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Negative Effects of Barriers to Seeking Psychological Help and Their Association With Depression, Anxiety, Stress, and Self-Efficacy Among College Students

Nursel TOPKAYA
Faculty of Education
Ondokuz Mayıs University
Turkey
nursel.topkaya@omu.edu.tr

Ertuğrul ŞAHİN
Faculty of Education
Amasya University
Turkey
ertugrulsahn@gmail.com

Yaşar BARUT
Faculty of Education
Ondokuz Mayıs University
Turkey
ybarut@omu.edu.tr

ABSTRACT
Research has consistently shown that barriers to seeking psychological help are multidimensional and negatively associated with formal help-seeking. However, studies examining the negative effects of barriers to seeking psychological help among diverse samples are scarce. Thus, the purpose of this study is to examine the negative effects of barriers to seeking psychological help among Turkish college students, in particular investigating the association between such barriers and depression, anxiety, stress, and self-efficacy. Participants included 529 college students (M=21.48, 63% female) recruited from various faculties in a university in the Central Black Sea Region of Turkey. They completed the Depression Anxiety Stress Scale-21, the General Self-Efficacy Scale, the Barriers to Seeking Psychological Help Scale, and a personal information form. One-way multivariate analyses of variance (MANOVA) and hierarchical multiple regression analyses were performed. One-way ANOVA results showed that students who had previously sought psychological help had significantly higher depression, anxiety, and stress scores than other students and male participants had higher general self-efficacy scores than female participants. Hierarchical multiple regression analyses also revealed that the dimensions of barriers to seeking psychological help were positively correlated with depression, anxiety, and stress and negatively correlated with general self-efficacy after controlling for gender and previous help-seeking experience. Reducing barriers related to seeking formal psychological help may help to foster psychological well-being among Turkish college students.

Keywords: Barriers to seeking psychological help, depression, anxiety, stress, self-efficacy, college students, Turkey.

INTRODUCTION

Research has shown that college students face various mental health problems that may require receiving psychological help (Kessler et al., 2005). Studies investigating help-seeking behaviors among various age groups have also suggested that young people between 18 and 24 years old are less likely to seek psychological help compared to middle aged adults, and generally, the ratio of psychological help seeking was lower among young people, especially in college aged students (Bijl & Ravelli, 2000; Reavley, Cvetkovski, Jorm, & Lubman, 2010; Ryan, Shochet, & Stallman, 2010). These findings indicate that college students may avoid using psychological help services due to certain perceived barriers towards receiving psychological help. Barriers related to seeking psychological help are defined as a general unwillingness to receive psychological help or factors hindering an individual's actual psychological help-seeking behavior (Kuhl, Jarkon-Horlick, & Morrissey, 1997).

A study conducted with 4,027 participants aged between 19 and 64 years old to determine the barriers to seeking psychological help reported that 37% of males and 27% of females had experienced such barriers (Andersson, Moore, Hensing, Krantz, & Staland-Nyman, 2014). Another study conducted on women with antenatal depression stated that 52.9% of the participants, who had no previous psychological help experience, reported at least five significant barriers that prevented them from receiving any psychological help (Fonseca, Gorayeb, & Canavarro, 2015). Similarly, research conducted on college students emphasized that the students perceived various barriers and, therefore, avoided receiving psychological help (Vanheusden et al., 2008). The developmental period of college students involves significant changes, including starting college life by leaving home, job and occupation selection, academic problems, romantic and emotional issues, etc., which leave college students at risk for mental

health problems, such as depression, anxiety, and stress (Blanco et al., 2008). Additionally, anxiety disorders, mood disorders, substance abuse, and non-emotional psychosis often start in adolescence or young adulthood corresponding to the college education years (Kessler et al., 2007). Therefore, it is important to investigate correlates of barriers to receiving psychological help among college students.

