This study examines the relationships between attitudes toward seeking professional psychological help, which was determined with the Attitude Toward Seeking Professional Psychological Help Scale, and relevant psychological variables. For this study, the authors narrowed the study field to 19, which included a total of 7,397 participants, and used the MIX (Meta-analysis with Interactive eXplanations) program. The following 9 variables were chosen for the study: anticipated benefit, anticipated risks, depression, distress, self-concealment, self-disclosure, social support, public-stigma, and self-stigma. Although most variables significantly correlated with help-seeking attitudes, the authors found the largest effect sizes were for self-stigma, anticipated benefits, and self-disclosure. They discuss the practical implications of the result on the mental health professionals.

Keywords: help-seeking behavior, meta-analysis

Researchers have frequently observed the prevalence and severity of major mental health difficulties among students during their college years (Chang, 2007; Hayes, 1997; Heppner et al., 1994; Lucas & Berkel, 2005; Yaris, 1996). These individuals’ use of mental health services is of special importance in contemporary societies and warrants further investigation (Gallagher, 2007; Kessler et al., 2005) because the potential benefits of identifying and treating college students with mental disorders are substantial (Eisenberg, Golberstein, & Gollust, 2007). Most mental disorders first emerge between the ages of 15 and 24, and there was a median delay of 11 years between onset of mental problems and accessing services (Wang, Lang, & Olfson, 2005). In addition, considering that mental health in young adulthood is associated with substance use, academic achievement, employment, and so forth, understanding and addressing the university students’ population problems are essential (Angst, 1996; Weitzman, 2004).

However, many students in need of help do not seek professional psychological assistance for their problems (Vogel, Gentile, & Kaplan, 2008; Vogel, Wade, & Hackler, 2008). The mental health literature has given considerable attention to this “service gap,” or discrepancy between service needs and actual service utilization (Steifl & Prosperi, 1985). Individuals’ awareness in regard to professional psychological help has improved along with the mental health service industry’s growth. However, several studies (e.g., Schomerus, Matschinger, & Angermeyer, 2009) have
reported that a relatively high number of people who need psychological help leave their problems untreated. Therefore, some difficulties with using mental health services and factors that affect help-seeking behavior may exist.

Previous studies that explain help-seeking behavior used attitude toward seeking help as the most common and critical variable for anticipating help seeking by individuals and found it predicts actual help-seeking behavior (Cramer, 1999). To date, the only one standardized commonly accepted instrument for measuring such mental health treatment attitudes is the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS) developed by Fischer and Turner (1970). According to their concept of attitudes toward seeking help, whether to approach or avoid getting psychological treatment during a mentally challenging period may be an individual’s choice. The original constructed scale (Fischer & Turner, 1970) was initially composed of our subscales: recognition of personal need for professional help, tolerance of stigma associated with psychotherapy, interpersonal openness regarding one’s problems, and confidence in the psychological professional’s ability to assist.

This original scale was revised and subsequently modernized into a short form developed by Fischer and Farina (1995). The revised scale contains only two subscales—recognition of personal need for professional help and confidence in the professional’s ability to help—and has been proven to show good psychometric properties (Fischer & Farina, 1995; Komiya, Good, & Sherrod, 2000; Vogel, Wester, Wei, & Boysen, 2005). There are other instruments, the new Inventory of Attitudes toward Seeking Mental Health Services (IASMHS; Mackenzie, Knox, Gekoski, & Macaulay, 2004) and Belief and Evaluations About Counseling Scale (BEACS; Choi, 2008) to measure the attitudes toward seeking help, which were also developed based on the limitations of validity of the original ATSPPH. However, these other instruments still lack utility and only a few studies have been conducted using these new instruments. Consequently, the most commonly used measure for help-seeking attitudes with appropriate attention given to psychometric properties is the ATSPPH (Fischer & Turner, 1970) and the ATSPPH-SF (Fischer & Farina, 1995).

