

# The relationship between beliefs towards mental illness and psychological help-seeking attitudes of medical vocational high school students

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## Abstract

**Aim:** The aim of this study was to evaluate the relationship between beliefs towards mental illness and psychological help-seeking attitudes of medical vocational high school students.

**Material and Methods:** The sample of this analytical study consisted of 364 students studying at a medical vocational high school from February 1, 2019 to March 31, 2019. Data were collected using Student Information Form, Belief towards Mental Illness Scale and Attitudes toward Seeking Psychological Help Scale-Shortened. Descriptive data were analyzed using Mann-Whitney U-test and Spearman's rank correlation coefficient test since data were not normally distributed.

**Results:** The mean total Belief towards Mental Illness Scale score of the students was  $50.08 \pm 17.32$ . The mean scores of subscales were  $22.31 \pm 7.66$  for dangerousness,  $2.12 \pm 2.75$  for embarrassment, and  $50.08 \pm 17.32$  for desperateness/poor social and interpersonal skills. The mean scores of positive and negative psychological help-seeking attitudes of the students were  $46.79 \pm 10.51$  and  $21.33 \pm 5.92$ , respectively. Positive psychological help-seeking attitude was found to have a weak and negative correlation with dangerousness ( $r=0.131$ ) and desperateness ( $r=0.107$ ) subscales whereas a weak and positive correlation was observed with the embarrassment ( $r=0.202$ ) subscale ( $p<0.05$ ). Negative psychological help-seeking attitude was found to have a moderate and negative correlation with the total Belief towards Mental Illness Scale ( $r=0.328$ ) scores, embarrassment ( $r=0.364$ ) and desperateness ( $r=0.328$ ) subscales whereas a weak and negative correlation was observed with the dangerousness ( $r=0.159$ ) subscale ( $p<0.05$ ).

**Conclusion:** This study has shown that beliefs of the medical vocational high school students towards mental illness are at a moderate level whereas their psychological help-seeking attitudes are high. Furthermore, students' beliefs towards mental illness have been found to affect their psychological help-seeking attitudes. In line with these results, we believe that there is a need for studies that will improve students' beliefs towards mental illness in a positive way.

**Keywords:** Adolescence; mental illness; psychological help-seeking; belief; attitude

## INTRODUCTION

Adolescence is also called a period of crisis. During this period, identity confusion is reported to occur, as well as hormonal changes, emotional and interpersonal problems, life philosophy is obtained, and concern for the future arise due to choice of profession (1). In this period, which is a normal developmental process, adolescents have been reported to experience behavioral, psychosocial, educational and mental problems due to the reasons mentioned above (2,3). The followings are defined as

mental problems seen in adolescents: unhappiness and stagnation, not enjoying routine activities, having difficulty in making decisions, feeling to have difficulty and be unable to cope with the difficulties, unhappiness, impaired concentration, insomnia, losing self-confidence, feeling to be useless, and sense of worthlessness (4). Depression has been reported to be an important problem in high school students, which may result in suicidal behavior (4,5).

The psychological help-seeking attitudes of adolescents with mental problems are important in terms of receiving

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appropriate psychological and mental health care. Help-seeking behavior is defined as seeking help from others in order to restore balance in life when an individual encounters a problem that he/she perceives as a threat and when he/she cannot overcome the problem by his/her own coping strategies (6,7). It has been reported that people often refer to their family and friends when they experience a mental problem and they refer to a specialist for professional support as the last option (8,9). In a study of adolescents with alcohol and substance addiction problems, friends were found to be the main sources of psychological help, followed by health professionals and parents (10). Another study reported that very few adolescents sought professional help for mental problems (11).

Stigma, i.e. fear of being stigmatized by others, has been reported to be one of the most important factors preventing psychological help-seeking behavior (12-14). Besides social stigma, self-stigma has been reported to be also an important deterring factor for seeking psychological help (15,16). Self-stigma is defined as negative perceptions and beliefs of the persons about themselves depending on whether they receive or seek psychological help (17). These negative perceptions and beliefs bring about negative attitudes towards mental illnesses. Negative attitudes and beliefs towards mental illnesses have been reported to prevent people's psychological help-seeking attitudes and lead to the chronicization of mental problems (18,19). Negative attitudes toward mental illnesses cause their poor psychosocial health status and worsening of mental illness (20). It deprives the adolescents with mental illness the right to a good quality of life, social support, and psychological help-seeking (21). The aim of this study was, therefore, to evaluate the relationship between beliefs of the medical vocational high school students towards mental illness and their psychological help-seeking attitudes.

