Effects of a Brief Media Intervention on Expectations, Attitudes, and Intentions of Mental Health Help Seeking

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This study examined the effects of a mass-media video intervention on expectations, attitudes, and intentions to seek help from professional mental health care services. A public service announcement-style, mass-media video intervention was developed, with prior empirical research on help-seeking behaviors organized according to the theory of reasoned action/planned behavior. In total, 228 participants were randomly assigned to 1 of 2 conditions: (a) the media-exposed intervention group, who watched programming in which the media intervention was inserted, and (b) the control group, who watched the same programming without the media intervention. The media intervention was not influential on expectation and belief-based barrier variables. However, the media intervention was effective at increasing positive attitudes toward help seeking. Findings regarding the intervention’s ability to increase help-seeking intentions for interpersonal problems were complex. Implications of these findings for future research are discussed.

Keywords: help seeking, mass-media communications, treatment attitudes, expectations, psychotherapy

Almost half of all college students polled in the American College Health Association’s National College Health Assessment met criteria for a mental disorder in the previous year (American College Health Association, 2009). Yet, by comparison, low help-seeking rates (i.e., utilization of professional mental health services) are commonly reported for this population, indicating a gap between those in need of service and those in treatment (American College Health Association, 2009; Blanco et al., 2008; Eisenberg, Golberstein, & Gollust, 2007). For the purposes of this investigation, help seeking refers to the utilization of professional mental health services.

Educational campaigns (Battaglia, Coverdale, & Bushong, 1990), printed information, billboards (Farberman, 1997; Gonzalez, Tinsley, & Kreuder, 2002), and videotaped interventions (Barker, Pistrang, Shapiro, Davies, & Shaw, 1993) have all been successfully utilized to increase knowledge regarding mental health services with ultimate intentions to increase help seeking. However, these efforts have yet to be informed by a theoretical framework organizing the predictors of help seeking. Our purpose in the current investigation was to develop and test a strategy-driven, empirically informed intervention aimed at increasing attitudes and intentions to seek help in a college student population.

Ajzen and Fishbein’s (1980) theory of reasoned action and planned behavior (TRA/PB) offers an appropriate theoretical framework for this effort. It demonstrates the potential to help conceptualize and tailor interventions that aim to alter a target behavior (Romano & Netland, 2008). First, as applied to help seeking, the theory holds that individuals must overcome belief-based barriers as a means of improving their expectations that treatment would lead to a beneficial outcome. Second, positive attitudes develop after expectations are improved about the behavior of seeking treatment. Third, positive attitudes influence behavioral intentions of seeking help and are thought to ultimately relate to behavioral outcome.

Therefore, the first step in developing an intervention to increase help seeking, consistent with the TRA/PB model, is to identify the belief-based factors most salient to the target population when making decisions about seeking help. Factors such as disclosure fears/desire to self-conceal (Kahn & Hessling, 2001; Kahn & Williams, 2003; Komiya, Good, & Sherrod, 2000; Vogel & Wester, 2003; Vogel, Wester, Wei, & Boysen, 2005), treatment fears (Deane & Todd, 1996; Vogel et al., 2005), poor expected outcome (Bayer & Peay, 1997; Vogel et al., 2005; West, Kayser, Overton, & Saltmarsh, 1991), and social norm perceptions (Vogel et al., 2005) have been identified as belief-based factors found to uniquely predict help-seeking intentions in a college student population. Furthermore, in support of the TRA/PB, attitude toward help seeking has also been found to predict help-seeking intentions (Deane & Todd, 1996; Vogel et al., 2005).

Simultaneous investigations into the above factors have allowed for a more sophisticated understanding of the ways select factors predict help seeking. Vogel et al. (2005) found a statistically good fit when organizing a diverse and comprehensive list of factors (including attitudes and intentions), which were identified as salient to professional psychological help seeking, into three sets based on the TRA/PB (Ajzen & Fishbein, 1980). The resulting structural equation model included (a) stigma related to help-seeking behaviors, (b) treatment fears, (c) expected outcome of therapeutic services (utility vs. risk), (d) social norm perceptions, (e) previous help-seeking behavior, and (f) social support in the
first set. Overall, these belief-based factors combined to significantly predict attitudes toward help seeking, and consistent with the TRA/PB model, attitudes mediated help-seeking intentions.