Various demographic (i.e., gender, gender role conflict, and age) and psychological (i.e., anticipated benefits, anticipated risks, depression, psychological distress, self-concealment, self-disclosure, stigma, social support, fear of treatment, and emotional openness) factors predict attitudes toward seeking professional help. One of the most consistent findings is that female individuals hold views and attitudes toward seeking psychological help that are more positive than those male individuals hold and use more psychological services (Addis & Mahalik, 2003; Ang, Lim, & Tan, 2004; Fischer & Farina, 1995; Fischer & Turner, 1970; Leong & Zachar, 1999; Morgan, Ness, & Robinson, 2003; Vogel & Wester, 2003). However, there are still contradictory results (Atkinson & Gim, 1989; Atkinson, Lowe, & Matthews, 1995; Dadfar & Friedlander, 1982; Masuda, Suzumura, Beauchamp, Howells, & Clay, 2005; Furnham & Andrew, 1996), showing no gender differences. Therefore, a meta-analysis (Nam, Chu, Lee, Lee, Kim, & Lee, 2010) was conducted to identify these inconsistencies, and the results indicated gender itself was a significant predictor of attitudes toward seeking help.

With respect to psychological factors, Kushner and Sher (1989) conceptualized these factors as differences between approach factors and avoidance factors. According to Lewin’s Field Theory (Lewin, 1951), the conflicting interactions between approach- and avoidance-dynamics determine individuals’ attitudes toward any object. Applying this theory, approach factors positively affect help-seeking attitudes. For instance, individuals who perceive their problems as more severe are more likely to seek mental health services (Goodman, Sewell, & Jampol, 1984), as were individuals with a strong social network that accepted and encouraged help seeking, rather than rejecting or discouraging it (Friedson, 1961; Rickwood & Braithwaite, 1994). In addition, individuals who expected further benefits from therapy were more likely to seek help (Shaffer, Vogel, & Wei, 2006; Tinsley, Brown, de St. Aubin, & Lucek, 1984; Vogel et al., 2005; Vogel, Gentile, et al., 2008; Vogel, Wade, et al., 2008; Vogel & Wester, 2003). At the same time, several avoidance factors that inhibit seeking help from a professional were identified in previous studies. These are fear of treatment (Amato & Bradshaw, 1985; Kushner & Sher, 1989), anticipated costs (Vogel & Wester, 2003), desire to avoid discussing distressing information (Cepeda-Benito & Short, 1998; Cramer, 1999; Kelly & Achter, 1995; Vogel & Wester, 2003), desire to avoid experiencing painful feelings (Komiya et al., 2000), and desire to avoid social stigmatization or the negative judgments of others (Dean & Chamberlain, 1994).

However, studies have identified contradictory results among these psychological variables. For instance, psychological distress and social support do not significantly predict help-seeking intention (Kelly & Achter, 1995; Vogel & Wester, 2003), whereas others do (Carlton & Deane, 2000; Deane & Todd, 1996). Furthermore, in opposition to some significant results, other studies demonstrated a lack of any significant relationship between psychological difficulties (e.g., depression) and attitudes toward seeking help (Kahn & Williams, 2003; Kelly & Achter, 1995; Vogel, Wade, et al., 2008; Vogel & Wester, 2003; Vogel et al., 2005). In terms of self-concealment, which is a tendency to actively conceal one’s negative personal information, individuals who tend to conceal personal information have negative attitudes toward seeking help (Berger & Kelly, 1986; Cepeda-Benito & Short, 1998). However, there were also some contradictory studies (Kelly & Achter, 1995; Vogel & Wester, 2003) that found that self-concealment increased positive attitudes toward seeking help.

Therefore, it is necessary to examine the inconsistencies in the results above to identify and synthesize these factors that affect help-seeking attitudes by using a sophisticated meta-analysis. Even though there was a study (Vogel et al., 2005) that tried to identify the relationships among various psychological factors (e.g., social stigma, self-disclosure, anticipated utility, social norms, social support, and previous therapy) and help-seeking attitudes, the application of this result is still limited in how the help-seeking attitudes are related to the relevant psychological variables. The results of previous studies show a variation in term of the sample characteristics, instruments, and analysis procedures. This implies that objectivity is necessary to investigate the relative impact of independent variables and the strength of the relationship between those variables. Thus, we aimed to consolidate the results of various studies using meta-analysis. No previous study has attempted to perform a meta-analysis convergence of the inconsistent results regarding psychological factors. The examination of gender and race effect in attitude toward seeking help was excluded in this study because a meta-analysis (Nam et al., 2010)
was already conducted with these variables. The findings of such a meta-analysis could assist any comparison of relative impacts among the psychological factors, so mental health professionals could determine a priority sequence for interventions.

