

**Personal, Social and Systemic Barriers as Preventative Predictors of Seeking Psychiatric
and Psychotherapeutic Services Through Corresponding Behaviors & Attitudes**

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Abstract

In Lebanon, few individuals who have experienced any type of mental disorder have sought mental health treatment. For those who did seek professional treatment, there was a substantial delay between the onset of the disorder and the beginning of the treatment (Karam et al, 2008). This phenomenon of not receiving effective treatment is referred to as “the treatment gap” by the World Health Organization (Dua et al, 2011). One of the most cited factors which influence people’s help-seeking process is their help-seeking attitude, operationally defined as people’s overall evaluation (unfavorable vs. favorable) of the act of seeking help from a mental health professional such as a psychologist or psychiatrist. The present study seeks to better understand the role of help-seeking attitudes in increasing help-seeking behavior through studying self and social stigma with mental health literacy. This quantitative study followed a correlational design and the survey was administered through a questionnaire to a purposive convenience sample. The study used four instruments: Hammer et al. (2018) Mental Help-Seeking Attitudes Scale, Vogel et al. (2016) Self-Stigma of Seeking Help Scale, Komiya et al (2000) Stigma Scale for Receiving Psychological Help and O’Connor & Casey’s Mental Health Literacy Scale (MHLS). The study hypothesized that: 1) Participants who have more favorable attitudes toward help-seeking behavior will be more likely to seek mental health services; 2) Participants who have lower levels of self-stigma will be more likely to seek mental health services; 3) Participants who have lower levels of perceived public stigma will be more likely to seek mental health services; 4) Participants who have higher levels of mental health literacy will be more likely to seek mental health services. The statistical analyses showed support for the

second and fourth hypotheses only. Hence, the study showed that attitudes towards help-seeking are affected by low levels of self-stigma and higher mental health literacy. Future studies can try to replicate this study and target its limitations by selecting a larger sample size, a random sample that is more representative of the Lebanese population, and a counterbalanced survey that controls for order and carryover effects.

Keywords: Attitudes towards help-seeking, help-seeking behavior, mental health literacy, self-stigma, public stigma.

Personal, Social, and Systemic Barriers and Their Corresponding Behaviors as Preventative Predictors of Seeking Psychiatric and Psychotherapeutic Services

In Lebanon, few individuals who have experienced any type of mental disorder have sought mental health treatment or ever received appropriate care. For those who did seek professional treatment, there was a substantial delay between the onset of the disorder and the beginning of the treatment (Karam et al, 2008). This phenomenon of not receiving effective treatment is referred to as “the treatment gap” by the World Health Organization (Dua et al, 2011). To better understand this phenomenon, researchers have examined several factors to try and overcome this treatment gap (Nam et al, 2013). One of the most cited factors which influence people’s help-seeking process is their help-seeking attitude, operationally defined as people’s overall evaluation (unfavorable vs. favorable) of the act of seeking help from a mental health professional such as a psychologist and psychiatrist. Positive or favorable help-seeking attitudes can lead to actual help-seeking behaviors, which is defined as actions one takes to seek assistance when the person feels they require support (Karabenick & Berger, 2013). The present study seeks to better understand the role of help-seeking attitudes in increasing help-seeking behavior through studying mental health literacy, insight, and self and public stigma.

Mental disorders are major contributors to the global burden of disease (WHO, 2016). Mental health disorders can have a detrimental effect on different areas of life, affecting one’s ability to perform at school or work, to lead healthy relationships with family and friends, and to be an active member of the community (WHO, 2021). Mental disorders are correlated with poor access to appropriate care, low rates of treatment, low adherence to treatments, and an increase in risky behaviors; not to mention in addition to increased stigma and further discrimination (WHO

2001). The Global Burden of Diseases, Injuries, and Risk Factors Study (GBD, 2018) considered mental disorders among the highest-ranking causes of non-fatal burden of disease globally. Moreover, mental disorders were found to result in 5% of global disability-adjusted life years (DALYs) and 15.7% of global years lived with disability (YLDs) (Kassebaum et al, 2016). According to the World Health Organization (WHO, 2021), approximately 1 in 5 persons in post-conflict settings develop a mental health condition. In the Eastern Mediterranean Region (EMR), the burden of mental illness among women was found to be higher than the global levels (GBD, 2018). This is highly related to the complex emergency in the region that has been witnessing economic and political unrest and conflict for long years (Mokdad et al, 2016).

Research shows that a person's mental health and many common mental disorders are heavily shaped by various social, economic, and physical environments operating at different stages of life. Risk factors for many common mental disorders are heavily associated with social inequalities, whereby the greater the inequality the higher the inequality in risk (Allen et al, 2014). In the past 3 years, greater evidence has accumulated to support ways in which social determinants impact mental health outcomes within specific populations (Alegria et al, 2018). Unemployment continues to be routinely linked to increased psychological distress. Swedish studies have observed that poor mental health was prevalent among individuals with lower incomes (Amroussia et al, 2015) and considerable financial strain. Food insecurity and poor diet quality have also been linked to poorer mental health in the USA and Canada (Alegria et al, 2018).

Studies conducted in Lebanon in 2008 by Karam et al, have indicated that approximately 4.6% of the Lebanese population had experienced a severe mental disorder in the previous year before the study, at least 25% of Lebanese met the criteria for one mental disorder and 10% had

experienced more than one disorder at some point in their lives (Karam et al, 2008). An earlier study conducted in 2007, by the same author, had shown that up to 17% suffered a mental disorder in the past year yet only 10.9% of those received treatment (Karam et al, 2006). In addition, results indicated an alarming figure that shows a 6-to-28-year delay between the onset of mental disorder and receiving suitable professional treatment in Lebanon (Karam et al, 2008), leading to an increased burden on healthcare, the individual, and the family. In comparison to other first-world countries, 30.5% of individuals in the USA receive appropriate treatment (Kessler et al, 2005) and 27% across Europe (Alonso et al, 2007). Another recent community-based epidemiological study in Lebanon indicated that the lifetime prevalence of mental disorders in adults and adolescents was 25.7% as opposed to 17.4% in older adults (Karam et al, 2016). Anxiety disorders and ADHD were the main psychiatric disorders that one in four adolescents residing in Beirut were suffering from, yet only 6% of these figures had sought professional treatment (Maalouf et al, 2016).

In light of the recent years, there has been a growing public health concern about the increasing numbers of mental health disorders worldwide, especially with the restrictions imposed by the COVID-19 pandemic. It is worthwhile noting that in Lebanon, the exposure to the Beirut Port Explosion of 2020 as well as the rapidly deteriorating socio-economic crisis has caused a marked increase in the prevalence of mental disorders in recent years.

Attitudes toward seeking psychological support are determined by complex factors, including various attitudinal and socio-demographic constituents and these attitudes often contribute to unmet needs, treatment gaps, and delays in help-seeking (Picco et al, 2016). There has been a growing interest in people's attitudes toward seeking psychological help. While recent research has shown an increase in the number of people seeking psychological support and an

improved help-seeking attitude especially in the emerging generations, there is still a significant number who choose not to seek help for mental health problems (Mojtabai et al, 2016). The underutilization of services is often closely related to stigma (Jorm et al, 2007; Gulliver et al, 2010) and anticipated costs of services (Vogel and Wester, 2003). In addition, attitudinal barriers such as deciding to handle the psychological difficulties faced on one's own (Rickwood et al, 2007) and thinking the difficulty will decrease or resolve on its own (Sareen et al, 2007) further contribute to not seeking mental health services. Other important components which may influence help-seeking for mental health problems include knowledge and understanding of specific risk factors and causes of mental health problems, and attitudes toward mental illnesses (Jorm et al, 1997). Individuals who held negative views about the effectiveness of mental health services were unlikely to express an intention to access such services (Bayer and Peay, 1997). Research suggests that the link between expressed attitudes and behavior is often not straightforward and is moderated by various other factors, including norms and expected consequences of the behavior (Mojtabai et al, 2012). Thus a direct link between attitudes toward help-seeking and active help-seeking behavior cannot be assumed; this association needs to be assessed with further research. Furthermore, cross-sectional studies of the association of help-seeking attitudes and behaviors may not provide reliable conclusions about the causal impact of attitudes because of the possible reciprocal impact of behavior on attitudes (Mojtabai et al, 2002). People's attitudes could differ after they use services (Diala et al, 2001). This may be due to a number of factors including one's improved knowledge after receiving mental health services, their realization of psychological support's benefits, and the decrease of possible stigma. Thus the association needs to be assessed prospectively (Mojtabai et al, 2016).

The help-seeking process for mental illness can be quite complex. It involves a dynamic interplay between the individuals and a number of variables including their families' perceptions and influences, cultural backgrounds, insight and beliefs about mental health, and help-seeking and systemic factors such as service accessibility and availability (Wilson and Deane, 2010; DeLuca, 2019). Mental health literacy and stigma are modifiable constructs that have been identified as affecting help-seeking for mental disorders (Dawel al, 2020). Active help-seeking, while referring to the Theory of Planned Behavior, proposes that intentions correlate strongly with behavior (Schnyder et al, 2017). In lay terms, attitudes toward the behavior, subjective norms, and perceived behavioral control can all be used to predict intentions to perform various actions and behaviors with high accuracy; and these intentions, along with perceptions of behavioral control, account for a significant amount of variance in active help-seeking behavior. Although attitudes, subjective norms, and perceived behavioral control have been shown to be related to appropriate sets of salient behavioral, normative, and control beliefs about the behavior, the precise nature of these relationships is unknown (Ajzen, 1991).

Different components of insight have been empirically examined during the last three decades starting with the recognition that one has a mental illness, the capacity to relabel unusual events as pathological, the attribution of one's symptoms to having a mental illness, awareness of the consequences of one's illness, and compliance with treatment (Konstantakopoulos, 2019). Mental Health Literacy, on the other hand, refers to mental health knowledge and attitudes that aid in the detection, management, and prevention of mental health conditions (Jorm et al.,1997). According to Jorm, mental health literacy comprises seven characteristics: the ability to recognize specific problems; awareness of risk factors and causes; knowledge of self-treatments; knowledge of professional help available; and attitudes that encourage recognition and

appropriate help-seeking. In this research study, the variables being explored are self and public stigma as well as insight and mental health literacy.

Does decreased stigma, increased mental health literacy, and insight increase help-seeking attitudes and actual help-seeking behavior?

Rationale

Taking into consideration the detrimental effects of treatment delays, gaps in mental health services delivery, and difficulty in accessing adequate treatment globally and in Lebanon specifically, there is an urgent need to explore help-seeking attitudes, behaviors, and factors that affect people's initiatives in seeking mental health support. Recognizing this importance, researchers have been increasingly studying the relationship between help-seeking attitudes and related constructs. Many studies have demonstrated that help-seeking attitudes predict help-seeking behavior (Hammer et al, 2018); the more we have a positive attitude towards a certain action, the more we are likely to go through with it. However, the relationship is not straightforward and there are fewer studies that look into which aspects of help-seeking attitudes mediate the relationship between stigma and help-seeking attitudes and behavior, specifically in the Lebanese context. A meta-analysis conducted in 2014 indicated that gender itself was a significant predictor of attitudes towards seeking help from a mental health professional (Nam et al, 2014). The data similarly has been validated in Lebanon in 2019 where they identified women as being a small fraction of the Lebanese who seek mental health services as opposed to men who are significantly fewer (Karam et al, 2019).

This study focuses on stigma, mental health literacy, and insight while accounting for and blocking gender in the demographics. It aims to better understand the relationship between the mentioned factors, help-seeking attitude, and help-seeking behavior. Limited studies which have

been conducted in Lebanon in the early 2000s cannot be generalizable to the current situation. At present, several new layers are affecting mental health attitudes and behaviors in Lebanon especially after COVID-19, the economic collapse and political unrest as well as the various byproducts of the Beirut Blast 2020.

Significance

The proposed study aims to explore the predictors and barriers as preventative predictors of seeking psychiatric and psychotherapeutic services through corresponding behaviors and attitudes in light of the current situation in Lebanon. This study will also exemplify the importance of stigma on the personal, societal, and systemic perspective as well as mental health literacy and insight and into how they affect people's attitude towards help-seeking behavior. Most of the research in Lebanon evaluates the prevalence of mental health disorders and the time between the onset of the disorder and seeking help from a mental health professional. However, limited literature in the Lebanese context focuses on identifying the barriers and predictors of help-seeking attitudes and behavior with the aim of improving individuals' attempts to seek support. Moreover, the literature in Lebanon does not capture the situation after COVID-19, the economic collapse, the political unrest, and the Beirut explosion. As such, the proposed paper will serve as a first study to explore and evaluate the multiple predictors and barriers of help-seeking attitudes and behavior from a personal and social perspective that led to seeking or avoiding therapy. This examination of predictors and barriers to help-seeking attitudes in Lebanon will inform the conceptualization of future service provision, and legislation, and help mental health and non-mental health professionals with targeting specific factors when raising awareness.