Factors affecting receiving psychological help could be explained under behavioral theoretical models with three factors, namely predisposing factors, enabling factors, and perceived need. Predisposing factors are demographical variables and pre-existing factors that contribute to the possibility of receiving psychological help. Enabler factors, which include income, social security, family support, and social resources, could either strengthen or lessen the likelihood of receiving psychological help. Perceived need factors include perceived and actual needs related to using mental health services for psychological stress and psychological diagnosis (Zinzow et al., 2013).

Previous research has shown that there are various barriers related to receiving psychological help among college students. These barriers include, but are not limited to, stigmatization related to receiving psychological help (Shkcmbi, Melonashi, & Fanaj, 2015; Vogel, Wade, & Hackler, 2007), negative attitude towards receiving psychological help (Vanheusden et al., 2008), inability to notice the need for receiving psychological help (Andersson et al., 2013), the individual's belief that he/she can overcome his/her problems without any professional help (Jennings et al., 2015), difficulties related to self-disclosure, anxiety towards the benefits of seeking help from a mental health professional, distrust of the mental health professional (Calloway, Kelly, & Ward-Smith, 2012), and a lack of knowledge about mental health services (Kim, Saw, & Zane, 2015). In addition to the previous research mentioned above, Topkaya, Şahin, and Meydan (2017) found five salient barriers among college students related to receiving psychological help, namely fear of being stigmatized by society, trust in the mental health professional, difficulties in self-disclosure, perceived devaluation, and lack of knowledge.

Self-efficacy could be regarded as one of the barriers to receiving psychological help, as it relates to the beliefs and expectations that some behaviors are necessary to achieve certain outcomes (Bandura, 1997). Self-efficacy determines the tenacity and durability of an individual towards such barriers as well as the effort to overcome them (Bronstein, 2014). Therefore, individuals with higher self-efficacy are more likely to work harder when struggling with various barriers. A study comparing people with high and low self-efficacy found that people with low self-efficacy are more likely to experience mental health problems compared to people with high self-efficacy (Andersson et al., 2014).

Psychological distress is defined as a mental state characterised by anxiety and/or depressive symptoms (Sun et al., 2016). Mental health problems are becoming a significant problem worldwide. According to the predictions of the World Health Organization (WHO), by 2020, depression will become the second most common disease that causes disability in humans (WHO, 2001). Similarly, anxiety and stress are among the most significant psychological problems experienced by many college students (Blanco et al., 2008; Reavley, Cvetkovski, Jorm, & Lubman, 2010) Research has shown that psychological problems, such as depression, anxiety, and stress, lower quality of life and affect socio-economic wellbeing, education, and opportunities for employment (Lund et al., 2010). Therefore, it is important to determine whether there is a significant relationship between the relevant psychological problems and barriers to receiving psychological help. On the other hand, general self-efficacy could be individually significant both in terms of the likelihood of receiving psychological help and for emotional health as self-efficacy requires power and motivation to act, even when the individual experiences psychological problems and disorders (Andersson et al., 2014). Additionally, it is evident that in order to acquire a more comprehensive understanding of why most college students with mental health difficulties prefer not to seek psychological help, prior research has investigated the association between factors regarded as potentially important barriers and help seeking, but there is limited knowledge about whether there is a relationship between self-efficacy and barriers to receiving psychological help. Thus, the objective of this study is to investigate the relationship between barriers to receiving psychological help and self-efficacy, depression, anxiety, and stress levels among college students.

METHOD

Research Design

This correlation study investigated the relationship between the barriers to receiving psychological help and self-efficacy, depression, anxiety, and stress (Barker, Pistrang, & Elliott, 2016).