Guided by the aforementioned model presented by Vogel et al. (2005), the current investigation developed and empirically tested the effects of a public service announcement–style, mass-media video intervention, tailored for a college student population. Unlike other help-seeking interventions described in past studies, the intervention for the present study was informed by the aforementioned TRA/PB theory. Moreover, in accordance with the TRA/PB model, the specific factors empirically identified as predictors of help seeking (belief-based factors, attitudes, and intentions) were targeted in the current intervention. Attempts to address concerns around stigma, fear of self-disclosure, outcome expectation (utility vs. risk), and social norm perceptions were presented in a narrative context in the media intervention. Preexisting measures for each belief-based factor were used, as were measures of attitudes toward help seeking and intentions to help seek for interpersonal, academic, and drug/alcohol-related issues.

As with belief-based barriers, help seeking has been shown to vary as a function of select contextual variables. Because our aim in the present study was to investigate those variables identified as significant predictors of help seeking, three important contextual variables emerged in the help-seeking literature and were also examined in the current study. First, those individuals with previous help-seeking experience have demonstrated more positive attitudes toward help seeking and have been found to rate themselves as more likely to engage in future help seeking than those with no former help-seeking experience (Deane & Todd, 1996). Second, investigations into one’s level of distress as a help-seeking predictor have turned out to be inconclusive and therefore warrant additional investigation. For example, Cepeda-Benito and Short (1998) demonstrated that one’s level of distress predicted help seeking, yet other studies have failed to replicate this finding (Kelly & Achter, 1995; Vogel & Wester, 2003; Vogel et al., 2005). Inclusion of level of distress will likely add some clarification regarding its role in help seeking and aid future investigations. Last, among contextual variables, gender is arguably considered one of the most robust predictors of help seeking (Kushner & Sher, 1989; Möller-Leimkuhler, 2002; Nam et al., 2010). For example, in Nam et al.’s (2010) 16-study meta-analysis, gender was found to be a significant predictor of help seeking, with women consistently reporting more positive attitudes toward help seeking across studies analyzed. Measuring these contextual variables in addition to the belief-based factors, attitudes, and help-seeking intentions offers the opportunity for a more comprehensive exploration into the ways in which the current intervention (targeting belief-based barriers) might interact with the aforementioned contextual variables.

The intervention was tested with a controlled design in which results for the intervention group were compared to those for a control group on the variables in the TRA/PB model. It was hypothesized that the intervention group, when compared to the control group, would endorse (a) fewer belief-based barriers to help seeking, (b) higher positive attitudes, and (c) greater intentions to seek help. Furthermore, following the path assumptions of the TRA/PB model, the greater intentions predicted for the intervention group were expected to be accompanied by corresponding changes within the belief-based factors.

Method

Participants

Initially, 270 participants were recruited from undergraduate psychology classes at a large midwestern university and attended one of two sessions. A total of 228 returned for a second session to complete the study and questionnaires. Of these participants who completed the study, 57.5% (n = 131) were women and 42.5% (n = 97) were men. The women reported a mean age of 20.47 years (SD = 4.45). For men, the mean age was 19.93 years (SD = 1.79). Consistent with the demographics of the university, participants predominately identified their race as Caucasian (83%; African American = 8.8%; Hispanic = 1.3%; Asian = 1.3%; Native American = 1.3%; other = 3.5%). Thirty-six percent of those sampled identified themselves as freshmen, 21% as sophomores, 23% as juniors, and 20% as seniors. The majority of participants (66.7%, n = 141) reported that they had never sought professional mental health services. Thirty-three percent (n = 68), however, indicated that they had utilized mental health services.

Seven participants could not be included in the analyses because of errors in data collection and missing data.

