

# Help-seeking Intention Among Health Science Students

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## RESEARCH ARTICLE

### Abstract

**Background:** Help-seeking is a particularly useful skill for students. Not all students will experience psychological problems but all students, especially future health professionals, must possess the intention to seek help if the need should arise. Help-seeking intention is an important determinant of help-seeking behavior.

**Objectives:** The study aimed to determine the presence or absence of psychological help-seeking intention and evaluate the factors which influence it among health science students.

**Methodology:** A total of 386 health science students from the University of the Philippines Manila (UP Manila) participated in the study. It was a descriptive, cross-sectional survey. Existing validated questionnaires (the General Help-Seeking Questionnaire-Vignette version and the Attitudes to Seeking Professional Psychological Help Scale-Short Version) were used to assess the variables of interest and data was supplemented with key informant interviews.

**Results and Conclusions:** The study indicated that help-seeking intention was present in the majority of the participants but may be influenced by year level, college course, and type of problem. Participants were more inclined to seek help for others than for themselves despite knowing that help is needed. Results also indicated that attitude toward seeking professional psychological help was positive and may be influenced by college course and type of problem. The most preferred sources of help were friends and classmates, followed closely by parents, relatives/other family members. Recommendations on how to enhance help-seeking intention, especially among those who have none, were discussed.

**Keywords:** *help-seeking intention, psychological help, health science students, UP Manila*

## Introduction

Help-seeking is a term generally used to refer to the behavior of actively seeking help from other people. It is considered an aspect of mature coping, whereby an individual faced with adversity matches a particular strategy to a specific stressor [1]. The college years are acknowledged as a stressful period when students face not just intellectual but also social and psychological challenges all of which may exceed students' personal resources [2]. While not all students will experience significant psychological distress, those who do should seek help early and from appropriate sources. Previous studies showed that college students tended to not seek help despite the presence of psychological concerns [3]. This merits special attention among health science students for two reasons.

First, in addition to the challenges that most college students face, health science students face other issues, including unsociable hours of study; lack of time for recreation and relationships; and dealing with illness, dying and death [4]. Second, as future "professional helpers," they must necessarily appreciate the value of professional help and of seeking help should the need arise.

Godin and Kok [5] found intention to be the most important variable in the study of health-related behavior. Intention is defined by Ajzen [6] as "an indication of a person's readiness to perform a given behavior" and is considered "the immediate antecedent of behavior." The correlation between intentions and behavior has been found to be generally higher than the correlation between attitudes and behavior [7].

Tuliao and Velasquez [8] noted that “most of what we know about Filipino mental health help-seeking behavior is still limited and are mostly extrapolations from the literature on Filipino Americans, or Filipino Americans studied alongside other Asian Americans.” This study aimed to contribute to the limited research base on help-seeking intention among students in the Philippines in general and health science students in particular.

Psychological help-seeking can be seen, understood, and studied as a process consisting of stages (i.e., problem recognition, perceiving a need for help, and seeking help) and may be influenced by a variety of factors [9].

The Andersen Behavioral Model is one of the most well-known and influential models of access to help-seeking and represents a theoretical framework for understanding the factors that facilitate or hinder formal health service utilization [10]. The model proposes that three factors influence an individual's service use: predisposing factors, enabling/inhibiting factors, and illness or need factors [11]. Predisposing factors are characteristics that are generally present before the onset of difficulties, such as demographic characteristics (e.g., sex, age). The enabling/inhibiting factors may include social and environmental factors, such as service availability, health-care policies, social networks, economic situation, and beliefs and attitudes about seeking help. Need factors refer to a person's objective or subjective determinants of need, including psychological symptoms and perceived burden of difficulties.

Several factors that may influence help service utilization were looked into. Biological sex seems to play a part in help-seeking decisions. Several authors found that females tended to have more positive attitudes than males about professional help and tended to seek help more often than males do [12,13]. These sex differences have been attributed by some to differential socialization. The traditional sex role of males defines them to be self-reliant, whereas females are encouraged to discuss problems so they have a greater willingness to disclose personal and psychological problems compared to males [14]. Kessler *et al.* [15] attributed sex differences in help-seeking to differences in problem recognition rather than to actual differences in incidence of problems. Females were noted to be more likely than males to consciously recognize having stressful or serious problems [16].