## **MATERIAL and METHODS**

This analytical study was conducted at a medical vocational high school located in Aksaray from February 1, 2019 to March 31, 2019. The study population consisted of 431 students studying at Aksaray Hüseyin Cahit Korkmaz Vocational and Technical Anatolian High School. No sampling method was applied. The sample of the study consisted of 364 students who volunteered to participate in the study and whose parents' permission was obtained, without obtaining any sampling method. We were able to reach 84.45% of the population.

The inclusion criteria for the study required that students giving written and oral consent and volunteered to participate in the study. The incomplete questionnaire, unwillingness and absenteeism were considered the exclusion criteria.

### **Data Collection**

Data were collected by the researchers in the classroom environment from February 1, 2019 to March 31, 2019. Prior to data collection, researchers provided information about the purpose and course of the study. It took about

20–25 minutes to fill in the information form and scales. Data were collected by using Student Information Form, Belief towards Mental Illness Scale (BMIS) and Attitudes toward Seeking Psychological Help Scale-Shortened (ASPHS-S).

### **Data Collection Tools**

#### **Student Information Form**

The form developed by the researchers consisted of questions about descriptive characteristics of the students such as age, gender, grade, number of siblings.

#### **Belief towards Mental Illness Scale (BMIS)**

The BMIS was developed by Hirai and Clum (22). The validity and reliability study of the Turkish version of this scale was conducted by Bilge and Çam (23). It is a 6-point Likert-type scale consisting of 21 items and includes the grades "completely disagree" (0), "mostly disagree" (1), "partially disagree" (2), "partially agree" (3), "mostly agree" (4) and "completely agree" (5). The BMIS consists of three subscales: dangerousness (items 1, 2, 3, 4, 5, 6, 7, and 13), desperateness/poor social and interpersonal skills (items 8, 9, 10, 11, 14, 16, 17, 18, 19, 20, and 21), and embarrassment (items 12 and 15). Higher scores indicate higher levels of negative belief toward mental illness. The Cronbach's alpha coefficient of the scale was 0.82 and 0.85 in this study.

#### **Attitudes toward Seeking Psychological Help Scale-Shortened (ASPHS-S)**

It was developed by Türküm (24) in order to measure the attitudes of university students towards receiving psychological help. The items of ASPH-S, which consist of 18 items, are graded between 1-5 (1: completely disagree – 5: completely agree) and a score of 18–90 can be obtained from the scale. Higher scores indicate more positive attitudes toward seeking psychological help. It consists of two sub-factors: negative psychological help-seeking attitude and positive psychological help-seeking attitude. While Cronbach's alpha coefficient of the scale was 0.90, it was found 0.87 in this study.

#### **Ethical Consideration**

Prior to the study, written permissions were obtained from Aksaray Governorship, Aksaray Provincial Directorate of National Education, and Aksaray University Human Research Ethics Committee (No: 2019/66). The students who participated in the study were informed about the research and it was explained that individual information would be kept confidential. Written informed consent was obtained from the parents of the students and data were collected in accordance with the principles of the Declaration of Helsinki. A consent form was sent to the parents of the students. It included an explanation of the aims of the study. All parents were asked to sign it.

#### **Data Analysis**

Statistical analysis was performed using SPSS (Statistical Package for Social Science) for Windows version 24.0.

Descriptive data were expressed as frequency, percentage, mean and standard deviation. Kolmogorov-Smirnov test was used to determine whether the data were distributed normally. Since data were not normally distributed, Mann-Whitney U test was used for paired comparisons and Spearman's rank correlation coefficient was used to determine the relationship between two variables. A p value of <0.05 was considered statistically significant.

## RESULTS

Table 1 presents the sociodemographic characteristics of the students. The mean age of the students was  $16.31 \pm 1.24$  (min: 14 and max: 18). Of these patients, 72.0% were female, 29.1% were 12th-grade students, 28.6% were 11th-grade students, 36.3% had three siblings, and 35.7% were the first children. Of the students, 69.0% defined their family's economic status as the moderate level. The parents of 50.3% and fathers of 31.4% were primary school graduates.

Of the students, 83.0% stated that their mothers were unemployed and 89.0% stated that their fathers were

employed. The parents of 96.8% of the students were alive. Of the students, 6.9% stated that they had a family history of psychiatric treatment, 36.5% stated that they applied to a psychiatry clinic when felt distressed, and 6.0% stated that they applied to psychiatrists in the last year. The rate of the students who stated that they had taken a psychology course was 30.8% whereas 15.9% of the students stated that they had internship in psychiatry clinic and 60.2% stated that they had met an individual with a mental illness. The students reported that when they were distressed, they received support from their friends mostly (40.1%) and later talked with their mothers (37.4%).

