Mental Health Literacy, Stigma, and Help-Seeking Behaviors

Among White and Latinx Young Adults

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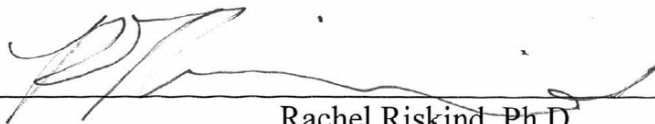of the requirements for the Honors Program and Honors in Psychology

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Among White and Latinx Young Adults

Young adults are experiencing mental health issues at alarming rates. According to the Centers for Disease Control and Prevention, 5% of adults experience depression and 12.5% experience anxiety (CDC, 2024). According to the National Institute of Mental Health, one in five adults has a mental illness (NIH, 2021). Mental health illness and distress has increased for young adults over the course of the past 15 years (Brunette et al., 2023). Goodwin et al. (2016) found that young adults hold uninformed beliefs about mental health treatment. Much of the scholarly research focuses on college students and reports show that there are significant levels of distress experienced by college students and that there is a necessity for mental health services (Rosenthal & Wilson, 2016).

Mental health literacy is an indicator of young adults' attitudes toward mental health. People with higher levels of mental health literacy have more intentions to seek help and have more positive attitudes regarding mental health (Rafal et al., 2018). Male college students have limited mental health knowledge overall (Rafal et al., 2018). Rafal et al. (2018) found that there is a statistically significant racial difference among students when it comes to mental health literacy, knowledge, and beliefs. The previous knowledge students have of mental health isn't usually even all around. Studies show that there is a low probability for male college students to seek help, they also have low awareness of mental health, and low belief in mental health in general (Rafal et al., 2018). This shows that there is a gender difference when it comes to belief and awareness. Kalkbrenner et al. (2021) conducted a study to bring an understanding of how to promote mental health literacy within the Hispanic/Latinx community who have different experiences than those of any other racial group within a college setting. Research suggests that

many Hispanic/Latinx individuals lean towards relying on family/personal relations rather than on counseling/treatment options available on college campuses (Kalkbrenner et al., 2021).

Research has found that young adults hold a stigma towards seeking professional help for mental health and receiving treatment (Goodwin et al., 2016). Individuals who are minorities such as the Latinx community often experience stigma both in society and within their own lives more often than their White counterparts (Misra et al., 2021). Although both Latinx and White communities experience similar problems when it comes to mental health conditions, the access they have to treatment and willingness to receive treatment varies (Eghaneyam et al., 2021). Here we see that even if Latinx and White college students are going through similar mental health problems the paths taken will vary. In research comparing White students and Asian students, the results showed that White students have a more positive attitude toward counseling than Asian students and that Asian students are more hesitant to use counseling services (Loya et al., 2010). The results also demonstrated that White students had less personal stigma but more societal stigma toward people with mental illnesses than Asian students (Loya et al., 2010). Research conducted showed that when one is closely tied or aligned to their culture they are less likely to seek treatment for mental health disorders (Hirai et al., 2015). This is the case with a lot of Latinx college students who struggle to distance themselves from their culture once they transition to college. Research showed that even with a high level of education, if people were closely tied or reliant on cultural preferences/beliefs/values the stigma towards psychological disorders/treatment was high (Hirai et al., 2015). Stigma these individuals/minorities faced came in a variety of forms ranging from the access they had to mental health resources, cultural beliefs on standard psychological treatment, and the Latinx/minorities' own personal stigma/how they viewed themselves (Misra et al., 2021). They might not have translators or the transportation

needed to get help (Misra et al., 2021). Latinx individuals might also have a negative view of medicine and themselves, they feel like failures or burdens if they ask for help (Misra et al., 2021). Overall, studies indicate that to overcome stigma, providers must find creative methods of informing and engaging the Latinx community to participate in their mental health treatment that is culturally fit for the Latinx community (Eghaneyam et al., 2021).