Participants

Data were initially collected from 567 college students in the different faculties and departments of a university located in the Central Black Sea Region of Turkey. However, participants with any missing data from the socio-demographic variables, except the age variable (n=12); participants who did not answer 20% or more on any scale items (n=18); and eight multivariate outliers were excluded from the dataset, resulting in a remainder of 529 participants. College students in this study were selected using convenience sampling. There were 332 (62.8%) female and 197 (37.2%) male college students who participated. The students who reported their age (n=373) showed that the ages ranged between 18 and 52, with an average age of 21.48 ($S.D.$=3.43). There were 152 students in freshman year, 97 (18.3%) in sophomore year, 157 (29.7%) in junior year, and 123 (23.3%) in senior

year. Most of the students had not received any previous psychological help (81.5%, *n*=431). The students who received previous psychological help rated the help-seeking experience as *It was not helpful at all* (23.5%, *n*=23), *It was helpful a bit* (40.8%, *n*=40), *It was helpful significantly* (29.5%, *n*=29), and *It was extremely helpful* (6.1%, *n*=6).

Scales

Personal Information Form (PIF): A PIF was used to collect information about the students' sociodemographic characteristics. Specifically, they responded to questions about their faculty, department, gender, age, grade level, and whether they had received any psychological help before.

Depression Anxiety Stress Scale-21 (DASS-21): To measure the depression, anxiety, and stress levels of the college students, the DASS developed by Lovibond and Lovibond (1995) was used in this study. The DASS consists of a long form with 42 items and a short form with 21 items. The DASS-42 translation, validity, and reliability study was conducted on the Turkish language version by Bilgel and Bayram (2010). The DASS-21 used in this study derived items from the DASS-42 (Bilgel & Bayram, 2010). The DASS-21 consists of three subscales: depression, anxiety, and stress. Each subscale is comprised of seven items. The validity and reliability of this scale for Turkish college students was determined by the first and second researchers as part of an ongoing research project and will be reported in another study. However, the initial findings of DASS-21 regarding Turkish college students showed that the Turkish form of DASS-21 has a similar factor structure to that in the original form and the reliability of the scale was adequate. More information about the validity and reliability of Turkish DASS-21 can be obtained by request from the first and second researcher. On the scale, participants rated how much each item applied to them in the past week on a 4-point Likert scale, ranging from 1 (Never) to 4 (Almost Always). Possible scores ranged between 0 and 21 for the depression, anxiety, and stress scales. Each subscale's items were summed separately. Higher scores indicated a higher level of depression, anxiety, and stress for each dimension, respectively. Sample items from the depression, anxiety, and stress subscale include "I felt down and blue," "I experienced trembling (e.g., in the hands)," "I tended to over-react to situations."

General Self-Efficacy Scale (GSES): To determine the self-efficacy level of the college students, the GSES developed by Schwarzer and Jerusalem (1995) was used. The GSES measures participants' competence when struggling with new and difficult tasks in different settings. It was originally developed in Germany after twenty years of work and translated into more than 30 languages. The Turkish translation was undertaken by Yeşilay, Jerusalem, and Schwarzer (2017) as part of an international study. The validity and reliability of the GSES was also investigated by İlhan (2005), who found that GSES responses consists of a unidimensional factor structure similar to the original factor structure, and total variance explained by the GSES was 44%. The GSES item factor loadings also ranged between .42 and .75. Additionally, the Cronbach alpha (α) internal consistency coefficient reported by İlhan (2005) was .76. This scale consists of ten items, each item rated on a 4-point Likert type scale ranging from *Not at all true* (1) to *Exactly true* (4). Responses to GSES items were summed to yield a total score that ranged between 10 and 40. Higher scores indicate greater self-efficacy. The internal consistency coefficient (α) of the scale scores calculated in this study was .88. An example item from the scale is "I can solve most problems if I invest the necessary effort."