As such, the current study will investigate the link between mental health literacy, insight, and two forms of stigma, self, and public, and with seeking mental health help-seeking through attitudes and behaviors in complex contexts such as Lebanon.

Gaining a better understanding of preventative predictors of help-seeking attitudes will aid mental health practitioners and stakeholders in the field to enable more positive attitudes regarding help-seeking through better policymaking, improved strategic planning for advocacy measures and awareness-raising, implementation of mental health services that respond more appropriately to individuals' needs, and increasing accessibility to these services. Moreover, the findings of this study will add to the limited research already existing around predictors and barriers of current help-seeking attitudes and actual behaviors, specifically in the complex Lebanese context. The paper's findings, outcomes, and limitations will serve as a basis for possible future research.

Chapter 2: Literature Review

Global Context

Although the main focus of this research paper is Lebanon, which resembles yet also differs from neighboring Arab countries contextually, there are several studies conducted in the Arabic region and around the world that are worth mentioning. Globally, more than two-thirds of individuals with serious mental disorders are not receiving suitable care (Nguï et al, 2010). Mental health resources are scarce, not distributed equally, and inefficiently used, particularly in low-income and middle-income countries (LAMIC) (Saxena et al, 2007). A study conducted by Henderson et al, in 2013 suggests that lack of awareness about mental health disorders, lack of knowledge of treatment options available and how to access them, prejudice against people with mental disorders, and expectation of discrimination are major factors that affect help-seeking attitude (Henderson et al, 2013). On the other hand, a study conducted in the Arab World by Merhej in 2019 around mental illness stigma through three different perspectives: the general socio-cultural fabric, the healthcare setting, and the legislative dimension also confirms that there is great reluctance to seek professional mental health help (Merhej, 2019).

Lebanese Context

Within the last decade, the neighboring Syrian conflict and arrival of the influx of refugees into Lebanon, the political instability, financial collapse, COVID-19 pandemic, and the effects of the Beirut Port Explosion of August 2020 have led to a meteoric rise in the mental health burden in Lebanon. As part of the immediate response, the World Bank had conducted a needs assessment surveying the most affected areas by the blast; when asked about their most pressing needs the respondents stressed mental health services. The needs varied across genders, women for example had indicate that medical care, mental health, and safety were top priority whereas men frequently indicated it was income, housing, and food (Afif, 2020). Lebanon has

previously suffered from a significant burden of mental health disorders (Hizaji et al, 2011), which is now predicted to be exacerbated by current events as well as increasing barriers to access (El-Khoury & Medawar, 2021). In addition to financial, physical, and systemic barriers to access, the Lebanese population is characterized by low rates of mental healthcare-seeking behavior, attributed to lack of awareness about mental health disorders as well as, to a lesser extent, the unavailability of services and stigma (Karam et al, 2016). Research has also shown that healthcare-seeking more often takes place at the level of tertiary care and from non-mental health specialists, skipping levels of community and primary care (Hijazi et al, 2011) and that most specialized services are clustered in the private sector (Karam et al, 2016).

The Lebanese Mental Health system can be characterized as fragmented and poorly coordinated, such that the majority of mental health services are offered in the capital, Beirut (Yehia et al, 2014). Most outpatient services are delivered in the private sector, mainly in clinics composed of psychiatrists and psychologists (World Health Organization 2015). Few mental health providers work in a multidisciplinary team, mostly found when working with children suffering from learning disabilities. There is also a lack of community mental health services oriented toward mental health promotion and prevention (Alameddine et al, 2015). Due to the compounded crises, currently Lebanon is suffering from a shortage of mental health professionals that is worsening each month. The latest numbers show that there are 1.2 psychiatrists and 11.3 psychologists for every 100,000 people in Lebanon compared to Finland in which for every 100,000 people, 23.6 psychiatrists and 109.5 psychologists offer services (Shaya, 2022).

Around 52% of the Lebanese population are covered by different types of insurance schemes (WHO-AIMS, 2015) all of which do not offer coverage for psychotherapy treatment;

costly insurance plans may include coverage of limited psychiatric consultations. This number excludes Syrians and Palestinians living in camps who are covered by the United Nations Higher Commission for Refugees and The United Nations Relief and Works Agency for Palestine Refugees in the Near East, respectively. The remaining 48% of the population can receive coverage from the Ministry of Public Health for hospital stays and expensive medications (WHO-AIMS, 2015). Moreover, the burden of out-of-pocket expenditure remains the largest source of health expenditure in Lebanon although the Ministry of Public Health has succeeded in reducing the out-of-pocket expenditures from 60% in 1998 to 38% in 2012 (Ministry of Public Health, 2015). The out-of-pocket expense has increased markedly ever since the devaluation of the Lebanese currency, making mental health services an exclusive luxury.

The Ministry of Public Health coverage contracts services at three psychiatric institutions (as of 2017) and provides free psychotropic medication for persons not covered by the National Social Security Fund but does not cover outpatient consultations in other institutions. As a result, service users must resort to either seeking care at these “highly stigmatized” institutions or at expensive private practices which are not covered by insurance and are often inaccessible (Kerbage et al, 2016). Some hospitals on individual initiatives have beds covered by the Ministry of Public Health, National Social Security Fund, army insurance plan, or private insurance schemes but the number of beds remains insufficient (Kerbage, 2017). In 2017, one night of hospitalization in a private facility was estimated to cost around 50 to 70% of the Lebanese monthly minimum wage. Considering the depletion of the Lebanese currency, this cost is rising exponentially; at present, the cost of one night of psychiatric hospitalization is equivalent to 4 times the minimum wage for individuals not covered by any health plan. The current cost for one psychotherapy session is at least double the Lebanese minimum wage.

Non-Governmental Organization service provision, although filling numerous gaps and responding to significant unanswered needs, is viewed as somewhat unreliable or unstable as it is dependent on donor funding, namely funding from international donors, and often targets specific population groups or beneficiaries (eg. refugees, migrant workers, women) (Kerbage, 2017). On the other hand, there have been reported massive waiting lists at organizations that offer mental health services. While the humanitarian system has grown substantially in Lebanon in the past 10 years, it has nonetheless been described as a broken system with its dysfunctions being repetitively pointed out in recent humanitarian crises by scholars and field workers (Spiegel, 2017).

Since November 2021, when subsidies over medication were lifted, medication prices in Lebanon shot up four times in comparison to 2019 when the economic crisis first started, and medication remains in severe shortage (Amnesty International, 2021). Amnesty International spoke to patients suffering from cancer, diabetes, and mental health issues who said that they could not find their prescribed medications, despite some looking in up to 12 different pharmacies across Lebanon. On the other hand, with the devaluation of the dollar rate reaching over 95 percent, petrol prices hit record highs in mid-October, when the energy ministry increased the cost of 20 liters of 95-octane gasoline by 30 percent. It now costs 302,700 Lebanese pounds (\$14.76) and 312,700 LL (\$15.25) respectively, compared to an average of 60,000 LL (\$2.93) in June 2021 (UPI 2021). As many sectors rely on fuel in Lebanon, the telecommunications and internet sector, a parliamentary committee warned in October that the sector might collapse within a few days due to the inability to sustain costs (Arab News 2021). The minimum wage in Lebanon is 30,000 Lebanese pounds (the official country currency) per day or a total of 675,000 pounds (previously accounting for \$450) per month (ILO 2012). The

unofficial parallel exchange rate to date is over 25,000 Lebanese pounds per dollar making the minimum wage approximately equivalent to 27\$.

All these adversities, apart from the refugee crisis, have occurred in over the span of 3 years in a country with poor infrastructure, decades of war, increased unemployment rates, a deficient social welfare network, and few public and free mental health services (Farran, 2021).

Impact of COVID-19 Pandemic and Economic Situation

Initial research has predicted severe and deeply-rooted mental health effects for the multi-layered crises facing Lebanon, including the pandemic, financial crisis, political upheavals, and the Beirut Port explosion of 2020 (Bosqui, 2020). Initial results from the COVID-19 pandemic showed an increase in anxiety and depression (El Othman et al, 2021). A study conducted by Salameh in 2020 concluded that the presence of pandemic-related fears and economic hardship had further exacerbated anxiety and stress levels beyond the hardships separately (Salameh et al, 2020). In another study also in 2020, sixty percent of those experiencing self-isolation related to the pandemic had further deteriorated after lockdown measures had been enforced in Lebanon (Grey et al, 2020). Economic recessions are significantly associated with poor mental health, increased rates of the most common mental disorders, substance use-related disorders, and suicide behaviors (Frasquilho et al, 2015).

The cost of antipsychotic and antidepressant medicines out of pocket amounted to 0.13 dollars per day, or 1% of the daily minimum wage for antipsychotics and 2% for antidepressants in 2015 (WHO-AIMS, 2015). The situation was described to be different for Palestinian refugees and displaced Syrians due to different corresponding budgets through UNRWA and UNHCR respectively. It is important to note that this cost is rising with the inflation of the dollar rate and the lifting of subsidies on medication. This results in a large segment of treatment seekers who

were previously able to access resources and services but who are unable to anymore. A study conducted in the Beqaa and Beirut regions by Noubani et al, 2020 states that persons residing in both areas faced financial barriers and high cost of treatment as major challenges to healthcare access (Noubani et al, 2020). The aforementioned study had been conducted back in 2019 when the Lebanese currency had not yet lost its value as opposed to the present day. The present-day devaluation of the Lebanese pound has, without doubt, exacerbated people's mental health difficulties but also diminished their capability of accessing mental health services out of the pocket expense. Workers in Lebanon reporting job insecurity had poor mental health twice as often (Habib et al, 2020). It's believed that the lack of health coverage in Lebanon affects the population's help-seeking behavior (EMRO, 2006). Cheaito et al. have found that the main contributing factor behind self-medication in Lebanon is escaping from paying doctors' fees and saving time (Cheaito et al, 2014). In another study by Farah et al, pharmacists provide over-the-counter medication to self-medicating patients because they find a doctor's fee regardless of their socioeconomic status (Farah et al, 2015). Nowadays, pharmacists play an active role in the management and therapy adjustment of patients instead.

Although there has been no causation proven yet, the correlation between socioeconomic hardship and poor mental health has been greatly pointed out with some of the research drawing attention to a vicious cycle between the two constructs (Frankham et al, 2020).

Self and Public Stigma

Goffman in his book *The Dilemma of Difference* states the following "The contemporary connotations of the word stigma are not really much different from its original meaning" (Goffman, 1963). In Ancient Greece, stigma referred to physiological signs that called attention

to some moral failing on the part of the person bearing them. Cuts or burnt areas of the body would cause others to avoid the person and view them as a slave, traitor, or criminal. Nowadays, stigma involves the same sense of negative attitudes or beliefs towards an individual, which may lead to one feeling ashamed or afraid of judgment (Calear et al, 2011).

Self-stigma represents an individual's attitudes regarding a condition (Calear et al, 2011). A review conducted in early 2014 identifies 144 studies with approximately 90000 participants meeting criteria for self-stigma and reduced help-seeking behavior. Stigma was the fourth highest ranked barrier to help-seeking, with disclosure being the most commonly reported barrier within stigma (Clement et al, 2015). Another interesting all female study conducted in the United Arab Emirates found a significant predictive relationship between elevated levels of self-stigma and a decreased positive attitude toward seeking help (Vally et al, 2018).

The Lebanese population is characterized by low rates of mental healthcare-seeking behavior, mainly attributed to lack of awareness about mental health disorders as well as to a lesser extent the unavailability of accessible services and reported stigma around the matter (Karam et al, 2016). A study by Noubani et al, (2020) found trust, insurance of confidentiality, and support of loved ones to facilitate healthcare seeking while lack of health coverage, lack of awareness of services, lack of trust and social stigma constituted barriers. Stigma towards persons with psychosocial disabilities, which has been linked to hindering persons from fulfilling and enjoying their full human rights (Mehta & Thornicroft, 2014), is also prevalent in Lebanon, as in most of the Arab world (Abi Doumit et al, 2019).

Mental Health Literacy

Health literacy has been defined as “the ability to gain access to, understand, and use information in ways which promote and maintain good health” (Nutbeam et al, 1993). In the area of physical health, health literacy includes factors such as knowledge of nutritional information, healthy diets, self-examinations, and how to seek resources if in need of medical attention. In 1998, the World Health Organization (WHO) expanded the definition of HL to include “the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand, and use information in ways which promote and maintain good health.” (Kanj et al, 2009). While the importance of physical health literacy has been widely stressed across generations and up to date, mental health literacy has not received the same attention or acknowledgment (Jorm, 2000). Not until recently have global efforts been slightly increased to further understand help-seeking attitudes and mental health literacy as significant factors. Jorm *et al* introduced the term ‘mental health literacy’ as “knowledge and beliefs about mental disorders which aid their recognition, management or prevention” (Jorm et al, 1997).

