CONSEQUENCES OF PSYCHOLOGICAL AND DEMOGRAPHIC FEATURES ON ATTITUDES TOWARD SEEKING PROFESSIONAL PSYCHOLOGICAL HELP OF UNDERGRADUATES STUDENTS

KOLEOSO, Olaide Nathaniel and AINA, Israel Odunmayowa
Department of Mental Health,
University of Benin Teaching Hospital, Benin City
Email: olaidekole@yahoo.com

ABSTRACT

The purpose of this study was to explore the consequences of psychological and demographic features on attitudes toward seeking professional psychological help (ATSPPH) of undergraduate students. The design of this study was ex-post factor. The sample population of this study consisted of 454 (257 male and 197 female) undergraduate distance learning students selected through convenience sampling. Their mean age was 25.83 years (SD = 3.88 years). The respondents completed a questionnaire consisting of the Attitudes toward Seeking Professional Psychological Help, Self-stigma of Seeking Help Scale, Social Stigma for Receiving Psychological Help Scale and Self Concealment Scale. Percentages and means, the t-test for independent samples, and multiple regressions were used for analysis. The results of this study indicated that the younger students reported significantly better ATSPPH than the older students. Male and female students were not statistically different when compared on ATSPPH. Further, there was significant independent influence of self-stigma and self-concealment and a joint influence of self-stigma, public-stigma and self-concealment on ATSPPH. Intervention designed to increase public awareness about the benefits of seeking professional services or to drastically reduce and ameliorate negative concerns about seeking psychological help will be more efficient if that intervention is focused on the factors that have been identified in this study.
Keywords: Self-stigma, public-stigma, self-concealment, age, gender, and professional psychological help

INTRODUCTION

Professional psychological help is one of the responses of formal help-seeking and defined as voluntary mental health treatment services provided by individuals who are specifically educated and trained to deal with another person's emotional problems in a therapeutic manner (Wong (1997, p. 49). Studies show that the amount of seeking professional psychological help is very low although university students are in need (Cebi, 2009).

According to developmental theories, the challenges that university students have to face are great in variety and include search for identity and independence, choice of career, and establishing close and intimate relationships (Erikson, 1968; Chikering & Havighurst, 1981). In support of this, many problem areas of students have been identified, such as academic and vocational difficulties (Bishop, Bauer, & Becker, 1998), relationship problems (Chandler & Gallagher, 1996) as well as anxiety, eating disorders and substance use (Heppner et al., 1994; Gallagher, Sysko, & Zhang, 2001).

Omigbodun et al. (2006) found that financial hardship was independently associated with mental distress. The rising cost of stationery materials and photocopy services may create stressful situation in students. Moreover, students with financial difficulty experience anxiety, frustration, and sense of haplessness and trouble of sleeping, which may further make students mentally distressed (Braxton, Bray & Sullivan, 1999). Researchers contend that failure or difficulty adapting to these stressors can escalate into a period of crises (Kenny, 1990).

Aniebue and Onyema (2008) found among 262 medical students from the University of Nigeria a prevalence of depression of 23.3%. In another sample of university students in Nigeria, a total of 101 (8.3%) students met the criteria for depressive disorder, with 68 (5.6%) having a minor depressive disorder and 33 (2.7%) having major depressive disorder (Adewuya, Ola, Aloba, Mapayi, & Oginni, 2006).

A similar study found among a sample of university students in Nigeria moderate prevalence of depression (7.0% for severe depression and 25.2% moderate to severe depression) (Peltzer, Pengpid & Olowu, 2013). Uwadiae and Osasona (2016) reported, in their study among University of Benin undergraduates, a relatively high prevalence of 26% for psychological distress.

Research evidence (Mack, 1979; Laosebikan, 1980; Hassan, 1991; Kolo, 1994)) suggests that Nigerian students prefer seeking help for their problems, ranging from psychological (emotional, personal growth, and personal development), social (interpersonal relation, lack of social skill, campus unrests, and cultism), to contextual (time management, decision making, academic concerns, and financial) problems, from informal sources (for example, spiritual houses, immediate family members, friends, mentors, and other significant others), to going to other professionals.

Counselling and psychotherapy have been described as "potentially difficult, embarrassing, and overall risky enterprise that induces fear and avoidance in some individuals."(Kushner & Sher, 1989). In fact, people tend to see counselling as a last resort (Hinson & Swanson, 1993), something to be considered only after their attempts to handle things on their own or in concert with individuals close to them have failed (Wills, 1992). These perceptions of counselling persist, despite studies showing that seeking counselling services is often helpful (Bergin & Garfield, 1994) and that the consequences for not seeking help are often severe (Dubow, Lovko, & Kausch, 1990).

According to Ojedokun (2011), students only patronise the university counselling centre in partial fulfilment of the requirements for registration on admission to the university. Unfortunately, most of these students do not seek professional psychological services from the centre when they have psychological problems. Psychology students on practicum postings at the Psychological Services Centre at the University of Nigeria, Nsukka also reported low appearance of students for any form of therapy, failing to make effective use of the counselling services made available for their assistance (Obi, 2012). They may need psychological help to overcome difficulties arising during this process (Akaydin, 2002; Aluede, Imhonde, & Eguavoen, 2006; Özbay, Terzi, & Erkan, & Çankaya, 2011). Seeking psychological help means that individuals utilize different sources of support to deal with difficulties (Oliver, Pearson, Coe, & Gunnell, 2005).

Mental health stigma, which is widespread in public, is generally associated with negative help-seeking attitudes (Leong & Zachar, 1999; Vogel, Wester, Wei, & Boysen, 2005). Mental health stigma is conceptualized as a set of negative attitudes toward people with a psychological disorder, such as being unpredictable or hopeless in recovery (Corrigan, 2004; Masuda & Latzman, 2011). Stigma has emerged as an important barrier to the treatment of depression (Halter, 2004), schizophrenia (Fung, Tsang, & Chan, 2010), panic disorder (Prasko, 2011), bipolar disorder (Latalova, 2013), and post-traumatic stress disorder (Hoerster et al., 2012; Zinzow, Britt, McFadden, Burnette, & Gillispie, 2012).