Barriers to Seeking Psychological Help Scale (BSPHS): The barriers to seeking psychological help perceived by the students were measured with the BSPHS developed by Topkaya et al. (2017). This scale consists of five subscales, namely fear of being stigmatized by society, trust in the mental health professional, difficulties in self-disclosure, perceived devaluation, and lack of knowledge (Topkaya et al., 2017). The validity and reliability for the BSPHS were investigated on college students. Exploratory factor analysis results suggested that the BSPHS had a five-factor structure that explained 66.55% of the total scale variance, and this factor structure was cross-validated with confirmatory factor analysis in a different sample (χ^2/df: 1.269, (CFI), Root Mean Square Error of Approximation (RMSEA): .035, Comparative Fit Index (CFI): .972, Tucker-Lewis Index (TLI): .964, Standardized Root Mean Square Residual (SRMR): .053). Test-retest reliability of this scale across three weeks ranged between .56 (perceived depreciation) and .71 (difficulty of self-disclosure). The internal consistency of the scale for this study was found to be as follows: .79 for the fear of being stigmatized by society (4 items), .78 for trust in the mental health professional (4 items), .74 for difficulties in self-disclosure (3 items), .72 for perceived devaluation (3 items), and .45 for lack of knowledge (3 items). Although the Cronbach alpha internal consistency coefficient for the lack of knowledge subscale was lower, this coefficient was similar to the Cronbach alpha value in Topkaya et al. (2017) (Study 2). Additionally, according to Briggs and Cheek (1986), when the items were limited in a scale, such as the lack of knowledge subscale, the average interitem correlation values of the items should be considered rather than the internal consistency of the scale, and this value should be between .2 and .4. In this study, the average interitem correlation for the lack of knowledge subscale was .22, suggesting that the subscale is adequate for conducting statistical analyses.

Procedure

The data for this study were collected from April 2017 to June 2017. The questionnaires, including the PIF, DASS-21, GSES, and BSPHS, were distributed to students during their regular class hours. The students were

informed about the study's purpose, that participation in the study was voluntary, the answers would remain anonymous, and the participants could withdraw from the study without any consequences. Informed consent was obtained from all participants; no student refused to participate. Students completed the questionnaire in approximately thirty minutes.

Statistical Analysis

All statistical analyses were performed using the SPSS 23 program. Before the analyses, the accuracy of the data, missing values, outliers, and assumptions of statistical analysis were checked. First, missing values in the dataset were examined; the missing values on the item level were from 0.0% to 1.1%. Inspection of missing values suggested that they generally occurred in DASS-21 at the end of the scale. This could be related to low concentration levels or tiredness among the participants. In order to handle missing data, we used the expectation maximization (EM) missing data estimation algorithm, a widely recommended approach to estimate missing data in counseling literature as operationalized in SPSS 23. There was no univariate outlier in the dataset. However, eight multivariate outliers were detected using Mahabolinis distances, as suggested by Tabachnick and Fidell (2012), and excluded from dataset. Preliminary analyses were conducted to ensure no violation of the assumptions of normality, homogeneity of variance and covariance matrices, linearity, multicollinearity, and homoscedasticity in appropriate analyses (Ho, 2013; Tabachnick & Fidell, 2012). One-way multivariate analysis of variance (MANOVA) was used to examine differences in depression, anxiety, stress, and general self-efficacy scores with respect to gender and previous help-seeking experience, respectively. Hierarchical Multiple Regression Analysis was used to examine the ability of barriers to seeking psychological help to predict levels of depression, anxiety, stress, and self-efficacy, respectively, after controlling for gender and previous help-seeking experience. The level of statistical significance was set at $p < .05$ in all statistical analyses.

RESULTS

Table 1 reports depression, anxiety, stress scale means, and standard deviations with respect to gender and previous help-seeking experience.

Table 1 Descriptive Statistics

Variable	Depression		Anxiety		Stress		Self-efficacy	
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
Gender								
Female	5.99	4.57	5.27	3.88	7.51_a	3.78	26.20_b	5.57
Male	5.77	4.21	4.85	3.75	6.83_b	3.89	28.80_a	5.89
Previous Help-Seeking								
Yes	7.11_a	4.45	6.49_a	3.96	8.32_a	4.02	26.82	6.74
No	5.64_b	4.39	4.80_b	3.74	7.01_b	3.75	27.25	5.60

Note. Each number with a subscript in the means indicates a group difference: a > b. There was no difference in the other groups.

