

Beliefs On Mental Illness, Social Support, Mental Toughness, Self-Stigma and Attitude Towards Seeking Help among Adults

Koyena Saha, Sarah Saju Stephen

Abstract- Attitude towards seeking psychological help is very complex and can be influenced by various factors. The aim of the study was to understand the influence of Social Support, Beliefs Related to Mental Illness, Mental Toughness, Self-Stigma of Help-Seeking on the Attitude Towards Seeking Psychological Help. The data was collected from 173 adults from across India. The scales used in the present study were Health Beliefs about Mental Illness Instrument (Saleebey, 2000), Social Support Questions- 6 (Sarason et. al., 1987), Mental Toughness Questionnaire- 10 (Dagnell et. al., 2019), Self Stigma of Seeking Help Scale (Vogel et. al., 2006) and Attitudes Towards Seeking Professional Psychological Help Scale Short Form- 10 (Fischer & Farina, 1995). The result showed a significant negative correlation between Mental Toughness and Beliefs about Mental Illness, Mental Toughness and Self-Stigma and Attitude Towards Seeking Psychological Help and Self-Stigma and a significant positive correlation between Self-Stigma and Beliefs about Mental Illness and Attitude Towards Seeking Psychological Help and Social Support. Additionally, it was found that Self-Stigma is a significant predictor of Attitude Towards Seeking Psychological Help but it did not show any significant difference across the age ranges (18 to 25, 26 to 44, & 45 to 60). The results of the present study can be implied in developing intervention for reducing self-stigma and beliefs about mental illness and enhancing social support and mental toughness to increase the attitude of seeking help.

Index Term- Attitude Towards Seeking Psychological Help, Beliefs about Mental Illness, Mental Toughness, Self-Stigma, Social Support

I. INTRODUCTION

Mental health problems remain an uncomfortable challenge in the health system of public communities with more significant barriers against people's access to proper care. Compared with physical diseases, mental illnesses are associated with greater stigma and are frequently underrecognised in primary care [3][21]. Another study by Jorm et. al (2000) demonstrated that the public's

Koyena Saha, Department of Psychology, Kristu Jayanti College (Autonomous), Bengaluru, India

Sarah Saju Stephen, Department of Psychology, Kristu Jayanti College (Autonomous), Bengaluru, India

Underutilisation of mental health services has been one common and serious issues found all over the world. In an extensive study, Robb et. al (2003) said that there were more similarities than differences between the two age groups, i.e., the younger adults and older adults. Both the groups reported being satisfied with mental contacts, though younger adults were more than twice as likely to have consulted a mental health professional [22]. Both groups also reported valuing mental health care and had similar attitudes about the need for consultation with a mental health professional for serious symptoms as well as the kinds of barriers to treatment [22]. However, self-perceived competence by older adults was lower than that of younger adults on matters concerning mental health issues, proper treatments and when to seek professional service [22]. In another study it was observed that older adults have similar perception as younger adults regarding mental illness except that older adult perceived the mentally ill as more lacking in social skills and there is no difference in self-reported willingness to seek help [25]. In the study by Barker et. al. (2004), it was found that the individual factors like perceptions of social support influence help seeking behaviour in adolescents [2].

According to transactional stress theory (Lazarus & Folkman, 1984), social support forms part of the resource factors, among others which will influence the cognitive appraisal of stressful encounters [15]. The perceptions of support by an individual are considered to be the most consistent and the strongest predictors of personal adjustment [20]. But it depends on how large or dense one's social support networks are, whether the provided support is suitable for a given situation, and whether the right kind of support comes from the right person [26]. The satisfaction of relationships in which a person gives and receives social support is more pronounced when there is an approximately equal exchange of support between the two parties involved [7]. A study conducted in nursing staffs found that that mediation analysis indicate that mental toughness mediated 26.28% between social support and anxiety levels and a strong positive correlation between family support and mental toughness [28]. Mental toughness as a personal capacity to produce consistent, high levels of subjective, for example, personal goals or strivings, or objective performance, for instance, sales, race time, GPA, in the face of challenges and stressors from everyday life as well as major adversities [12]. Mental