The literature acknowledges two separate types of stigma that influence one's decision to seek help; namely, public stigma and self-stigma (Corrigan, 1998, 2004). Public stigma is defined as the fear that others will judge a person negatively if she or he seeks help for a problem (Deane & Chamberlain, 1994). The social stigma attached to seeking professional help has been conceptualized as one of the most significant barriers to treatment (Stefl & Prosperi, 1985; Sibicky & Dovidio, 1986). This may be because the public in general tends to provide negative descriptions of individuals who experience mental illness (Crisp, Gelder, Rix, Meltzer, & Rowlands, 2000). Sibicky and Dovidio (1986) found that college students who believed they were interacting with an individual who was attending therapy reported more negative impressions (for example, boring, awkward, insecure) of their conversation partner than did participants who believed they were interacting with individuals who were not clients. Further, judges viewed videos of these interactions and reported that participants behaved more

negatively towards the "clients" than the "non-clients." Seeking treatments for psychological problems has also been found to be more stigmatizing than seeking treatment for physical problems (Ben-Porath, 2002; Corrigan, 2004). Ben-Porath found that undergraduate students enrolled in a psychology course rated individuals with a psychological problem as less interpersonally interesting, competent, and confident than individuals with a physical problem.

The public seems to stigmatize the act of seeking psychological services. As a result, an individual may avoid treatment in order to reduce the consequences associated with stigma (Corrigan, 2004). Self-stigma also includes stereotyping, prejudice, and discrimination. An individual endorsing self-stigma applies negative beliefs and attitudes associated with mental disorders to oneself (Corrigan & Watson, 2002). Self-stigma may lower the self-esteem or self-worth of an individual as a result of self-labelling himself or herself as socially unacceptable in the case of seeking psychological help for a personal or emotional problem (Vogel, Wade, & Haake, 2006).

Corrigan explains that self-stigma is influenced by public stigma; so they are best understood in interaction with each other. "Hence, the potential of self-stigma can yield label avoidance and decreased treatment participation" (Corrigan, 2004, p. 618). Although public stigma, which predicts self-stigma, is important to the formation of attitudes toward seeking therapy, self-stigma is a more personal belief and may exert a larger influence in the formation of attitudes. The greater self-stigma related to seeking psychological help has been found to be associated with less positive attitudes toward seeking psychological treatment than individuals perceiving less self-stigma (Vogel et al., 2006). In addition, Vogel and his colleagues found that individuals reporting greater self-stigma had less intention to seek therapy for psychological concerns.

A related study discovered that self-stigma is associated with a negative attitude towards seeking treatment (Conner, Copeland, Grote, 2010; Hammer, Vogel, Heimerdinger-Edwards, 2012) and treatment adherence (Fung, Tsang, & Chan, 2010). In a later study of undergraduate psychology students, Vogel, Wade, and Hackler (2007) found that self-stigma was a better predictor of attitudes toward seeking therapy than public stigma and, as they expected, attitudes toward therapy was the best predictor of intentions to seek therapy.

Another factor that has been linked to help-seeking attitudes is self-concealment (Cramer, 1999). Self-concealment is conceptualized as a behavioural tendency to withhold distressing and potentially embarrassing personal information from others (Larson & Chastain, 1990). According to Larson and Chastain (1990), self-concealment reflects the processes of (a) possessing a troubling and negatively evaluated secret, (b) keeping it from others, and (c) avoiding or feeling apprehensive about self-disclosure. Research has shown self-concealment to relate negatively to favourable help-seeking attitudes in general college samples (Kelly & Achter, 1995; Cepeda-Benito & Short, 1998; Cramer, 1999; Liao, Rounds, & Klein, 2005).

Kelly and Achter (1995) investigated the relations between self-concealment, attitude towards seeking professional psychological help (ATSPPH), and willingness to seek professional psychological help. They found that, even though high levels of self-concealment were associated with more negative attitudes toward professional psychological services, high levels of self-concealment were also associated with greater willingness to seek professional psychological services. The unfavourable attitudes of high self-concealers were a reflection of their fear of having to reveal intimate information to the therapist (Kelly & Achter, 1995). These individuals were also more willing to seek help from professionals, presumably because they were even more reluctant to seek help from their non-professional social network. That is, their predisposition for self-concealment prevented them from experiencing the mental health benefits of informal social support (Straits-Troster, Patterson, Semple, & Temoshok, 1994; Evans & Katona, 1995; McCartney, 1995).

The University of Ibadan is the first university in Nigeria, and like many other universities in the world, it has a counselling service for the students. While existence of such facilities

should be applauded, researchers have reported that, generally, few university students seek professional help when experiencing problems (Wade, Post, Cornish, Vogel, & Tucker, 2011). This makes it important for researchers and practitioners to investigate factors that may facilitate or inhibit intention to seek psychological help.

It is believed that determining ATSPPH at early ages will contribute to the efforts aimed at removing the obstacles to seeking psychological help (Baltacı, 2012). An individual's existing attitude influences his/her help-seeking behaviour. Therefore, identifying the factors that influence psychological help-seeking attitudes of Nigerian university undergraduates will be helpful to protect and improve their mental health.

This study would help clinicians understand Nigerian students' attitudes towards mental health, which could lead to improved delivery of services to the community. It would also help teachers and other mental health workers gain knowledge and awareness regarding how to modify their clinical techniques when intervening with this population. The following questions therefore arise:

1. What will be the relative contribution of age and gender in terms of adjustment to ATSPPH among the sample of university undergraduate students?
2. Will psychological factors (self-stigma, public-stigma and self-concealment)) determine ATSPPH among the sample of university undergraduate students?

METHOD
Design
This study adopted research design of ex-post factor. The participants were not subjected to any direct manipulation by the researcher, but the independent variables had already had their influences prior to the commencement of the study. The independent variables were age, gender, self-stigma, public stigma, and self-concealment, while the dependent variable is ATSPPH.