As shown in Table 2, the mean total BMIS score of the students was  $50.08 \pm 17.32$  and the mean scores of subscales were  $22.31 \pm 7.66$  for dangerousness,  $2.12 \pm 2.75$  for embarrassment, and  $25.65 \pm 10.16$  for desperateness/poor social and interpersonal skills. The mean positive and negative ASPHS-S scores of the students was  $46.79 \pm 10.51$  and  $21.33 \pm 5.92$ , respectively.

**Table 1. Sociodemographic characteristics of the students**

Age (x±sd)		16.31±1.24	
		n	%
Gender	Female	262	72.0
	Male	102	28.0
Grade	9	64	17.6
	10	90	24.7
	11	104	28.6
	12	106	29.1
Number of sibling	1-2	107	29.4
	3	132	36.3
	4 ≥	125	34.3
Family's economic status	High	105	28.8
	Moderate	251	69.0
	Low	8	2.2
	University	7	1.9
Mother education Level	High school	47	12.9
	Secondary school	117	32.2
	Primary school	183	50.3
	Illiterate	10	2.7
	University	38	10.4
Father education Level	High school	109	29.9
	Secondary school	103	28.3
	Primary school	114	31.4

<b>Mother employment status</b>	Employed	62	17.0
	Unemployed	302	83.0
<b>Father employment status</b>	Employed	324	89.0
	Unemployed	40	11.0
<b>Family history of psychiatric treatment</b>	Yes	25	6.9
	No	339	93.1
<b>Taking the course of psychology</b>	Yes	112	30.8
	No	252	69.2
<b>Doing a clinical practice in the psychiatry clinic</b>	Yes	58	15.9
	No	306	84.1
<b>Having met an individual with mental illness</b>	Yes	219	60.2
	No	145	39.8
<b>Applying to the psychiatry clinic</b>	Yes	133	36.5
	No	231	63.5
<b>Applying to a psychiatrist in the last year</b>	Yes	22	6.0
	No	342	94.0
<b>The person with whom they share their mental problems</b>	Mother	158	37.4
	Father	29	6.9
	Friend	169	40.1
	Sibling	60	14.2
	Teacher	2	0.5
	Counselor	4	0.9

Table 2. The mean scores obtained from the BMIS and the ASPHS-S

	$\bar{x}\pm sd$	Min-Max	Median
<b>Belief towards Mental Illness Scale</b>			
Dangerousness	22.31±7.66	0-40	22
Embarrassment	2.12±2.75	0-10	1
Desperateness	25.65±10.16	0-52	26
Total BMIS	50.08±17.32	0-98	52
<b>Attitudes toward Seeking Psychological Help Scale</b>			
Positive attitude	46.79±10.51	12-60	48
Negative attitude	21.33±5.92	6-30	22
Total ASPHS-S	68.13±13.49	24-90	68

Table 3 shows the correlation between the scores obtained from BMIS and ASPHS-S. Positive ASPHS-S was found to have a weak and negative correlation with dangerousness ( $r= 0.131$ ) and desperateness ( $r= 0.107$ ) subscales whereas a weak and positive correlation was observed with the embarrassment ( $r= 0.202$ ) subscale ( $p<0.05$ ). Negative ASPHS-S was found to have a moderate and negative correlation with total BMIS ( $r= 0.328$ ) scores, embarrassment ( $r= 0.364$ ) and desperateness ( $r= 0.328$ ) subscales whereas a weak and negative correlation was observed with the dangerousness ( $r= 0.159$ ) subscale ( $p <0.05$ ).

Table 4 shows the factors that affect mean ASPHS-S and BMIS scores of the students. The mean ASPHS-S scores were found to be high in students, who had a psychology course, did a clinical practice in psychiatry clinic, applied to the psychiatry clinic when they felt distressed and admitted to a psychiatrist in the last year ( $p<0.05$ ). Students, who had a family history of psychiatric treatment, had taken a psychology course, did a clinical practice in psychiatry clinic, admitted to the psychiatry clinic when they felt distressed and admitted to a psychiatrist in the last year, were found to have positive attitudes towards mental illness ( $p<0.05$ ).