El-Hachem et al. (2023) found that self-stigma was significantly associated with help-seeking intentions. Latinos engage less in any kind of formal mental health service (Gearing et al., 2023). Goodwin et al. (2016) found that culture plays a role in influencing young adult's perception of mental health interventions and seeking professional help. Research shows that seeking help is seen as a sign of weakness for young adults (Goodwin et al., 2016). Singh's (2023) study indicated that Latinx college students who are at risk of mental health problems are those who are less likely to utilize mental health services. Two reasons for failure to use the mental health services provided are the students' beliefs about the services which influence whether they seek help or not and the fact that they might not recognize that their behavior is abnormal which leads them to believe they don't need counseling (Rosenthal & Wilson, 2016). Research indicates that the students who do not utilize the services are those who have higher levels of distress, financial problems, increased work demands, lower academic engagement, and limited social connections (Singh, 2023). This takes into account socioeconomic factors. Students may find it challenging to seek assistance, be influenced by potential rumors within their ethnic community, and perceive the therapy process as intimidating or uncomfortable (Wang et al., 2020). This is connected to how close the student is to their culture since the more attached you are to your culture the more challenging it might be. The study also demonstrates concerns about confidentiality posing a barrier that hinders the willingness to seek help in a

school setting (Wang et al., 2020). In school settings, it's harder to maintain confidentiality due to the location of the counseling center. Gearing et al. (2023) sought to enhance comprehension of Latinos' preferences for seeking mental health support by identifying the pathways for addressing diverse mental health conditions. Research conducted demonstrates that more Latinos prefer to seek mental health help through informal sources such as friends, families, etc. rather than professional mental health care services (Gearing et al., 2023). According to the National Institute of Mental Health, White adults had a higher mental illness prevalence than Latinx adults (NIH, 2021).

Research shows that Latinx students also experience additional stressors due to ethnic-based discrimination which negatively affects their mental health (Sanchez et al., 2022). Perez et al. (2023) compared the psychotherapy outcomes of Latinx clients in Hispanic-serving institutions and predominantly white institutions. Results showed that the clients in Hispanic serving institutions experienced greater relief in academic stress (Perez et al., 2023). The present study will be carried out in Guilford College which is a minority serving institution. The participants aren't limited only to those attending Guilford College so it is important to address the dynamic between Latinx students and other institutions that might be predominantly white institutions. Cultural factors can help predict outcomes of ethnic and racial subgroups regarding mental health. For example, higher levels of interdependent orientation predicted negative attitudes toward mental health and a lower likelihood of expressing publicly that they needed treatment (Zhou et al., 2022). Latinx students and Asian students show similar low rates of help-seeking behavior (Zhou et al., 2022). Hispanic men also showed a greater intention to seek help as opposed to non-Hispanic men (Rafal et al., 2018).

My study aims to build upon this research by correlating race with mental health literacy, stigma, and help-seeking behavior. My study will relate to other relevant research in the field by taking a more in-depth focus on how race co-occurs with these factors. Most of the research focuses on college students, my study will build on past research by including both college and non-college students. Rafal et al. (2018) concluded that interventions could increase mental health awareness among male students however suggested that these interventions should also be tailored to racial groups. Misra et al. (2021) research helped shed light on the need for greater intervention to help reduce stigma and empower people to participate in treating/acknowledging the presence of mental health disorders. This can be done by working with providers to help them make this process comfortable for Latinx/minorities/incorporating cultural beliefs in care (Misra et al., 2021). The purpose of my study is to recreate what Rafal has done through a racial lens instead of a gendered one. This will in turn contribute to the background knowledge we have for these targeted interventions. Measuring these three different factors will allow us to get a clearer picture of the attitude young adults have currently toward mental health. Previous studies have focused on different racial groups like Loya et al. (2010) which focused on White and Asian students and Zhou et al. (2022) which focused on Latinx students and Asian students. My study will be focusing on Latinx and White young adults. It will only be focused on young adults who fit the age of a traditional-aged undergraduate college student which will also help narrow down the scope. This will be done to prevent further confounds or external factors that might skew the results. A limitation that the Rafal et al. (2018) study had was that it was limited to only students from the university. While I also plan to use convenience sampling and gather participants from Guilford College I am also going to include students from other universities and colleges as well as young adults who are not enrolled in an institution. I hypothesize that

higher levels of mental health literacy and help-seeking behaviors will correlate with lower levels of stigma. I hypothesize that Latinx young adults have lower mental health literacy and higher stigma while White young adults will have a higher level of help-seeking behavior.