A series of MANOVAs was conducted to examine possible mean differences between depression, anxiety, stress, and general self-efficacy scores with respect to the sex of participants and previous help-seeking experience. One-way MANOVA results showed that the multivariate main effects of sex (Wilk's Lambda=.94, F (4, 524)=7.92, p <.001, partial η^2=.057) and previous help-seeking experience were significant (Wilk's Lambda=.97, F (4, 524)=4.05, p=.003, partial η^2=.030). A series of one-way ANOVAs was performed as a follow-up test to the MANOVA for sex and previous help-seeking experience independent variables. One-way ANOVAs showed that the main effects of depression (F (1, 527)=.31, p=.575, partial η^2=.001) and anxiety (F (1, 527)=1.48, p=.225, partial η^2=.003) were not significant based on sex. However, stress (F (1, 527)=3.99, p=.046, partial η^2=.008) and general self-efficacy scores (F (1, 527)=25.72, p < .001, partial η^2=.047) were significantly different. As seen in Table 1, female students had much higher stress scores than male students, and male students had higher general self-efficacy scores than female students. Regarding previous help-seeking experience, one-way ANOVAs showed that depression (F (1, 527)=8.91, p=.003, partial η^2=.017), anxiety (F (1, 527)=15.99, p <.001, partial η^2=.029), and stress (F (1, 527)=9.52, p=.003, partial η^2=.018) scores were significantly different. However, no significant differences were found for general self-efficacy scores (F (1, 527)=.42, p=.517, partial η^2=.001). As seen in Table 1, students who previously sought psychological help had significantly higher depression, anxiety, and stress scores than other students.

A series of hierarchical multiple regressions were calculated to assess the ability of barriers to seeking psychological help to predict levels of depression, anxiety, stress, and general self-efficacy, respectively, after controlling for the influence of sex and previous help-seeking experience. Hierarchical multiple regression

analysis results are presented in Table 2 for depression scores, Table 3 for anxiety scores, Table 4 for stress scores, and Table 5 for general self-efficacy scores. Participants' sex and previous help-seeking experience were entered into Step 1 in all analyses.

As seen in Table 2, sex and previous help-seeking experience explained 2% of the variance in depression scores. After entry of the barriers to seeking psychological help subscales in Step 2, the total variance explained by the model was 12% (F (7, 521)=9.74, p < .001). Barriers to seeking psychological help subscales explained an additional 10% of the variance in depression scores, after controlling for sex and previous help-seeking experience (ΔR^2=.10, ΔF(5, 521)=11.61, p <.001). In the final model, previous help-seeking experience (β=-.16, t=-3.75, p< .001), difficulties in self-disclosure (β=.11, t=2.20, p< .05), perceived devaluation (β=.15, t=2.20, p< .05), and lack of knowledge (β=.11, t=2.07, p< .05) were statistically significant. Students with high scores in difficulties in self-disclosure, perceived devaluation, and lack of knowledge were more likely to experience depressive symptoms after controlling for sex and previous help-seeking experience.

Table 2 Hierarchical multiple regression analysis results for depression

Variable	Step 1					Step 2				
	B	*SE*	β	*t*	*p*	*B*	*SE*	β	*t*	*p*
Constant	8.90	1.07		8.34	.001	4.81	1.16		4.14	.001
Sex	-.23	.94	-.03	-.58	.562	-.39	.39	-.04	-1.00	.316
Prev. help-seeking	-1.47	.49	-.13	-2.99	.003	-1.78	.48	-.16	-3.75	.001
Fear of being stig.						-0.48	.08	-.04	-.62	.533
Trust in the mental health						.08	.07	.06	1.13	.258
Self-disclosure						.17	.08	.11	2.20	.028
Perceived devaluation						.27	.11	.15	2.55	.011
Lack of knowledge						.21	.10	.11	2.07	.039
R^2		.02					.12			
Adj R^2		.01					.10			
SE		4.40					4.20			
$F(df_n, df_d)$		2,526					7,521			

Note. p values between .011 and .039 were significant at p < .05; p=.003 value was significant at p <.01; p=.001 values were significant at p <.001.