**Method**

**Literature Search Procedure**

We reviewed relevant, recent articles on help-seeking attitudes, which contained quantitative, empirical data, through an extensive search of databases such as ERIC, PsycINFO, ProQuest, Web of Science, and ScienceDirect. We entered those databases by using the university’s library search engine, “Multi-Database Search” (http://metalib.korea.ac.kr:8331/V). To track articles, we used keywords related to help-seeking attitudes, such as ATSPPH, attitudes toward seeking professional psychological help, counseling, counseling services, help seeking, help-seeking behavior, intention, intention of seeking counseling inventory, intention to seek counseling services, psychotherapy, seeking behavior, seeking help, treatment, and willingness. The initial search yielded 18,694 studies. After sorting through the studies by using keywords, we selected 320 studies, including data on the relationship between psychological factors and attitudes toward seeking professional psychological help. We also contacted available study authors who could provide data from their studies. Only one author provided us with raw data. As a result, this process identified 19 studies that met our criteria for inclusion. A table summarizing 19 studies can be found online in supplemental material 1. These articles had been published in the *Journal of Counseling Psychology, British Journal of Guidance & Counselling, Journal of Mental Health Counseling, Journal of College Counseling*, *International Journal of Psychology, Journal of Black Psychology, Journal of Mental Health Counseling*, and *Journal of Clinical Psychology*.

**Selection Criteria**

When we entered “help seeking” as keyword, the initial search yielded 18,694 studies in the web of science engine. After sorting through the studies using other keywords such as “attitude,” we selected 320 studies, including data on the relationship between psychological factors and attitudes toward seeking professional psychological help. To determine which articles to include in the meta-analysis, we established several rules relevant to this study’s purpose. First, we limited the analysis to studies in which the participants were university students because of the importance of studying the mental health services available to this section of the population, which we previously mentioned in our introduction. Thus, some studies conducted with adolescents, adults, or both, were excluded. Also, concerning the target samples, participants with specific physical or psychological conditions were beyond the scope of this article. These factors would contaminate the result unnecessarily by increasing sampling error. Thus, we limited the main participants to those of articles using similar samples, non-clinical university students. Applying these exclusion criteria resulted in 186 studies remaining.

Second, we chose only studies that directly measured attitudes toward seeking help through the ATSPPH (Fischer & Turner, 1970), which focuses on global treatment attitudes. This is because it is the most appropriate for measuring college students’ general attitudes toward seeking professional psychological help and only one of the few standardized instruments for assessing mental health treatment attitudes. Therefore, studies using the ATSPPH between 1970 (the year ATSPPH was first developed by Fischer and Turner) and 2011 were initially collected for analysis. In this study, we included both the original form, with 29 items, and the short form, with 10 items. In addition, the total score of the original ATSPPH scale was used rather than the subscale scores, according to Fischer and Turner’s (1970) suggestion, because the subscales used to measure those dimensions lacked internal consistency (Fischer & Farina, 1995). Evidence supporting the solid psychometric properties of the total global ATSPPH scale are coefficient alphas of .83 (Fischer & Turner, 1979), .87 (Cepeda-Benito & Short, 1998), and .73 (Al-Darmaki, 2003). The ATSPPH-SF has coefficient alphas of .84 (Komiya et al., 2000), .84 (Shaffer et al., 2006), and .84 (Shea & Yeh, 2008). There was a correlation of .87 found between the shorter and longer versions (Fischer & Farina, 1995), which suggests that the scales are measuring similar constructs. In this study, we also provided the specific results supporting the measures that assessed the same construct. The analysis of moderation was conducted to investigate the difference between these two versions of help-seeking attitudes (shorter vs. longer) and the psychological variables (i.e., psychological distress, public stigma, and self-concealment). Results indicate there was no significant moderation effect between the two versions. This result provided the evidence to support the convergent validity between two versions of help-seeking attitudes (shorter vs. longer). A statistical table summarizing the results can be found online in supplemental material 2. Data measuring intention or willingness to seek help as a dependent variable was not included in the meta-analysis because it is difficult to incorporate ISCI with ATSPPH5 in terms of the difference of characteristics. Intention, willingness, or both, to seek help has been considered to predict help seeking for mental health issues in several previous studies, where the Intention of Seeking Counseling Inventory (ISCI; Cash, Begley, McCown, & Weise, 1975) was mainly used, however the scale included factors such as the specific type of problems (i.e., psychological and interpersonal concerns, drug use concerns, and academic concerns). Consequently, studies measuring intention of seeking help were excluded, and because of these reasons, our study used ATSPPH, which does not limit itself to a certain range of problems in help seeking. Additionally, a few studies with other kinds of attitude instruments were also excluded because of their lack of validity and popularity. Applying these exclusion criteria resulted in 56 studies remaining.