More recently, the understanding of mental health literacy has developed into a wider construct that is considered crucial to improving a person’s health outcome as well as that of communities at a broader level. Mental Health Literacy (MHL) refers to knowledge and attitudes regarding mental health that aid in the recognition, management, and prevention of mental health issues (Kutcher et al, 2016). Research suggests that mental health literacy is linked to help-seeking attitude and behavior and is thus a crucial factor in determining both individual and populations’ mental health (Kanj et al, 2009). A longitudinal study conducted by Bonabi et al in 2016 showed that mental health literacy predicted the use of psychotherapy services and psychiatric medication (Bonabi et al, 2016).

Insight

Insight is a multi-dimensional construct that reflects a person's understanding of his or her mental illness, its impact on functioning, and the need for treatment. The term 'insight' encompasses a complex concept that cannot be considered an isolated process that may either be present or absent. Instead, viewing insight as a continuum of thinking, feeling, reflecting, and acknowledging may be more accurate, as it is affected by a large range of variables (Markova and Berrios, 1992). Moreover, insight is affected by several elements including mental health literacy, cultural backgrounds, degrees of societal acceptance of mental health disorders, one's own psychological awareness and ability to introspect, etc.

Research in help-seeking attitudes and behavior sheds light upon a degree of insight because the perceived need for mental health support is the main factor that affects help-seeking attitudes and behavior. If individuals facing psychological difficulties do not view that they need help, they are unlikely to seek or engage in treatment (Blumenthal and Endicott, 1996). A study conducted by Fahad et al suggests that one's understanding and perception of biopsychosocial causes and treatments of mental disorders increases the likelihood of help-seeking on an individual level as well as among the general population, thus the importance of improving awareness and mental health literacy globally (Choudhry et al, 2016).

Attitudes and Help-Seeking Behavior

Help-seeking attitude is a construct defined as people's overall evaluation of the act of seeking help also known as help-seeking behavior from a mental health professional (Karabenick & Berger, 2013). Help-seeking for mental health issues demands communicating one's need for personal or psychological assistance to obtain clarity, support, or advice. Help-seeking for mental health problems as defined by Rickwood and Thomas (2012) is "an adaptive coping

process that is the attempt to obtain external assistance to deal with mental health concerns". This includes not only formal sources of help such as therapy or psychiatric services but also informal community support from friends and family. Help-seeking is an important factor to access appropriate care and improve mental health. However, individuals more often than not delay or avoid seeking help for different complex reasons, one of which is the attitude towards seeking help. Positive attitudes toward seeking help for emotional challenges and feeling at ease to speak with professionals regarding personal issues have been significantly associated with help-seeking behavior and with the use of mental health services (Mojtabai et al, 2016). If a person in need of mental health support has a positive evaluation of services being offered, confidence that accessing the service would lead to helpful outcomes, and reassurance that accessing the service would not cause harm, it is logical to expect a higher likelihood of help-seeking behavior. In a longitudinal study conducted in 2016, the influence of one's attitude towards seeking mental health services was investigated. Results were in line with other recent studies; positive attitudes towards seeking help for psychological difficulties significantly predicted access to psychotherapy (Bonabi et al, 2016).

Hypotheses

Based on the above-discussed review of literature, the following are the four investigated hypotheses of the study:

- 1) Participants who have more favorable attitudes toward help-seeking behavior will be more likely to seek mental health services.
- 2) Participants who have lower levels of self-stigma will be more likely to seek mental health services.
- 3) Participants who have lower levels of perceived public stigma will be more likely to seek mental health services.
- 4) Participants who have higher levels of mental health literacy will be more likely to seek mental health services.

Chapter 3: Methods

This chapter presents the following: participants, sample selection, sample size, research design, data collection instruments used, and data analysis.

Participants

Participants of this study were selected based on a convenience sampling of youth and adults, aged between 18 and 64 years old, and residing in Lebanon for the past 4 years, i.e. since January 2019. The age ceiling was set at 64 because older adults have been identified as a population who do not have the skills to hover around the internet or conduct advanced searches (Broady et al, 2010). Sampling was distributed homogeneously between males and females. An online survey was shared on various social media platforms (Facebook, Instagram, LinkedIn, and Twitter). The target sample of the study was calculated using Andy Field's table of size effects. Assuming a medium-size effect and having six predictors, the sample size should be larger than 98 participants. Ideally, a sample of no less than 300 will be collected.

Ethical Consideration

Permission to carry out the research study was obtained by the Haigazian Institutional Review Board and participants were offered an explanation about the research study, its aim, the methodology used, compensation, and possible implications. All participants were presented with a written consent form that clearly indicated the aforementioned information in addition to a description of the participation being optional and voluntary, private, and confidential. The consent form also indicated that termination of participation was possible at any given moment without prior notice. Identifying information about participants was not collected in this study. Data has been stored securely with data encryption on the researcher's hard drive and will be

discarded after 5 years past the date of data collection. Finally, participants at the end of the study, as part of the Survey Sparrow, were informed about Embrace Mental Health Clinic and Suicide Prevention and Promotion Lifeline and contact details. The Embrace Mental Health Clinic offers free subsidized mental health specialized services, and the Suicide Prevention and Promotion Lifeline has developed a referral network for mental health services which callers could be directed to and speak to a trained operator for psychosocial support.

Research Design

This study is a quantitative, correlational, non-experimental research study offering on secondary data reviewed and primary data collected through an online survey using Survey Sparrow. In this study, participants were asked to fill out a demographic sheet and four questionnaires, which measure participants' overall evaluation of their seeking help from a mental health professional, the level of stigma towards receiving psychological help from a mental health professional, the degree of mental health literacy, and individual insight on one's mental illness, its impact on functioning, and the need for treatment.

Procedure

The study protocol was first submitted to the Haigazian Institutional Review Board for ethical approval. Upon approval from the committee, the research study was posted on all social media platforms. A snowball convenience sampling was used and the target population were persons living in Lebanon since 2019 and are fluent in English or Arabic. The flyer included the following script: "If you are living in Lebanon, aged between 18 and 64, and have been residing in Lebanon for the past 4 years, you can be part of a research study on predictors and barriers of help-seeking attitudes and behavior" and its translation in Arabic for those who wish to fill the

survey in Arabic. The flyer also included the link to the Survey Sparrow. Interested participants who clicked on the link of the study were directed to the informed consent. The informed consent, also in both languages, included information regarding the purpose of the study, methodology of recruitment, study procedure, risks, benefits upon completion of the survey, voluntary participation and withdrawal, privacy, confidentiality, and termination of participation. Participants who voluntarily agreed on informed consent were directed to the demographic section and the scales. Participants received no direct benefits from participating in this research, however, upon completion of the survey participants entered a draw to win a voucher from a restaurant.

Instruments

The aim of the study is to investigate how mental health literacy, insight and stigma affect help-seeking attitudes while controlling for gender and other demographic information. The questionnaire included an informed consent form both in English and Arabic, a demographic section and four scales that measure help-seeking attitudes, mental health literacy, self-stigma, and perceived public stigma. It is noteworthy to mention that all scales were translated and back translated to Arabic to accommodate non-English speakers.

Demographics:

The demographic characteristics included age, gender, education level, income, previous help-seeking behavior, and years residing in Lebanon.

Previous help-seeking:

Previous help-seeking was assessed with a single yes/no item:

"Have you ever sought help from a mental health professional" (e.g, psychologist, psychiatrist)

Mental Help-Seeking Attitudes Scale (MHSAS):

Mental help-seeking Attitudes Scale (MHSAS) is designed to measure respondents' overall evaluation (unfavorable vs. favorable) of their seeking help from a mental health professional (Hammer et al, 2018). Because the available help-seeking attitudes measurements were shown to have various limitations, the MHSAS was developed based on modern psychometric standards. An example of the items would be the following: "if you feel that your seeking help would be extremely useless". The MHSAS informs researchers on what makes people seek mental health services and what stops them from accessing it and could assist clinicians more precisely in understanding the clients' perception of help-seeking. Exploratory factor analysis (EFA), confirmatory factor analysis (CFA), and item response theory (IRT) analysis were used to identify an optimal set of 9 items that demonstrated initial evidence of internal consistency, unidimensionality, and strong measurement equivalence/invariance (ME/I) across gender, past help-seeking experience, and psychological distress. Initial evidence of convergent validity was demonstrated via theoretically anticipated relationships between the MHSAS and key variables in the help-seeking nomological network (e.g, subjective norms, perceived behavioral control, intention, public stigma, self-stigma, anticipated risks and benefits, gender, previous help-seeking). The nine-item MHSAS had infit/outfit statistics that remained between 0.6 and 1.4. Difficulties were appropriately dispersed across the nine items (from -1.00 to 0.97), suggesting that the nine items encompass a wide range of the help-seeking attitudes. Convergent evidence of validity was demonstrated when the MHSAS score demonstrated the hypothesized relationships with the following variables: subjective norms, perceived behavioral control, intention, public stigma, self- stigma, anticipated risks and benefits, and the ATSPPH-SF and IASMHS-PO scores. Furthermore, the MHSAS may help researchers study the relationship between help-seeking attitudes and other constructs of interest with more precision and less risk

of tautology. The MHSAS score demonstrated internal consistency in both the exploratory $\alpha = .93$ and confirmatory $\alpha = .94$. Another study provided initial evidence of test-retest reliability over a 3-week period (Hammer et al, 2018).

Self-Stigma of Seeking Help Scale (SSOSH):

Self-stigma was assessed using the Self-Stigma of Seeking Help scale (Vogel et al, 2006). The SSOSH is a self report 10-item scale that measures the extent to which participants' self esteem would be threatened by seeking mental health services. Responses are on a 5-point scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). Five of those items are reverse-scored so that higher scores indicate greater self-stigma. An example item would be the following: "I would feel inadequate if I went to a therapist for psychological help (Vogel et al, 2006). Vogel et al. (2006) found a one-factor structure and showed support for the internal consistency of the measure (α ranging between .86 to .90). The scale also showed promising concurrent validity was supported by significant associations with other stigma measures and attitudes for seeking help (Vogel et al, 2006). The evidence of the SSOSH's reliability was .91 among participants using a unidimensional factor structure. Other studies have cross-validated the reliability, ranging between α between .86 and .90 with a re-test of $\alpha = .72$.

Perceived Public Stigma (SSRPH):

Perceived public stigma can be measured using the five-item Stigma Scale for Receiving Psychological Help (SSRPH) (Komiya et al, 2000), with items as "Seeing a psychologist for emotional or interpersonal problems is a sign of personal weakness or inadequacy" (Komiya et al, 2000, p. 140). Participants rate items on a 5-point Likert scale from 1 *strongly disagree* to 5 *strongly agree*. Cronbach's alpha for the SSRPH was $\alpha = .65$. Composite scores are created by averaging the scores from the five items. Higher scores reflect greater perceptions of societal

stigma. The SSRPH has been associated with negative help-seeking attitudes and greater self-stigma of seeking help (Vogel et al, 2006). Internal consistency has been demonstrated in previous studies $\alpha = .75$ (Lannin et al, 2015), close to the current sample at hand ($\alpha = .73$).

Mental Health Literacy Scale (MHLS):

The MHLS includes a total of 35 items, which consists of ability to recognize disorders (8), knowledge of where to seek information (4), knowledge of risk factors and causes (2), knowledge of self-treatment (2), knowledge of professional help available (3) and attitudes that promote recognition or appropriate help-seeking behavior (16) (O'Connor & Casey, 2015). The scale's reliability is represented with $\alpha = .873$. To establish the reliability of the measure, participants were retested two weeks after their first completion of the MHLS, with the results showing good reliability ($r(69) = .797, p < .001$) (Hammer et al, 2018).

Data Analysis

Prior to data collection and analysis, the preliminary analysis checked for missing value analysis, the reliability of scales to be used, univariate and multivariate outliers, outliers in the solution, and influential cases. Sample and scale descriptives are offered in the paper mentioning range, mean, and standard deviation for scale variables. All data collected was checked after the end of each day by the researcher to make sure that all questions were asked and the answers recorded clearly. Two identical files were created on different hard drives to prevent the loss of data. The main data analysis was conducted through SPSS version 27. The aim of this regression was to uncover the influence of self and public stigma as well as mental health literacy and attitudes towards help seeking on help-seeking behavior.

Chapter 4: Results

A. Preliminary Analysis

Before conducting the main data analysis, preliminary analyses were executed to check for missing value analysis, reliability, and univariate and multivariate outliers.

1. Missing Value Analysis

Missing value analysis revealed that all the variables had no missing values except for mental health literacy item-15 (4.5%) which is less than 5%. The Little's MCAR test was not significant, indicating that the data was missing completely at random; $X^2(59) = 65.76, p = .254$ (Tabachinck and Fidel, 2013).

2. Reliability Analysis

The reliability analysis using Cronbach's alpha revealed that all the scales in this study (attitudes toward help-seeking behavior, self-stigma, perceived public stigma, and mental health literacy) were reliable with Cronbach's alpha ($\alpha > .70$; Table 1).