Table 3 Hierarchical multiple regression analysis results for anxiety

Variable	Step 1					Step 2				
	B	*SE*	β	*t*	*p*	*B*	*SE*	β	*t*	*p*
Constant	8.77	.92		9.58	.001	6.23	1.01		6.18	.001
Sex	-.43	.34	-.05	-1.25	.211	-.70	.34	-.09	-2.06	.040
Prev. help-seeking	-1.70	.42	-.17	-4.01	.001	-2.01	.41	-.20	-4.86	.001
Fear of being stig.						.10	.07	.08	1.49	.136
Trust in the mental health						.00	.06	.00	.01	.992
Self-disclosure						.03	.07	.02	.34	.735
Perceived devaluation						.24	.09	.15	2.59	.010
Lack of knowledge						.15	.09	.09	1.69	.091
R^2		.03					.11			
Adj R^2		.03					.10			
SE		3.78					3.64			
$F(df_n, df_d)$		2,526					7,521			

Note. p=.040 value was significant at p < .05; p=.010 value was significant at p <.01**; p=.001 values were significant at p <.001.

As seen in Table 3, sex and previous help-seeking experience explained 3% of the variance in anxiety scores. After entry of the barriers to seeking psychological help subscales in Step 2, the total variance explained by the model was 11% (F (7, 521)=9.11, p<.001). Barriers to seeking psychological help subscales explained an additional 8% of the variance in anxiety scores, after controlling for sex and previous help-seeking experience (ΔR^2=.08, ΔF(5, 521)=8.97, p<.001). In the final model, sex (β=-.09, t=-2.06, p<.05), previous help-seeking experience (β=-.20,

t=-2.06, *p*<.05), and perceived devaluation (β=.15, *t*=2.59, *p*<.05) were statistically significant. Although the gender variable was not significant in Step 1, it was significant in the final model, indicating that gender may moderate the relationship between anxiety and some dimensions of barriers to seeking psychological help. Moreover, students who had high scores in perceived devaluation were more likely to experience symptoms of anxiety after controlling for sex and previous help-seeking experience.

Table 4 Hierarchical multiple regression analysis results for stress

Variable	Step 1					Step 2				
	B	*SE*	β	*t*	*p*	*B*	*SE*	β	*t*	*p*
Constant	10.59	.92		11.55	.001	7.45	1.01		7.39	.001
Sex	-.69	.34	-.09	-2.03	.043	-.82	.34	-.10	-2.43	.015
Prev. help-seeking	-1.32	.42	-.13	-3.10	.002	-1.50	.41	-.15	-3.64	.001
Fear of being stig.						-.08	.07	-.07	-1.26	.209
Trust in the mental health						.10	.06	.10	1.72	.086
Self-disclosure						.03	.07	.03	.49	.627
Perceived devaluation						.27	.09	.17	2.90	.004
Lack of knowledge						.20	.09	.12	2.32	.021
R^2		.03					.11			
Adj R^2		.02					.10			
SE		3.79					3.64			
$F(df_n, df_d)$		2,526					7,521			

Note. *p* values from .015 to .043 were significant at *p*<.05*; *p* values from .002 to .004 were significant at *p* <.01; *p*=.001 values were significant at *p*<.001.