toughness does not encompass measurable action; instead, these are key performance results of the construct [11]. Self-stigma is an internally motivated construct that is defined as a person's own idea that they will not be socially accepted, resulting in the decrease in self-esteem and self-

worth if they seek psychological care if they seek psychological care from a qualified professional [27]. Negative judgments from others are taken into one's self concept, thereby evoking 'shame' [1][6]. Later, Allport (1954) and others extended this by emphasizing the intrinsically social character of stigmatization, defining stigma as adverse judgments we make against each other based on devalued group identities e.g., "the mentally ill" [1]. Mental health literacy is a very important factor for predicting help-seeking attitudes more than self-stigma [4].

II. METHOD

The study is conducted to understand the relationship and influence of social support, beliefs about mental illness, mental toughness and self-stigma of help-seeking on attitude towards seeking psychological help and how is the age ranges bring about a difference in the attitude towards seeking psychological help.

A. Objectives of the study

1. To understand the relationship among social support, beliefs about mental illness, mental toughness, self-stigma of help-seeking and attitude towards seeking psychological help.
2. To understand the influence of social support, beliefs about mental illness, mental toughness and self-stigma of help-seeking on attitude towards seeking psychological help.
3. To study the difference in the attitude towards seeking psychological help on the basis of the three age ranges.

B. Hypotheses

H⁰₁: There will be no significant relationships among social support, beliefs about mental illness, mental toughness, self-stigma of help-seeking and attitude towards seeking psychological help.

H⁰₂: There will no influence of social support, beliefs about mental illness, mental toughness and self-stigma of help-seeking on attitude towards seeking psychological help.

H⁰₃: There will be no difference in the attitude towards seeking psychological help on the basis of the three age ranges.

C. Research Design

The study has a correlational research design.

D. Sampling

The study used convenient sampling for the collection of 172 data by spreading Google form consisting of the survey questions from the selected scales through various social media platforms. There were 90 young adults, 47 early adults and 35 middle aged adults.

The inclusion criteria are individuals should be between ages 20 to 60 years which is divided into three age ranges, i.e., 28 to 25 (young adults), 26 to 44 (early adults) and 45

to 60 (middle aged adults). The participants can be of any gender and from any professional field. The exclusion criteria are non-English knowing population, non-Indians and people with diagnosed mental illness.

E. Procedure

The data for the study was collected from 173 individuals across India. The age range had been divided in three groups: 18 to 25 (young adults), 26 to 44 (early adults) and 45 to 60 (middle-aged adults). The survey done was in an online mode where the questions were spread using Google link via various social media platforms. The scales used for conducting the survey were as follows:

Health Beliefs about Mental Illness Instrument (HBMII) which is a 49-item instrument which uses a 5-point Likert scale where 1 represented strongly disagree and 5 represented strongly agree [23]. For each of the 9 subscales, possible scores ranged from 4 to 35, depending on the number of items within each subscale [23]. For this study only the Emotional/Nervous subscale which has 28 items including the health motivation items has been used. The Cronbach's alpha for health motivation is 0.75, susceptibility is 0.95, severity is 0.80, benefit is 0.69 and barriers is 0.76, hence having moderate to high reliability [23].

Social Support Question (SSQ-6) is a 6 items questionnaire which had other versions of 27, 18 and 3 items questionnaire (SSQ-27, SSQ-18 and SSQ-3) [24]. The items each have two parts. The first part assesses the number of available others the individual feels she or she can turn to in times of need (Perceived Availability) and second part measures the individual's degree of satisfaction (Satisfaction Score). For this study we will be only considering the Perceived Availability score. The internal reliabilities for the SSQ were between 0.97 to 0.98 for Availability and between 0.96 to 0.97 for satisfaction. The comparable reliabilities for SSQ-6 ranges from 0.90 to 0.93 for both availability and satisfaction questions.