Table 1

Reliability Analysis

| | Number of Items | Cronbach's Alpha |
|--|-----------------|------------------|
| Attitudes toward Help-Seeking Behavior | 9 | .82 |
| Self-Stigma | 10 | .78 |
| Perceived Public Stigma | 5 | .73 |
| Mental Health Literacy | 35 | .90 |

3. Univariate and Multivariate Outliers

The initial sample of the study was $N = 154$ participants. Univariate outliers on the variables (attitudes toward help-seeking behavior, self-stigma, perceived public stigma, and mental health literacy) were inspected using z-scores with the criterion that any case with z-score $> |3.29|$ is considered to be a univariate outlier (Field, 2013). The z-score revealed that perceived public stigma and mental health literacy didn't have any univariate outlier. However, there was one univariate outlier on the variable self-stigma (case # 95) and another on the variable attitudes toward help-seeking behavior (case # 152).

Multivariate outliers were inspected using Mahalanobis distances for the two regressions. The first regression with the predictors (self-stigma, perceived public stigma, and mental health literacy) and the outcome variable (attitudes toward help-seeking behavior) did not have any multivariate outliers; $X^2(3) = 12.39, p > .05$ (*critical value* = 16.27). The second regression with the predictors (self-stigma, perceived public stigma, mental health literacy, and attitudes toward help-seeking behavior) and the outcome variable (actual help-seeking behavior) had one multivariate outlier (case # 152); $X^2(4) = 31.75, p < .001$ (*critical value* = 18.47). Since case # 152 was found to be both a univariate and multivariate outlier, the data for this case was excluded from the final analysis (Field, 2013). As such, the final sample of the study was $N = 153$ participants.

B. Sample Descriptives

The final sample of the study was composed of $N = 153$ participants (25.5% males and 74.5% females) who have been residing in Lebanon for more than four years continuously. The age of participants ranged between 19 and 51 with mean age ($M = 29.75, SD = 6.15$). Around three quarters of participants (74.5%) filled the questionnaire in English whereas around one-

quarter of participants (24.5%) filled it in Arabic. Concerning education, the majority of participants had a Bachelor's degree (44.4%) and a Master's degree (47.7%). In addition, concerning income, around three quarters of participants (73.2%) had an income of 4,500,000 L.L. and above. Finally, regarding the outcome variable (actual help-seeking behavior), around two third of participants (65.4%) had sought psychiatric/psychological services before (Table 2).

Table 2

Sample Descriptives

| Variable | Category | Frequency | Valid Percent |
|------------------------------|---|-----------|---------------|
| Version | English | 114 | 74.5 |
| | Arabic | 39 | 25.5 |
| Gender | Male | 39 | 25.5 |
| | Female | 114 | 74.5 |
| Education | Intermediate School | 1 | 0.7 |
| | High School (or Equivalent Technical School) | 5 | 3.3 |
| | Bachelor's Degree | 68 | 44.4 |
| | Master's Degree | 73 | 47.7 |
| | Doctorate Degree | 6 | 3.9 |
| Income | Less than 650,000 L.L. | 14 | 9.2 |
| | 650,000 to 1,499,000 L.L. | 9 | 5.9 |
| | 1,500,000 to 2,999,000 L.L. | 9 | 5.9 |
| | 3,000,000 to 4,499,000 L.L. | 9 | 5.9 |
| | 4,500,000 L.L. and above | 112 | 73.2 |
| Actual Help-seeking Behavior | No | 53 | 34.6 |
| | Yes | 100 | 65.4 |
| | | Range | Mean (SD) |
| Age | | 19 - 51 | 29.75 (6.15) |

C. Scale Descriptives

Table 3 below presents the scale descriptives in terms of range, mean, and standard deviation. Regarding attitudes toward help-seeking behavior, on average, participants had high levels or “more favorable attitudes” toward help-seeking behavior ($M = 6.19, SD = 0.83$)¹. Moreover, on average, participants had lower levels of self-stigma ($M = 1.86, SD = 0.52$)² and perceived public stigma ($M = 2.22, SD = 0.69$)³. Finally, on average, participants had high levels of mental health literacy ($M = 127.98, SD = 14.64$)⁴.

Table 3

Scale Descriptives

| | N | Minimum | Maximum | Mean | SD |
|--|-----|---------|---------|--------|-------|
| Attitudes toward Help-seeking Behavior | 153 | 3.89 | 7 | 6.19 | 0.83 |
| Self-Stigma | 153 | 1.00 | 3.70 | 1.86 | 0.52 |
| Perceived Public Stigma | 153 | 1.00 | 4.20 | 2.22 | 0.69 |
| Mental Health Literacy | 153 | 94.00 | 157.00 | 127.98 | 14.64 |

D. Differences between English and Arabic Versions

The normality of the variables (attitudes toward help-seeking behavior, self-stigma, perceived public stigma, and mental health literacy) across the two groups (participants who filled the questionnaire in English and those who filled it in Arabic) was tested using z-skewness

¹ Midpoint on the scale “attitudes toward help-seeking behavior” = $(1+7)/2 = 4$. Since the mean (6.19) is higher than the midpoint, then on average participants had higher levels “more favorable attitudes” toward help-seeking behavior.

² Midpoint on the scale “self-stigma” = $(1+5)/2 = 3$. Since the mean (1.86) is lower than the midpoint, then on average participants had lower levels of self-stigma.

³ Midpoint on the scale “perceived public stigma” = $(1+5)/2 = 3$. Since the mean (2.22) is lower than the midpoint, then on average participants had lower levels of perceived public stigma.

⁴ Midpoint on the scale “mental health literacy” = $(35+160)/2 = 97.5$. Since the mean (127.98) is higher than the midpoint, then on average participants had higher levels of mental health literacy.

and z-kurtosis, with the criteria that any z-skewness and/or z-kurtosis $> |3.29|$ indicates significant deviation from normality. The results revealed that the normality of self-stigma, perceived public stigma, and mental health literacy was met across English and Arabic groups. The results also revealed that the normality of attitudes toward help-seeking behavior was met across the Arabic group only, whereas the normality of attitudes toward help-seeking behavior was not met across the English group (the distribution was negatively skewed).

Since normality was not met, one Mann-Whitney U-test was conducted to study whether attitudes toward help-seeking behavior was significantly different across participants who filled the questionnaire in English and those who filled it in Arabic. The results revealed that there were no significant differences on attitudes toward help-seeking behavior between participants who filled the questionnaire in English and those who filled it in Arabic; $U = 1961.00$, $Z = -1.11$, $p = .268$, $r = .09$ (Table 4). Since normality was met, three independent t-tests were conducted to study whether there were significant differences on self-stigma, perceived public stigma, and mental health literacy across participants who filled the questionnaire in English and those who filled it in Arabic. Levene's test revealed that the variances of self-stigma, perceived public stigma, and mental health literacy were not significantly different across the English and Arabic groups; $F(1, 151) = 0.64$, $p = .426$, $F(1, 151) = 0.25$, $p = .621$, and $F(1, 151) = 0.32$, $p = .570$, respectively, indicating that the homogeneity of variance assumption was met. The t-tests revealed that there were no significant differences on self-stigma and perceived public stigma between participants who filled the English version and those who filled the Arabic version; $t(151) = -0.11$, $p = .915$, and $t(151) = 0.75$, $p = .455$, respectively. The t-test, however, revealed that participants who filled the English version ($M = 130.75$, $SD = 14.24$) had significantly higher levels of mental health literacy compared to those who filled the Arabic version ($M =$

119.90, $SD = 12.84$); $t(151) = 4.21, p < .001$ (Table 5). Finally, a chi-square test was conducted to study whether there was significant association between version of the questionnaire filled and actual help-seeking behavior. The results revealed that there was no significant association between version of the questionnaire filled and actual help-seeking behavior; $X^2(1) = 1.85, p = .174$.

Table 4

Differences on Attitudes toward Help-Seeking Behavior between Participants who filled the Questionnaire in English and those who Filled it in Arabic

| | |
|-----------------|----------|
| Mann-Whitney U | 1961.000 |
| Wilcoxon W | 2741.000 |
| Z | -1.108 |
| Sig. (2-tailed) | .268 |

Table 5

Differences on Self-Stigma, Perceived Public Stigma, and Mental Health Literacy between Participants who filled the Questionnaire in English and those who Filled it in Arabic

| | English | | Arabic | | T-test | | |
|-------------------------|---------|-------|--------|-------|-----------|-----|------|
| | Mean | SD | Mean | SD | Statistic | Df | Sig. |
| Self-Stigma | 1.86 | 0.51 | 1.87 | 0.58 | -0.11 | 151 | .915 |
| Perceived Public Stigma | 2.24 | 0.71 | 2.14 | 0.66 | 0.75 | 151 | .455 |
| Mental Health Literacy | 130.75 | 14.24 | 119.90 | 12.84 | 4.21 | 151 | .000 |

E. Correlations between the Predictors (Self-stigma, Perceived Public Stigma, Mental Health Literacy) and the Outcome Variable (Attitudes toward Help-Seeking Behavior)

The normality of the variables (attitudes toward help-seeking behavior, self-stigma, perceived public stigma, and mental health literacy) was tested using z-skewness and z-kurtosis, with the criteria that any z-skewness and/or z-kurtosis $> |3.29|$ indicates significant deviation from normality. The results revealed that the normality of perceived public stigma and mental health literacy was met. The results, however, revealed that the normality of self-stigma and attitudes toward help-seeking behavior was not met (the distribution of attitudes toward help-seeking behavior was negatively skewed whereas the distribution of self-stigma was positively skewed).

Since the normality of the outcome variable attitudes toward help-seeking behavior was not met, then Spearman's Rho correlation test was used to study the correlations. Spearman's Rho correlation test revealed that there was significant, negative, and medium to large correlation between self-stigma and attitudes toward help-seeking behavior; $r_s = -.39, p < .001$. Spearman's Rho correlation test also revealed that there was significant, negative, and small to medium correlation between perceived public stigma and attitudes toward help-seeking behavior; $r_s = -.18, p = .012$. Finally, Spearman's Rho correlation test revealed that there was significant, positive, and small to medium correlation between mental health literacy and attitudes toward help-seeking behavior; $r_s = .27, p < .001$ (Table 6). This indicated that participants who had lower levels of self-stigma and perceived public stigma and higher levels of mental health literacy were more likely to have higher levels "more favorable" attitudes toward help-seeking behavior.

Table 6*Spearman's Rho Zero Order Correlation Analysis*

| | Attitudes toward Help-seeking Behavior |
|-------------------------|---|
| Self-Stigma | -.39 |
| Perceived Public Stigma | -.18 |
| Mental Health Literacy | .27 |

F. Multiple Regression Analysis: Predictors of Attitudes toward Help-Seeking Behavior

For this regression analysis, outliers in the solution were checked using standardized residuals given the criterion that any case with standardized residuals above $|3.29|$ is considered an outlier in the solution. The standardized residuals ranged between -3.21 and 1.72 indicating that there were no outliers in the solution. Cook's distances were inspected to check for influential cases given the criterion that any case with Cook's distance above 1 is regarded an influential case in the final model. The results revealed that Cook's distances ranged between 0.00 and 0.07 indicating that there were no influential cases. Durbin Watson was inspected to check for the assumption of independence of errors with the criterion that Durbin Watson scores between 1 and 3 indicate that the given assumption is met. For this study, the Durbin score was 2.01 indicating that the assumption of independence of errors was met. In addition, VIF scores were inspected to check for the assumption of no multi-collinearity with the criterion that VIF scores less than 10 indicate that the given assumption is met. In this study, the VIF scores ranged between 1 and 2 which indicated that the assumption of no multicollinearity was met. The histogram (Figure 1) and the P-P plot (Figure 2) were inspected to check for the assumption of normality of residuals. The histogram revealed that the residuals are negatively skewed which indicates that the assumption of normality of residuals was not met. This was verified by the P-

Plot, which revealed that the cumulative probability of actual residuals didn't coincide with the cumulative probability of expected normality, while forming an S-shape. Hence, the normality of errors assumption was not met. Finally, the scatterplot ZRESID versus ZPRED was inspected to check for the assumption of homoscedasticity. This scatterplot revealed that the residuals are not evenly dispersed around zero while errors were forming a funnel shape, indicating that the assumption of homoscedasticity was not met. Because the assumption of normality of residuals and the assumption of homoscedasticity were not met, then the main regression coefficients were analyzed using bootstrapped method (Field, 2012).