Settings
The study was conducted within the University of Ibadan, Ibadan. The participants were drawn from five departments in the Faculty of the Social Sciences of the University. The selected departments were Psychology, Economics, Political Science, Geography and Sociology. The participants were selected across diverse demographic characteristics, which included gender, age, ethnic groups and religion.

Sampling
The convenience sampling approach was used; students in this faculty who were available were selected to participate in the study. The sample consisted of 454 undergraduate distance learning students.

Participants
A total of 600 copies of the questionnaire were distributed among the distance learning students. Out of these, only 454 respondents successfully filled the questionnaire given to them. The respondents' ages ranged from 18 to 40, and the average age was 25.83 years (SD = 3.88 years). Of the final total sample of 454 respondents, 257 (56.6%) were males and 197 (43.4%) were females. A total of 347 (76.4%) students were single and 105 (23.1%) were married. Further, the study participants comprised 332 (73.2%) Christians and 122 (26.8%) Muslims. The majority of the students were of Yoruba ethnicity (n = 357, 78.6%), followed by Ibo (n = 85, 18.7%) and then Hausa (n = 12, 2.6%).

Research instrument

The questionnaire had four parts:

Section One: The first part contained items to measure the demographic information required in the study, which included personal data, gender, age, marital status, ethnicity, religion, course of study, and level.

Section Two: Attitudes Toward Seeking Professional Psychological Help: The Attitudes toward Seeking Professional Psychological Help Scale— (ATSPPH) was developed by Fischer and Farina (1995). This is a 10-item revision of the original 29-item measure[64] consisting of items such as "If I believed I was having a mental breakdown, my first inclination would be to get professional attention." Items are rated from 1 (disagree) to 4 (agree), with higher scores reflecting positive attitudes. Internal consistency of the measure has been found to be acceptable (α = .82; Vogel et al., 2005). The scores on the Self-Stigma of Seeking Psychological Help Scale also significantly predicted ATSPPH (Vogel et al., 2006), indicating good construct validity. The revised and original scales correlated at .87, suggesting that they tapped into a similar construct (Fischer & Farina, 1995). The revised scale also correlated with the previous use of professional help for a problem (r = .39). Estimates of the 1-month test-retest (r = .80) reliability have been reported for university student samples. The internal consistency of the scores obtained in the current sample was .79.

Section Three: Self-stigma of Seeking Help Scale: The Self-Stigma of Seeking Help Scale (SSOSH) was developed by Vogel et al. (2006). The scale is referred to as the reduction of an individual's self-esteem or self-worth caused by the individual self-labelling herself or himself as someone who is socially unacceptable. This was determined from respondent's total score on the Self-Stigma of Seeking Help Scale (SSOSH, Vogel et al., 2006). The SSOSH has 10 questions and responses rated on a 5-point Likert-type scale partly anchored, ranging from 1 (strongly disagree) to 5 (strongly agree). Scale point 3 is anchored by agree and disagree equally. Higher scores indicated a greater perception of self-stigma associated with seeking psychological help. Sample items on this subscale include "Seeking psychological help would make me feel less intelligent" and "It would make me feel inferior to ask a therapist for help." Estimates of the internal consistency range from .86 to .90, and the 2-week test-retest reliability has been reported to be .72 in university student samples (Vogel et al., 2006). The internal consistency of the scores obtained in the current sample was .81.

Section Four: Social Stigma for Receiving Psychological Help Scale (SSRPH): This scale was developed by Komiya, Good and Sherrod, (2000). The SSRPH is a 5-item scale consisting of such items as "People tend to like less those who are receiving professional psychological help." Items are rated from 1 (strongly disagree) to 4 (strongly agree). Higher scores in this scale indicated greater perceptions of social stigma associated with receiving professional psychological help and lower scores indicated lesser perceptions of social stigma associated with receiving professional psychological help. The SSPPH correlates with attitudes toward seeking therapy and has a reported internal consistency of .73 in university samples (Komiya et al., 2000); and in another study it was .76 (Vogel et al., 2006). The internal consistency of the scores obtained in the current sample was .71.

Section Five: Self-concealment: The Self Concealment Scale (SCS) (Larson & Chastain, 1990) is a 10-item measure designed to assess a person's tendency to actively conceal distressing information from others. Self-concealment is related to but conceptually different from self-disclosure in that one may not actively attempt to conceal something without actively attempting to disclose it or vice versa (Larson & Chastain, 1990). The SCS asks respondents to respond to their level of agreement on a 5-point scale, ranging from 1 (strongly disagree) to 5 (strongly agree). The responses are summed such that higher responses reflect greater self-concealment. The SCS correlates with self-reported measures of anxiety, depression, and physical symptoms (Larson & Chastain, 1990). The SCS is a reliable measure, with test-retest

(over 4 weeks) and inter-item reliability estimates of .81 and .83, respectively (Larson & Chastain, 1990). For the current sample, the internal consistency was .87

Procedure

There were two phases of data collection. On the first page of the questionnaire, each participant completed a consent form pledging his/her willingness to participate; while the second part was for questions measuring attitudes toward seeking professional help, self-stigma, public stigma and self-concealment. Following the selection procedure outlined previously, the questionnaire was administered in the faculty premises. To ensure minimal disruption to the regular class lecture, the researchers chose the most convenient time and place to administer the questionnaire, at the lecture theatres both before and after the lectures had been given. Initially, 600 students were assessed; however, due to incomplete or careless completion, several forms were not included in the analysis. After the exclusion of outliers, 454 forms were deemed usable for the study, giving a response rate of 75.7%. Assurances were given regarding confidentiality and students were advised on their right to withdraw from the research, at any time, without any consequence. The questionnaire was completed anonymously. Completion time was 10 to 15 minutes.

Statistical Analysis

Descriptive statistics were used to explain the characteristics of the participants. Cronbach's alpha coefficients were calculated for each scale. To address the research questions, independent sample t-test and multiple regression analysis were used to test the first and second research questions, respectively.

RESULTS

The means, standard deviations and zero-order correlations of variables measured with interval scales and the results of the hypotheses tested are presented below. Table 1 shows a correlation matrix of the variables measured in the continuous format in the study. This study examined the influence of psychosocial factors (age, gender, self-stigma, public stigma and self-concealment) on attitudes toward professional psychological help among university undergraduates. The results are presented below.