Method

Participants

One hundred sixteen young adults (60 Latinx and 54 White) agreed to participate in the study. Although we restricted the age range from 18 to 24 to take into account the traditional ages of undergraduate college students and to be able to compare results to individuals of that same age who are not in college, one participant reported they were 25. The average age of participants was 21.84 (SD = 1.86). The sample consisted of 49 males, 58 females, and 7 other participants who identified as other genders like nonbinary. Both non-college and college students participated in this study, with 58.8% of participants being college students. Seniors/fourth-year students were the most common year represented among college students (48%).

Procedure

The study was approved by Guilford College's Institutional Review Board. The study was conducted through a Google Form. I gathered my participants through convenience sampling, I asked a Guilford college professor to advertise my survey and also emailed multiple Guilford students. The students were asked not to share with me or others if they chose to participate in the study to ensure anonymity. The flyer was also promoted on Hispanos Unidos de Guilford's Instagram account for 24 hours and sent to Guilford's What's the G where it was promoted for several weeks. To obtain other participants from different institutions or who weren't college students at all the flyer was also posted to my personal Instagram account where

it was posted on my story for 24 hours with both the QR code and the link, it also remained on my account for multiple weeks. Prolific, a data collection site was also used to gather participants. Participants from all over the world had access to the survey. Seventy-four participants (63.2%) were obtained through Prolific.

The survey was open for approximately one month, it included a consent form at the beginning. Participants were required to consent in order to have access to the survey. The form also consisted of the scales and open-ended questions included in this article. Once participants gave their consent they were able to complete the survey. No personal questions concerning their identities were asked, for example, they weren't asked to provide their names, emails, etc. This ensured that the participants remained anonymous.

The survey consisted of the mental health literacy scale, self stigma of seeking help scale, and the attitude toward seeking help scale (Lee et al., 2020; Vogel et al., 2013; Fisher & Farina, 1995). Afterwards, participants were asked open-ended questions regarding their experiences and opinions regarding therapy. Lastly, participants were asked demographic questions consisting of race, gender, age, and academic status. After participants submitted their survey they were taken to the final page where they were thanked for their participation and also given contact information in case they had any questions.

Measures

Participants completed three scales to measure mental health literacy, stigma, and their attitude toward help-seeking behavior. This was followed by some open-ended questions regarding their experiences and opinions about therapy and demographic questions were asked at the end.

Mental Health Literacy

Mental health literacy was measured using a modified version of the Mental Health Literacy scale (see Table A1). This scale has been used in past research. It is composed of three sub-constructs which are mental health belief, knowledge of resources, and knowledge of signs and symptoms of mental health issues (Lee et al., 2020). For this study, I used the mental health belief subscale and the knowledge of resources subscale.

The mental health belief subscale includes items about negative beliefs regarding mental illness. In past research (Lee et al., 2020), the mental health belief subscale had adequate reliability ($\alpha = .77$). This modified scale accessed items regarding mental health belief and knowledge of resources on a 5-point Likert scale, where answers included *0 = strongly disagree, 1 = disagree, 2 = neutral, 3 = agree, and 4 = strongly agree*. Statements in this scale included, "A mental illness is not a real medical illness." and "I believe treatment for a mental illness, provided by a mental health professional, would not be effective.". In this study the mental health belief subscale had adequate reliability as well ($\alpha = .79$). A sum score was calculated with higher scores reflecting lower mental health literacy.