Table 3. Correlation between the mean scores of BMIS and ASPHS-S

		1	2	3	4	5	6
1. Total BMIS	r	1					
	p	-					
2. Dangerousness	r	0.832**	1				
	p	0.000	-				
3. Embarrassment	r	0.425**	0.141**	1			
	p	0.000	0.007	-			
4. Desperateness	r	0.926**	0.620**	0.357**	1		
	p	0.000	0.000	0.000	-		
5. Positive attitude	r	-0.048	0.131*	-0.202**	-0.107*	1	
	p	0.364	0.013	0.000	0.042	-	
6. Negative attitude	r	-0.328**	-0.159**	-0.364**	-0.328**	0.356**	1
	p	0.000	0.002	0.000	0.000	0.000	-
7. Total ASPHS-S	r	-0.176**	0.028	-0.318**	-0.218**	0.895**	0.707**
	p	0.001	0.590	0.000	0.000	0.000	0.000

\*p&lt;0.05; \*\*p&lt;0.01

Table 4. Factors affecting BMIS and ASPHS-S scores of students

	Total ASPHS-S	Positive attitude	Negative attitude	Dangerousness	Desperateness	Embarrassment	Total BMIS
<b>Family history of psychiatric treatment</b>							
Yes	69.84±14.77	47.60±10.55	22.24±6.21	22.24±6.23	23.52±8.79	1.12±.22	46.88±14.97
No	68.00±13.41	46.73±10.52	21.26±5.91	22.31±7.77	25.80±10.24	2.19±2.77	50.32±17.47
z/p	-0.983	-0.567	-0.846	-0.205	-1.170	-2.025	-1.183
	0.326	0.571	0.397	0.838	0.242	0.043	0.237
<b>Taking the course of psychology</b>							
Yes	71.15±13.63	48.85±9.85	22.29±5.54	22.05±6.88	25.26±9.88	1.79±2.63	49.11±16.76
No	66.78±13.23	45.88±10.68	20.90±6.05	22.42±8.00	25.82±10.29	2.26±2.79	50.51±17.57
z/p	-3.244	-2.667	-2.086	-0.730	-0.684	-1.780	-0.947
	0.001	0.008	0.037	0.465	0.494	0.075	0.344
<b>Doing a clinical practice in the psychiatry clinic</b>							
Yes	74.58±13.61	51.06±9.51	23.51±5.28	18.79±6.28	21.55±9.11	1.65±2.35	42.00±15.22
No	66.90±13.14	45.98±10.51	20.92±5.96	22.98±7.73	26.42±10.17	2.21±2.81	51.62±17.29
z/p	-4.617	-3.940	-3.149	-4.160	-3.520	-1.237	-4.139
	0.000	0.000	0.002	0.000	0.000	0.216	0.000
<b>Applying to the psychiatry clinic</b>							
Yes	72.36±13.29	49.78±9.96	22.57±5.39	21.87±7.32	23.76±10.03	1.72±2.66	47.36±16.96
No	65.69±13.02	45.07±10.45	20.61±6.11	22.56±7.86	26.73±10.09	2.35±2.77	51.65±17.36
z/p	-5.013	-4.775	-2.920	-1.145	-2.785	-2.572	-2.531
	0.000	0.000	0.003	0.252	0.005	0.010	0.011
<b>Applying to a psychiatrist in the last year</b>							
Yes	75.04±9.51	51.22±7.61	23.81±5.52	20.04±7.43	21.63±9.41	1.22±2.63	42.90±16.59
No	67.68±3.60	46.51±10.61	21.17±5.92	22.45±7.67	25.90±10.16	2.18±2.75	50.54±17.28
z/p	-2.550	-2.052	-2.180	-1.359	-1.892	-2.203	-1.836
	0.011	0.040	0.029	0.174	0.059	0.028	0.066

## DISCUSSION

In the present study, it has been seen that students studying at medical vocational high schools mostly talk to their friends and mothers when they feel distressed. Only four out of 364 students stated that they seek psychological help from a professional specialist. This finding is similar to other findings reported in the previous studies. In a study of adolescents with alcohol and substance abuse problems, adolescents were reported to seek help from their friends first when they need psychological help (10). Another study reported that very few adolescents sought professional help for mental problems (11). This may be related to the beliefs and attitudes of students towards psychological help or lack of knowledge. In a study of university students, it has been reported that students resort to informal ways and do not receive psychological help because they believe that they are not understood, judged by others, and none can help them (12). Another study has reported that the majority of students did not know where to get help from and were not aware of the university's guidance and counseling center (25).

Students participating in the research were found to have positive psychological help-seeking attitudes. However, the scores obtained in the studies conducted with university students were seen to be higher than the scores obtained in the present study (25-27). This may be attributed to the fact that university students have more sources and perceptions of social support (26). It has been reported that adolescents' have poor coping skills in the adolescence period (28). Adolescents have been further reported to be reluctant to get help due to family and peer pressure (29). Therefore, more comprehensive studies are needed to reveal the factors that may affect adolescents' psychological help-seeking attitudes.