Figure 1: Histogram Testing the Assumption of Normality of Residuals

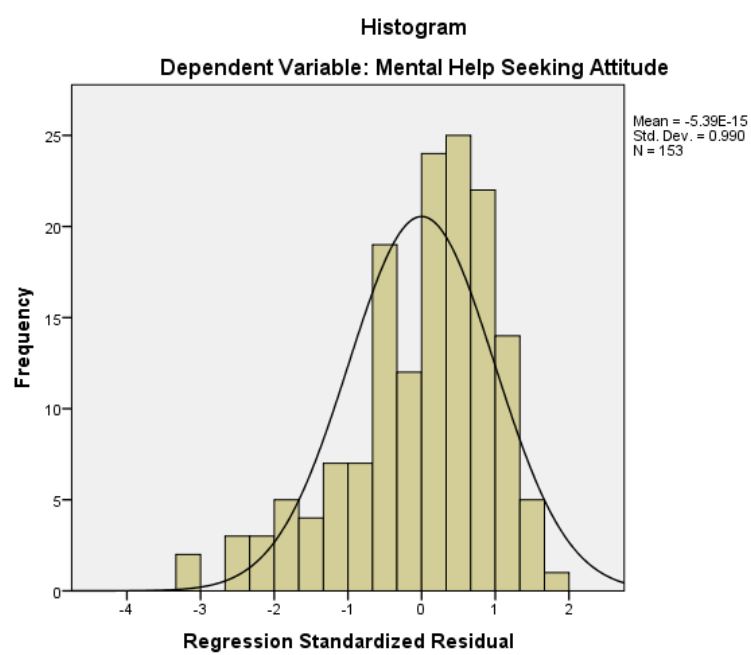


Figure 2: P-P Plot Testing the Assumption of Normality of Residuals

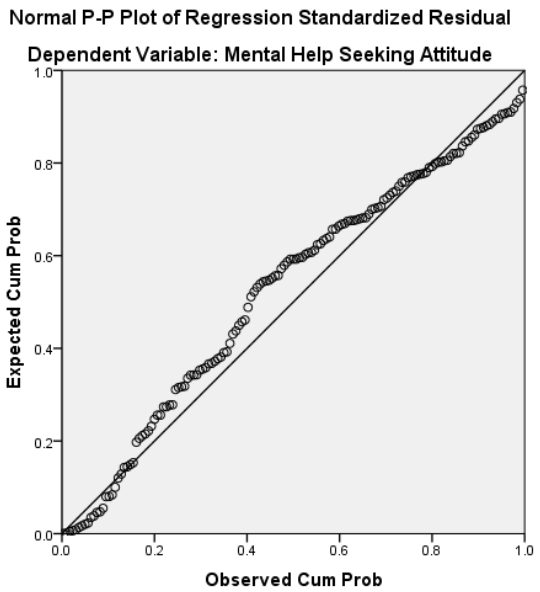
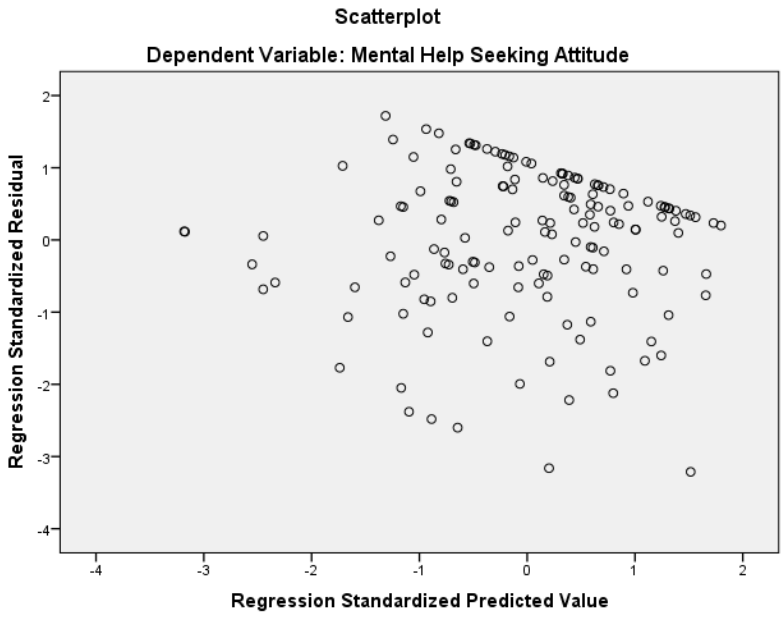


Figure 3: ZRESID versus ZPRED Scatterplot Testing the Assumption of Homoscedasticity



Multiple regression analysis was conducted using the forced entry method with the predictors (self-stigma, perceived public stigma, and mental health literacy) and the outcome variable (attitudes toward help-seeking behavior). The F-test revealed that the regression model was a significant model in predicting attitudes toward help-seeking behavior; $F(3, 149) = 12.08$, $p < .001$. This regression model explained 19.6% of the variance of attitudes toward help-seeking behavior at the sample level ($R^2 = .196$) and 17.9% of the variance of attitudes toward help-seeking behavior at the population level ($R^2_{adj} = .179$; Table 7).

The bootstrapped coefficients revealed that self-stigma was a significant, negative, and medium to large predictor of attitudes toward help-seeking behavior; $b = -0.60$, $Bias = 0.003$, $SE = 0.12$, $\beta = -.38$, $p = .001$ (*one-tailed*), $95\%CI [-0.82, -0.35]$. The bootstrapped coefficients also revealed that mental health literacy was a significant, positive, and small to medium predictor of attitudes toward help-seeking behavior; $b = 0.01$, $Bias = 0.0001$, $SE = 0.01$, $\beta = 0.15$, $p = .034$ (*one-tailed*), $95\%CI [0.00, 0.02]$. This indicated that participants who had lower levels of self-stigma and higher levels of mental health literacy were more likely to have higher levels “more favorable” attitudes toward help-seeking behavior. The bootstrapped coefficients, however, that perceived public stigma was not a significant predictor of attitudes toward help-seeking behavior; $b = 0.04$, $Bias = -0.001$, $SE = 0.09$, $\beta = 0.04$, $p = .332$ (*one-tailed*), $95\%CI [-0.13, 0.22]$; Table 8].

Table 7

R, R Square, Adjusted R Square

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate | R Square Change | Change Statistics | | | Durbin-Watson | |
|-------|-----|----------|-------------------|----------------------------|-----------------|-------------------|-----|-----|---------------|------|
| | | | | | | F | df1 | df2 | | |
| 1 | .44 | .196 | .179 | 0.75 | .196 | 12.08 | 3 | 149 | .000 | 2.01 |

Table 8*Regression Parameters*

| | | | | | | | | 95% CI | |
|-------|-------------------------|-------|--------|------|---------|------|-------|--------|--|
| Model | | b | Bias | SE | β | Sig. | Lower | Upper | |
| 1 | (Constant) | 6.15 | -0.02 | 0.74 | | .001 | 4.72 | 7.58 | |
| | Self-Stigma | -0.60 | 0.003 | 0.12 | -0.38 | .001 | -0.82 | -0.35 | |
| | Perceived Public Stigma | 0.04 | -0.001 | 0.09 | 0.04 | .332 | -0.13 | 0.22 | |
| | Mental Health Literacy | 0.01 | .0001 | 0.01 | 0.15 | .034 | 0.00 | 0.02 | |

G. Differences on Self-Stigma, Perceived Public Stigma, Mental Health Literacy, and Attitudes toward Help-Seeking Behavior across Participants who Sought Mental Health Services and those who Didn't Seek Mental Health Services

The normality of the variables (attitudes toward help-seeking behavior, self-stigma, perceived public stigma, and mental health literacy) across the two groups (participants who sought mental health services and those who didn't seek mental health services) was tested using z-skewness and z-kurtosis, with the criteria that any z-skewness and/or z-kurtosis > |3.29| indicates significant deviation from normality. The results revealed that the normality of self-stigma, perceived public stigma, and mental health literacy was met across participants who sought mental health services and those who didn't seek mental health services. The results also revealed that the normality of attitudes toward help-seeking behavior was met across participants who didn't seek mental health services, whereas the normality of attitudes toward help-seeking behavior was not met across participants who sought mental health services (the distribution was negatively skewed).

Since normality was not met, one Mann-Whitney U-test was conducted to study whether attitudes toward help-seeking behavior was significantly different across participants who sought mental health services and those who didn't seek mental health services. The results revealed that there were no significant differences on attitudes toward help-seeking behavior between participants who sought mental health services and those who didn't seek mental health services; $U = 2560.00$, $Z = -0.35$, $p = .364$ (*one-tailed*), $r = .03$ (Table 9). As such, hypothesis one, which states that participants who have more favorable attitudes toward help-seeking behavior will be more likely to seek mental health services, was not supported. Since normality was met, three independent t-tests were conducted to study whether there were significant differences on self-stigma, perceived public stigma, and mental health literacy across participants who sought mental health services and those who didn't seek mental health services. Levene's test revealed that the variances of self-stigma, perceived public stigma, and mental health literacy were not significantly different across the two groups; $F(1, 151) = 2.80$, $p = .096$, $F(1, 151) = 0.09$, $p = .771$, and $F(1, 151) = 2.33$, $p = .129$, respectively, indicating that the homogeneity of variance assumption was met. The t-test revealed that participants who sought mental health services ($M = 1.80$, $SD = 0.47$) had significantly lower levels of self-stigma compared to those who didn't seek mental health services ($M = 1.98$, $SD = 0.60$); $t(151) = 2.06$, $p = .021$ (*one-tailed*). As such, hypothesis two, which states that participants who have lower levels of self-stigma will be more likely to seek mental health services, was supported. The t-test revealed, however, that there were no significant differences on perceived public stigma between participants who sought mental health services and those who didn't seek mental health services; $t(151) = 0.77$, $p = .220$ (*one-tailed*). As such, hypothesis three, which states that participants who had lower levels of public stigma were more likely to seek mental health services, was not supported. The t-test

revealed that participants who sought mental health services ($M = 131.69$, $SD = 13.04$) had significantly higher levels of mental health services compared to those who didn't seek mental health services ($M = 120.98$, $SD = 15.06$); $t(151) = -4.58$, $p < .001$ (*one-tailed*). As such, hypothesis four, which states that participants who have higher levels of mental health literacy will be more likely to seek mental health services, was supported.

Table 9

Differences on Attitudes toward Help-Seeking Behavior between Participants who Sought Mental Health Services and those who didn't Seek Mental Health Services

| | |
|-------------------|---------|
| Mann-Whitney U | 2560.00 |
| Wilcoxon W | 3991.00 |
| Z | -0.35 |
| Sig. (one-tailed) | .364 |

Table 10

Differences on Self-Stigma, Perceived Public Stigma, and Mental Health Literacy between Participants who Sought Mental Health Services and those who didn't Seek Mental Health Services

| | No | | Yes | | T-test | | |
|-------------------------|--------|-------|--------|-------|-----------|-----|------|
| | Mean | SD | Mean | SD | Statistic | Df | Sig. |
| Self-Stigma | 1.98 | 0.60 | 1.80 | 0.47 | 2.06 | 151 | .021 |
| Perceived Public Stigma | 2.28 | 0.71 | 2.18 | 0.69 | 0.77 | 151 | .220 |
| Mental Health Literacy | 120.98 | 15.06 | 131.69 | 13.04 | -4.58 | 151 | .000 |

H. Binary Logistic Regression: Predictors of Actual Help-seeking Behavior

A binary logistic regression was conducted to study the influence of the predictors (attitudes toward help-seeking behavior, self-stigma, perceived public stigma, and mental health literacy) on the outcome variable actual help-seeking behavior (yes versus no). The results revealed that the logistic regression model was a significant model in predicting actual help-seeking behavior; $X^2(4, N = 151) = 20.20, p < .001$. This binary logistic regression explained 17.1% (*Nagelkerke R*² = 0.171) of the variance in actual help-seeking behavior and correctly classified 71.2% of the cases. When studied together, attitudes toward help-seeking behavior, self-stigma, and perceived public stigma were not significant predictors of actual help-seeking behavior; *OR* = 0.83, *p* = .435, 95%*CI* [0.51-1.34], *OR* = 0.70, *p* = .421, 95%*CI* [0.30-1.66], and *OR* = 1.14, *p* = .671, 95%*CI* [0.63-2.05], respectively. However, mental health literacy was found to be a significant and positive predictor of actual help-seeking behavior; *OR* = 1.06, *p* < .001, 95%*CI* [1.03-1.09]. As such, participants who had higher levels of mental health literacy were more likely to seek mental health services (Table 11).

Table 11

Binary Logistic Regression: Predictors of Actual Help-Seeking Behavior

| | B | SE | Wald | Sig | Exp (B) | 95%CI |
|--|-------|------|-------|------|---------|-------------|
| Constant | -4.60 | 2.59 | 3.14 | .076 | 0.01 | |
| Attitudes toward Help-Seeking Behavior | -.19 | 0.25 | 0.61 | .435 | 0.83 | 0.51 – 1.34 |
| Self-Stigma | -.35 | 0.44 | 0.65 | .421 | 0.70 | 0.30 – 1.66 |
| Perceived Public Stigma | .13 | 0.30 | 0.18 | .671 | 1.14 | 0.63 – 2.05 |
| Mental Health Literacy | .05 | 0.01 | 14.44 | .000 | 1.06 | 1.03 – 1.09 |

Chapter 5: Discussion

This study aimed at investigating the predictors and barriers as preventative measures for seeking psychiatric and psychotherapeutic services through corresponding behaviors and attitudes towards mental health. Knowing the huge treatment gap for mental disorders alongside the compounded crises the country has seen during the last four years, there was a need to explore help-seeking attitudes, behaviors, and the factors which affect people's initiative to seek mental health support. The study presented four hypotheses regarding possible predictors of attitudes towards help-seeking behaviors and their relationship with the outcome variable. As such, only two of the four hypotheses were supported and the other two were rejected. Data collection was conducted for one week through Google Forms; one hundred and sixty-three people filled the survey but the final sample consisted of one hundred and fifty-three participants. The results shown in Chapter 4 will be discussed in this chapter and compared to previous literature on attitudes towards help-seeking. This chapter will also contain implications, limitations of the current study, and recommendations for future research.