Materials

Intentions to Seek Counseling Inventory (ISCI; Cash, Begley, McCown, & Weise, 1975). The ISCI is a 17-item, self-report questionnaire that asks respondents to rate how likely they would be to seek the services of a therapist if they were experiencing the problem listed. Participants rated the likelihood of seeking mental health care services on a Likert-type scale ranging from 1 (very unlikely) to 6 (very likely). Responses were summed such that higher scores indicate a greater likelihood of seeking the services of a therapist. The ISCI consists of three subscales examining respondents’ likelihood of seeking the services of a therapist for (a) interpersonal, (b) academic, and (c) drug and alcohol problems. The ISCI variables have shown adequate internal consistency ranging from .84 to .95 across studies (e.g., Vogel & Wester, 2003). Construct validity has been demonstrated in that it has been shown to be positively associated with favorable attitudes toward therapy (Kelly & Achter, 1995). The current study’s internal consistency for the three subscales also reflected adequate reliability (.83 = interpersonal concerns, .76 = academic concerns, and .66 = drug and alcohol problems).

Attitudes Towards Seeking Professional Psychological Help Scale: A shortened form (ATSPPH; Fischer & Farina, 1995). The 10-item ATSPPH was used to assess respondents’ attitudes toward seeking help from professional mental health care providers. ATSPPH items are rated on a 4-point Likert-type scale ranging from 0 (agree) to 3 (disagree). Higher scores indicate more positive attitudes, and scoring is the sum of items. In past research the ATSPPH has had good test–retest reliability (r = .80) and internal consistency (α = .84; Fischer & Farina, 1995), and good internal consistency was demonstrated in the present study (α = .85). The ATSPPH has adequate construct validity, as it has been found to negatively correlate with help-seeking stigma (r = −.40; Komiya
et al., 2000). Furthermore, it strongly correlates with the longer, 29-item version \( r = .87 \), indicating that they are measuring similar constructs.

**Stigma Scale for Receiving Psychological Help (SSRPH; Komiya et al., 2000).** The five-item SSRPH was used to assess the level of stigmatization held by respondents toward those who seek professional psychological services. The SSRPH is rated on a 4-point Likert-type scale from 0 (strongly disagree) to 3 (strongly agree), with higher scores indicating greater stigmatized help-seeking beliefs. Komiya et al. (2000) found acceptable internal consistency \( (\alpha = .72) \), which was smaller in the current sample \( (\alpha = .65) \). Construct validity is supported by a negative correlation with positive attitudes toward help seeking for mental health services \( (r = -.40; \text{Komiya et al., 2000}) \).

**Thoughts About Psychotherapy Survey (TAPS; Kushner & Sher, 1989).** The TAPS was used in the current study to assess the level of fearfulness of mental health services. Participants responded to this 19-item inventory on a 5-point Likert-type scale, ranging from 1 (I have not been concerned about this) to 5 (I am very concerned about this). Higher scores reflect greater concern for distress toward psychotherapy. The TAPS has demonstrated good internal consistency in past research \( (\alpha = .87 \text{ and } .92; \text{Deane & Todd, 1996}) \) and in the current study \( (\alpha = .93) \). Multivariate analysis showed significant differences between client and nonclient populations, supporting the measure’s validity (Pipes, Schwarz, & Crouch, 1985).

**Distress Disclosure Index (DDI; Kahn & Hessling, 2001).** Comfort level with self-disclosure was measured by the DDI. The 12-item DDI was developed to assess the extent to which an individual is comfortable talking about others personal and potentially distressing information. Items are rated on a 5-point Likert scale that ranges from 1 (strongly disagree) to 5 (strongly agree). Higher scores reflect a greater willingness to self-disclose potentially distressing information. The DDI has good test–retest reliability \( (r = .80 \text{ for a 3-month period}) \) and good internal consistency \( (\alpha = .93; \text{Vogel et al., 2005}) \). Internal consistency for the present sample was consistent with prior research \( (\alpha = .93) \). Convergent validity is supported by its correlation \( (r = .43) \) with the Self-Disclosure Index (Miller, Berg, & Archer, 1983).