Inter-correlation between psychosocial factors and ATSPPH

First, inter-correlation analyses were performed in order to explore the relationships among the variables of the study. The zero-order correlation showing these relationships is presented in Table 1. The results revealed that two of the psychological variables significantly associated with students' ATSPPH. There was a high relationship between self-stigma ($r = .59$; $p < .01$) and ATSPPH. Public-stigma ($r = .20; p < .01$) was weakly but significantly related to ATSPPH. Although the correlation between each of the two psychological variables (self-stigma and public stigma) and ATSPPH were high and low, respectively, these results suggest that correlations among self-stigma, public stigma and ATSPPH were positive, and showed that as participants' scores on self-stigma and public stigma increased, ATSPPH became more positive.

Table 1: Zero-order Correlations Showing Relationship among Variables of Study

S/N	Variables	$\overline{X}$	SD	1	2	3	4	5	6
1	Age	25.83	3.88	-					
2	Gender	1.43	.50	.020	-				
3	Self-Stigma	26.91	6.09	-.109*	.057	-			
4	Public-Stigma	10.87	2.65	-.101*	-.033	.252**	-		
5	Self-Concealment	28.78	9.50	-.174**	-.141**	.245**	.257**	-	
6	ATSPPH	69.63	8.81	.019	.011	.592**	.197**	.087	-

ATSPPH = Attitudes toward Seeking Professional Psychological Help; *p < 0.05; **p < 0.01

The first research question was tested using independence samples t-test. Table 2 displays the results of the analysis.

Table 2: Summary of Table of Independent Sample T-Test Results Showing the Significant Influence of Age and Gender on Attitudes towards Seeking Professional Psychological Help

Variables	Group	Levels	N	$\overline{X}$	SD	t	df	P
ATSPPH	Age	Lower	254	68.60	7.65	-2.84	452	< .01
		Older	200	70.94	9.96			
	Gender	Male	257	69.55	9.30	-.24	452	> .05
		Female	197	69.75	8.14			

ATSPPH = Attitudes toward Seeking Professional Psychological Help

Age of respondents significantly influenced ATSPPH t (452) = -2.84, p < .01. Contrary to predictions, the younger students reported significantly better ATSPPH ($\overline{X}$ = 68.60) than the older students ($\overline{X}$ = 70.94). The mean of ATSPPH for male students was 69.55 (9.30), the mean for females was 69.75 (8.14). With alpha set at .05, the mean difference was not significant, t (452) = -.24, p > .05. This means that male and female students are comparable on ATSPPH.

Table 3: Table Showing the Multiple Regression Analysis on Predictive Ability of Self-Stigma, Public-Stigma and Self-Concealment on Attitudes towards Seeking Professional Psychological Help

Variables	R	R²	F	p	β	t	P	Tolerance	VIP
Self-Stigma					.594	14.93	< .001	.902	1.109
Self-Concealment	.598	.358	83.704	< .001	-.076	-1.907	< .05	.900	1.112
Public-Stigma					.067	1.685	> .05	.896	1.116

With regard to the second research question, preliminary analyses were conducted to ensure no violation of the assumptions of normality, linearity and multi-colinearity the results revealed that when the variance explained by all other variables in the model was controlled, self-stigma with the largest standardized beta coefficient of .594 made the strongest unique contribution, accounting for 59.4% of the variance in ATSPPH. This suggests that the more an individual is self-stigmatised, the more unfavourable disposition to seek professional

psychological help becomes. The beta value for self-concealment also made a weak unique contribution to ATSPPH ($\beta = -.076$). This means that self-concealment accounted for 7.6% change in the variance of dependent variable. It indicates that students who score high on self-concealment manifest more negative ATSPPH. However, public stigma did not make a unique contribution to ATSPPH. This may be due to overlap with the other independent variables in the model. From these results, it can be concluded that self-stigma made a unique, and statistically significant, contribution, while self-concealment made a weak contribution to ATSPPH.

In terms of joint contribution of all the predictor variables, results indicated that self-stigma, self-concealment and public stigma contributed jointly to the criterion variable, with $R^2 = .358$ $F(3,450) = 83.704$; $p < .001$). This calculation showed that a small percentage of common variation in ATSPPH, 35.8% was explained by the three predictor variables. Therefore, the strength of the prediction of ATSPPH by the three predictor variables was weak, especially because 64.2% of the variance did not depend on the three predictor variables.

DISCUSSION

This study was designed to examine the influence of psychosocial factors on ATSPPH in a Nigerian tertiary institution. The first set of analyses considered suggested that age significantly influenced ATSPPH. Contrary to predictions, the younger students reported significantly better ATSPPH than the older students. Most of the literature on help-seeking, for example, has consistently shown that individuals who are in their 20s and who have a college education have more positive ATSPPH and are more likely to seek help than older persons or those without a college education (Vessey & Howard, 1993). In this study, the number of students who constituted lower age was 254 ranging in age from 18 to 26 years. Out of these, 81 students were 25 years old, thus affirming the assertion stated above. The hypothesized relationship was informed by the several studies that have shown that adolescents underutilize services (Dubow et al., 1990; Boldero & Fallon, 1995; Cauce et al., 2002). Adolescence is a time of developing autonomy and for building a sense of identity (Santrock, 1998). Therefore, some adolescents may be particularly reluctant to seek help because of the threats to their developing self-esteem (Cauce et al., 2002). Adolescence is also a time when peers or norm groups may be particularly salient (Gavin & Furman, 1989). Therefore, perceptions of stigma and social norms may be particularly important factors.