The influence of age was also considered. Correlation analyses revealed that older adolescents reported lower intentions of seeking help [17]. Other studies found that

younger people (18 – 22 years old) had a lower likelihood of help-seeking on account of more negative beliefs about mental illness [18] and they were less likely to have positive attitudes toward seeking professional psychological help [19]. Still other studies found that age had no significant effect on help-seeking intention among students [16]. The findings on the relation between age and help-seeking have been inconsistent. The current study looked into the effect of year level in college (instead of age) on help-seeking for which there was no literature found. According to Chen [20], campus culture may influence help-seeking by affecting variables, such as attitudes and perceptions of help-seeking. Health science courses in the same campus should, thus, uniformly inculcate in students the value of professional help and of seeking help when needed. The premise then is that as health science students get promoted to higher year levels, the more exposure they get to the campus culture and major subjects for their course, thus, resulting in a shift toward professional help-seeking as one advances in the academic ladder.

Living arrangement was also looked into. One study found that students living with their relatives had less negative attitudes toward psychological help-seeking than students living on campus possibly due to the encouragement provided by their social support network to use active coping, such as help-seeking [21]. Another study did not find any difference in attitude toward psychological help-seeking despite differences in living arrangements [22]. Attitude to professional help-seeking was also explored.

According to Ajzen [6], attitude has been defined as “the degree to which a person has a favorable or unfavorable evaluation or appraisal of the behavior in question.” Based on Lewin's field theory, conflicting interactions between approach and avoidance dynamics determine an individual's attitude toward any object [23]. Students with higher levels of positive attitudes toward seeking professional psychological help had greater intention to seek professional psychological help while a negative attitude was a major barrier to seeking professional psychological help [14,19].

The type of problem may also influence help-seeking such that emotional problems were less likely to be reported over academic ones [12]. A clinically assessed need may not necessarily be subjectively perceived as a signal to seek help such that many adolescents with clinical symptoms do not come to the attention of mental health professionals [9]. The psychological nature of the cases may have had a bearing on the greater inclination to seek help for another rather than

for oneself as found by Vogel et al. [12]. This observation is consistent with those found in a study done by Raviv *et al.* [24] and four possible explanations were discussed. The first is a “threat to self” mechanism. Seeking help for oneself often implies feelings of need, inferiority, and incompetence so psychological costs exceed the benefits of seeking help, and may inhibit help-seeking behavior. Such a threat does not exist when help is sought for someone else.

The second possible explanation has to do with contradictory societal pressures. Even if the school encourages students to seek help, social norms promote self-reliance. These opposing messages may cause confusion and ambivalence towards seeking help for oneself. A third possible explanation may be self-related biases, such as self-enhancement and illusory superiority. A person may have a relatively positive view of himself and conclude that he does not require the same help that others may need. Finally, a fourth possibility is simply that it is often easier to give advice to others than it is for oneself to follow similar advice.

Hess and Tracey [25] noted that there are two approaches when studying help-seeking in relation to type of problem: a global approach in which all help-seeking is viewed similarly and a specific approach in which help-seeking is viewed as a distinct process for each type of problem. Their results showed that the variables used by college students in the decision-making process did not vary with the type of problem (anxiety or depression), thus, supporting a more global view of help-seeking intention.

One of the most important factors in help-seeking is the availability of established and trusted help-seeking pathways [14]. Three main sources of help-seeking have been defined: formal, semi-formal and informal [26]. Formal help is assistance from professionals who have a

legitimate and recognised professional role in providing relevant advice, support and/or treatment, such as psychiatrists, psychologists, general practitioners, mental health nurses, and social workers.

Semi-formal help is assistance from service providers and professionals who do not have a specified role in mental health care delivery, such as academic advisers, teachers, clergy, coaches, and community/youth workers. Informal help is assistance from informal social networks which have a personal, and not professional, relationship with the help-seeker, such as friends and family. College students who do seek help for mental health issues tend to seek help from informal rather than from formal sources [3,27].

Based on the review of literature, this study defined psychological help seeking as a multi-step process involving three stages: problem recognition, perceiving a need for professional help, and seeking professional help. With the use of Andersen's behavioral model of health service as an organizing framework, the association of predisposing, enabling/inhibiting, and need factors with psychological help-seeking intention, attitude toward professional psychological help-seeking and preferred help source were explored as the latter three would, in turn, affect a student's personal, academic, and future professional life (Figure 1).

The objectives of the study were to determine the presence or absence of psychological help-seeking intention and determine the factors which influence it among health science students.

