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Can Collegians' Mental Health Beliefs Determine Their Readiness to Seek Mental Health Services? A Descriptive Predictive Study

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Abstract

A descriptive predictive design was used to guide this study, which mainly aims to identify students' readiness to seek mental health services (MHS). The study was conducted at different universities across Iraq by an online survey. The study included a convenience sample of 460 university students. Data were collected through using a self-reported online survey for the period from October 28th, 2019 to March 30th, 2020. The study instrument includes the sociodemographic sheet and the Mental Health Belief Model Assessment, which assesses the six constructs of the HBM: Perceived Susceptibility, Perceived Severity, Perceived Benefits, Perceived Barriers, Self-Efficacy, and Fears. The study results revealed that less than a fifth reported that they experienced a mental health problem ($n = 72$; 15.7%). There are associations between students' Perceived Severity of MDs, their families' socioeconomic status, and their readiness to seek mental health services ($r = .015; .008$) respectively. The researchers recommend that there is a need to establish community-based health education activities that focus on raising the public's awareness of the extreme importance of seeking mental health services. Moreover, mental health professionals in Iraq need to launch as many mental health education activities as possible to consolidate the public's rapport and trust with them.

Keywords: Mental Disorders- Mental Health- College students- Stigma- Mental Health Beliefs- Mental health services

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Introduction

Mental disorders (MDs), also called mental illnesses (Mayoclinic, 2019), are a condition characterized by clinical disorders in a person's mood, perception, and thinking, and the regulation of emotions, behaviors, and relationships with others (American Psychiatric Association [APA], 2019).

Psychiatric disorders are usually accompanied by disturbances in psychological, biological, or developmental processes (APA, 2019). Mental illnesses include a wide range of problems with various side effects. Examples of MDs include schizophrenia, sadness, intellectual disabilities, and substance use disorders. Most of these disorders can be effectively rewarded (World Health Organization [WHO], 2019).

Mental health problems (MHPs) are a particularly complex challenge due to their high prevalence and burden of disability caused by them, which is estimated at the highest level among non-communicable diseases (Vigo, Thornicroft & Atun, 2016). Mental disorders represent 14% of the Global Burden of Disease (GBD) (WHO, 2019), and are a major contributor to disability in the general population (Vos et al., 2015).

The college period is characterized by great changes in the state of romance. Including sexual orientation, peer groups, course selection, and career options. This instability may decrease social support and increase stress, which is known as MDs contributors (Slavich & Auerbach, 2018). Epidemiological studies; Not surprisingly, consistently found a widespread prevalence of these disorders among college students (Pedrelli, Nir, Young, Zolov, and Wales, 2015).

This widespread prevalence in MDs is important not only to the distress it causes at the time of the major transition of life but also because it is associated with significant impairment in academic performance (Auerbach et al., 2018). The college period includes a distinguished period of development that spans the lives of teenagers and young adults (Slavich & Auerbach, 2018).

Importance of the Study

Mental health is an integral part of health and well-being and is determined by a combination of biological, social, economic, and environmental factors. Although MDs have clear biological associations (Gottschalk & Domschke, 2016), they are considered a basis for emotion, thinking, communication, learning, and self-esteem (APA, 2019). Mental health is recognized as one of the priority areas of health policy around the world and has also been included in the SDGs (Chokshi et al., 2016).

Mental health is as essential as the physical health of the general welfare of individuals, societies, and nations (WHO, 2019). Improving mental health contributes to promoting healthy development and achieving educational, social, and economic goals, as well as avoiding communicable and non-

communicable health problems and their early deaths (Armstrong et al., 2016).

College years are the peak period for the onset of many common MDs, especially depression, anxiety, and substance use disorders (De Girolamo, Dagani, Purcell, Cocchi, & McGorry, 2012), and are associated with significant weakness in the current role (Alonso et al. , 2018), in addition to various long-term negative consequences such as low academic achievement and ultimately academic success (Bruffaerts et al., 2018), a higher risk of Dropout (Ishii et al., 2018), and worse performance in subsequent life (Goldman-Mellor, et al., 2014). The college years represent a special period in which there is an urgent need to improve early identification and early treatment of respiratory diseases (Slavich & Auerbach, 2018).