Third, to allow for future generalization of this study, we included only those psychological variables that had been previously examined by more than three studies (Valentine, Pigott, & Rothstein, 2010). As a result, nine psychological factors were obtained, and they were as follows: anticipated benefits (DES-Utility), anticipated risks (DES-Risks), depression (BDI, BDI-II, and CES-D), distress (HSCL_21, BSI, and PPI), self-concealment (SCS), self-disclosure (DDI), social support (SPS, SIS, and WSSNS), public stigma (PDD, SSRPH), and self-stigma (SSOSH; see Table 1). Applying these exclusion criteria resulted in 23 studies remaining.
Finally, we included only studies that provided not just evidence regarding their measures’ reliability and validity but also statistical data (e.g., mean, standard deviation, \( t \) statistic, or correlation coefficients) to be available for meta-analysis. Applying the inclusion rules, we finally selected 19 articles reporting a relationship between at least one of the psychological factors and attitudes toward seeking help. The range of studies was from 1995 to 2011, and the number of meta-analysis participants from these 19 studies was 7,396.

### Meta-Analytic Procedures

Using the program Meta-analysis with Interactive eXplanations (MIX) 1.7 version (Bax, 2008) to calculate effect size, we could replicate the meta-analytical calculations and graphical data explorations of virtually all data. The studies provided various kinds of statistical data, which resulted in a number of different statistics (e.g., \( M, SD \), and \( t \) values), including Pearson’s correlations. According to Rosenthal (1991), the correlation coefficient produced a common effect size so that various kinds of quantitative data were transformed to the correlation coefficient. First, we primarily converted \( t \) values with means and standard deviations to the correlation coefficient by using the following equations. However, we cannot include the studies that only reported standardized regression coefficients (\( \beta \)).

\[
t = \frac{\bar{x}_A - \bar{x}_B}{s_{AB} / \sqrt{n_A n_B}}
\]

\[
r = \sqrt{\frac{r^2}{r^2 + df}}
\]

Next, we transformed all the \( r \) statistics to Fisher’s \( z \), to create a normal distribution. Then we weighted them by their degrees of