The knowledge of resources subscale measured how confident an individual was in getting access to information about mental illness. The knowledge of mental health resources subscale has good reliability in past research as Cronbach's $\alpha = .84$ (Lee et al., 2020). Items regarding knowledge of resources were measured on a 4-point Likert scale, answers included *0 = disagree, 1 = partially disagree, 2 = partially agree, and 3= agree*. Less points were used to gain a better understanding of the knowledge of resources. Some questions this scale included were "I am confident that I know where to seek information about mental illness." and " I am confident I have access to resources (eg, GP, internet, and friends) that I can use to seek information about

mental illness.". In this study, the subscale had adequate reliability (α = .70). A sum score was calculated with higher scores reflecting greater knowledge of mental health resources.

Stigma

Stigma was measured using a modified version of the Self-Stigma of Seeking Help scale (see Table A2). This scale assessed the amount of stigma an individual had regarding seeking help. It is a 10-item scale and each item was rated using a 5-point Likert scale, where answers included 1 = *strongly disagree*, 2 = *disagree*, 3 = *agree and disagree equally*, 4 = *agree*, *and* 5 = *strongly agree*. Some items included were "I would feel inadequate if I went to a therapist for psychological help." and "It would make me feel inferior to ask a therapist for help.". A sum score was compiled and a higher score reflects a greater amount of stigma. This scale has been used in past research and has good reliability (α = .89) (Vogel et al., 2013). In this study, the scale had good reliability as Cronbach's α = .77.

Help-Seeking Behavior

Help-seeking behavior was measured using an Attitudes Toward Seeking Help scale, a 10-item scale (see Table A3). Each item was rated using a 4-point Likert scale, answers included 0 = *disagree*, 1 = *partially disagree*, 2 = *partially agree*, *and* 3 = *agree*. The type of items on the ATSH scale were along the lines of "If I believed I was having a mental breakdown, my first inclination would be to get professional attention." and "If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.". The total score derived from these items reflects the attitude toward help-seeking behavior like seeking a mental health professional (Fisher & Farina, 1995). Higher scores indicate more positive attitudes. This scale had good reliability in Fisher and Farina's

(1995) research (α = .80). In this study the scale had good reliability as well, with a Cronbach's alpha of .78.

      A couple of open-ended questions were asked afterwards, reading any past history with therapy and opinions about pros and cons regarding therapy (see Figure A1). At the end will be the demographic questions (see Figure A2). Race, gender, age, and year in college if applicable will be included as demographic questions.

<div align="center">Results</div>

Descriptive Results

      Overall, the result of the mental health belief subscale suggested that within the samples participants had a low level of negative beliefs toward mental health *(M = 93)* (See Table 1.). The knowledge of resources scale showed that the participants had a high level of knowledge of resources *(M = 8.59)* (See Table 1.). The results show that there was a lower level of perceived mental health stigma *(M = 22.07)* (See Table 1.). Lastly, the results of the Attitudes Toward Seeking Help Scale suggested that within the samples participants had a higher level of help-seeking behaviors *(M = 18.44)* (See Table 1.).

Table 1.

Scale	Possible Minimum and Maximum Score	Observed Minimum and Maximum Score	Mean and Standard Deviation
Negative beliefs about mental health	0 – 45	0 – 24	$M = 6.93$, $SD = 4.93$
Knowledge of mental health resources	0 - 12	2 - 12	$M = 8.59$, $SD = 2.36$
Perceived mental health stigma	10 - 50	11 - 39	$M = 22.07$, $SD = 6.19$
Help-seeking	0 - 30	7 - 25	$M = 18.44$, $SD = 4.11$

behaviors			

In evaluating the open-ended responses, half (58) of the participants had seen a therapist. Of those who had seen a therapist 14 (24.1%) found that it wasn't helpful and 31 (53.4%) did find it helpful. Thirteen (22.4%) participants had mixed experiences in which they dealt with multiple therapists that ranged in how helpful they were. Half (58) of the participants had a family member who had seen a therapist. Of those family members 42 (73.7%) found therapy helpful, 8 (14%) had mixed experiences and 7 (12.3%) did not find the experience helpful.