Only, a small percentage of people with mental health issues utilize Mental Health Services (MHS). This would seem contradictory given the increasing understanding of MDs, their high prevalence, and associated disability and distress (Kilbourne et al., 2018). College students are especially unlikely to seek professional help for mental illness (Henshaw & Freedman-Doan, 2009).

Worldwide, people with Mental Health Problems MHPs, MHS, mental health professionals, and even the concept of mental health receive negative publicity and are stigmatized in public perceptions (Beddington

et al., 2008). Stigma is most important at the individual level in reducing access to mental health care (Hernandez, Bedrick, & Parshall, 2014).

The stigma of mental illness is a concern for helpers, as well as patients. Individuals with MDs are often categorized and stigmatized by society due to their behavior and appearance deviated from community standards (Ismail & Wahab, 2015). Stigma refers to an attribute considered by society to be undesirable which leads to the exclusion of an individual from society (Knaak, Mantler, & Szeto, 2017). Stigma occurs at multiple levels simultaneously between persons (such as self-stigmatization), between people (such as relationships with others), and structuralism (such as discriminatory and/or exclusionary policies, laws, and regulations) (Gaudiano & Miller, 2013).

College students with mental illness believe that stigma is an impediment to community participation, social relations, and the search for treatment (Gruttadaro & Crudo, 2012). The college's mental health literature discusses general stigma as consisting of two separate structures: the perceived stigma and personal stigma (Eisenberg, Downs, Golberstein, & Zivin, 2009). The perceived stigma includes one's beliefs about how members of their community perceive individuals with mental illness; Personal stigma involves advocating stereotypes, adverse bias, and discrimination (Corrigan & Koslock, 2014).

Objectives

This study aims to (1) identify students' readiness to seek MHS, (2) identify the association between HBM constructs and students' readiness to seek MHS

Methods and Materials

A descriptive predictive design was used to guide this study. The target population of this

Sample and Sampling

A non-probability convenience sample of students from different universities and majors were recruited to participate in this study. Based on the margin of error of 5%, a confidence level of 95%, a population size of 82.000, and response distribution of 50%, the recommended sample size will be 386. The final sample size is 460.

Study Instrument

The study instrument includes the sociodemographic sheet (age, gender, marital status, and birth order. The family's socioeconomic class is measured by summation of the scores of parents' level of education, household's occupation, and

study was selected from students on social media. Data were collected through using a self-reported online survey for the period from October 28th, 2019 to March 30th, 2020. The estimated time range for each participant to complete the study questionnaire ranged between 15-20 minutes, to be reaffirmed by the pilot study**.**

family's monthly income (Greene, 2018). The classification of families into the socio-economic class is based on the overall score which ranges between 4-40. The score that ranges between 35-40 = upper class, 24-34 = upper middle class, 15-23 = lower middle class, 6-14 = upper lower class, and < 6 = lower class.

Statistical Analyses.

Data were analyzed using the Statistical Package for the Social Sciences (SPSS) for Windows, version 26, Chicago, IL. The statistical measures of frequency, percent, mean, standard deviation were used. The inferential statistical measure of multiple logistic regressions was used.

Results

Table 1. *Participants' sociodemographic characteristics (N = 460)*

Variables	Frequency	Percent
Age (Years)		
18-25	249	54.1
26-32	141	30.7
33-39	51	11.1
40-46	15	3.3
47-55	4	0.8

Mean (SD)	26.65	6.04
Gender		
Male	182	39.6
Female	278	60.4
Marital Status		
Not married	320	69.6
Married	125	27.2
Divorced	7	1.5
Widower	2	0.4
Separated	6	1.3
Birth Order		
First	120	26.1
Second	92	20.0
Third	83	18.0
Fourth	51	11.1
Fifth	35	7.6
Sixth or beyond	79	17.2
Mean (SD)	3.13	2.35

Table 1. *(Continued)*

Variables	Frequency	Percent
Number of siblings in the family		*
1	12	2.6
2	40	8.7
3	51	11.1
4	92	20.0
5	82	17.8
6	58	12.6
7	41	8.9
8	42	9.1
≥ 9	42	9.1
Mean (SD)	5.26	2.39
Family's Socioeconomic Class		
Lower class	4	0.9
Upper lower class	159	34.6
Lower middle class	200	43.5

Upper middle class	95	20.6
Upper class	2	0.4

*Percent is not exactly 100.0%.