<table>
<thead>
<tr>
<th>Psychological factor</th>
<th>No. of studies</th>
<th>Definition and measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticipated benefits</td>
<td>5</td>
<td>The perceived value of the outcome to the individual for disclosing to someone such as a counselor (Omarzu, 2000) Representative measures: Disclosure Expectations Scale (DES; Vogel &amp; Wester, 2003)</td>
</tr>
<tr>
<td>Anticipated risks</td>
<td>5</td>
<td>An individual’s perception of the potential dangers of opening up to another person (Vogel &amp; Wester, 2003) Representative measures: DES (Vogel &amp; Wester, 2003)</td>
</tr>
<tr>
<td>Depression</td>
<td>5</td>
<td>Depression is a state in which persistent depressed mood or loss of interest occurs together with other reliable physical and mental signs, such as difficulties sleeping, poor appetite, impaired concentration, and feelings of hopelessness and worthlessness (Segal, Williams, &amp; Teasdale, 2002) Representative measures: Beck Depression Inventory (BDI; Beck &amp; Steer, 1987); Beck Depression Inventory-II (BDI-II; Beck et al., 1996); Center for Epidemiological Studies Depression Scale (Radloff, 1977)</td>
</tr>
<tr>
<td>Psychological distress</td>
<td>8</td>
<td>The general concept of maladaptive psychological functioning in the face of stressful life events (Abeloff et al. 2000, p. 556) Representative measures: Brief Symptom Inventory (Derogatis &amp; Melisaratos, 1983); Hopkins Symptom Checklist-21 (Green, Walkey, McCormick, &amp; Taylor, 1988); Personal Problems Inventory (Cash, Begley, McCown, &amp; Weise, 1975)</td>
</tr>
<tr>
<td>Self-concealment</td>
<td>6</td>
<td>A predisposition to hide distressing and potentially embarrassing personal information (Kelly &amp; Achter, 1995) Representative measures: Self-Concealment Scale (Larson &amp; Chastain, 1990)</td>
</tr>
<tr>
<td>Self-disclosure</td>
<td>4</td>
<td>A process whereby a person verbally reveals private feelings, thoughts, beliefs, or attitudes to another person (Derlega, Metts, Petronio, &amp; Margulis, 1993; Leaper et al., 1995) Representative measures: Distress Disclosure Index (Kahn &amp; Hessling, 2001)</td>
</tr>
<tr>
<td>Public stigma</td>
<td>7</td>
<td>The perception held by a group or society that an individual is socially unacceptable, which can lead to a reduction in self-esteem or self-worth if the person seeks psychological help (Corrigan, 1998, 2004; Vogel et al., 2006) Representative measures: Perceived Devaluation-Discrimination Scale (Link et al., 1987); Stigma Scale for Receiving Psychological Help (Komiya et al., 2000)</td>
</tr>
<tr>
<td>Self-stigma</td>
<td>3</td>
<td>The perception held by the individual that she or he is socially unacceptable (Corrigan, 2004) Representative measures: Self-Stigma of Seeking Help Scale (Vogel et al., 2006)</td>
</tr>
<tr>
<td>Social support</td>
<td>6</td>
<td>The cognitive appraisal of being reliably connected to others (Barrera, 1986) Representative measures: Social Interactions Scale (Kessler et al., 1994); Social Provision Scale (Cutrona &amp; Russell, 1987); Wilcox Social Support Network Survey (Reis, 1988; Wilcox, 1981)</td>
</tr>
</tbody>
</table>
freedom \((N - 3)\). The weighted average of Fisher’s \(z\) was converted to the weighted average of \(r\), the weighted average effect size for each variable. For testing heterogeneity, we applied the chi-square test suggested by Rosenthal (1991). Furthermore, we also calculated a new quantity, \(I^2\), to follow the recommendation of Deeks, Higgins, and Altman (2005) that chi-square tests have low meta-analytical power with small sample sizes or few studies. The \(I^2\) statistic uses chi-square values and degrees of freedom (Q values and df in the above equation) to describe the percentage of total variation across the studies that is due to heterogeneity rather than chance. A 0% value of \(I^2\) indicates no observed heterogeneity, and a higher value of \(I^2\) shows a greater degree of heterogeneity. The random effects model was used for heterogeneous variables, whereas the fixed-effects model was used for homogeneous variables when measuring the weighted average effect size \((r\) and Fisher’s \(z\)).

Cohen (1988) suggested the guidelines for interpreting the effect size of a correlation coefficient: small effect size, \(r = .10\); medium, \(r = .30\); and large, \(r = .50\). Consistent with Cohen’s guidelines, we evaluated the effect size of the weighted average \(r\) on each variable taken from the random effects model and fixed-effect model. We conducted statistical procedures using MIX, which creates meta-analyses using Visual Basic as its main language, based in turn on Microsoft Excel program (Bax, 2008).