More specifically, the study aimed to determine the relationship of sex (male, female), year level (1st and 4th), college course (Dentistry, Nursing, Medicine, Physical Therapy, Occupational Therapy), living arrangement (with

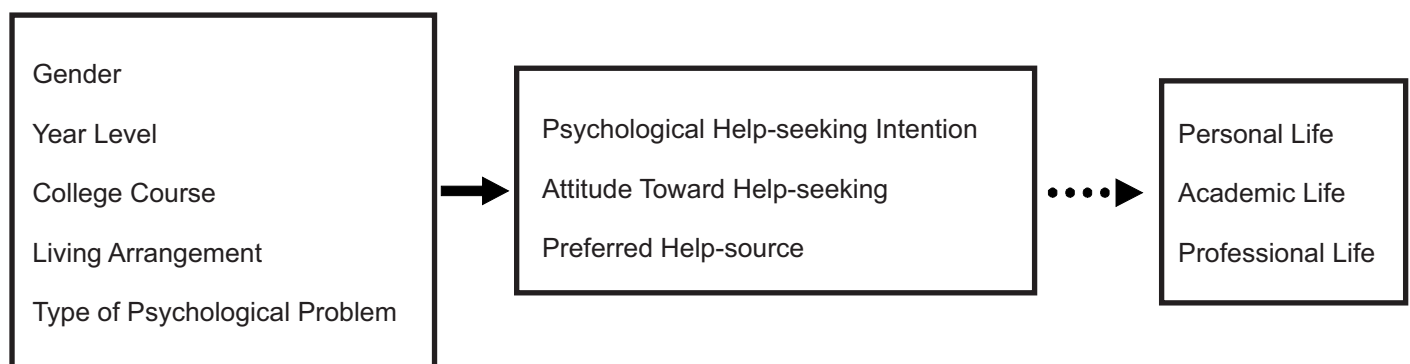


Figure 1. Conceptual Framework

relatives, with non-relatives) and presenting problem (stress, depression, anxiety) on help-seeking intention, predominant attitude to help-seeking (positive or negative) among health science students as well as their preferred source of help (informal, semi-formal, formal; informal was further divided into relatives or non-relatives).

## Methodology

This was a descriptive, cross-sectional survey and there was no manipulation of variables. It was correlational in nature and established association but not causality.

### Participants

Participants were health sciences students enrolled at UP Manila. The study included only those enrolled in health science college courses which involve direct patient care such that their help-seeking intention has apparent relevance to their personal, academic and future professional life. These courses are the following: Dentistry, Nursing, Medicine, Physical Therapy, and Occupational Therapy. Courses that generally do not involve direct patient care roles, such as Public Health and Pharmacy were not included. Students of both genders with 1st year and 4th year standing, regardless of age, were included.

Due to the limited local literature on help-seeking intention among health science students, an arbitrary prevalence value of 50% was considered. With no more than 0.05 error and a 95% confidence interval, the estimated sample size was 386.

For the key informant interview, purposive sampling was done such that at least one class officer and one other informal student leader per course per year level were invited to participate for a total of 20 participants.

### Data Collection

Help-seeking intention for future psychological distress was measured using the General Help-Seeking Questionnaire-Vignette version (GHSQ-V). In the current study, participants rated the likelihood that they would seek assistance from three different sources of help (informal, semi-formal, formal) for three types of symptoms (stress, anxiety, or depression) and the informal source of help was divided into two: relatives and non-relatives [4 types of help source x 3 types of symptoms = a total of 12 intention items]. Participants were asked to rate each intention item on a

seven -point scale (1 = "Extremely unlikely" to 7 = "Extremely likely", with 4 = "Not sure") and the average of the 12 intention items was computed. Based on previous research, the distribution of help-seeking intention scores will not be normal, hence, an established approach of dichotomizing the continuous scores using the median score as the cut-off was followed [28]. GHSQ-V intentions scale scores of  $\leq 4$  were coded 'Unlikely' and scores of  $> 4$  were coded 'Likely' before statistical analysis was done. The GHSQ generated mean scores for Help-Seeking Intention and comparisons between two independent groups were done using the t-test and between more than two groups using analysis of variance (ANOVA).

The GHSQ generated frequency data on perceived need for help, likelihood of seeking help, and preferred help source. Comparisons between independent groups were done using the Chi-square test for significance while comparisons of non-independent groups were done using the McNemar's test. Tuliao and Velasquez [8] deemed the GHSQ to be adequate in assessing intention to seek help, as evidenced by the application and subsequent analysis of the instrument to a Filipino sample.