As seen in Table 4, sex and previous help-seeking experience explained 3% of the variance in stress scores entered in Step 1. After entry of the barriers to seeking psychological help subscales in Step 2, the total variance explained by the model was 11% (*F* (7, 521)=9.15, *p*<.001). Barriers to seeking psychological help subscales explained an additional 8% of the variance in anxiety scores, after controlling for sex and previous help-seeking experience (ΔR^2=.08, ΔF(5, 521)=9.84, *p*<.001). In the final model, sex (β=-.10, *t*=-2.43, *p*<.05), previous help-seeking experience (β=-.20, *t*=-3.64, *p*<.001), perceived devaluation (β=.17, *t*=2.59, *p*<.05), and lack of knowledge (β=.12, *t*=2.32, *p*<.05) were statistically significant. In other words, participants who had high scores in perceived devaluation and lack of knowledge were more likely to experience stress symptoms after controlling for sex and previous help-seeking experience.

Table 5 Hierarchical multiple regression analysis results for general self-efficacy

Variable	Step 1					Step 2				
	B	*SE*	β	*t*	*p*	*B*	*SE*	β	*t*	*p*
Constant	22.81	1.38		16.55	.001	25.20	1.57		16.09	.001
Sex	2.60	.51	.22	5.07	.001	2.50	.52	.21	4.77	.001
Prev. help-seeking	.44	.64	.03	.69	.491	.58	.64	.04	.90	.367
Fear of being stig.						.04	.10	.02	.39	.695
Trust in the mental health						-.06	.09	-.04	-.66	.509
Self-disclosure						-.21	.11	-.10	-1.97	.049
Perceived devaluation						-.17	.14	-.07	-1.20	.229
Lack of knowledge						.09	13	.04	.67	.502
R^2		.05					.07			
Adj R^2		.04					.06			
SE		5.69					5.65			
$F(df_n, df_d)$		2,526					7,521			

Note. *p*=.040 value was significant at *p*<.05; *p*=.010 value was significant at *p* <.01**; *p*=.001 values were significant at *p*<.001.

Finally, as seen in Table 5, sex and previous help-seeking experience explained 5% of the variance in general self-efficacy scores entered in Step 1. After entry of the barriers to seeking psychological help subscales in Step 2, the total variance explained by the model was 7% (*F* (7, 521)=5.56, *p*<.001). Barriers to seeking psychological

help subscales explained an additional 2% of the variance in general self-efficacy scores, after controlling for sex and previous help-seeking experience (ΔR^2=.02, ΔF(5, 521)=2.48, p<.05). In the final model, sex (β=.21, t=4.77, p<.001) and difficulties in self-disclosure (β=-.10, t=-1.97, p<.05) were statistically significant. In other words, participants with high scores in difficulties in self-disclosure were more likely to have low self-efficacy after controlling for sex and previous help-seeking experience.

DISCUSSION

The relationship between barriers to seeking psychological help and depression, anxiety, stress, and general self-efficacy in college students was investigated in this study. The results of the present study suggested that female students experienced higher level of stress compared to male students, and male students had higher self-efficacy levels than females. The results of this study were in line with previous non-Western studies showing that self-efficacy levels of male students were generally higher than those of female students (Al Khatib, 2012). Additionally, we found that students who had received previous psychological help had higher depression, anxiety, and stress levels than those who had not received help. However, this result contradicts previous studies showing that receiving counseling and psychological help has numerous benefits for academic, emotional, and psychological problems (Eisenberg, Golberstein, & Gollust, 2007). One of the possible explanations for this result may be that students in this sample generally rated usefulness of help-seeking experience as low. Thus, help-seeking experience may not be enough to reduce their psychological symptoms. An alternative explanation may be that although we collected information about help-seeking experience, we did not collect information about when and how long it lasted. Thus, the effectiveness of help-seeking experience may diminish and psychological symptoms intensify over time. The validity of these explanations can be tested in future investigations.