**Self-Concealment Scale (SCS; Larson & Chastain, 1990).** The SCS is a 10-item scale that measures the extent to which an individual desires to conceal personal information. Items are rated on a 5-point Likert-type scale ranging from 1 (strongly agree) to 5 (strongly agree), and higher scores reflect a greater desire to conceal personal information. The SCS has good internal consistency \( (\alpha = .83) \) and a 4-week test–retest reliability \( (r = .81) \) (Larson & Chastain, 1990). Internal consistency was \( \alpha = .88 \) in this study. Validity has been supported by a negative correlation with self-disclosure and positive correlations with symptoms of depression and anxiety (Larson & Chastain, 1990; Miller et al., 1983).

**Disclosure Expectations Scale (DES; Vogel & Wester, 2003).** The DES is an eight-item measure of (a) anticipated utility (4 items) and (b) anticipated risk (4 items) of disclosing distressing information to a mental health professional. Items are rated on a 5-point Likert-type scale, ranging from 1 (not at all) to 5 (very), and are summed, with higher scores indicating more anticipated utility and risk with self-disclosure (when subscales are separated and treated as distinct constructs). Vogel and Wester (2003) found adequate internal consistency \( (\alpha = .81 \text{ for anticipated utility and } \alpha = .80 \text{ for anticipated risk}) \); similarly, internal consistency was adequate \( (\alpha = .83 \text{ for utility and } \alpha = .78 \text{ for risk}) \) in the current study. Factor analysis identified two subscales (utility and risk), which have been found to correlate with measures of self-disclosure, self-concealment, and psychological distress and social support (Vogel & Wester, 2003).

**Social norm items.** The perceived social norms of participants were assessed by two individual self-report items. The first item required participants to provide the percentage of the U.S. population that they believed would seek out professional psychological help each year. The second item asked participants to rate the level \( (\text{from } 1 = \text{ minimal to } 5 = \text{ high}) \) of encouragement that important family members and friends would provide them if they sought the services of mental health care professionals.

**Outcome Questionnaire (OQ-45; Lambert, Gregersen, & Burlingame, 2004).** The OQ-45 is a self-report inventory consisting of 45 items rated on a 5-point scale \( (\text{range: } 0 = \text{ never to } 4 = \text{ almost always}) \). Scores are summed and range from 0 to 180, with higher scores indicating higher distress. The OQ-45 has demonstrated good internal consistency \( (\alpha = .93) \) and adequate 3-week test–retest values \( (r = .84) \), and concurrent validity has been established with numerous other symptom measures (Lambert & Ogles, 2004). Clinical and normative samples for this measure have been analyzed to provide cutoff scores, which bifurcate the sample into “functional” and “clinically significant” groups (Lambert & Ogles, 2004). For normative and clinical samples, this cutoff has been estimated at 64 (i.e., OQ-45 scores less than 64 are considered to be at functional or nonclinical levels of symptomatic distress). For the current sample, 33.3% \( (n = 68) \) of the participants endorsed clinical levels of distress, whereas 66.7% \( (n = 141) \) of the participants scored below the cutoff score of 64, falling in the nonclinical range.

**Brief mass-media video intervention.** The brief media intervention was developed specifically for the current study. Focus groups were held in order to identify how to best develop a positive help-seeking message that would appeal to a college-age population while targeting belief-based expectation predictors of help seeking. Because we intended to present the intervention among public service announcements in a commercial television programming style, the length of the intervention was set at 2 minutes to approximate the length of other health-related public service announcements and commercial-type communications (Dillard & Peck, 2000).

**Procedure**

All participants were told that they would be watching video segments comprising public service announcements and that they would later be asked for their opinions on the effects of music in advertising. This two-part investigation required participants to attend two sessions spaced exactly 1 week apart. Subsequent to the initial informed consent procedure, participants were randomly assigned to one of two rooms. Participants completed the study in small groups (approximately 15 per group). Several groups were conducted throughout the academic year.