General attitudes about seeking professional psychological help were measured with the brief Attitudes to Seeking Professional Psychological Help Scale – Short Version (ASPPHS-SV) developed by psychologists Edward Fischer and Amerigo Farina [13]. Respondents rated the extent to which they agree with each attitude on a four-point scale from 0 = "Strongly disagree" to 3 = "Strongly agree." In this study, items were scored so that higher scores indicated stronger attitudes to seeking professional assistance [13].

The ASPPHS-SV generated mean scores with 40 as the highest possible score and 20 as the median score. Comparisons between two independent groups were done using the t-test and between more than two groups using analysis of variance (ANOVA). The level of significance was set at 5%.

For the KII, the same questions outlined in both questionnaires were asked with the addition of "Why?" after each item in order to supplement the discussion of results and were not meant to be exhaustive.

Analysis of quantitative data was done using Epi Info 7 while analysis of qualitative data was done using content analysis.

Prior approval was granted by the Research Ethics Board of the National Institute of Health of UP Manila (NIH-UPM) and permission was given by the deans and professors involved in the study at the University of the Philippines Manila.

## Results

A total of 386 health science students from UP Manila participated in the study (Table 1). There was an almost equal number of participants from each year level (195 1st year, 191 4th year) but there were more females (278) than males (108) and there were more who lived with relatives (292) than those who did not live with relatives (94) during the semester. Nursing students (104) comprised the majority, followed by Dentistry students (93), Physical Therapy students (73), and then Medicine students (68) while Occupational Therapy students (48) were the fewest.

### Help-seeking Intention

For each of the three cases (stress, anxiety, depression) (Table 2), majority (over 70%) of participants indicated the likelihood of seeking help. However, those who indicated the likelihood that they would seek help (Likelihood of Seeking Help) if they experienced the symptoms themselves were significantly less than those who perceived the need for help if experienced by someone else (Perceived Need for Help) at a p-value of <0.0001 (Table 4).

There was still a number (68 or 17.5%) of participants who would not seek help and a number (31 or 8%) of participants who did not perceive the need to seek help (Tables 2 and 3).

Fourth year students had significantly lower help-seeking intention than first year students at a p-value of 0.03 (Table 5). Help-seeking intention differed significantly among students from different health science courses at a p-value of 0.01. Medicine and Physical Therapy students had considerably lower help-seeking intention than Dentistry, Occupational Therapy and Nursing students. Sex and Living Arrangement did not give rise to differences in help-seeking intention. Participants were more likely to seek help for anxiety, followed by depression, and lastly for stress (Table 2).

### Attitude Toward Professional Help-seeking

In the questionnaire on ASPPHS-SV, an overall mean of 25.57 for health science students indicated a positive attitude toward seeking professional psychological help (Table 6).

**Table 1.** Demographic data of participants

Factors		No.	% of Total n=386
<b>Sex</b>	Male	278	72.0
	Female	108	28.0
<b>Year Level</b>	1st Year	195	50.5
	4th Year	191	49.5
<b>College Course</b>	Dentistry	93	24.1
	Nursing	104	27.0
	Medicine	68	17.6
	Physical Therapy	73	18.9
	Occupational Therapy	48	12.4
<b>Living Arrangements</b>	With relatives	292	75.6
	Without relatives	94	24.4

Attitude toward seeking professional psychological help differed significantly among students from different health science courses. Among the five health science courses, Occupational Therapy students had the most positive attitude toward seeking professional help, followed by Physical Therapy, and Nursing while Dentistry and Medicine students had the least positive attitude.

Sex, Year Level, and Living Arrangement had no influence on attitude.

### Preferred Source of Help

The most preferred sources of help of health science students were friends and classmates, closely followed by parents, relatives/other family member (Table 7). Formal sources were third in rank, followed by Semi-formal sources, and lastly by Other Options.

KII revealed that friends were chosen for reasons of accessibility, familiarity, and perception of similarity in experience. They are the help source of choice when the nature of the problem involves relationships and not so serious problems but not when problems are perceived to need a different perspective and approach.