The finding that male and female students are comparable on ATSPPH is another important revelation in this study. In line with the finding from this study, Mizuno and Ishikuma (1999) did not find evidence for sex differences in attitudes toward seeking professional help. However, studies have indicated that women tend to have more positive attitudes than men regarding seeking professional help (Fischer & Farina, 1995). The results of previous studies showed that males hold more negative attitudes toward psychological help than females (Deane & Chamberlain, 1994; Komiya et al., 2000; Tata & Leong, 1994; Türküm, 2000, 2001; Kalkan & Odacı, 2005; Keklik, 2009) and that males are more likely to harbour both the public stigma and self-stigma associated with psychological help-seeking (Hackler, 2007). Some researchers have suggested that traditional gender roles influence professional help-seeking by affecting the level of concern a women or a man has about seeking help. The male gender role, with its emphasis on being independent and in control, for example, may increase the perceived risks associated with seeking-help for emotional issues or increase concerns about the loss of self-esteem, because it may mean that the man must admit that he is unable to handle problems on his own (Addis & Mahalik, 2003). In fact, it has been suggested that some men may experience illness as a direct threat to their masculine identity (Williams, 2000).

Self-concealment significantly influenced ATSPPH. As hypothesised, the students who were high self-concealers reported significantly more negative ATSPPH than the students who were low self-concealers. Consistent with previous findings, Cepeda-Benito and Short (1998) found that high self-concealers were three times more likely than low self-concealers to report

needing but not intending to seek professional help. Moreover, high self-concealers were less willing to seek professional psychological help than low self-concealers, regardless of the high self-concealers reported levels of social support. Further, research has shown self-concealment to relate negatively to favourable help-seeking attitudes in general college samples (Kelly & Achter, 1995; Cramer, 1999; Liao, Rounds, & Klein, 2005). Findings like these are not surprising given the fact that individuals who are predisposed to deliberately conceal distressing, highly intimate, negative and potentially embarrassing information. Therefore, high self-concealers may generally have unfavourable attitudes toward professional help-seeking for personal problems or emotional difficulties because they are concerned about revealing their most intimate and disturbing experiences.

The effect of public stigma on ATSPPH was not significant. In other words, the mean differences suggest that the ATSPPH of students with high public stigma and students with low public stigma is rather similar. The results of this study contradicts some previous findings which either reported that social stigma attached to seeking professional help has been conceptualized as one of the most significant barriers to treatment (Stefl & Prosperi, 1985; Sibicky & Dovidio, 1986). This may be because the public, in general, tends to provide negative descriptions of individuals who experience mental illness (Crisp, Gelder, Rix, Meltzer, & Rowlands, 2000). Typically, it would be expected that high public stigma associated with seeking psychological help should make students develop less positive attitudes toward seeking psychological help. This suggests no differences. One possible explanation for the finding could be that the students did not allow their society's negative beliefs, attitudes, and behavioural consequences about mental disorders to cause them to deny the usefulness of seeking psychological help. Hence, their beliefs about seeking psychological help did not change in the wake of perceiving the extent to which others view persons who seek psychological help as unfavourable. They knew that seeking psychological help is socially viewed as unacceptable, but such views did not change their attitude toward seeking psychological help. Individuals who believe that seeking therapy will be more beneficial than "risky" are more likely to have a positive attitude toward psychological treatment (Shaffer, Vogel, & Wei, 2006). In other words, individuals who have a positive attitude toward therapy believe that therapy is effective (Bayer & Peay, 1997). Fortunately, attitudes may be changeable both within a population and on an individual basis (Petty & Cacioppo, 1986).

Lastly, self-stigma significantly influenced ATSPPH. Students with high self-stigma reported significantly negative ATSPPH compared to students with low self-stigma. In line with this finding, greater self-stigma related to seeking psychological help has been found to be associated with less positive attitudes toward seeking psychological treatment than individuals perceiving less self-stigma (Vogel et al., 2006). In addition, Vogel and his colleagues found that individuals reporting greater self-stigma had less intention to seek therapy for psychological concerns. In a later study of undergraduate psychology students, Vogel and his colleagues (2007) found that self-stigma was a better predictor of attitudes toward seeking therapy than public stigma and, as they expected, attitudes toward therapy was the best predictor of intentions to seek therapy. A plausible explanation could be the assertion that self-stigma may lower the self-esteem or self-worth of an individual as a result of self-labelling himself or herself as socially unacceptable in the case of seeking psychological help for a personal or emotional problem (Vogel et al., 2006).

Implications of the findings

This study confirms that gender, age, self-concealment and self-stigma contribute significantly to ATSPPH of students. The implication of this is that before the students seek psychological or counselling, those who have concerns about the counselling process may need additional information, support, or awareness of what the process is like. Intervention designed to increase public awareness about the benefits of seeking professional services or to

drastically reduce and ameliorate negative concerns about seeking psychological help will be more efficient if that information is focused on the factors that have been identified in this study. Several studies have found that attitudes toward therapy and mental illness improve following a psycho-educational intervention (Nelson & Barbaro, 1985; Battaglia, Coverdale, & Bushong, 1990; Esters, Cooker, & Ittenbach, 1998). Development of these interventions is as essential as is expanding the knowledge base of how attitudinal barriers prevent individuals from seeking psychological treatment. Many of the issues with low mental health care utilization may originate from negative societal beliefs toward mental illness and its treatment.

In an effort to ensure that services are addressing the needs of students, universities can benefit from collecting needs assessment data from their students. It is not enough to rely solely on the professional literature and informal assessments. It is essential to design the framework for service delivery based on the specific needs of the university environment. Doing this will allow psychological/counselling programmes to develop and implement programmes and services which are specific to the needs and climate of the individual campus (Karim, 1996).

It is also critical that universities develop and sustain an intimate relationship with students. This relationship is critical as it allows the universities to remain current with issues affecting this population. Such formal relationship also allows for exploring alternative strategies for providing services to these students and to actively engage in alleviating the stigma attached to receiving psychological/counselling services. Policies can be established where university psychology/counselling programmes work collaboratively with the various departments in providing quality services for students. An example would include providing workshops in collaboration with the student associations.
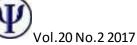
Limitations of the findings

The results of this study should be considered in the light of several limitations. First, this study was conducted with a convenience rather than a representative sample. Thus, the findings may not be valid outside the Faculty of the Social Sciences, University of Ibadan, Ibadan, Nigeria.