In the first 60-min session, both groups watched four 10-min video segments made up of musical performances. Interspersed
between the musical performances were public service announcements, which divided up the musical performance not unlike commercials running throughout a televised program. The musical performances had been previously aired on the university’s television network. The video segments of control group (n = 122) were identical to those of the media intervention-exposed group (n = 99) except that they did not include exposure to the media intervention. Brief distraction tasks were completed between the segments. The tasks required the participants to write about the impact of music in advertising. A sample task item asked, “In what way do you feel televised advertisements are influenced by popular music?” When participants had viewed the four segments and completed the three tasks between the segments, they were reminded of the follow-up session to take place the same day and time the following week and were then dismissed. Beyond providing consent and responding to distraction task items, participants did not complete any measures during the first session.

The second session required participants to return to the rooms where they had viewed the first four video segments. A total of 84.4% of participants who attended the first session returned for the second session and completed the study. Three additional 10-min video segments were viewed with two alternating distraction tasks about music in advertising. Over the course of the two sessions, the experimental group was exposed to the 2-min media intervention nine times throughout the seven, 10-min segments. Finally, all participants completed the primary measures for the study at the end of the second session. Both groups were presented with the same ordering of the measures. The media-exposed group did not significantly differ from the control group on the demographic variables (sex, race, and age) described above.

### Results

In order to test the three hypotheses, we conducted a series of 2 × 2 × 2 × 2 between-subjects multivariate analyses of variance (MANOVAs) with the various dependent measures of barriers, attitudes, and intentions. The intervention (media-exposed or control group) served as the primary between-subjects variable of interest. Three contextual variables were included in the analyses as between-subjects variables: clinically significant distress (low or high), previous treatment (previous experience with counseling or no previous experience), and gender (male or female). Means and standard deviations for the dependent variables of these four groups are presented in Table 1.

### Hypothesis 1: Belief-Based Factors

To address the first hypothesis, we conducted a 2 × 2 × 2 × 2 MANOVA with the belief-based barriers toward treatment serving as the dependent variables (i.e., disclosure utility, stigma, disclosure risk, self-concealment, treatment fears, disclosure distress, social norm perceptions, and encouragement from others). There was no significant main effect for the media intervention among these belief-based barriers, F(8, 175) = 0.90, p = .33, η² = .04. The MANOVA, however, yielded a significant main effect for gender, F(8, 175) = 3.00, p = .001, η² = .14, and clinically significant distress, F(8, 175) = 7.18, p = .000, η² = .24. There was no significant main effect for previous treatment. There was a significant interaction between clinically significant distress and previous treatment, F(8, 175) = 3.00, p = .003, η² = .07, which was primarily due to interactions on two of the depen-

### Table 1

<table>
<thead>
<tr>
<th>Variable</th>
<th>Media intervention Prior treatment</th>
<th>Clinically significant distress</th>
<th>Sex</th>
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<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
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<tr>
<td>Stigma</td>
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<td>12.75</td>
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<td>35.69</td>
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<tr>
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<td>4.23</td>
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<tr>
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<td>5.65</td>
<td>16.27</td>
</tr>
<tr>
<td>Intentions to seek counseling</td>
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<td>1.17</td>
<td>2.92</td>
</tr>
<tr>
<td>Interpersonal</td>
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<td>2.64</td>
</tr>
<tr>
<td>Drug and alcohol</td>
<td>3.55</td>
<td>0.95</td>
<td>3.70</td>
</tr>
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*Note.* There were four missing values for prior treatment and five missing values for clinically significant distress. Stigma = Stigma Scale for Receiving Psychological Help; TAPS = Thoughts About Psychotherapy Survey; DDI = Disclosure Distress Index; SCs = Self-Concealment Scale; DES-Risk = Disclosure Expectations Scale–Risk; DES-Utility = Disclosure Expectations Scale–Utility; Social norm = social norm perceptions; Encouragement = encouragement from others; Attitudes = Attitudes Toward Seeking Professional Psychotherapy Help Scale.
dent variables: treatment fears, $F(1, 182) = 16.10, p = .001$, $\eta^2 = .08$, and social norm perceptions, $F(1, 182) = 4.74, p = .03$, $\eta^2 = .02$. Follow-up univariate analyses indicated that for those who had received prior treatment, there were significantly fewer treatment fears for those in the functional range of distress ($M = 44.11, SD = 15.96$) than for those with clinically significant distress ($M = 63.31, SD = 16.19$). For participants who had not sought prior treatment in the past and who did not significantly differ on clinically significant distress, treatment fears were similarly high ($M = 57.97, SD = 15.52$).