Mental Toughness Questionnaire (MTQ-10) has four dimensions: challenge, commitment, control and confidence [8]. It uses a five-point Likert and provides an overall score of mental toughness [8]. The MTQ-10 evidenced satisfactory reliability, i.e., 0.77 [8]. The other versions of the MTQ-10 are MTQ48 and MTQ-18.

Self-Stigma of Seeking Help Scale (SSOHS) is a 10-item unidimensional factor structure with an internal consistency of 0.91 and test-retest reliability of 0.72 [27]. It showed evidence of construct, criterion and predictive validity [27]. Participants need to respond to these items using a five-point, partly anchored Likert-type scale ranging from 1 (strongly disagree) to 3 (agree and disagree equally) to 5 (strongly agree). Higher scores indicated a greater concern that seeking help from a psychologist or other mental health professional would negatively affect one's self regard, satisfaction with oneself, self-confidence, and overall worth as a person [27].

Attitudes Towards Seeking Professional Psychological Help Scale Short Form (ATSPPH-SF-10) is a 10 items unidimensional version of Fischer and Turner's 29 item scale for measuring attitudes toward seeking professional

psychological help [10]. Scores from the new scale correlated 0.87 with full scale scores derived from the original form [10]. Items are rated from 1 (disagree) to 4 (agree), with five items reversed scored so that higher scores reflect more positive attitudes [10]. The 1-month test-retest (0.80) and internal consistency (0.84) reliabilities were also adequate [10].

Informed consent was taken and debriefing was done before the start of the survey in the initial phase of the google form. The data collected were recorded in an Excel Sheet for the easy coding of the data. The data was analysed using Jamovi software. The data was not found to be normally distributed. The Spearman Rank Order correlation was done to find out the relationships between the variables and linear regression was performed to understand the major influence of the variables on the dependent variable (i.e., attitude towards seeking psychological help). Additionally, ANOVA was performed to understand the difference in the dependent variable based on the age range.

III. RESULTS

Table 1 also reveals the correlations among Social Support (SS), Beliefs about Mental Illness (BMI), Mental Toughness (MT), Self-Stigma of Seeking Help (SSSH) and Attitude Towards Seeking Professional Psychological Help (ATSPPH) among the adult population. It indicates a significant negative correlation ($\rho = -0.208$, $p = 0.006$) between MT and BMI suggesting that higher mental toughness is associated with lower health beliefs. A significant positive correlation ($\rho = 0.207$, $p = 0.006$) is found between SSSH and BMI indicating that individuals with stronger health beliefs are more likely to seek help indicating lower self-stigma. This finding aligns with the idea that health beliefs influence the tendency to seek help. A significant negative correlation ($\rho = -0.149$, $p = 0.050$) is found between MT and SSSH suggesting that individuals with higher mental toughness tend to have less self-stigma to seek help. It is found that there is a strong negative correlation ($\rho = -0.607$, $p < .001$) between ATSPPH and

SSSH meaning that if an individual has more self-stigma, then the tendency to seek professional psychological help is significantly lower. There is a significant positive correlation between ATSPPH and SS indicating a higher social support leads to increases tendency to seek professional psychological help.

Table 2 presents the results of a linear regression analysis examining the influence of Social Support, Self-Stigma of Seeking Help, Mental Toughness and Beliefs about Mental Illness on Attitude Towards Seeking Help. The table shows that only self-stigma of help seeking is a significant predictor of the attitude towards seeking professional psychological help ($p < .001$) though other variables do not have much influence on the tendency of the person seeking professional help. The next table shows that 39.3% of the self-stigma for help seeking influence the attitude to seek professional psychological help out of all the variables.