Attitudes towards help-seeking behavior & the likelihood of seeking mental health services

Hypothesis 1

The findings do not support the first hypothesis stating that participants who have more favorable attitudes toward help-seeking behavior will be more likely to seek mental health services. This finding does not coincide with prior literature. Although extensive literature indicates that positive attitudes towards help seeking has been associated with actual help seeking behaviors (Mojatabi et al, 2016), the results of this study indicate otherwise. Accessing services in a country whose health system is on the brink of collapse with skyrocketing prices for

psychiatric or psychotherapeutic services would be difficult even if one has favorable attitudes towards help seeking. One might argue that there are more pressing and urgent needs such as transportation costs, electricity and basic needs such as food and shelter are a priority over seeking mental health services. There is a need to investigate reasons for this outcome further, however it is clear that the deteriorating economic situation is a major influencer on people's ability to access mental health services in Lebanon, despite possible favorable attitudes towards the actual behavior itself.

Self-stigma & the likelihood of seeking mental health services

Hypothesis 2

The statistical results in the previous chapter support the second hypothesis stating that participants who have lower levels of self-stigma will be more likely to seek mental health services. These conclusions are complimentary with prior literature. Referencing a meta-analysis that identified 144 studies, self-stigma was among the highest-ranking predictive barriers of help-seeking (Clement et al, 2015). Moreover, the prevalence of women amongst the pool of participants, results are coherent with the study conducted in the UAE which revealed that women with higher self-stigma were less likely to seek treatment. Further research conducted by Vally in 2018 reinforced the notion of having lesser levels of self-stigma would increase attitudes and behaviors toward help-seeking (Vally et al, 2018).

Public stigma & the likelihood of seeking mental health services

Hypothesis 3

The statistical results in the previous chapter did not support the third hypothesis stating that participants who have lower levels of perceived public stigma will be more likely to seek mental health services. These conclusions are not complimentary with prior literature. This may be because the attitude scale measured public stigma through five simple questions which might trigger a social desirability bias to them look more socially attractive and acceptable. In addition to social desirability bias, some of the questions asked may be too technical for some people and would need to be operationally defined such as “social stigma”, “interpersonal problems” or “People will see a person in a less favorable way”, all of which are not lay terms.

On the other hand, one might argue that the local knowledge might not always apply to the generic Western knowledge which is produced (Delvaux & Schoenaers, 2012). Although participants have scored relatively low on public stigma, seeking mental health services is much more complicated and multidimensional to be explained with one phenomenon.

Mental health literacy & the likelihood of seeking mental health services

Hypothesis 4

The statistical results in the previous chapter support the fourth hypothesis stating that participants who have higher levels of mental health literacy will be more likely to seek mental health services. When exploring mental health literacy, most of the participants scored high on literacy and were likely to seek mental health services. Bonabi et al’s longitudinal study suggested that mental health literacy predicted the use of psychotherapy and psychiatric service, it proved to be apparent to this specific population (Bonabi et al, 2016). Other studies have confirmed when mental health literacy increases, stigma is reduced. It also reduces the social

isolation of people living with mental illness and encourage help-seeking behavior (Gaiha SM et al, 2014). Results are thus consistent with previous work on the role of mental health literacy and service use.

Conclusion

The results of this study indicate that low self-stigma as well as high mental health literacy are predictors of help-seeking behavior, in line with previous research in various contexts. However, the results also coincide with previous literature as this study does not support the hypotheses that public stigma and attitudes towards seeking help are influencing factors in actual help-seeking behavior. This outcome reveals the need for further context-specific research on reasons why people with favorable attitudes toward help-seeking and low public stigma might not access psychotherapeutic or psychiatric services.

In addition, it would be helpful to further explore cultural stigma, perceived negative effects of therapy, accessibility to services, and experiences of people who accessed mental health services at least once in Lebanon in order to understand the reasons behind the controversy of people not accessing psychological or psychiatric services despite having favorable attitudes and low public stigma.

Provision of Mental Health Services Implications

This study explored predictors and barriers to help-seeking behaviors. It investigated the implications of favorable vs. unfavorable attitudes towards help-seeking behavior and may be used to inform future conceptualization of mental health services. Results may help to better shape and plan services offered by governmental entities, non-governmental organizations, private clinics, primary health care centers, and hospitals. Results also encourage building a

network of support instead of self and public stigmatizing and punishing mental illness, as this is shown to be an important factor in help seeking behavior.

Another service provision implication is one concerned with the direct mental well-being of persons with mental disorders or people wanting to seek help; as mental health literacy increases and stigma decreases, people are less likely to feel ashamed or guilty about seeking treatment. This result sheds light on the importance of increasing awareness and sensitization on mental health,

Most notably, all the above will increase accessibility to mental health services which will decrease the massive treatment gap that the country is facing.

Policy Implications

Complimenting service provision with policy making and advocacy is a powerful blend to increase mental health literacy and decrease stigma in societies such as Lebanon. As such, one can deduce that with better policies built towards increasing knowledge and decreasing stigma, people experiencing psychological difficulties would be more likely to seek treatment. There is a need to advocate for increasing mental health literacy at an early age (e.g. as part of school curricula) (Mendenhall & Frauenholtz, 2015), decreasing public stigma through mental health campaigns and all year-round awareness, and advocating for the rights of people living with mental disorders. In Lebanon, until today, the Lebanese Labor Law does not protect people experiencing psychological disorders, therefore one might be laid off from his or her job because they experienced acute depression for a short period of time. Moreover, insurance plans and the Lebanese National Security do not cover psychological consultations. Thus, advocacy for the

inclusion of mental health services within insurance plans and the Lebanese National Security is a pressing need.

Limitations of the Current Study

One of the main limitations of this study was the small convenient sample size. The present study acquired a sample size of N=153 reaching a medium effect size. On the other hand, the population surveyed, unfortunately, scored extremely high on mental health literacy 130.75 for the English participants and 119.90 for the Arabic participants over 160 which does not represent the Lebanese population nor worldwide figures for literacy on mental health. In addition to scoring high on mental health literacy, more than 95% (N=147) of the survey population have a bachelor's degree or higher which increases the likelihood of being exposed to awareness of mental health due to access to university-level education. Finally, more than two-thirds of the participants N=112 earn more than 4,500,000LL which is approximately six to seven times the minimum wage in Lebanon which does not represent the true figures in Lebanon which say that more than 82% are living below the poverty line (ESCWA, 2021). All the above indicate how limited the sample characteristics are.

The descriptors have shown that the people surveyed have favorable attitudes, high mental health literacy, and very low self and public stigma which indicates an ideal utopian sample that was unfavorable in this case. In the case of asking for previous help-seeking behavior, only a uni-dimensional question was asked about whether the person has seen a mental health professional at least once; this is a limitation because it is not indicative of the extent of actual help-seeking.

Future Research Recommendations

This study may be replicated in the future with a larger sample size and one that is more representative of the Lebanese population. It would also be important to investigate a random sample from impoverished communities, those who do not have access to any kind of mental health service, awareness, or access to any means of support. A counterbalanced survey that controls for order and carryover effects is another recommendation for future research.

Additionally, it would be interesting if future studies included structural and cultural stigma in the equation to explore the extent of impediment of these barriers knowing that Lebanon is going through multiple crises, the health system is barely functioning, the country heavily relies on non-governmental organizations, and it is a sectarian country which holds high public stigma towards mental illness and help-seeking.

Help-seeking attitudes are multifaceted and complex and are affected by different factors which makes them difficult to fully analyze. Exploring attitudes towards help-seeking in the Arab Region and in Lebanon specifically is needed in order to fully understand the reasons why people seek or do not seek mental health services.

References

- Afif, Z., 2020. Beirut Residents' Perspectives on August 4 Blast: Findings from a Needs and Perception Survey, World Bank Group. Retrieved from <https://policycommons.net/artifacts/1250877/beirut-residents-perspectives-on-august-4-blast/1811456/> on 25 Jun 2022. CID: 20.500.12592/x10cr9.
- Ajzen, I. (1991). The theory of planned behavior. *Organizational behavior and human decision processes*, 50(2), 179-211.
- Alameddine A, Kerbage H. Could the Aid System Be Reinforcing Mental Health Symptoms Among Refugees? Clinicians' Experiences from Lebanon. *J Immigr Minor Health*. 2021 Jun;23(3):650-652. doi: 10.1007/s10903-021-01145-3. Epub 2021 Jan 24. PMID: 33486656.
- Alameddine, M, Khodr, H, Mourad, Y, Yassoub, R, & Abi Ramia, J. (2015). Upscaling the recruitment and retention of human resources for health at primary healthcare centres in Lebanon: A qualitative study. *Health & Social Care in The Community*, 1–10. doi:10.1111/hsc. 12210.
- Alegría, M, NeMoyer, A, Falgàs Bagué, I. *et al*, Social Determinants of Mental Health: Where We Are and Where We Need to Go. *Curr Psychiatry Rep* 20, 95 (2018). <https://doi.org/10.1007/s11920-018-0969-9>
- Allen, J., Balfour, R., Bell, R., & Marmot, M. (2014). Social determinants of mental health. *International review of psychiatry*, 26(4), 392-407
- Alonso, J, Codony, M, Kovess, V, Angermeyer, M. C, Katz, S. J, Haro, J. M, et al, (2007).

Population level of unmet need for mental healthcare in Europe. *British Journal of Psychiatry*, 190, 299–306. doi:10.1192/bjp.bp.106.022004.

Amnesty International Lebanon. (2021) *Government recklessness in medication subsidy reform violates the right to health and life*.

<https://www.amnesty.org/en/latest/news/2021/12/lebanon-government-recklessness-in-medication-subsidy-reform-violates-right-to-health-and-life/>

Amroussia N, Gustafsson PE, Mosquera PA. Explaining mental health inequalities in Northern Sweden: a decomposition analysis. *Glob Health Action*. 2017;10(1):1305814.

<https://doi.org/10.1080/16549716.2017.1305814>.

Arab News 2021. *Lebanon's telecom, internet sector could collapse within days*

<https://www.arabnews.com/node/1942276/middle-east>

Bayer, J. K, & Peay, M. Y. (1997). Predicting intentions to seek help from professional mental health services. *Australian and New Zealand Journal of Psychiatry*, 31(4), 504-513.

Blumenthal*, R, & Endicott, J. (1996). Barriers to seeking treatment for major depression.

Depression and anxiety, 4(6), 273-278.

Bonabi, H, Müller, M, Ajdacic-Gross, V, Eisele, J, Rodgers, S, Seifritz, E, Rössler, W, & Rüsch, N. (2016). Mental Health Literacy, Attitudes to Help-seeking, and Perceived Need as

Predictors of Mental Health Service Use: A Longitudinal Study. *The Journal of nervous and mental disease*, 204(4), 321–324. <https://doi.org/10.1097/NMD.0000000000000488>

Bosqui, T. (2020). The need to shift to a contextualized and collective mental health paradigm:

Learning from crisis-hit Lebanon. *Global Mental Health*, 7, E26.

doi:10.1017/gmh.2020.20

Broady, T, Chan, A, & Caputi, P. (2010). Comparison of older and younger adults' attitudes towards and abilities with computers: Implications for training and learning. *British Journal of Educational Technology*, 41(3), 473-485.

Calear AL, Griffiths KM, Christensen H (2011) Personal and perceived depression stigma in Australian adolescents: magnitude and predictors. *J Affect Disord* 129:104–108

Carmines, E. G, & Zeller, R. A. (1979). *Reliability and validity assessment*. Sage publications.

Charlson, F., van Ommeren, M., Flaxman, A., Cornett, J., Whiteford, H., & Saxena, S. (2019). New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis. *The Lancet*, 394(10194), 240-248.

Choudhry, F. R, Mani, V, Ming, L. C, & Khan, T. M. (2016). Beliefs and perception about mental health issues: a meta-synthesis. *Neuropsychiatric disease and treatment*, 12, 2807–2818. <https://doi.org/10.2147/NDT.S111543>

Clement, S, Schauman, O, Graham, T, Maggioni, F, Evans-Lacko, S, Bezborodovs, N, ... & Thornicroft, G. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological medicine*, 45(1), 11-27.

Corrigan PW, Markowitz FE, Watson AC. Structural levels of mental illness stigma and discrimination. *Schizophr Bull*. 2004;30(3):481-91.

doi:10.1093/oxfordjournals.schbul.a007096. PMID: 15631241.

Dawel, A, Shou, Y, Smithson, M, Cherbuin, N, Banfield, M, Calear, A. L, ... & Batterham, P. J.