Ninety-four (94%) participants saw positives to seeing a therapist. Only 6 (6%) participants stated that they did not see any pros to therapy. The most common positive to therapy was help in developing coping skills and being diagnosed. The second most common positive aspect that participants mentioned was being able to talk to an unbiased person who didn't judge them for their actions and had an outside perspective. Participants stated that it made them feel more comfortable. Some other positives were feeling better about themselves after attending therapy and having less stress, having a space where you can discuss your emotions, and where you feel understood.

Seventy-nine participants identified barriers to seeing a therapist and 33 did not. The main con for a lot of participants was money, many of these participants also stated that time was also a factor. This was a common pattern among college students. The second most common barrier was not finding the right therapist for themselves and feeling uncomfortable with the therapist they had. Participants stated that they had to meet with multiple therapists which took time before they were able to find one that was the right fit for them. Lastly, another barrier was the stigma, participants stated that how others would react or view them seeking help played a factor.

Correlation Among Mental Health Attitudes and Experiences

Pearson's *r* was used to calculate the correlation between negative beliefs about mental health, knowledge of mental health resources, perceived mental health stigma, help-seeking behaviors, participants seeing a therapist, and family members of the participant seeing a therapist. Pearson's *r* correlations indicated that negative beliefs had a negative relationship with knowledge of resources, help-seeking behaviors and the participant seeing a therapist. All correlations were also statistically significant at the *p < .01* criteria (see Table 2). Negative beliefs had a positive and strong statistically significant correlation with perceived stigma (*r = .62, p < .001*).

Results indicate that the knowledge of resources had a moderate positive statistically significant correlation with help-seeking behaviors (*r = .29, p < .001*). It also had a weak, positive, and statistically significant relationship with participants seeing a therapist (*r = .20, p = .031*). Lastly, knowledge of mental health resources had a moderate negative statistically significant correlation with perceived stigma (*r = .36, p < .001*).

Perceived mental health stigma had a negative statistically significant correlation with help-seeking behaviors and the participant seeing a therapist. All correlations were also statistically significant at the *p < .01* criteria. Lastly, help-seeking behaviors had a moderate, positive, and statistically significant correlation with the participant having seen a therapist (*r = .37, p < .001*). Family members of participants seeing a therapist did not have a statistically significant correlation with any of the other variables.

Table 2.

	Negative beliefs about mental health	Knowledge of mental health resources	Perceived mental health stigma	Help-seeking behaviors	Has participant seen a therapist
Knowledge of mental health resources	-.27**				
Perceived mental health stigma	.62**	-.36**			
Help-seeking behaviors	-.76**	.29**	-.51**		
Has participant seen a therapist	-.30**	.20*	-.35**	.37**	
Has a family member seen a therapist	-.10	.17	-.05	.07	.07

Racial Differences

I compared the average scores across the study scales (see Table 1). I conducted a Multivariate Analysis of Variance (MANOVA) in order to reduce the likelihood of a Type I error that would result due to running multiple independent-sample t-tests. This is especially important when the outcome variables are highly correlated, as they are in this study (see Table 1). The MANOVA results were not statistically significant $F(4, 108) = 1.48$, $p = .215$, Wilke's Lambda $= .948$, partial $\eta^2 = .052$. I considered if college might moderate the results, but the factorial MANOVA yielded non-statistically significant results as well.

Table 3.

Scale	Latinx	White
Negative beliefs about mental health	$M = 7.15$, $SD = 4.50$	$M = 6.32$, $SD = 5.09$
Knowledge of mental health resources	$M = 8.59$, $SD = 2.28$	$M = 8.58$, $SD = 2.26$
Perceived mental health stigma	$M = 22.39$, $SD = 5.99$	$M = 21.11$, $SD = 5.69$
Help-seeking behaviors	$M = 17.81$, $SD = 4.30$	$M = 19.32$, $SD = 3.61$

Results of a chi-square test for independence revealed that race did not have a statistically significant relationship with participants having ever seen a therapist $\chi^2(1, N = 114) = .86$, $p = .35$, $\Phi^2 = .01$. There was also not a statistically significant relationship between race and family members of a participant having ever seen a therapist $\chi^2(1, N = 114) = .04$, $p = .84$, $\Phi^2 = .0003$. An examination of the participants' responses to the open-ended questions did not suggest any clear patterns by race.