Similarly, for participants with prior treatment, social norm perceptions were significantly lower for those who endorsed clinical levels of distress ($M = 23.37, SD = 21.93$) than for those who fell in the functional range of distress ($M = 34.49, SD = 15.96$). There was no significant effect of distress level on social norm perceptions for those with no prior mental health care service experience.

**Hypothesis 2: Attitudes Toward Help Seeking**

To address the second hypothesis, we conducted a $2 \times 2 \times 2 \times 2$ univariate ANOVA with attitudes toward treatment serving as the dependent variable. Main effects emerged for each factor, and there were no significant interactions. The media-exposed group demonstrated significantly more positive attitudes toward mental health care services than did the control group, $F(1, 193) = 5.08, p = .03$, $\eta^2 = .03$. Those with clinically significant distress demonstrated more positive attitudes toward treatment than did those in the functional range, $F(1, 193) = 5.05, p = .026$, $\eta^2 = .03$. Furthermore, those participants who reported having seen a therapist in the past demonstrating more positive attitudes toward mental health care services than did those who had not seen a therapist in the past, $F(1, 193) = 11.80, p = .001$, $\eta^2 = .06$. Last, female participants endorsed significantly more positive attitudes ($M = 19.14, SD = 5.63$) toward mental health care services than did male participants ($M = 14.80, SD = 5.83$), $F(1, 193) = 17.61, p = .000$, $\eta^2 = .08$.

**Hypothesis 3: Intentions to Seek Treatment**

Two statistical interactions emerged in the MANOVA testing the effects on intentions to seek treatment, one of which included the media intervention and prior treatment, $F(3, 191) = 3.06, p = .03$, $\eta^2 = .05$. This interaction was primarily from the ISCI intentions to seek treatment for interpersonal problems subscale, $F(3, 193) = 3.94, p = .05$, $\eta^2 = .02$, and not from the other two intentions to seek treatment subscales (academic or substance-use problem subscales). Specifically, those who received the media intervention and who had prior treatment demonstrated significantly greater intentions to seek psychological treatment for their interpersonal problems ($M = 3.30, SD = 1.27$) than those who had the media intervention but who had never sought treatment ($M = 2.96, SD = 1.02$). Participants without the media intervention also had uniformly low intentions, regardless of whether they had prior treatment ($M = 2.83, SD = 1.16$) or not ($M = 2.93, SD = 1.03$).

In addition, a significant three-way interaction emerged among all three contextual variables of level of distress, prior treatment, and gender, $F(3, 191) = 4.81, p = .003$, $\eta^2 = .07$. Part of the three-way interaction can be understood by a significant two-way interaction between level of distress and prior treatment, $F(3, 191) = 2.61, p = .05$, $\eta^2 = .04$. Similarly, the clinically significant distress × prior treatment interaction was due largely to intentions to seek treatment for interpersonal problems, $F(3, 191) = 4.05, p = .05$, $\eta^2 = .02$, but not for academic or drug- and alcohol-related concerns. In particular, intention to seek treatment for interpersonal problems was significantly greater for those who had reported prior treatment ($M = 3.80, SD = 1.07$) than for those who had not ($M = 3.16, SD = 1.12$), but only for those who also endorsed a clinical level of distress. For those participants who were in the functional range of distress, there were no significant differences in intention to seek treatment between those who had prior treatment and those who had not. In regard to gender, intention to seek treatment was greater for men ($M = 4.67, SD = 1.16$) than for women ($M = 4.10, SD = 0.78$) but only for those who reported a clinical level of distress and who also reported previous treatment.