Secondly, this study's participants were undergraduates in the Distance Learning Program of the University and not the regular, full-time students. This type of students may not represent the typical undergraduate students who have been exposed to both unrecognized and untreated psychological distress. A different pattern of findings may have resulted if the regular, full-time students were to be the respondents.

Thirdly, this study relied on participants to self-report. Exclusive dependence on self-report measures as a single data collection method limits the validity of the findings. We cannot entirely rule out the possibility that the relationships between variables were due to common method variance. Furthermore, sole reliance on the undergraduates of University of Ibadan self-report limits our ability to understand the impact these psychosocial factors have on the general Nigerian students.

However, despite these limitations, the current study has provided applicable knowledge of considerations of several factors (that is, age, gender, self-concealment, public-stigma and self-stigma). It has also shed light on the involvement of these variables on attitude towards professional psychological help.

REFERENCES

Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist*, *58*, 5-14.

Adewuya, A. O., Ola, B. A., Aloba, O. O., Mapayi, B. M., & Oginni, O. O. (2006). Depression amongst Nigerian university students: Prevalence and sociodemographic correlates. *Social Psychiatry and Psychiatric Epidemiology*, *41*(8), 674–678.

Akaydın FŞ (2002). Üniversite öğrencilerinin problem alanları, problemlilik düzeyleri, problem çözme becerileri ve yardım arama davranışları arasındaki ilişkilerinin incelenmesi Problem areas of university students, problem levels, evaluate the relationship between problem solving skills and help-seeking behavior] Yayımlanmamış Yüksek Lisans Tezi, Karadeniz Teknik Üniversitesi, Trabzon.

Aluede, O., Imhonde, H., Eguavoen, A. (2006). Academic, career and personal needs of Nigerian University students. *Journal of Instructional Psychology, 33*(1), 50-57.

Aniebue, P. N., & Onyema, G. O. (2008). Prevalence of depressive symptoms among Nigerian medical undergraduates. *Tropical Doctor*, *38*(3), 157–158.

Baltacı, Ş. H. (2012). Ortaöğretim öğrencileri için profesyonel psikolojik yardım almaya yönelik tutum ölçeği. *Eğitim Araştırmaları Dergisi, 47,* 59-76.

Battaglia, J., Coverdale, J. H., & Bushong, C. P. (1990). Evaluation of a Mental Illness Awareness Week program in public schools. *American Journal of Psychiatry*, *147*, 324-329.

Bayer, J. K., & Peay, M. Y. (1997). Predicting intentions to seek help from professional mental health services. *Australian and New Zealand Journal of Psychiatry*, *31*, 504- 513.

Ben-Porath, D. D. (2002). Stigmatization of individuals who receive psychotherapy: An interaction between help-seeking behavior and the presence of depression. *Journal of Social & Clinical Psychology, 21,* 400–413.

Bergin, A. E., & Garfield, S. L. (Eds.). (1994). *Handbook of psychotherapy and behavior change*   (4th ed.). New York: Wiley.

Bishop, J. B., Bauer, K.W., & Becker, E. T. (1998). A survey of counseling needs of male and female college students. *Journal of College Student Development*, *39*, 205-210.

Boldero, J., & Fallon, B. (1995). Adolescent help-seeking: What do they get help for and from whom? *Journal of Adolescence, 23,* 35–45.

Braxton, J. M., Bray, N. J., Sullivan, A. S. (1999). The Influences of Stress-Related Coping Strategies of College Student Departure Decisions. *Journal of College Student Development, 40(*6), 645–657.

Cauce, A. M., Domenech-Rodriguez, M., Paradise, M., Cochran, B. N., Shea, J. M., Srebnik, D.,   & Baydar, N. (2002). Cultural and contextual influences in mental health help seeking: A focus on ethnic minority youth. *Journal of Consulting & Clinical Psychology, 70,* 44–55.

Çebi, E. (2009). *University students' attitudes toward seeking psychological help: effects of perceived social support, psychological distress, prior help-seeking experience and gender.* Dissertation, Graduate School of Social Sciences of Middle East Technical University.

Cepeda-Benito, A., & Short, P. (1998). Self-concealment, avoidance of psychological services, and perceived likelihood of seeking professional help. *Journal of Counseling Psychology,*   *45*(1), 58-64. doi: 10.1037/0022-0167.45.1.58

Chandler, L. A., & Gallagher, R. P. (1996). Developing a taxonomy for problems seen at a university counseling center. *Measurement and Evaluation in Counseling and Development*, *29*, 4-12.

Chickering, A. W., & Havighurst, R. J. (1981). *The modern American college*. San Francisco: Jossey-Bass.

Conner, K. O., Copeland, V. C., Grote, N. K. (2010). Mental health treatment seeking among older adults with depression: the impact of stigma and race. *America Journal of Geriatric   Psychiatry. 18,* 531–543.

Corrigan, P. (2004). How Stigma Interferes With Mental Health Care. *American Psychologist, 59*(7), 614-625. doi: 10.1037/0003-066x.59.7.614

Corrigan, P. (2004). How stigma interferes with mental health care. *American Psychologist*, *59*, 614-625.

Corrigan, P. W., & Watson, A. C. (2002). The paradox of self-stigma and mental illness. *Clinical Psychology: Science and Practice*, *9*, 35-53.

Cramer, K. M. (1999). Psychological antecedents to help-seeking behavior: A reanalysis using path modeling structures. *Journal of Counseling Psychology, 46*(3), 381-387. doi: 10.1037/0022-0167.46.3.381

Crisp, A. H., Gelder, M. G., Rix, S., Meltzer, H. I., & Rowlands, O. J. (2000). Stigmatization of people with mental illness. *British Journal of Psychiatry, 177,* 4–7.

Deane, F. P., & Chamberlain, K. (1994). Treatment fearfulness and distress as predictors of professional psychological help-seeking. *British Journal of Guidance and Counseling, 22,* 207–217.

Dubow, E. F., Lovko, K. R., & Kausch, D. F. (1990). Demographic differences in adolescents' health concerns and perceptions of helping agents. *Journal of Clinical and Consulting Psychology, 19,* 44–54.

Erikson, E. (1968). *Identity, youth, and crisis.* New York: Norton.