(2020). The effect of COVID-19 on mental health and wellbeing in a representative sample of Australian adults. *Frontiers in psychiatry*, 11, 1026.

DeLuca JS (2019) Conceptualizing adolescent mental illness stigma: youth stigma development

and stigma reduction programs. *Adolesc Res Rev*. <https://doi.org/10.1007/s40894-018-0106-3>

Diala CC, Muntaner C, Walrath C, et al: Racial/ethnic differences in attitudes toward seeking professional mental health services. *American Journal of Public Health* 91:805–807, 2001

Dua, T., Barbui, C., Clark, N., Fleischmann, A., Poznyak, V., van Ommeren, M., ... & Saxena, S.

(2011). Evidence-based guidelines for mental, neurological, and substance use disorders in low-and middle-income countries: summary of WHO recommendations. *PLoS medicine*, 8(11), e1001122.

Eastern Mediterranean Regional Health Observatory, World Health Organization (WHO). Health

systems profile - Lebanon [Report]. Egypt: WHO; 2006. [cited 2021 Mar 24]. Available from: <http://digicollection.org/hss/documents/s17301e/s17301e.pdf>

El Othman, R, Touma, E, El Othman, R, Haddad, C, Hallit, R, Obeid, S, ... & Hallit, S. (2021).

COVID-19 pandemic and mental health in Lebanon: a cross-sectional study. *International Journal of Psychiatry in Clinical Practice*, 1-12.

El-Khoury, J, & Medawar, B. (2021). Beirut, Lebanon. *The Lancet Psychiatry*, 8(2), 104.

- Farran N. (2021). Mental health in Lebanon: Tomorrow's silent epidemic. *Mental health & prevention*, 24, 200218. <https://doi.org/10.1016/j.mhp.2021.200218>
- Field, A. (2013). *Discovering statistics using IBM SPSS statistics*. London: Sage Publications.
- Frankham, C., Richardson, T., & Maguire, N. (2020). Psychological factors associated with financial hardship and mental health: A systematic review. *Clinical Psychology Review*, 77, 101832.
- Frasquilho, D., Matos, M., Salonna, F., Guerreiro, D., Storti, C., & Gaspar, T. Caldas-de-Almeida,(2016) Mental health outcomes in times of economic recession: a systematic literature review. *BMC Public Health*, 16, 115.
- Gaiha SM, Sunil GA, Kumar R, Menon S (2014) Enhancing mental health literacy in India to reduce stigma: the fountainhead to improve help-seeking behaviour. *J Public Ment Health* 146–158
- GBD 2015 Eastern Mediterranean Region Mental Health Collaborators, The burden of mental disorders in the Eastern Mediterranean region, 1990–2015: findings from the global burden of disease 2015 study." *International journal of public health* 63 (2018): 25-37.
- Grey, I., Arora, T., Thomas, J., Saneh, A., Tohme, P., & Abi-Habib, R. (2020). The role of perceived social support on depression and sleep during the COVID-19 pandemic. *Psychiatry research*, 293, 113452.
- Griffiths KM, Christensen H, Jorm AF (2008) Predictors of depression stigma. *BMC Psychiatry* 8:25

- Habib, R. R., El-Haddad, N. W., Elzein, K., & Hojeij, S. (2020). Mental and self-rated health of bakery workers in Lebanon: a national study. *SAGE open medicine*, 8, 2050312120962345.
- Halgin, R. P, Weaver, D. D, Edell, W. S, & Spencer, P. G. (1987). Relation of depression and help-seeking history to attitudes toward seeking professional psychological help. *Journal of Counseling Psychology*, 34(2), 177.
- Hammer, J. H, Parent, M. C, & Spiker, D. A. (2018). Mental help-seeking Attitudes Scale (MHSAS): Development, reliability, validity, and comparison with the ATSPPH-SF and IASMHS-PO. *Journal of Counseling Psychology*, 65(1), 74–85.
<https://doi.org/10.1037/cou0000248>
- Hatzenbuehler M. L. (2016). Structural stigma: Research evidence and implications for psychological science. *The American psychologist*, 71(8), 742–751.
<https://doi.org/10.1037/amp0000068>
- Henderson, C, Evans-Lacko, S, & Thornicroft, G. (2013). Mental illness stigma, help-seeking, and public health programs. *American journal of public health*, 103(5), 777–780.
- Hijazi, Z, Weissbecker, I, & Chammay, R. (2011). The integration of mental health into primary health care in Lebanon. *Intervention*, 9(3), 265-78.
- ILO 2012. *Direct Request (CEACR) - adopted 2012, published 102nd ILC session (2013)*
Minimum Wage Fixing Convention, 1970 (No. 131) - Lebanon (Ratification: 1977)
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:13100:0::NO::P13100_COMMENT_ID:3084998

Jessica Allen, Reuben Balfour, Ruth Bell & Michael Marmot (2014) Social determinants of mental health, *International Review of Psychiatry*, 26:4, 392-407, DOI:

[10.3109/09540261.2014.928270](https://doi.org/10.3109/09540261.2014.928270)

Jorm, A. (2000). Mental health literacy: Public knowledge and beliefs about mental disorders. *British Journal of Psychiatry*, 177(5), 396-401. doi:10.1192/bjp.177.5.396

Jorm, A. F, Korten, A. E, Jacomb, P. A, Christensen, H, Rodgers, B, & Pollitt, P. (1997). “Mental health literacy”: a survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. *Medical journal of Australia*, 166(4), 182-186.

Kanj, M, & Mitic, W. (2009, October). Promoting health and development: closing the implementation gap. In *Unpublished conference document, 7th global conference on health promotion. Nairobi, Kenya: October.*

Karabenick, S. A, & Berger, J.-L. (2013). help-seeking as a self-regulated learning strategy. In H. Bembenuddy, T. J. Cleary, & A. Kitsantas (Eds.), *Applications of self-regulated learning across diverse disciplines: A tribute to Barry J. Zimmerman* (pp. 237–261). IAP Information Age Publishing.

Karam EG, Mneimneh Z, Karam A, et al, Prevalence and treatment of mental disorders in Lebanon: a national epidemiological survey. *Lancet*. 2006;367:1000-6. (10)

Karam EG, Mneimneh ZN, Dimassi H, Fayyad JA, Karam AN, Nasser SC, Chatterji S, Kessler RC. Lifetime Prevalence of Mental Disorders in Lebanon: First Onset, Treatment, and Exposure to War. *PLoS Med*. 2008;5(4). doi: 10.1371/journal.pmed.0050061. (9)

- Karam, E. G, Karam, G. E, Farhat, C, Itani, L, Fayyad, J, Karam, A. N, ... & Thornicroft, G. (2019). Determinants of treatment of mental disorders in Lebanon: barriers to treatment and changing patterns of service use. *Epidemiology and psychiatric sciences*, 28(6), 655-661.
- Karam, G, Itani, L, Fayyad, J, Karam, A, Mneimneh, Z, & Karam, E. (2016). Prevalence, correlates, and treatment of mental disorders among Lebanese older adults: a national study. *The American Journal of Geriatric Psychiatry*, 24(4), 278-286.
- Kassebaum, N. J, Arora, M, Barber, R. M, Bhutta, Z. A, Brown, J, Carter, A, ... & Biryukov, S. (2016). Global, regional, and national disability-adjusted life-years (DALYs) for 315 diseases and injuries and healthy life expectancy (HALE), 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015. *The Lancet*, 388(10053), 1603-1658
- Kerbage, Hala (2017). *Rethinking mental health legislation in Lebanon: updates and implications*. *Contemporary Levant*, 2(2), 135–142. doi:10.1080/20581831.2017.1385910
<https://www.tandfonline.com/doi/abs/10.1080/20581831.2017.1385910>
- Kerbage, Hala, Rabih El Chammay, and Sami Richa. "Mental Health Legislation in Lebanon: Nonconformity to international standards and clinical dilemmas in psychiatric practice." *International journal of law and psychiatry* 44 (2016): 48-53.
- Kessler, R. C, Demler, O, Frank, R. G, Olfson, M, Pincus, H. A, Walters, E. E, et al, (2005). Prevalence and treatment of mental disorders, 1990 to 2003. *New England Journal of Medicine*, 352, 2515–2523.

- Komiya, N., Good, G. E., Sherrod, N. B. (2000). Emotional openness as a predictor of college students' attitudes toward seeking psychological help. *Journal of Counseling Psychology*, 47, 138-143. doi:10.1037/0022-0167.47.1.138
- Konstantakopoulos G. Insight across mental disorders: A multifaceted metacognitive phenomenon. *Psychiatriki*. 2019 Jan-Mar;30(1):13-16. English, Greek, Modern. doi: 10.22365/jpsych.2019.301.13. PMID: 31115349.
- Kutcher, S, Wei, Y, & Coniglio, C. (2016). Mental Health Literacy: Past, Present, and Future. *Canadian journal of psychiatry. Revue canadienne de psychiatrie*, 61(3), 154–158.
<https://doi.org/10.1177/0706743715616609>
- LAUGHLIN, SHAYA . (2022, March 10). Stuck In Resilience: Mental Health in Lebanon. Triangle; www.thinktriangle.net. <https://www.thinktriangle.net/mental-health-lebanon-crisis/>
- Markova, I. S, & Berrios, G. E. (1992). The meaning of insight in clinical psychiatry. *The British Journal of Psychiatry*, 160(6), 850-860.
- Merhej, R. (2019). Stigma on mental illness in the Arab world: beyond the socio-social barriers. *International Journal of Human Rights in Healthcare*.
- Ministry of Public Health. (2015). Mental Health and Substance Use- Prevention, Promotion, and Treatment- Situation Analysis and Strategy for Lebanon 2015–2020. Beirut: Ministry of Public Health.
<http://www.moph.gov.lb/userfiles/files/National%20Strategy%20for%20Mental%20Health%20and%20Substance%20Use%20Promotion,%20Prevention%20and%20Treatment>

%20for%20Lebanon%202015-2020-%20ENGLISH.pdf

Mojtabai R, Eaton WW, Maulik PK: Pathways to care: need, attitudes, barriers; in Public Mental Health. Edited by Eaton WW. Oxford, United Kingdom, Oxford University Press, 2012

Mojtabai R, Olfson M, Mechanic D: Perceived need and help-seeking in adults with mood, anxiety, or substance use disorders. *Archives of General Psychiatry* 59:77–84, 2002

Mojtabai, R, Evans-Lacko, S, Schomerus, G, & Thornicroft, G. (2016). Attitudes toward mental health help-seeking as predictors of future help-seeking behavior and use of mental health treatments. *Psychiatric Services*, 67(6), 650-657.

Mokdad, A. H., Forouzanfar, M. H., Daoud, F., Mokdad, A. A., El Bcheraoui, C., Moradi-Lakeh, M., ... & Murray, C. J. (2016). Global burden of diseases, injuries, and risk factors for young people's health during 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. *The Lancet*, 387(10036), 2383-2401.

Nam, S. K, Choi, S. I, Lee, J. H, Lee, M. K, Kim, A. R, & Lee, S. M. (2013). Psychological factors in college students' attitudes toward seeking professional psychological help: A meta-analysis. *Professional Psychology: Research and Practice*, 44, 37–45.

<http://dx.doi.org/10.1037/a0029562>

Nam, S. K, Chu, H. J, Lee, M. K, Lee, J. H, Kim, N, & Lee, S. M. (2010). A meta-analysis of gender differences in attitudes toward seeking professional psychological help. *Journal of American college health*, 59(2), 110-116.

Ngui, E. M, Khasakhala, L, Ndeti, D, & Roberts, L. W. (2010). Mental disorders, health

inequalities and ethics: A global perspective. *International Review of Psychiatry*, 22(3), 235–244. doi:10.3109/09540261.2010.485273.

Nutbeam, D, Wise, M, Bauman, A, *et al* (1993) *Goals and Targets for Australia's Health in the Year 2000 and Beyond*. Canberra: Australian Government Publishing Service.

Nutbeam, D, Wise, M, Bauman, A, Harris, E, & Leeder, S. (1993). *Goals and targets for Australia's health in the year 2000 and beyond. Report to the Commonwealth Department of Health, Housing, Local Government and Community Services*. Canberra: Australian Government Publishing Service.

O'Connor, M, & Casey, L. (2015). The Mental Health Literacy Scale (MHLS): A new scale-based measure of mental health literacy. *Psychiatry research*, 229(1-2), 511-516.

Picco, L, Abidin, E, Chong, S. A, Pang, S, Shafie, S, Chua, B. Y, ... & Subramaniam, M. (2016). Attitudes toward seeking professional psychological help: Factor structure and socio-demographic predictors. *Frontiers in Psychology*, 7, 547

Rickwood, D., & Thomas, K. (2012). Conceptual measurement framework for help-seeking for mental health problems. *Psychology research and behavior management*, 5, 173–183.
<https://doi.org/10.2147/PRBM.S38707>

Rickwood, D. J, Deane, F. P, & Wilson, C. J. (2007). When and how do young people seek professional help for mental health problems?. *Medical journal of Australia*, 187(S7), S35-S39.