**Discussion**

The findings indicated that the effects of exposure to the intervention were complex and not conclusive. First, the intervention failed to significantly alter participants’ endorsement of expectations and the belief-based factors targeted in the intervention narrative (stigma, treatment fears, disclosure distress, desire to self-reveal, treatment risk, and treatment utility). Second, participants exposed to the intervention endorsed more positive attitudes toward help seeking than did those in the control group. Finally, the interactions (and lack of a main effect) on help-seeking intentions add complexity. Compared to the control condition, the media intervention was effective at increasing intentions to seek treatment for interpersonal problems, but only for those who had prior help-seeking experience. Perhaps the most straightforward interpretation of this finding is that the media intervention increases intentions to seek help in those who already may be primed for such action by past help-seeking exposure. The fact that variables presumed to be in the latter phase of the TRA/PB process (attitudes and intentions) were significantly influenced and that earlier phase processes were not (expectations and belief-based barriers) is curious and is out of line with the TRA/PB model. Possible explanations for these are explored later.

In terms of the effect of prior treatment on other barriers, the present study found greater belief-based barriers for those who had prior treatment and experienced high distress. Those with prior treatment and high distress had greater treatment fears and lower social norm perceptions (i.e., greater fear of treatment; the perception that fewer individuals actually seek treatment). This is somewhat consistent with findings of studies that have found that psychological distress predicts help-seeking intent (Cepeda-Benito & Short, 1998; Cramer, 1999), whereas other studies have failed to support this connection (Kelly & Achter, 1995; Vogel & Wester, 2003; Vogel et al., 2005). Yet, despite the greater belief-based barriers, those participants who reported that they had seen a therapist in the past demonstrated significantly more positive attitudes toward treatment than participants who did not. This finding is consistent with previous literature that indicates that individuals who have had past experience with help seeking tend to demonstrate more positive attitudes about the services than do those who have not utilized such services before (Vogel et al., 2005). This is
A promising finding, given that one’s preconceptions of counseling strongly influence whether or not one will seek help (Cepeda-Benito & Short, 1998; Deane & Todd, 1996; Kelly & Achter, 1995; Pipes et al., 1985). However, the disconnect between the increase in barriers and positive attitudes toward help seeking is again, out of line with the TRA/PB model. Perhaps those with past help-seeking experience have more realistic expectations about the risks and perceived stigma of help seeking, which trigger belief-based barriers while allowing for an increase in positive attitude.

Additionally, intent to seek treatment for interpersonal problems was significantly greater for those who had reported previous treatment than for those who did not, but only for individuals who endorsed clinical levels of distress. It seems plausible, then, that endorsing clinical levels of distress serves as a prerequisite, or perhaps as an additional motivator, enhancing intervention effectiveness. This makes sense, given that those who are high functioning (with low, nonclinical levels of distress) would have little need to engage in help-seeking behavior and would therefore have lower help-seeking intentions (compared to those who reported clinical levels of distress). This may also explain the lower belief-based barriers reported in the nonclinical group. It can be presumed that as they are not seriously entertaining the thought of engaging in help-seeking behavior, those in the nonclinical group would likely give little consideration (in comparison to those with high intentions) to potential belief-based barriers. Consistent with this, Kushner and Sher (1989) suspected that belief-based barriers, such as treatment fears, are activated when help seeking is likely.

Further, one’s level of psychological distress itself influenced one’s attitudes toward seeking mental health care services. Those endorsing clinical levels of distress reported significantly more positive attitudes toward help seeking than did those who scored in the nonclinical range of distress. It is interesting that those who would be considered the most in need, based on their endorsement of clinical levels of distress, also appear to hold more positive attitudes about seeking help. Certainly, there is evidence that distress serves as a contextual factor that influences actual help seeking, despite some inconsistencies in the literature (Cepeda-Benito & Short, 1998; Kelly & Achter, 1995). It has been proposed that it may not be one’s general level of distress that affects help seeking; rather it may be the experience of an acute problematic situation that results in help-seeking behavior (Norcross, Prochaska, & DiClemente, 1986).