The mean of age is 26.65 ± 6.04; more a half age 18-25-years (*n = 249*; 54.1), followed by those who age 26-32-years (*n = 141*; 30.7%), those who age 33-39-years (*n = 51*; 11.1%), those who age 40-46-years (*n = 15*; 3.3%), and those who age 47-55-years (*n = 4*; 0.8).

Concerning gender, most are females (*n = 278*; 60.4) compared to males (*n = 182*; 39.6%). Regarding the marital status, most are not married (*n = 320*; 69.6%), followed by those who are married (*n = 125*; 27.2%), those who are divorced (*n = 7*; 1.5%), those who are separated (*n = 6*; 1.3%), and those who are widowers (*n = 2*; 0.4%).

With respect to the birth order, its mean is 3.13 ± 2.35; more than a quarter come in the first order (*n = 120*; 26.1%), followed by those who come in the second order (*n = 92*; 20.0%), those who come in the third order (*n = 83*; 18.0%), those who come in the sixth order or beyond (*n = 79*; 17.2%), those who come in the fourth order (*n = 51*; 11.1%), and

those who come in the fifth order (*n = 35*; 7.6%).

Concerning the number of siblings in the family, its mean is 5.26 ± 2.39; a fifth of families have four siblings (*n = 92*; 20.0%), followed by those who have five siblings (*n = 82*; 17.8%), those who have six siblings (*n = 58*; 12.6%), those who have three siblings (*n = 51*; 11.1%), those who have each of eight and nine or more siblings (*n = 42*; 9.1%) for each of them, those who have seven siblings (*n = 41*; 8.9%),, those who have two siblings (*n = 40*; 8.7%), and those who one sibling (*n = 12*; 2.6%).

Regarding the family's socioeconomic class, more than two-fifth are of lower middle class (*n = 200*; 43.1%), followed by those who are of the upper lower class (*n = 159*; 34.3%), those who are of the upper middle class (*n = 95*; 20.5%), those who are of the lower class (*n = 4*; 0.9%), and those who are of the upper class (*n = 2*; 0.4%).

Table 2. Association between study variables and readiness to seek mental health services

	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
Perceived Susceptibility and Fear	.005	.011	.023	.455	.649
Perceived Severity	-.034	.014	-.135	-2.442	.015
Perceived Benefits	-.008	.009	-.053	-.940	.348

Perceived Barriers	-.004	.007	-.032	-.611	.541
Self-Efficacy	.018	.017	.050	1.061	.289
Age	-.023	.016	-.068	-1.412	.159
Birth Order	.044	.053	.050	.828	.408
Socioeconomic Status	.040	.015	.133	2.680	.008
Number of siblings in the family	-.036	.053	-.041	-.680	.497

There are associations between students' Perceived Severity of MDs, their families' socioeconomic status, and their readiness to seek mental health services ($r = .015; .008$) respectively.
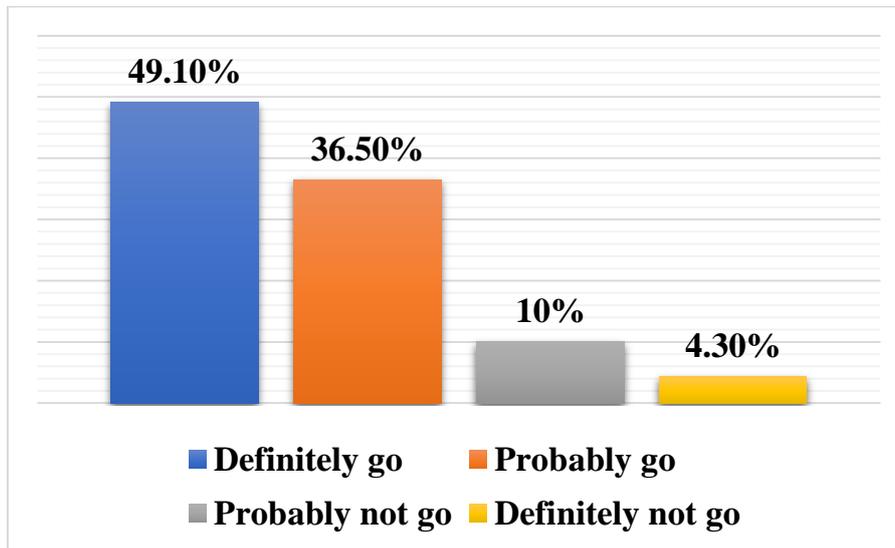
Figure 1. *Readiness to seek mental health services*