Table 4.

Ever seen a therapist?	Latinx	White
Yes	$n = 27$	$n = 29$
No	$n = 33$	$n = 25$

Table 5.

Family member ever seen a therapist?	Latinx	White
Yes	$n = 30$	$n = 26$
No	$n = 30$	$n = 28$

Discussion

This study hypothesized that higher levels of mental health literacy and help-seeking behaviors will correlate with lower levels of stigma. In other words a low level of negative beliefs in regard to mental health and a high knowledge of resources will have a statistically significant correlation with lower levels of stigma and higher help-seeking behaviors. This correlation was supported by the data as these factors were statistically significantly correlated with each other. Those who rated high on negative belief of mental health also rated high on perceived stigma. This showed that negative beliefs of mental health co-occurred with stigma towards seeking professional help. Those who scored higher on knowledge of resources also tended to score high on help-seeking behavior. In other words, individuals who are well informed on where they can obtain information about mental health are more likely to reach out and seek professional help. This proved consistent with which participants had seen a therapist as results indicate that those who had a higher knowledge of resources were also more likely to have seen a therapist in the past. Young adults who had a higher knowledge of resources also had lower levels of perceived stigma. The participants who had high levels of stigma had lower levels of help-seeking behaviors and seeing a therapist. Those who had seen a therapist also showed higher levels of help seeking behaviors. No relationship was found between the family members of participants seeing a therapist and these other factors. Overall, young adults who had a higher level of negative views of mental health had less knowledge of resources, ranked lower on the help-seeking behavior scale, and were less likely to see a therapist. This aligns with findings of past research. Rafal et al. (2018) found that his results suggested a pattern of poor mental health beliefs, high levels of self stigma, and low intention to seek help. The study found a statistically significant difference in mental health literacy, mental health knowledge, mental health belief,

subjective norms, self stigma, and help-seeking behaviors (Rafal et al., 2018). Rafal's study supported past research that those with higher levels of mental health literacy also had more positive attitudes toward mental health and higher likelihood to seek help (Rickwoodet al., 2015 ; Beatie et al., 2016 ; Thomas et al., 2014). Past research has found that stigma was significantly associated with help-seeking intentions (El-Hachem et al., 2023). Research also shows that help seeking behaviors are seen as a sign of weakness for young adults (Goodwin et al., 2016).These results support past research that states the reason for failure to use mental health services are the students' beliefs about these services which influences whether they seek help or not (Rosenthal & Wilson, 2016). It was important to consider these variables as they helped give us a clearer and more well rounded understanding of mental health attitudes.

This study also hypothesized that Latinx young adults would have lower mental health literacy and higher stigma and that White young adults would have a higher level of help-seeking behavior. This hypothesis was not supported by the data as we did not find a statistically significant difference between the racial groups. Rafal et al. (2018) found that there was a statistically significant racial difference among the students when it came to mental health literacy, knowledge, and beliefs. Zhou et al. (2022) also found that Latinx students show low rates of help-seeking behaviors. Past research has suggested that there is a difference in mental health literacy, stigma, and help-seeking behaviors among racial groups. Descriptive results did show that more Latinx young adults listed stigma as a barrier to seeing a therapist. Results also showed that more Latinx participants saw being able to express their emotions as a positive to seeing a therapist; however a statistically significant difference wasn't found for either of these results. Research has shown that culture plays a role in influencing young adults' perception of seeking help (Goodwin et al., 2016). Research conducted showed that when one is closely tied or

aligned to their culture they are less likely to seek treatment for mental health disorders (Hirai et al., 2015).

A limitation of the current study was how the participants were obtained. While participants were collected through multiple ways convenience sampling was used for Guilford students. This might have affected the results. In regards to future research, I would suggest coming up with a system that allows you to get a similar number of participants from different types of colleges as well as non college students. The sample used for this study was quite small which means there weren't a lot of scores to compare. Further research should aim for a larger sample. A modified version of the Mental Health Literacy Scale was used while the modified scale was reliable it did not include the knowledge of signs and symptoms subscale. Further research should inquire about the use of school counseling. Some college participants mentioned this resource. It might be interesting to look at how access to free mental health counseling might differentiate mental health attitudes among college and non college students. Lastly, it's challenging to say that race is the only differentiating factor when there are other confounds that might affect results.