**Table 2.** Frequency count of likelihood of seeking help by type of psychological problem

Psychological Problem	Likely	Unlikely
Case A (stress)	286 (74.1%)	100 (25.9%)
Case B (anxiety)	347 (89.9%)	39 (10.1%)
Case C (depression)	322 (83.4%)	64 (16.6%)
<b>Mean</b>	<b>318 (82.5%)</b>	<b>68 (17.5%)</b>

**Table 3.** Frequency count of perceived need for help by type of psychological problem

Psychological Problem	Perceived Need for Help	Need for Help Not Perceived
Case A (stress)	324 (83.9%)	62 (16.1%)
Case B (anxiety)	369 (95.6%)	17 (4.4%)
Case C (depression)	372 (96.4%)	14 (3.6%)
<b>Mean</b>	<b>355 (92.0%)</b>	<b>31 (8%)</b>

**Table 4.** Comparison of perceived need for help and likelihood of seeking help by type of psychological problem

Psychological Problem	Perceived Need for Help	Likelihood of Seeking Help	Chi square	p value
Case A (stress)	324 (83.9%)	286 (74.1%)	142.90	<0.0001
Case B (anxiety)	369 (95.6%)	347 (89.9%)	297.36	<0.0001
Case C (depression)	372 (96.4%)	322 (83.4%)	280.50	<0.0001

**Table 5.** Comparison of help-seeking intention (hsi) scores by sex, year level, living arrangement and college course

Factor		ATTSPH	t-value	P
<b>Overall Mean</b>		<b>52.96</b>		
Sex	Male	54.15	-1.27	0.20
	Female	52.49		
Year Level	First	54.23	2.21	0.03
	Fourth	51.66		
Living Arrangement	Without	52.83	0.12	0.90
	With	53.00		
College Course	Dentistry	54.83	ANOVA 4.90	0.01
	Medicine	48.00		
	Nursing	54.52		
	Occupational Therapy	54.65		
	Physical Therapy	51.85		

**Table 6.** Comparison of mean Attitude Toward Seeking Professional Psychological Help (ATTSPH) scores by sex, year level, living arrangement and college course

Factor		ATTSPH	t-value	P
Overall Mean		25.57		
Sex	Male	25.21	0.95	0.34
	Female	25.71		
Year Level	First	25.23	-1.49	0.14
	Fourth	25.93		
Living Arrangement	Without	26.65	-0.18	0.85
	With	25.55		
College Course	Dentistry	24.91	ANOVA 7.69	0.01
	Medicine	23.69		
	Nursing	25.46		
	Occupational Therapy	27.40		
	Physical Therapy	27.12		

Parents as a source of help were chosen because of the perceived seriousness of the problem as well as the established level of comfort with them but not when they want to avoid getting their parents worried.

Semi-formal sources were chosen for the nature of the problem (when academic) and familiarity (when applicable). They were not chosen when more familiar sources were available.

Formal sources were preferred based on the perceived serious nature of the problem and the need for expertise. They were not chosen because of lack of familiarity and deference to parents.

An option was provided to specify other sources of help and the options mentioned were significant other, God, acquaintance (not very close), random person in the Internet, online communities, Bible study group, "someone who does not know me," and Internet/stranger. Among the reasons mentioned were fear of being judged and desire for anonymity. Other Options was the least preferred source but was significantly more favored by fourth year students and those not living with relatives.

There were those who would prefer to not seek help from anyone. Among the reasons given were desire for self-reliance ("One must try to solve problems on one's own"), perceived socio-cultural norms and fear of being judged

("Opening up to others or being too transparent may have a negative effect") and a very positive view of themselves ("I will seek help for someone suffering from symptoms for which I would not seek help for myself; I know my capacity but I am not sure about the capacity of others").

In terms of preferred source of help by type of problem, it seems that there is a significant difference between the three cases with friends being the top choice for stress and depression and parents being the top choice for anxiety (Table 8).

## Discussion

### Help-seeking Intention

When presented with vignettes of cases which have been objectively determined to necessitate formal psychological help, majority of the participants indicated an intention to seek help, thus, confirming the presence of help-seeking intention. Of concern, however, is that objectively perceiving the need for help if the symptoms were experienced by someone else did not necessarily translate into seeking help for oneself and that there were those who were unable to perceive the need for help. Although they comprise a minority, this segment of the population merits further interest and attention due to the risk of adverse consequences if they develop psychological problems.