Consistent with the previous help-seeking literature (e.g., Möller-Leimkuhler, 2002), women tended to report lower belief-based barriers overall than did men. Female participants also reported more positive attitudes toward treatment than did male participants. Yet, despite the fact that women generally endorse more positive attitudes toward treatment (Nam et al., 2010) and are more likely than men to seek treatment (Möller-Leimkuhler, 2002), the results from the current investigation demonstrated that men were more likely than women to seek treatment but only when clinical levels of distress and prior help seeking were reported. This three-way interaction is perhaps the best illustration of the complexity of these treatment context variables. Efforts to better understand the underlying mechanisms in the help-seeking attitudes and intentions of distressed men with past help-seeking behavior could potentially lead to more effective interventions tailored to the unique needs of the male subpopulation.

A primary limitation of the current investigation is that it examined attitude and intention change but not actual help-seeking behavior. Future investigations should consider assessing actual help-seeking behavior, given the potential for disparity between having high intentions to seek help and performing the actual help-seeking behavior. Moreover, caution should be taken when interpreting the results because generalizability is restricted, given that a homogenous sample of undergraduate college students from one university served as participants. Additional investigations with more diverse samples are recommended.

Additionally, it would be beneficial to examine other behaviors besides help-seeking intentions, such as the rate at which participants would refer/encourage friends to seek help. It is estimated that about half of those who seek treatment are self-referred, yet the remaining percentage stated that someone other than themselves suggested that they seek professional help (Therapy in America, 2004). And, as one of the only researched mass-media campaigns has found (Barker et al., 1993), part of the positive influence of the televised mental health programs was on respondents’ views and understanding of others’ problems rather than their own.

Given the intervention’s success with those with past help-seeking experience, researchers might consider investigating the impact of exposure to mock therapy sessions. Vogel, Wade, and Haake (2006) found that exposure to one session of mock group counseling was enough to significantly reduce self-stigma associated with help seeking in a college student sample. Furthermore, intentions to seek help were associated with lower reported rates of self-stigma (Vogel et al., 2006).

Additional limitations of the current investigation include a lack of long-term follow-up data. Future investigations might consider conducting a long-term follow-up in order to capture any change that might take place over time as a result of exposure to a help-seeking intervention, especially in light of the lack of main effects seen in the present investigation within the belief-based factors. The results of such investigations might support bypassing attempts to alter belief-based barriers and aiming more directly at enhancing positive attitudes to increase intentions to actually seek treatment.

However, our results more likely indicate the need for further and more sophisticated explorations of current and prospective predictors and mediators of help seeking. Current efforts include investigations into self-stigma versus public stigma as mediators of attitudes toward help seeking (Vogel et al., 2006; Vogel, Wade, & Hackler, 2007; Wade, Post, Cornish, Vogel, & Tucker, 2011) and attachment style (Shaffer, Vogel, & Wei, 2006). Furthermore, investigations into select subpopulations is also recommended, given that different groups may come to their help-seeking decisions via different variable salience, organized along distinct pathways. These efforts will allow for the development of interventions tailored to the needs of select subpopulations, especially those found most resistant to seeking help. For example, as aforementioned, research consistently demonstrates that men are less likely than women to seek mental health services (Nam et al., 2010). Interventions targeted to the unique perspectives and needs of men, such as gender-role conflict issues (Pederson & Vogel, 2007), would be a fruitful endeavor, given that men report higher levels of help-seeking stigma and related reluctance to seek treatment (Galdas, Cheater, & Marshall, 2005). Furthermore, medical students (Chew-Graham, Rogers, & Yassin, 2003), student athletes...
(Watson, 2005), and select racial and ethnic identities (i.e., African American and Hispanic) have also been found to underutilize mental health services (Duncan & Johnson, 2007; Narrow et al., 2000). Efforts aimed at these groups seem a sound next step to advance this area of research.

References


Battaglia, J., Coverdale, J. H., & Bushong, C. P. (1990). Evaluation of a 2000). Efforts aimed at these groups seem a sound next step to mental health services (Duncan & Johnson, 2007; Narrow et al., (Watson, 2005), and select racial and ethnic identities (i.e., African


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