Less than a half demonstrated their definite readiness to seek mental health services ($n = 226$; 49.1%), followed by those who are probably ready to seek such services ($n = 168$; 36.5%), those who are probably not ready to seek such services ($n = 46$; 10.0%), and those who are definitely not ready to seek such services ($n = 20$; 4.3%).

Discussion of Study Findings

Concerning the prevalence of MDs among the young population, less than a fifth reported that they experienced a mental health problem. This finding is incongruent with these obtained by Auerbach and others (2018), Ibrahim and others (2019), and Subramaniam and others (2020) who concluded that mental illness rates among young people are high. Within the national context, Al-Jawadi and Abdul-Rhman (2007) revealed that MDs are a common condition highly prevalent amongst the children and early adolescents in Mosul. More specifically about the prevalence of MDs among university students; this finding is

lower than that of Auerbach and others (2016); Bedaso, Duko, and Yeneabat (2020); Vo (2018); Wahed and Hassan (2017); and Zivin, Eisenberg, Gollust, and Golberstein (2009) who reported that MDs are noticeably prevalent among university students.

This finding could mirror the actual prevalence of MDs among the Iraqi society in general and university students in particular. This could be attributed to the extremely limited mental health services throughout Iraq, the Iraqi community attitudes toward people with MDs that could be a barrier to seek professional psychological help and mental health services, and poor mental health literacy among the Iraqi society in general and university students in particular. Bantjes (2020) displayed very low mental healthcare treatment utilization among first-year university students in South Africa.

Regarding the students' readiness to MHS, the study findings displayed that less than a half demonstrated their definite readiness to seek mental health services. From the other side, more than a half collectively demonstrated no readiness to seek such services. These findings could be explained as that societal MHL proportionate with people's readiness to seek mental health services. That is, lack of MHL impedes people to seek such services. Aldalaykeh, Al-Hammouri, and Rbabaah (2019) stated that the collective nature of Arab communities which have a high self and community stigma toward mental illness as

well as negative attitudes toward mental health services. Yelpaze and Ceyhan (2019) revealed that college students have negative help-seeking attitudes.

There was a statistically significant association between Perceived Severity of developing mental health problem(s) and participants' readiness to seek mental health services. This finding could be explained as those students who perceive that developing the mental disorder(s) would impose deleterious health consequences including physical, psychological, social, emotional, cultural, and self-actualization would be more ready to seek mental health services and vice-versa.

Conclusion

The greater the participants would feel embarrassed, the poorer the readiness to seek mental health services. The more the feeling comfortable to talk about a mental health problem with a therapist, the greater the readiness to seek mental health services.
The less the participants feel embarrassed if their families knew they were going to therapy for a mental health problem, the greater the readiness to seek mental health services.
The greater the Perceived Benefits of seeking mental health services, the greater the readiness to seek mental health services.
The lesser the Perceived Barriers to seeking mental health services, the greater the readiness to seek mental health services.

Recommendations

There is a need to establish community-based health education activities that focus on raising the public's awareness of the extreme importance of seeking mental health services. This can be achieved through enabling the public to outweigh the severity of mental health problems or disorders over embarrassment they can feel when their family knew they were going to therapy for a mental health problem.

Mental health professionals in Iraq need to launch as many mental health education activities as possible in order to consolidate the public's rapport and trust with them. Thus, the public would be more open to mental health professionals and trust them more. This in turn can make the pubic more ready to seek mental health services.

Mental health professionals need to design mental health education activities that aim to increase the public's awareness; particularly families, about mental health as an integral part of their health.

Mental health professionals need to collaborate more with media to raise the public's awareness of the benefits of seeking mental health services and censoring the public in terms of reducing the Perceived Barriers to seek mental health services.

Limitations of the Study

1- Considering this study was conducted of a non-probability sample, the findings of the study are limited to the sample of the study and cannot be generalized.

2- There is very little literature on student knowledge related to mental health in Iraq.

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