Results

The analysis included 7,396 participants from 19 studies. All studies used the ATSPPH scales. Of the 19 studies, 6 used the original ATSPPH scale with 29 items, and 13 used the shortened form (ATSPPH-SF) with 10 items. As Table 1 shows, the number of studies varied for each psychological variable, ranging from 3 (e.g., self-stigma) to 9 (e.g., psychological distress), and the number of participants varied, also, ranging from 1,357 (e.g., self-stigma) to 2,482 (e.g., psychological distress). A statistical table summarizing the results of meta-analysis can be found online in supplemental material 3. The results indicated most predictors significantly correlated, positively, negatively, or both, with attitude toward seeking help. Self-stigma had the largest effect size \((r = .34, p < .001)\) and public stigma \((r = .25, p < .001)\), the previously mentioned psychological factors: large effect sizes for self-stigma \((r = .63, p < .001)\) and anticipated benefits \((r = .52, p < .001)\); medium effect sizes for self-disclosure \((r = .34, p < .001)\), anticipated risk \((r = .26, p < .001)\), and public stigma \((r = .24, p < .001)\); and somewhat small effect sizes for self-concealment \((r = .17, p < .001)\), social support \((r = .13, p < .001)\), and depression \((r = .07, p < .01)\). A figure summarizing these results can be found online in supplemental material 5.

Measurement of Sampling Bias

In this meta-analysis, we aimed to assess both significant and nonsignificant results of studies. However, according to Cox, Kenardy, and Hendrickz (2008), sampling bias can occur because researchers tend to selectively publish positive results, while usually keeping negative results inside their file drawers. Therefore, we calculated the number of additional studies with null results. This method can lower the combined significance of an effect size to a more appropriate significance level. If the number of additional studies exceeds the tolerance level, the results of the meta-analysis should not be overturned by the possible studies with contrary results (Rosenthal, 1991). When we applied the calculation method for detecting sampling bias, we found the predictors, except for the depression factor, were robust variables. That is, the results of this study could not be easily overturned by contrary results. A statistical table summarizing the results of sampling bias can be found online in supplemental material 4.

Discussion

This study’s main purpose is the identification of the relationship between attitudes toward seeking professional psychological help and relevant psychological variables. We performed meta-analysis on a summary of 19 studies, and the results indicated most variables significantly correlated, positively, negatively, or both,
with help-seeking attitudes. On the basis of Cohen’s criteria, we found the largest effect sizes (absolute values of $r > .40$) for self-stigma and anticipated benefits. Self-disclosure, anticipated risks, and public-stigma had effect sizes in the medium range ($0.20 < |r| < .40$), and self-concealment, social support, and depression had the smallest effect size (absolute value of $r < 0.20$). Psychological distress was the only variable that did not have a significant correlation with help-seeking attitudes, although it did have a small effect size.

The correlations between psychological factors and help-seeking attitudes fall into two categories (i.e., positive and negative). We found anticipated benefits, self-disclosure, and social support had positive relationships with help-seeking attitudes, whereas stigma, anticipated risks, self-concealment, and depression had negative relationships, which is consistent with previous studies (Kushner & Sher, 1989; Vogel & Wester, 2003). In addition, these two categories (positive and negative) can be explained by Lewin’s field theory (Lewin, 1951). That is, the conflicting interactions between approach and avoidance dynamics determine individuals’ attitudes toward any object. Applying this theory, we view the variables that had positive relationships to help-seeking attitudes as approach dynamics, increasing each individual’s likelihood of seeking help, whereas variables with negative relationships correlate with avoidance dynamics, preventing these individuals from seeking counseling (Kushner & Sher, 1989).

Among the psychological variables that had positive correlations with help-seeking attitudes, anticipated benefits had the strongest effect. That is, one’s attitudes toward seeking help may depend on what benefits one anticipates from the service. Previous studies found at least 20% of participants expressed the helpfulness or benefits of counseling as a reason for their decision to go to counseling (Kelly & Achter, 1995). In addition, self-disclosure also correlated strongly with positive attitudes toward seeking help. Self-disclosure refers to an individual’s willingness to disclose information about themselves to others. The current research reflects that people who are more willing to disclose information about themselves, their emotions, or both, to others would also feel more comfortable about discussing their issues with a mental health professional.