Table 3 suggests that the model has very less variance in Attitude Towards Seeking Professional Psychological

Help. The F-value (1.35) indicates the ratio of variance between groups to variance within groups. It indicates that the p-value is 0.261 at the 0.05 level. Since the $p > 0.05$, it means that age does not significantly predict the Attitude Towards Seeking Professional Psychological Help. The degrees of freedom (df) are 2 for the age groups and 2 for the residuals (error term), suggesting three total groups were compared. The p-value (0.261) is greater than the conventional significance threshold (0.05), indicating that the differences between age groups are not statistically significant.

IV. DISCUSSION

This study shows the relationship between the Social Support, Beliefs about Mental Illness, Mental Toughness, Self-Stigma of Seeking Help and Attitude Towards Seeking Help. The result of the study is that there is a significant negative correlation between Mental Toughness and Beliefs about Mental Illness, Mental Toughness and Self-Stigma of Help Seeking and Attitude Towards Seeking Help and Self-Stigma of Help Seeking and a significant positive correlation between Self-Stigma of Help Seeking and Beliefs about Mental Illness and Attitude Towards Seeking Help and Social Support. Also, it has been seen that though other variables influence the Attitude Towards Seeking Professional Psychological Help, the most significant predictor is Self-Stigma of Help Seeking. Additionally, to understand whether there is any difference in the Attitude Towards Seeking Professional Psychological Help based on the age groups (18 to 25, 26 to 44 and 46 to 60), analyses of variance has been done which resulted in a $p > 0.05$. this signifies that age does not predict the attitude towards seeking professional psychological help.

Table 1. Correlation for Social Support, Beliefs about Mental Illness, Mental Toughness, Self-Stigma of Seeking Help and Attitude Towards Seeking Help

Variables	N	M	SD	1	2	3	4	5
1. Social Support	173	31.6	5.33	-	-	-	-	-
2. Beliefs about Mental Illness	173	84.2	14.7	-.113	-	-	-	-
3. Mental Toughness	173	31.4	5.91	.137	-.208**	-	-	-
4. Self-Stigma of Seeking Help	173	25.4	5.52	-.084	.207**	-.149*	-	-
5. Attitude Towards Seeking Help	173	18.2	5.10	.155*	-.067	.097	-.607***	-

Note * $p < .05$, ** $p < .01$, *** $p < .001$

Table 2. The Model Summary of Attitude Towards Seeking Professional Psychological Help

Predictor Variables	SE	95% Confidence Interval		t	p	Model Summary
		Lower	Upper			
Self-Stigma of Seeking Help	0.0588	-0.7200	-0.4878	-10.266	< .001	
Social Support	0.0562	-0.0245	0.1972	1.538	0.126	R = 0.627
Mental Toughness	0.0566	-0.1752	0.0483	-1.121	0.264	R ² = 0.393
Beliefs about Mental Illness	0.0236	-0.0301	0.0629	0.696	0.487	

Table 3. One-way Analyses of Variance of age on Attitude Towards Seeking Professional Psychological Help

	F	df	p
Age	1.35	2	0.261
Residuals	1.35	2	

V. CONCLUSION

The present study explores the relationships between social support, health beliefs about mental illness, mental toughness, self-stigma of seeking help, and attitudes toward seeking help. The findings reveal significant negative correlations between mental toughness and health beliefs about mental illness, mental toughness and self-stigma, and self-stigma and attitudes toward help-seeking. Additionally, self-stigma is positively correlated with health beliefs about mental illness and attitudes toward seeking help. Among all variables, self-stigma is identified as the strongest predictor of attitudes toward professional

psychological help. Furthermore, an analysis of variance (ANOVA) was conducted to examine whether attitudes toward seeking professional help vary across different age groups (18–25, 26–44, and 46–60). The results ($p > 0.05$) indicate that age does not significantly influence attitudes toward help-seeking, contradicting previous studies suggesting that older adults have more positive attitudes towards seeking help.