In the present study, students' beliefs towards mental illness were found to be moderate. However, when our results were compared with the results obtained from two separate studies conducted with university students studying in the departments of nursing and social services, the attitudes of students who participated in this study towards mental illnesses were seen to be more negative than those of university students (30,31). Moreover, students attending theology faculty had more negative attitudes than the students in the present study (32). In a study of high school students, the attitudes of students towards mental illnesses were found to be more negative than the attitudes of students in the present study (33). This situation may be related to the fact that students studying in the field of health take courses on mental illness.

In the present study, students' psychological help-seeking attitudes were found to be correlated with their beliefs towards mental illness. Similarly, in a study conducted with college students, students have been reported to care more about social stigma than self-stigma and students' psychological help-seeking attitudes have been found to be affected by the self-stigma (34). In a study, Uzman and

Telef (12) have reported that students do not seek help because they are afraid of being judged by their friends. In a study by Bilican (35), high school students' psychological help-seeking attitudes have been found to be not affected by the stigma. Getting help from family and friends and denying that they are experiencing psychological distress have been identified as two important factors affecting students' mental help-seeking attitudes. It can be said that adolescents need to receive training for mental illness because of both stigma and lack of insight. Training to be given is believed to have positive effects on adolescents' psychological help-seeking attitudes.

In the present study, those who had a psychology course, did a clinical practice in the psychiatry clinic, applied to the psychiatry clinic when they felt distressed and admitted to a psychiatrist in the last year were found to have positive psychological help-seeking attitudes. In the studies involving university students, students who had previously received professional psychological help were found to have more positive help-seeking attitudes than the students who had not received psychological help (14,26,27). However, in a study involving high school students, no significant difference was observed between the students who received psychological help in the past and those who did not receive psychological help in terms of psychological help-seeking attitudes (1). At this point, positive results obtained from the previous psychological help experience are thought to affect the current psychological help-seeking attitudes in a positive direction.

In the present study, students, who had a family history of psychiatric treatment, had taken a psychology course, did a clinical practice in psychiatry clinic, admitted to the psychiatry clinic when they felt distressed and admitted to a psychiatrist in the last year, were found to have positive attitudes towards mental illness ( $p < 0.05$ ). Similarly, in a study conducted with students studying in the department of social services, training given about mental illnesses has been found to positively affect the students' beliefs towards mental illnesses (31). In another study, the course of psychiatric and mental health nursing has been also found to have a positive effect on the attitudes of nursing students towards mental illnesses (36). Education received about mental illnesses can be thought as an important factor for the positive attitudes of the students.

In a study involving university students studying in the field of health, those who do not have a history of mental illness in their families have been found to believe that people with mental illness are dangerous (37). In a study involving high school students, the presence of mental illness history in the family has been found to have no effect on students' attitudes towards mental illnesses, however, students without a history of mental illness think that individuals with mental illness are dangerous (33). In a study, where nursing students were included, those without psychiatric disorders in their family think that individuals with mental illness are dangerous and those who do not have psychiatric disorders in their families

have negative attitudes towards mental illnesses (38). In the present study, students with no family history of psychiatric treatment have been found to think that individuals with mental illness are dangerous and to feel desperation and be embarrassed in the face of mental illnesses. This may be related to the lack of knowledge. Vocational training on mental illnesses and clinical experience in this regard can be said to be helpful in breaking negative attitudes.

### Limitations of the study

This study has some limitations. The first is that it included voluntary students. For this reason, it doesn't represent the entire population. Another limitation is that the study is conducted on the medical vocational high school students in a single center. The last is that the ASPHS-S and the BMIS used in data collection were self-report scales, which may lead to the manipulation of the students.

### CONCLUSION

In the present study, it was determined that beliefs of the medical vocational high school students towards mental illness are at a moderate level whereas their psychological help-seeking attitudes are high. Furthermore, students' beliefs towards psychological illness have been found to affect their psychological help-seeking attitudes. Students, who had a family history of psychiatric treatment, had taken a psychology course, did a clinical practice in psychiatry clinic, and received psychological help in the past, were found to have positive beliefs about mental illness. In the light of these findings, it has been determined that there is a need for training and awareness studies that will develop the beliefs of high school students, who are in the transition period from adolescence to adulthood, about mental illness in a positive way to ensure that they create a healthy identity, they are aware of their mental problems, and they seek psychological help when needed.

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