On the other hand, self-stigma correlated negatively with attitudes toward seeking help, showing the largest negative effect size. Previous research supports this result, showing that individuals with higher self-stigma were less likely to seek help to maintain a positive image of themselves (Miller, 1985). Most individuals perceive that they are socially unacceptable if they seek counseling, which can lead to reduced self-esteem or self-worth. Anticipated risk was also an important factor that correlated negatively with attitudes toward seeking help. In other words, people who expect more risks than benefits from seeking help would perceive that behavior more negatively (Omarzu, 2000; Vogel & Wester, 2003). Therefore, researchers and clinicians should consider strategies that reduce stigma, as well as increase awareness of anticipated benefits related to help-seeking attitudes, to increase positive attitudes toward seeking help.

Furthermore, the current meta-analysis revealed that depression had a greater correlation to negative attitudes, even though depression had only a small range of effect sizes. The negative relationship between depression and help-seeking attitudes may explain the prevalent “service gap” phenomenon (Steffl & Prosperi, 1985). Less than one third of those diagnosed as clinically depressed or suicidal seek psychological help (Carson & Butcher, 1992). Our finding can resolve this mystery. What prevents depressed people from seeking help is not only the negative attributes associated with counseling but also depression itself. Depression is characterized by diminished interest in almost all activities, loss of energy, and indecisiveness. Furthermore, people with depression are more likely to view mental health services and its effects negatively. Therefore, assuming that these symptoms may interfere with one’s overall attitudes, the current finding about the depression and help-seeking attitude seems reasonable.

Although the current study provides a useful summary of a wide range of data as discussed so far, it has several limitations. The data we analyzed for this study came from studies conducted recently, within the last decade, and could not inform regarding past trends. Furthermore, the current sample may also limit the results’ external validity, because most participants in these studies were university students recruited in the United States. For ethnic minorities, the relationship between stigma and help seeking might be more or less pronounced. For example, stigma may or may not play an important role in groups that are more collectivistic (Vogel & Wester, 2003). On the other hand, this limitation can apply well to homogenous groups (e.g., 7,396 American university students in this meta-analysis) because the results of this study looked at a target population American university students. Future studies should use more diverse participant sampling and include students from other countries, as well as nonstudent populations.

In addition, these findings had limitations concerning individual characteristics (i.e., gender, race, age, and social background) effects in connection to various psychological factors associated with attitudes toward seeking counseling. For example, men’s attitudes linked more strongly to self-stigma, as compared to women’s attitudes, due to gender role conflict (Martin, Wrisberg, Beitel, & Lounsbury, 1997). Future studies should expand on these findings by moderating and mediating the role of individuals’ characteristics in the relationship between psychological factors and help-seeking attitudes. Although this study showed the importance of psychological factors in help seeking attitudes, it did not assess how these factors change over time. Researchers should consider that individuals’ positive and negative expectations about seeking treatment are not static, but change in nature and intensity. Therefore, future research, such as longitudinal studies, should consider exploring how different factors may become more salient or relevant at different times in a person’s decision-making process (Kushner & Sher, 1991).

Finally, that all studies in the current sample used the ATSPPHS to measure the dependent variable may limit the results’ generalizability. As addressed earlier in this article, only those studies that used the ATSPPHS were selected for the current meta-analysis because it is the most frequently used instrument in most studies about help-seeking attitudes. For our analysis, however, we chose to examine the total score of the original ATSPPH scale rather than four subscales because of its limitation and Fischer and Turner’s suggestion (1970). Therefore, future studies should use diverse instruments for measuring attitudes rather than the ATSPPHS to explore other variables that may be relevant in the attitudes. In addition, this study only investigated variables related to help-seeking attitudes. It is not clear, however, whether these variables would also predict...
actual behaviors. Therefore, future studies should also measure actual help-seeking behaviors instead of attitudes.