When we controlled for gender and previous psychological help-seeking experience, we found that students with difficulties in self-disclosure, a high level of perceived devaluation, and a high level of lack of knowledge were more likely to exhibit depressive symptoms. The results of this study support and extend those of previous studies in clinical populations showing that some perceived barriers are common both in individuals diagnosed with mental diseases and healthy individuals. For example, in a study with individuals diagnosed with depression, Andersson et al. (2013) found that stigmatisation and perceived devaluation, lack of knowledge regarding mental illnesses and treatment possibilities, and financial problems were among the most significant barriers in depressed individuals. Fonseca et al.'s (2015) study examining the barriers to receiving psychological help among women with antenatal depression found that barriers related to lack of knowledge were more significant than others.

Study results regarding the anxiety scores also showed that although gender was not a significant predictor of anxiety scores in the first stage of the analysis, it was a significant predictor in the final model. Accordingly, it could be inferred that gender could be a moderator variable in the relationship between anxiety and barriers to receiving psychological help. Additionally, students with high perceived devaluation are more likely to show symptoms of anxiety. Logan, Steel, and Hunt (2016) stated that engagement with mental health professionals directly affects anxiety, as individuals with higher anxiety levels preferred lower levels of interaction in help-seeking processes.

When we controlled for gender and previous psychological help experience, we also found that students with a high level of perceived devaluation and a high level of lack of knowledge were more likely to experience stress symptoms. Such findings are in line with previous research showing that perception of different types of barriers related to psychological help could lead to different types of stress. For example, Calloway et al. (2012) revealed that perception of various barriers to receiving psychological help, such as depreciation and lack of knowledge, may lead to physical and academic stress among college students.

After reviewing the results related to depression, anxiety, and stress scores together, one obvious finding was that perceived devaluation was positively correlated with three different types of negative effects. According to the Modified Labelling Theory (Link, Cullen, Struening, Shrout, & Dohrenwend, 1989), perceived devaluation includes beliefs about the degree to which individuals with mental illness will be reduced in value. An individual who has officially been labelled as having a psychological illness will perceive how others treat those with such diagnoses, leading to higher levels of stress, anxiety, and depression. According to this theory, individuals also internalize society's perception of mentally ill individuals, which tends to label them as dangerous, inadequate, and unpredictable. If individuals internalize these stereotypes, they will believe that if people knew their diagnosis, they would lose their reputation and be subject to discrimination and devaluation. Thus, individuals tend to adopt coping strategies to hide metal illness and withdraw to avoid the negative consequences of the illness and stigmatisation. Thus, it is obvious that perceived devaluation is a barrier to receiving psychological help; therefore, the possibility of experiencing depression, anxiety, and stress symptoms was higher for individuals with perceived devaluation.

Lastly, when we controlled for gender and previous help-seeking experience, the results of the study showed that students who had difficulty in self-disclosure were more likely to have low self-efficacy levels. This was consistent with previous literature suggesting that individuals with higher self-efficacy levels were more likely to show

higher self-disclosure behaviors, as well as be more open to expressing ideas and emotions (Kumar & Lal, 2006). Vogel, Wade, and Hackler (2007) suggested that individuals who experienced stigmatisation due to receiving psychological help reflected such stigmatization behaviors back on themselves, and as a result of this stigmatization process, the individuals experienced low self-esteem and self-efficacy. It is well known that perceived self-efficacy plays a protective role in mental health (Bandura, 2012), but this may only be the case in self-disclosing individuals.

Consequently, this study suggests that barriers to receiving psychological help play an important role in depression, anxiety, stress, and general self-efficacy in college students. Reducing barriers related to seeking formal psychological aid may help to foster psychological well-being among Turkish college students. Informing students and society about possible barriers related to seeking psychological help may also help to alleviate the detrimental effects of not seeking such assistance. University counseling centers and institutions should carry out advertising campaigns aimed at increasing students' knowledge concerning the process of seeking psychological help and to ensure that students are aware of the unreasonable stigmas surrounding such aid in order to reduce the barriers related to seeking psychological help.

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