Predictors of University Students' Intentions to Seek Psychological Counseling and Attitudes Toward Seeking Psychological Help

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March 30, 2022

Abstract

Background: Mental health problems are prevalent among university students worldwide. Studies have shown that most students do not disclose and do not get the psychological help and the support they need.

Objectives: The aim of this survey is to investigate the intentions to seek psychological counseling (ISC) among university students as well as their attitudes toward seeking professional psychological help (ATSPPH), and the predictors of those intentions and attitudes.

Design and Methods: A cross-sectional survey was conducted among a sample of 420 students at the American University of Beirut (AUB).

Results: Depression, test anxiety, and difficulty sleeping are the three main reasons for which students would seek psychological help. The source the students were most preferred to ask help was one's family followed by psychologists and psychiatrists. Students' ATSPPH is a positive predictor of their ISC, while students' self-stigma of seeking help (SSOSH) is a negative predictor of the ATSPPH. Moreover, students' awareness of the psychological help system available on campus, free of charge, is a positive predictor for both ISC and ATSPPH.

Conclusion: Different interventions are needed to enhance students' mental health literacy and awareness of the available professional psychological help on campus.

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Scale	Description
ISCI	Intentions to Seeking Counseling Inventory (ISCI) A 17-item scale that measures participants' intentions to seek psychological help or counseling services for a range of specified problems (e.g., weight control, excessive alcohol use, depression, test anxiety, loneliness) [25]. Items are rated on a 4-point Likert scale from "very unlikely = 1" to "very likely = 4". The total score ranges from 17 to 68, with higher scores indicative of more likelihood of seeking counseling for the various issues [26-28]. Internal Consistency (Cronbach's α) 0.90 in a previous study [28] 0.89 in the current study*

Scale	Description			
ATSPPH-SF	Attitudes Toward Seeking Professional Psychological Help short-form (ATSPPH-SF) It is			
	a shortened 10-item revision scale of the original			
	29-item ATSPPHS designed to assess the			
	multi-factorial nature of individuals' attitudes			
	towards seeking help for mental health issues [29].			
	Items are rated on a 4-point Likert scale from			
	"disagree = 1" to "agree = 4". The total score			
	ranges from 10 to 40, with higher scores indicative			
	of more positive attitudes towards getting			
	professional help. Internal consistency (Cronbach's			
	α): 0.84 in the original study [29], 0.82 [30], 0.80			
	[31], and 0.77 $[32]$ in other previous studies			
	0.80 in the current study [*]			
SSOSH	Self-Stigma of Seeking Psychological Help			
	'10-items' (SSOSH) It is a 10-item self-report scale			
	designed to assess the self-stigma associated with			
	seeking psychological help [30]. Items are rated on			
	a 4-point Likert scale from "disagree = 1" to			
	"agree = 4". The total score ranges from 10 to 40,			
	with higher scores reflect more significant perceived self-stigma associated with seeking psychological			
	help. Internal consistency (Cronbach's α): 0.91 in			
	the original study [30]			
	0.82 in the current study [*]			
SSRPH	Social Stigma Scale for Receiving Psychological			
	Help (SSRPH) It is a 5-item self-report scale			
	designed to assess the perceived public stigma			
	associated with seeking professional help [28].			
	Items are rated on a 4-point Likert scale from			
	"disagree = 1" to "agree = 4". The total score			
	ranges from 5 to 20, and higher scores reflect more			
	significant perceived public stigma associated with			
	receiving professional psychological help. Internal			
	consistency (Cronbach's α): 0.72 in the original			
	study $[33]$, 0.76 $[25]$ and 0.73 in other previous			
	studies [28].			
	0.70 in the current study*, which makes the			
	unidimensional factor structure of this scale			
	uncertain. However, the authors decided to keep			
	this scale for further analysis, and to repeat the			
	analysis with its different items.			
Cronbach's α could not be improved by omitting	*Cronbach's α could not be improved by omitting			
any of the items.	any of the items.			

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