Esters, I. G., Cooker, P. G., & Ittenbach, R. F. (1998). Effects of a unit of instruction in mental health on rural adolescents' conceptions of mental illness and attitudes about seeking help. *Adolescence*, *33*, 469-476.

Evans, S., & Katona, C. (1995). Epidemiology of depressive symptoms in elderly primary care attenders. *Dementia, 4,* 327-333.

Fischer, E. H., & Farina, A. (1995). Attitudes toward seeking professional psychological help: A shortened form and considerations for research. *Journal of College Student Development, 36,* 368–373.

Fischer, E. H., & Turner, J. L. (1970). Development and research utility of an attitude scale. *Journal of Consulting and Clinical Psychology, 35,* 79–90.

Fung, K. M., Tsang, H. W., Chan, F. (2010). Self-stigma, stages of change and psychosocial treatment adherence among Chinese people with schizophrenia: a path analysis. *Social Psychiatry and Psychiatric Epidemiology, 45,* 561–568.

Gallagher, R. P., Sysko, H. B., & Zhang, B. (2001). *National Survey of Counseling Center Directors.* Alexandria, Va.: International Association of Counseling Services Inc.

Gavin, L., & Furman, W. (1989). Age differences in adolescents' perceptions of their peer groups. *Developmental Psychology, 25,* 827–834.

Hackler, A. H. (2007). *Seeking professional help for an eating disorder: The role of stigma, anticipated outcomes, and attitudes* (Master's thesis). Available from Proquest Dissertations and Theses database. (UMI No. 1443096).

Halter, M. J. (2004). The stigma of seeking care and depression. *Archives of Psychiatric Nursing. 18,* 178–184.

Hammer, J. H., Vogel, D. L., Heimerdinger-Edwards, S. R. (2012). Men's help seeking: examination of differences across community size, education, and income. *Psychology of Men Masculinity,* [Epub ahead of print].

Hassan, T. (1991). Problems confronting counseling practices in Nigeria. In S.A. Gesinde (Ed), *Readings in counseling practicum* (pp. 252-260). Ibadan: Vantage Publishers.

Heppner, P. P., Kivlighan, D. M. Jr., Good, G. E., Roehlke, H. J., Hills, H. I., & Ashby, J. S. (1994). Presenting problems of university counseling center clients: A snapshot and multivariate classification scheme. *Journal of Counseling Psychology*, *41*, 315-324.

Hinson, J. A., & Swanson, J. L. (1993). Willingness to seek help as a function of self-disclosure and problem severity.

Journal of Counseling & Development, 71, 465-470.

Hoerster, K. D., Malte, C. A., Imel, Z. E., Ahmad, Z., Hunt, S. C., Jakupcak, M. (2012). Association of perceived barriers with prospective use of VA mental health care among   Iraq and Afghanistan veterans. *Psychiatric Services, 63,* 380–382.

Kalkan, M., & Odacı, H. (2005). Cinsiyet ve cinsiyet rolünün psikolojik yardım almaya ilişkin tutumlarla ilişkisi. *Türk Psikolojik Danışma ve Rehberlik Dergisi, 23*(3), 57-62.

Karim, A. (1996). *Counseling centers' policy and staff perceptions towards serving the international student population.* Dissertation, Southern Illinois University at   Carbondale.

Keklik, İ. (2009). Attitudes toward seeking professional psychological help: A comparative study   of Turkish and American graduate students. *Eğitim Araştırmaları- Eurasian Journal of Educational Research, 37*, 159-173.

Kelly, A. E., & Achter, J. A. (1995). Self-concealment and attitudes toward counseling in   university students. *Journal of Counseling Psychology, 42*(1), 40-46. doi: 10.1037/0022-   0167.42.1.40

Kenney, M. E. (1990). College seniors' perceptions of parental attachments: The value and stability of family ties. *Journal of College Student Development, 31*, 39-46.

Kolo, I .A. (1994). Students' guidance concerns and preference for expert guidance: A study of students in higher institution in Kano. *Ife Psychologia: An International Journal, 2*, 67-80.

Komiya, N., Good, G. E., & Sherrod, N. B. (2000). Emotional openness as a predictor of college students' attitudes toward seeking psychological help. *Journal of Counseling Psychology,   47,* 138-143.

Kushner, M. G., & Sher, K. J. (1991). The relation of treatment fearfulness and psychological services utilization: An overview. *Professional Psychology: Research and Practice, 22*, 196-203.

Laosebikan, S. (1980). On the resistance of principal and teachers to the introduction of guidance   and counseling services in secondary schools in Oyo State. *The Counselor, 3*, 57-64.

Larson, D. G., & Chastain, R. L. (1990). Self-concealment: Conceptualization, measurement, and health implications. *Journal of Social and Clinical Psychology, 9*(4), 439-455.

Latalova, K., Ociskova, M., Prasko, J., Kamaradova, D., Jelenova, D., Sedlackova, Z. (2013). Self-stigmatization in patients with bipolar disorder. *Neuro Endocrinology Letters. 34,* 265–272.

Leong, F. T. L., & Zachar, P. (1999). Gender and opinions about mental illness as predictors of attitudes toward seeking professional psychological help. *British Journal of Guidance and Counseling, 25*, 123-132.

Liao, H.-Y., Rounds, J., & Klein, A. G. (2005). A Test of Cramer's (1999) Help-Seeking Model and Acculturation Effects With Asian and Asian American College Students. *Journal of Counseling Psychology, 52*(3), 400-411. doi: 10.1037/0022-0167.52.3.400

Mack, D. E. (1979). Counseling in a Nigerian university. *Personnel and Guidance Journal, 59*, 457-461.

Masuda, A., & Latzman, R. D. (2011). Examining associations among factor-analytically derived components of mental health stigma, distress, and psychological flexibility. *Personality & Individual Differences, 51*(4), 435-438. doi: 10.1016/j.paid.2011.04.008

McCartney, J. (1995). Addictive behaviors: Relationship factors and their perceived influence on change. *Genetic, Social, & General Psychology Monographs, 121*, 39-64.