The study has noted some interesting findings that contribute a great deal in the everyday life of an individual. It led us to understand how much social support is important to increase the help seeking behaviour in a

person to enhance the mental well-being of a community. Also, unlike other studies, it was seen that in the recent years, age is not a major predictor of one's attitude towards seeking psychological help. The other variables like mental toughness and beliefs related mental illness should be increased, especially in the adolescents and young adults to remove the stigmatized attitude towards help seeking leading to a sound society with increased understanding on his or her own mental health and accept the flaws regardless of the age, gender, physical or psychological issues.

The study acknowledges limitations, including a small sample size that reduces generalizability, potential data collection errors due to survey fatigue, and a lack of consideration of different dimensions of mental toughness and health beliefs about mental illness. Future research should address these gaps and explore interventions to reduce self-stigma and enhance social support. The study emphasizes the importance of social support in encouraging help-seeking behaviour and highlights the need for strategies to increase mental toughness and challenge stigmatized beliefs about mental illness.

VI. REFERENCES

- [1] Allport, G. W. (1954). The nature of prejudice. Reading, MA: Addison Wesley.
- [2] Barker, G., Olukoya, A., & Aggleton, P. (2005). Young people, social support and help-seeking. *International Journal of Adolescent Medicine and Health*, 17(4). <https://doi.org/10.1515/ijamh.2005.17.4.315>
- [3] Berger, G. W. (1997). Underdiagnosis of depression in primary care: by accident or design? *JAMA*, 277(18), 1433b–11433. <https://doi.org/10.1001/jama.277.18.1433b>
- [4] Cheng, H., Wang, C., McDermott, R. C., Kridel, M., & Rislin, J. L. (2018). Self-Stigma, mental health literacy, and attitudes toward seeking psychological help. *Journal of Counseling & Development*, 96(1), 64–74. <https://doi.org/10.1002/jcad.12178>
- [5] Chronister, J., Chou, C., Kwan, K. K., Lawton, M., & Silver, K. (2015). The meaning of social support for persons with serious mental illness. *Rehabilitation Psychology*, 60(3), 232–245. <https://doi.org/10.1037/rep0000038>
- [6] Crocker, J., & Major, B. (1989). Social stigma and self-esteem: The self-protective properties of stigma. *Psychological Review*, 96, 608 – 630. <http://dx.doi.org/10.1037/0033-295X.96.4.608>
- [7] Cutrona, C. E., & Suhr, J. A. (1994). Social support communication in the context of marriage: An analysis of couples' supportive interactions. In B. R. Burleson, T. I. Albrecht, & I. G. Sarason (Eds.), *Communication of social support: Messages, interactions, relationships, and community* (pp. 113-135). Thousand Oaks, CA: Sage Publications.
- [8] Dagnall, N., Denovan, A., Papageorgiou, K. A., Clough, P. J., Parker, A., & Drinkwater, K. G. (2019). Psychometric Assessment of Shortened Mental Toughness Questionnaires (MTQ): factor structure of the MTQ-18 and the MTQ-10. *Frontiers in Psychology*, 10. <https://doi.org/10.3389/fpsyg.2019.01933>
- [9] Evans-Lacko, S., Brohan, E., Mojtabai, R., & Thornicroft, G. (2011). Association between public views of mental illness and self-stigma among individuals with mental illness in 14 European countries. *Psychological Medicine*, 42(8), 1741–1752. <https://doi.org/10.1017/s0033291711002558>
- [10] Fischer, E. H., & Farina, A. (1995). Attitudes toward seeking professional psychological help: A shortened form and considerations for research. *Journal of college student development*.
- [11] Gucciardi, D. F., & Hanton, S. (2016). Mental toughness: Critical reflections and future considerations. In *Routledge international handbook of sport psychology* (pp. 439-448). Routledge.
- [12] Gucciardi, D. F., Hanton, S., Gordon, S., Mallett, C. J., & Temby, P. (2014). The concept of mental toughness: tests of dimensionality, nomological network, and traitness. *Journal of Personality*, 83(1), 26–44. <https://doi.org/10.1111/jopy.12079>
- [13] Jorm, A. F. (2000). Mental health literacy. *The British Journal of Psychiatry*, 177(5), 396–401. <https://doi.org/10.1192/bjp.177.5.396>
- [14] Koydemir-Özden, S. (2010). Self-Aspects, perceived social support, gender, and willingness to seek psychological help. *International Journal of Mental Health*, 39(3), 44–60. <https://doi.org/10.2753/imh0020-7411390303>
- [15] Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer publishing company.
- [16] Naden, E., Schepman, A., Bilton, G., & Rodway, P. (2023). Resilience and mental toughness as predictors of anxiety, depression, and mental well-being. *Deleted Journal*, 1(1). <https://doi.org/10.4081/mw.2023.2>
- [17] Mackenzie, C. S., Gekoski, W. L., & Knox, V. J. (2006). Age, gender, and the underutilization of mental health services: The influence of help-seeking attitudes. *Aging & Mental Health*, 10(6), 574–582. <https://doi.org/10.1080/13607860600641200>
- [18] Mackenzie, C. S., Heath, P. J., Vogel, D. L., & Chekay, R. (2019). Age differences in public stigma, self-stigma, and attitudes toward seeking help: A moderated mediation model. *Journal of Clinical Psychology*, 75(12), 2259–2272. <https://doi.org/10.1002/jclp.22845>
- [19] Nam, S. K., Choi, S. I., Lee, J. H., Lee, M. K., Kim, A. R., & Lee, S. M. (2012). Psychological factors in college students' attitudes toward seeking professional psychological help: A meta-analysis. *Professional Psychology Research and Practice*, 44(1), 37–45. <https://doi.org/10.1037/a0029562>

