and many drugs are depressants, which mean that they may actually worsen your depressive feelings.
- **LAUGH.** Watch a funny movie or funny videos. Talk to someone who makes you laugh. Exposing yourself to things that make you happy is an important part of feeling better.
- **PROBLEM SOLVE.** Take control. Consider one problem at a time and plan out possible solutions. Ask someone you trust to help you brainstorm. Don't try to deal with everything all at one; that's the fastest way to feel overwhelmed.
- **STRUCTURE YOUR DAY.** Give yourself something to do, even if you start small. Even activities like showering, walking the dog, or making lunch can make you feel better. Having some structure in your day, makes a big difference in how you feel. Keeping a daily diary or schedule can be a big help, especially if you're a visual person.