Mizuno, H., & Ishikuma, T. (1999). Helpseeking preferences and help-seeking behaviors: An overview of studies. *Japanese Journal of Educational Psychology*, *47,* 530-539.

Nelson, G. D., & Barbaro, M. B. (1985). Fighting the stigma: A unique approach to marketing mental health. *Health Marketing Quarterly*, *2*, 89-101.

Obi, N. G. (2012). Influence of Self-Disclosure, Perceived Stigma, and Social Support on   Students' Attitudes and Intentions to Seek Counseling. A Thesis Submitted to the Department of Psychology, Faculty of the Social

Sciences, University of Nigeria, Nsukka

Ojedokun, O. (2011). Psychological Predictors of Attitude towards Seeking Professional   Psychological Help in a Nigerian University Student. *South African Journal of Psychology, 41*(3), 310-327.

Oliver, M. I., Pearson, N., Coe, N., Gunnell, D. (2005). Help-seeking behavior in men and women with common mental health problems: cross-sectional study. *British Journal of   Psychiatry, 186,* 297-301.

Omigbodun, O.O., Odukogbe, A. T., Omigbodun, A. O, Yusuf, O. B., Bella, T. T., Olayemi, O. (2006). Stressors and psychological symptoms in students of medicine and allied health professions in Nigeria. *Social Psychiatry and Psychiatric Epidemiology, 41*(5), 415–421.

Özbay, Y., Terzi, S., Erkan, S., Çankaya, C. Z. (2011). A primary investigation of professional help-seeking attitudes, self-concealment and gender roles of university students. *Pegem Eğitim ve Öğretim Dergisi* 1(4), 59-71

Peltzer, K., Pengpig, S., & Olowu, S. (2013). Depression and Associated Factors among   University Students in Western Nigeria. *Journal of Psychology in Africa 2013, 23*(3), 459–466

Petty, R. E., & Cacioppo, J. T. (1986). *Communication and persuasion: Central and peripheral routes to attitude change.* New York: Springer-Verlag.

Prasko, J., Mainerova, B., Diveky, T., (2011). Panic disorder and stigmatization. *Activitas   Nervosa Superior Rediviva, 53,* 194–201. Czech.

Santrock, J. W. (1998). *Adolescence.* New York: McGraw-Hill.

Shaffer, P. A., Vogel, D. L., & Wei, M. (2006). The mediating roles of anticipated risks,   anticipated benefits, and attitudes on the decision to seek professional help: An   attachment perspective. *Journal of Counseling Psychology*, *53*, 442-452.

Sibicky, M., & Dovidio, J. F. (1986). Stigma of psychological therapy: Stereotypes, interpersonal   reactions, and the self-fulfilling prophecy. *Journal of Counseling Psychology, 33,* 148–154.

Stefl, M. E., & Prosperi, D. C. (1985). Barriers to mental health service utilization. *Community Mental Health Journal, 21,* 167–178.

Straits-Troster, K. A., Patterson, T. L., Semple, S. J., Temoshok, L. (1994). The relationship between loneliness, interpersonal competence, and immunological status in HIV-infected men. *Psychology & Health, 9*(3), 205-219.

Tata, S. P., & Leong, F. T. L. (1994). Individualism-collectivism, social-network orientation, and acculturation as predictors of attitudes toward seeking professional psychological help   among Chinese Americans. *Journal of Counseling Psychology, 41*, 280-287.

Türküm, S. (2000). Üniversite öğrencilerinin psikolojik yardım almaya ilişkin tutumları ve   kendini açma eğilimleri. *Anadolu Üniversitesi Eğitim Fakültesi Dergisi, 10*(2), 205-220.

Türküm, S. (2001). Stresle başa çıkma biçimi, iyimserlik, bilişsel çarpıtma düzeyleri ve   psikolojik yardım almaya ilişkin tutumlar arasındaki ilişkiler: üniversite öğrencileri üzerinde bir araştırma. *Anadolu Üniversitesi Sosyal Bilimler Dergisi*, *1*, 1-16.

Vessey, J. T., & Howard, K. I. (1993). Who seeks psychotherapy? *Psychotherapy, 30,* 546–553.

Vogel, D. L., Wade, N. G., & Haake, S. (2006). Measuring the self-stigma associated with seeking psychological help. *Journal of Counseling Psychology, 53*(3), 325-337.

Vogel, D. L., Wade, N. G., & Hackler, A. H. (2007). Perceived public stigma and willingness to seek counseling: The mediating roles of self-stigma and attitudes toward therapy. *Journal of Counseling Psychology, 54*(1), 40-50.

Vogel, D. L., Wester, S. R., Wei, M., & Boysen, G. A. (2005). The Role of Outcome Expectations and Attitudes on Decisions to Seek Professional Help. *Journal of Counseling Psychology, 52*(4), 459-470. doi: 10.1037/0022-

Vogel, D. L., Wester, S. R., Wei, M., & Boysen, G. A. (2005). The role of outcome expectations   and attitudes on decisions to seek professional help. *Journal of Counseling Psychology, 52,* 459–470.

Wade, N. G., Post, B. C., Cornish, M. A., Vogel, D. L., & Tucker, J. R. (2011). Predictors of the change in self-stigma following a single session of group counseling. *Journal of Counseling Psychology*, *58*, 170-182.

Williams, C. (2000). Doing health, doing gender: Teenagers, diabetes and asthma. *Social Sciences and Medicine, 50,* 387–396.

Wills, T. A. (1992). The helping process in the context of personal relationships. In S. Spacapan & S. Oskamp (Eds.), *Helping and being helped* (pp. 17–48). Newbury Park, CA: Sage.

Wong, F. K.D. (1997). The history and current situations of mainland Chinese migration to Hong   Kong, and the roles of SAR government and social service agencies. *Social Service Quarterly, 141*, 22-25. (In Chinese).

Zinzow, H. M., Britt, T. W., McFadden, A. C., Burnette, C. M., & Gillispie, S. (2012). Connecting active duty and returning veterans to mental health treatment: interventions and   treatment adaptations that may reduce barriers to care. *Clinical Psychology Review, 32,* 741–753.