- [20] Pierce, G. R., Sarason, B. R., Sarason, I. G., Joseph, H. J., & Henderson, C. A. (1996). Conceptualizing and assessing social support in the context of the family. In *Springer eBooks* (pp. 3–23). https://doi.org/10.1007/978-1-4899-1388-3_1
- [21] Regier, D. A. (1988). One-Month prevalence of mental disorders in the United States. *Archives of General Psychiatry*, 45(11), 977. <https://doi.org/10.1001/archpsyc.1988.01800350011002>
- [22] Robb, C., Haley, W. E., Becker, M. A., Polivka, L. A., & Chwa, H. J. (2003). Attitudes towards mental health care in younger and older adults: Similarities and differences. *Aging & Mental Health*, 7, 142–152.
- [23] Saleebey, J. (2000). Health Beliefs About Mental Illness: An Instrument Development Study. *American Journal of Health Behavior*, 24(2). <https://doi.org/10.5993/ajhb.24.2.1>
- [24] Sarason, I. G., Sarason, B. R., Shearin, E. N., & Pierce, G. R. (1987). A Brief Measure of social support: practical and theoretical implications. *Journal of Social and Personal Relationships*, 4(4), 497–510. <https://doi.org/10.1177/0265407587044007>
- [25] Segal, D. L., Coolidge, F. L., Mincic, M. S., & O’Riley, A. (2005). Beliefs about mental illness and willingness to seek help: A cross-sectional study. *Aging & Mental Health*, 9(4), 363–367. <https://doi.org/10.1080/13607860500131047>
- [26] Taylor, S. E. (2011). Social support: A review. *The Oxford handbook of health psychology*, 1, 189-214.
- [27] Vogel, D. L., Wade, N. G., & Haake, S. (2006b). Measuring the self-stigma associated with seeking psychological help. *Journal of Counseling Psychology*, 53(3), 325–337. <https://doi.org/10.1037/0022-0167.53.3.325>
- [28] Wu, X., Tang, L., & Gong, J. (2024). Correlation analysis of mental toughness, family social support, and anxiety of nursing staff. *American Journal of Translational Research*, 16(6), 2563–2570. <https://doi.org/10.62347/pwlm8459>