While a statistically significant racial difference was not found, past studies have found racial differences and overall it's very common for young adults to deal with mental health issues. Rafal et al. (2018) talks about tailoring interventions to specific groups of people to increase mental health awareness. Eghaneyam et al. (2021) talks about creative methods that should be used to inform and engage the Latinx community in order for them to be open to mental health treatment. This is to say that while this study suggests that there is no significant difference in levels of mental health literacy, stigma, and help-seeking behavior amongst these

two racial groups there is still more work that can be done to help raise mental health literacy and help-seeking behavior and reduce stigma amongst young adults.

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Appendix

Source variable; 1 = google form, 2 = prolific

Table A1

Mental Health Literacy Scale Items (Lee et al., 2020)

	0 = strongly disagree	1 = disagree	2 = neutral	3 = agree	4 = strongly agree
1. People with a mental illness could snap out of it if they wanted.					
2. A mental illness is a sign of personal weakness.					
3. A mental illness is not a real medical illness.					
4. People with a mental illness are dangerous.					
5. It is best to avoid people with a mental illness so that you do not develop this problem.					
6. If I had a mental illness, I would not tell anyone.					
7. Seeing a mental health professional means you are not strong enough to manage your own difficulties.					

8. If I had a mental illness, I would not seek help from a mental health professional.				
9. I believe treatment for a mental illness, provided by a mental health professional, would not be effective.				

	0 = disagree	1 = partially disagree	2 = partially agree	3 = agree
1. I am confident that I know where to seek information about mental illness.				
2. I am confident using the computer or telephone to seek information about mental illness.				
3. I am confident attending face‑to‑face appointments to seek information about mental illness (eg, seeing the GP).				
4. I am confident I have access to resources (eg,				

GP, internet, and friends) that I can use to seek information about mental illness.				

Table A2

Self-Stigma of Seeking Help Scale Items (Vogel et al., 2013) - 10 questions

	1 = Strongly Disagree	2 = Disagree	3 = Agree & Disagree Equally	4 = Agree	5 = Strongly Agree
I would feel inadequate if I went to a therapist for psychological help.					
My self confidence would not be threatened if I sought professional help.					
Seeking psychological help would make me feel less intelligent.					
My self esteem would increase if I talked to a therapist.					
My view of myself would not change just because I					

made the choice to see a therapist.					
It would make me feel inferior to ask a therapist for help.					
I would feel okay about myself if I made the choice to seek professional help.					
If I went to a therapist I would be less satisfied with myself.					
My self confidence would remain the same if I sought professional help for a problem I could not solve.					
I would feel worse about myself if I could not solve my own problems.					

Table A3

Attitudes Toward Seeking Help Scale Items (Fisher & Farina, 1995) - 10 questions

	0 = disagree	1 = partially disagree	2 = partially agree	3 = agree
1. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.				
2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.				
3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief				

in psychotherapy.				
4. There is something to admire about a person who copes with conflicts and fears without going for professional help.				
5. I would want to get psychological help if I was worried or upset for a long period of time.				
6. I might want to have psychological counseling in the future.				
7. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.				
8. Considering the time and expense involved in psychotherapy, it would have little value for a person like me.				
9. A person should work out his or her own problems; getting psychological counseling would be a last resort.				
10. Personal and emotional troubles, like many things, tend to work out by themselves.				

Figure A1

Open ended questions

Have you ever seen a therapist? If so, did you find it helpful?

Has anyone in your family ever seen a therapist? If so, do you think it was helpful for them?

Do you see any positives for you seeing a therapist? If so, what are they?

Do you see any barriers or negatives for you seeing a therapist? If so, what are they?

Figure A2

Demographic questions

Race:

Gender:

Age:

Are you currently enrolled in college? If so, what year are you in?