**Table 7.** Mean frequency count of seeking help from different sources of help

Help Source	Likely to Seek Help	Rank (highest to lowest)
Informal-friends	329 (85.2%)	1
Informal-family	324 (83.9%)	2
Semi-formal	172 (44.6%)	3
Formal	213 (55.2%)	4
Other options	100 (25.9%)	5

**Table 8.** Frequency count of preferred source of help by type of psychological problem

Psychological Problem	Friend	Parent	Semiformal	Formal
Case A (stress)	298 (77.2%)	241 (62.4%)	75 (19.4%)	58 (15.0%)
Case B (anxiety)	268 (69.4%)	332 (86.0%)	90 (23.3%)	250 (64.8%)
Case C (depression)	284 (73.6%)	271 (70.2%)	140 (36.3%)	161 (41.7%)

Among the factors which may influence help-seeking intention, year level and college course showed significant results. Although it was expected that longer exposure to the campus culture and to the major subjects for their course would improve help-seeking intention, the opposite was found to be true: fourth year students had significantly lower help-seeking intention than first year students. Likewise, despite courses in problem recognition and management, Medicine and Physical Therapy students had considerably lower help-seeking intention than Dentistry, Occupational Therapy and Nursing students. Further studies on problem recognition may aid in understanding the reasons for the deficit as well as provide direction on how to fill in the gaps identified, if any.

Contrary to expectation, neither gender nor living away from relatives seems to have an effect on help-seeking intention.

The type of psychological problem generated significantly different degrees in likelihood of seeking help and differences in choice of help source. It seems that what applies to the participants is the specific approach to help-seeking wherein there is a distinct process for each type of problem. The psychological nature of the cases may have had a bearing on the greater inclination to seek help for another rather than for oneself.

### Attitude

Health science students indicated a positive attitude toward seeking professional psychological help. Among the factors considered in this study, the results showed that college course may have an influence on attitude toward seeking professional psychological help but not year level, sex, and living arrangement.

Occupational Therapy students had the most positive attitude toward seeking professional help, followed by Physical Therapy, and Nursing while Dentistry and Medicine students had the least positive attitude toward seeking professional help. It may be worth looking into the factors which promote a positive attitude among Occupational Therapy students.

### Preferred Source of Help

Regarding preferred sources of help, the findings are consistent with those found in literature review. Like other college students, health science students prefer to seek help from family and friends rather than from formal sources. They derive comfort from the familiar and would rather reserve professional help-seeking for more serious problems. Although chosen by a minority, the preference for strangers and the Internet as a source of help is of concern.



## Conclusion and Further Perspectives

Majority of health science students were found to possess help-seeking intention and a positive attitude toward professional help-seeking. These attributes were not present to a greater degree among females, fourth year students, and those who live with relatives. There were differences in these attributes among students from different courses and based on type of problem. The preferred source of help was informal sources.

The significant difference among students of the five courses in help-seeking intention and in attitude toward seeking professional help as well as the lower level of help-seeking intention among fourth year students merit particular attention. Enhancement of these attitudes, especially among those who have none is recommended. In consideration of the finding that students used the specific approach toward help-seeking, enhancement programs may be designed in such a way that common problems which may necessitate professional psychological help are discussed individually.

A positive attitude toward help-seeking needs to be reinforced. For some, the perceived risk of "threat to self" may hinder seeking help. Gaining a realistic perspective on the process and the expected outcome of seeking help may facilitate the realization that the perceived cost of seeking help may not be as great as feared and may be far outweighed by what can be gained. The results of this study may be used to promote awareness and generate discussion. Self-reliance should be encouraged but must be grounded on a balanced assessment of personal strengths and limitations so that assistance can be sought when needed. An unrealistically enhanced self-perception may result in unfounded illusory superiority such that one may already be in need of help and, yet, not be aware. Reinforcing modules on self-awareness, self-assessment and assessment of others will help.

Since sex and living arrangement were not found to significantly affect help-seeking intention and attitude to professional psychological help-seeking, these factors may not need to be included in enhancement programs.

Since friends, classmates and parents were the most preferred sources of help, adequately equipping them with initial assessment, management and referral skills may enable them to respond appropriately. Though other options were chosen by the minority, the tendency to

consult online sources of help may become a trend among the youth so guidelines for responsible use may need to be provided and discussed.

To encourage seeking help from professionals, there may be a need to familiarize students with the process by which professionals conduct assessment as well as with the range of management possibilities. More urgently though, professionals need to be more visible and approachable perhaps through outreach campaigns and increased presence in the campus. All students, staff, and faculty must be informed of the type and accessibility of services available as well as their potential benefits.

As future health care providers, students of health science courses must possess help-seeking intention and a positive attitude to professional psychological help-seeking. Working toward a campus culture that supports positive attitudes, peer development and support, and ease of access to services may increase students' intentions to seek help and enhance positive attitudes toward seeking professional help.

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