Despite these limitations, this study has important implications for further research and practice. First, the results from this meta-analysis seem to be understood in relation to social psychology theories of attitudes such as the theory of reasoned action (Ajzen, 1985) and the field theory (Lewin, 1951), thus shedding implications for future studies to apply these theories to further understand help-seeking attitudes. Besides the implications for researchers, the results from our study also have important implications for counseling practice. Mental health professionals and scholars have spent energy to investigate and defeat negative social images associated with seeking psychological services but have made less effort to advertise and educate others about the benefits of such services (Shafer, Vogel, & Wei, 2006). Such a stigma-defeating approach may not be as effective as expected if help-seeking attitudes depended more on other factors besides stigma. The findings from the current meta-analysis provided useful comparison of relative impacts among the psychological factors, so mental health professionals could develop strategic planning to improve potential clients’ help-seeking attitudes by focusing on the most influential factors. On the basis of the results from this study, we would make suggestions for mental health professionals in colleges and universities, focusing on self-stigma and anticipated benefits, which were identified as having the largest effect sizes in this study.

First, given that stigma often stems from a lack of or inaccurate information, stigma-reducing strategies and strategies to increase accurate understanding of benefits should go hand in hand. For example, a student who believes that “help-seekers are mentally impaired” may not only have a strong self-stigma but also have low awareness of its benefits for mentally healthy individuals in distress. Therefore, mental health professionals should make more active effort to let the public know what they actually do. For example, a campus counseling center may communicate their services with the campus community through e-mails, brochures, posters, or newsletters. They may also offer on-campus workshops, presentations, or class visits to explain their services to the students, faculty, and staff. Many counseling centers are already using some of these strategies; however, they should continue to develop more effective public relations (PR) methods and approaches by benchmarking or consulting with experts in business or communication. Active PR is effective to reduce stigma not only because it increases the public’s understanding about psychological services but also because it increases familiarity through repeated exposure. Students who are repeatedly exposed to ads or announcements from a counseling center in their everyday life may perceive that psychological services are nothing strange but are in fact accessible, available, normal, and natural.

Second, beyond strategies to change perceptions about stigma and benefits, counseling centers should develop various intervention–prevention programs that would be perceived by students as less stigmatizing. For this, we would suggest counseling centers should develop active and close collaborations with other facilities or organizations such as career centers, learning centers, health centers, international centers, residence halls, and student associations.

Finally, to enhance students’ expectations about the benefits of psychological services, mental health professionals should not only communicate what they do but also how effective are their services. As the results from this study showed, individuals who perceive more benefits from seeking psychological services had more positive attitudes toward seeking these services. This means that many people who are reluctant to seek psychological services are not always afraid of stigma but simply mistrust that such services would really help. If this is the case, concrete evidence such as outcome statistics would help to enhance trustworthiness about the effectiveness of psychological services. For this, more outcome studies and program evaluations should be conducted with diverse populations. Further, the results should be communicated not only among scholars and professionals but also to the public. For example, as far as it does not violate confidentiality, counseling centers may open some of their data to the public, such as the number of students who seek their services, the areas of concerns that they seek help for, and the percentage of cases that made significant improvement after treatment.

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References marked with an asterisk indicate studies included in the meta-analyses.


Cash, T. F., Begley, P. J., McCown, D. A., & Weise, B. C. (1975). When counselors are heard but not seen: Initial impact of physical attractive-


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*Professional Psychology: Research and Practice* will feature a special issue related to practice with transgender clients (broadly defined to include those identifying as “gender fluid,” “non-binary gender,” or other related self-styled names). We invite articles on all aspects of professional psychology work with clients with diverse or minority gender identities. Articles addressing psychological issues and interventions at the individual, family, community, and societal level, including health issues and obstacles to care, are sought for a special section of the journal. We are particularly interested in quantitative and qualitative empirical studies, comprehensive literature reviews, conceptual pieces, and program and therapy outcome studies, although descriptions of innovative programs or interventions may be considered. Manuscripts can be submitted through the Journal’s electronic portal, under the Instructions to Authors at: http://www.apa.org/pubs/journals/pro/index.aspx

Please note in your cover letter that you are submitting for this special issue and send in attention to Kathi A. Borden, Ph.D., Associate Editor, *Professional Psychology: Research and Practice.*

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