Salameh, P., Aline, H. A. J. J., Badro, D. A., Abou Selwan, C., Randa, A. O. U. N., & Sacre, H.

- (2020). Mental health outcomes of the COVID-19 pandemic and a collapsing economy: perspectives from a developing country. *Psychiatry research*, 294, 113520.
- Sareen, J, Jagdeo, A, Cox, B. J, Clara, I, ten Have, M, Belik, S. L, ... & Stein, M. B. (2007). Perceived barriers to mental health service utilization in the United States, Ontario, and the Netherlands. *Psychiatric services*, 58(3), 357-364
- Saxena, S, Thornicroft, G, Knapp, M, & Whiteford, H. (2007). Resources for mental health: Scarcity, inequity, and inefficiency. *The Lancet*, 370(9590), 878–889.
- Schnyder, N., Panczak, R., Groth, N., & Schultze-Lutter, F. (2017). Association between mental health-related stigma and active help-seeking: systematic review and meta-analysis. *The British Journal of Psychiatry*, 210(4), 261-268.
- Seyfi, F. P, Yasuoka, K. C, & Otsuka, J. K. & Jimba, M.(2013). Intention to seek professional psychological help among college students in Turkey: influence of help-seeking attitudes. *BMC Research Notes*, 6(1), 519.
- Sleiman, M. (2021, September 3). *ESCWA warns: Three-quarters of Lebanon's residents plunge into poverty*. UNESCWA. Retrieved July 15, 2022, from <https://www.unescwa.org/news/escwa-warns-three-quarters-lebanon%E2%80%99s-residents-plunge-poverty>
- Spiegel P. The humanitarian system is not just broken, but broken: recommendations for future humanitarian action. *Lancet (British Ed)*. 2017; [https://doi.org/10.1016/s0140-6736\(17\)31278-3](https://doi.org/10.1016/s0140-6736(17)31278-3).

Tabachnick, B. G., & Fidell, L. S. (2011). *Using Multivariate Statistics*. Boston, MA: Allyn and Bacon.

Umubyeyi, A, Mogren, I, Ntaganira, J, & Krantz, G. (2016). Help-seeking behaviors, barriers to care and self-efficacy for seeking mental health care: a population-based study in Rwanda. *Social psychiatry and psychiatric epidemiology*, 51(1), 81-92.

United Nations High Commissioner for Refugees [UNHCR]: Syria regional refugee response. Retrieved May 2, 2020, from <https://data2.unhcr.org/en/situations/syria>.

UPI 2021. *Fuel price surge hits Lebanon, worsening struggle for food, transportation.*

https://www.upi.com/Top_News/World-News/2021/10/26/lebanon-fuel-price-surge-crisis-food-transportation-electricity/5521635276253/

Vally Z, Cody BL, Albloshi MA, Alsheraifi SNM. Public stigma and attitudes toward psychological help-seeking in the United Arab Emirates: The mediational role of self-stigma. *Perspect Psychiatr Care*. 2018 Oct;54(4):571-579. doi: 10.1111/ppc.12282. Epub 2018 Apr 17. PMID: 29667204.

Van Zoonen, K, Kleiboer, A, Beekman, A. T, Smit, J. H, Boerema, A. M, & Cuijpers, P. (2015). Reasons and determinants of help-seeking in people with a subclinical depression. *Journal of affective disorders*, 173, 105-112.

Vogel, D. L, & Wester, S. R. (2003). To seek help or not to seek help: The risks of self-disclosure. *Journal of counseling psychology*, 50(3), 351.

Vogel, D. L, Wade, N. G, & Haake, S. (2006). Measuring the self-stigma associated with seeking

psychological help. *Journal of counseling psychology*, 53(3), 325.

WHO-AIMS Report on Mental Health System in Lebanon, WHO and Ministry of Health, Beirut, Lebanon, 2015.

Wilson CJ, Deane FP (2010) Help-negation and suicidal ideation: the role of depression, anxiety and hopelessness. *J Youth Adolesc* 39:291–305

World Health Organization. Global Burden of Disease 2010 Study. 2012. (http://www.who.int/healthinfo/global_burden_disease/gbd/en/ , accessed 17th December 2021).

World Health Organization. Mental Disorders Fact Sheet (2016) Retrieved from World Health Organization. Available at <http://www.who.int/media-centre/factsheets/fs396/en/>

World Health Organization. The World Health Report - Mental Health: New Understanding. 2001. New Hope WHO. Geneva. (<http://www.who.int/whr/2001/en/>, accessed 17th December 2021).

Yehia, F, Nahas, Z, & Saleh, S. (2014). A roadmap to parity in mental health financing: the case of Lebanon. *Journal of Mental Health Policy and Economics*, 17(3), 131–141.

Appendix A

Participant Information Letter

Dear Ms./Mr.

I am Alain Gebrayel, a student at Haigazian University from the Department of Social and Behavioral Sciences. I am currently carrying out a research study titled “**Personal, Social and Systemic Barriers as Preventative Predictors of Seeking Psychiatric and Psychotherapeutic Services Through Corresponding Behaviors & Attitudes**” advised by Dr. Vartan Agopian.

You are being asked to take part in this study since you are between the age of 18 to 64, living in Lebanon for more than 4 years and would like to contribute to the exploration of barriers preventing people from seeking psychological and psychiatric services.

Kindly read the below information to decide whether you would like to participate in this research study.

Purpose of the Research Project

This research study aims at informing the conceptualization of future provision of mental health services, helping mental health professionals and stakeholders at the field level to enable more positive attitudes towards help-seeking, and increasing access to mental health services in Lebanon.

This study will contribute to the partial fulfillment of my academic study requirements at Haigazian University.

What will I be asked to do?

- If you choose to participate in this research study, you will be asked to fill in a questionnaire. Your participation will involve completing a survey that entails statements that you will have to rate based on agreement and a demographic form for approximately fifteen minutes.

Participation in this project is voluntary. Upon completion of the survey, you will get into a draw to win one of the ten vouchers from UNIUN. You are free to withdraw anytime without having to give any reason for your withdrawal.

What are my rights?

- Participation in this study is completely voluntary, anonymous, and confidential. Your name or any other identifying information will not be asked.
- Data you provide along with data from all participants in the present research will be stored in aggregate in a password-protected folder / locked cabinet on the personal computer / in the office of Alain Gebrayel. The data will be analyzed and reported in aggregate. Only the principal investigators of this study will have access to the compiled data which will be stored for a period of 5 years post data. During this time, you have the right to inspect the data.
- You have the right to withdraw your consent or discontinue participation at any time for any reason. Your decision to refuse participation or withdraw will not involve any penalty or loss of benefits to which you are entitled. Discontinuing participation in no way affects your relationship with Haigazian University.
- This research study has been reviewed and has received clearance from the SBS ethics committee at Haigazian University. If you have any further concerns about your rights as a research participant, please, do not hesitate to contact Dr. Vartan Agopian, the University of New York in Prague at “vagopian@unyp.cz”

What are the risks and benefits of participation?

- Participation in this study does not involve any physical risk or emotional risk to you beyond the risks of daily life. Participation entails the risk of fatigue or boredom. If participants felt any

psychological discomfort, they will get the opportunity to have the National Emotional Support and Suicide Lifeline number at the end of the questionnaire.

- You will receive no direct benefits from participating in this research; however, you will get into a draw to win a voucher from a restaurant. Moreover, your participation does help researchers better understand the preventative predictors of seeking psychiatric and psychotherapeutic services through corresponding behaviors and attitudes considering the current situation in Lebanon.

Contact information

If you have any questions or concerns about the research you may contact:

Name: Alain Gebrayel
Affiliation(s): Haigazian University
Telephone: +96170054754
Email: agebrayel@students.haigazian.edu.lb

Name: Dr. Vartan Agopian, Ph.D.
Affiliation(s): the University of New York in Prague
Telephone: +420 725 856 511
Email: vagopian@unyp.cz

Appendix B

Participant Consent

Personal, Social, and Systemic Barriers as Preventative Predictors of Seeking Psychiatric and Psychotherapeutic Services Through Corresponding Behaviors & Attitudes

Please read the following statements and place a checkmark in the boxes adjacent to them.

| | |
|--|---|
| | I have volunteered to participate in this research project conducted for purposes of study. My participation is voluntary and I will get into a draw for a restaurant voucher. |
| | |
| | I know that I can choose to withdraw from participation at any time without any penalties consequences whatsoever. I also hold the right to decline to respond to any question(s) that I do not feel uncomfortable with. |
| | My participation may involve answering a questionnaire for approximately 15 minutes. |
| | I have been assured that the researcher will maintain my identity securely confidential. I have been assured that the information from the questionnaire will be used for the purpose of an academic study only. |
| | I have received the assurance that this research study has been duly reviewed and approved by the Faculty of Social and Behavioral Sciences at Haigazian University. |
| | I agree that the data gathered be kept in a secure location under the care of the study investigator for a period of 5 years as per the regulations of the Faculty of Social and Behavioral Sciences at Haigazian University. |
| | I have read, listened, and fully understand the explanation given to me. All my questions have been satisfactorily answered. |
| | I, therefore, choose to voluntarily participate in this research study. |
| | I have received a copy of this consent form co-signed by the investigator. |

Participant consent

Date: _____

Name: _____

Signature: _____

Investigator

Date: _____

Name: _____

Signature: _____

Appendix C

Ethics Approval Letter



HAIGAZIAN UNIVERSITY

Faculty of Social and Behavioral Sciences Ethics Committee

Alain Gebrayel, MA Student May 18, 2022

Clinical Psychology, Haigazian University AGEBRAYEL@students.haigazian.edu.lb

Dear Mr. Gebrayel.

The SBS Research Ethics Committee reviewed the following protocol:

| | |
|---|---|
| Type of Review: | Initial, Expedited |
| Study title | Personal, Social and Systemic Barriers as Preventative Predictors of Seeking Psychiatric and Psychotherapeutic Services Through Corresponding Behaviors & Attitudes |
| Study ID | AG.04.22 |
| Principal investigator(s): <i>Name, title, institution, contact information (email and phone number)</i> | Name: Alain Gebrayel Institution: Haigazian University Email: agebrayel@students.haigazian.edu.lb |
| Advisor | Name: Dr. Vartan Agopian, Ph.D. Institution: The University of New York in Prague Telephone: +420 725 856 511 Email: vagopian@unyp.cz |
| Documents reviewed | <ul style="list-style-type: none"> - Proposal submission form - Participant information letter - Participant consent form |

The SBS Research Ethics Committee approved the above study from May 18, 2022 to May 18, 2023 inclusive. The documents listed were reviewed and approved for use in this protocol.

Please note that any change in the study methods, design and/or instruments should be cleared by the committee before its application.

Once the study is complete a closure report should be sent to the committee. Regards

SBS Research Ethics Committee

A handwritten signature in blue ink, appearing to read "Luis Tovar". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Appendix D
Social Media Post

Dear Ms./Mr.

I am Alain Gebrayel, a student at Haigazian University from the Department of Social and Behavioral Sciences. I am currently carrying out a research study titled “**Personal, Social and Systemic Barriers as Preventative Predictors of Seeking Psychiatric and Psychotherapeutic Services Through Corresponding Behaviors & Attitudes**” advised by Dr. Vartan Agopian.

You are being asked to take part in this study since you are between the age of 18 to 64 and have been living in Lebanon for more than 4 years.

If you would like to contribute to the exploration of barriers preventing people from seeking psychological and psychiatric services, kindly read the below information to decide whether you would like to participate in this research study.

This research study aims at informing the conceptualization of future provision of mental health services, helping mental health professionals and non-governmental organizations working in the humanitarian field to enable more positive attitudes towards help-seeking, and facilitating access to mental health services in Lebanon.

This study will contribute to the partial fulfilment of my academic study requirements at Haigazian University.

If you choose to participate in this research study, you will be asked to fill in a questionnaire that entails statements that you will have to rate based on agreement and a demographic form. The questionnaire takes about 15 minutes to complete on average.

Participation in this project is voluntary. You have the right to withdraw your consent or discontinue participation at any time without having to present any reasons. Your decision to refuse participation or withdraw will not involve any penalty or consequences of any sort.

This research study has been reviewed and has received clearance from the Haigazian University Ethics Committee. If you have any further concerns about your rights as a research participant, please, do not hesitate to contact Dr. Vartan Agopian, the University of New York in Prague at vagopian@unyp.cz or the SBS Ethics Committee at Haigazian University at sbs.ethics@haigazian.edu.lb.

Participation in this study does not involve any physical risk or emotional risk to you beyond the risks of daily life. Participation entails the risk of fatigue or boredom. If participants felt any psychological discomfort, they will get the opportunity to have the National Emotional Support and Suicide Lifeline number at the end of the questionnaire.

You will receive no direct benefits from participating in this research, however, upon completion of the survey you will enter a draw to win a voucher from a restaurant. Moreover, your participation helps researchers better understand the preventative predictors of seeking psychiatric and psychotherapeutic services through corresponding behaviors and attitudes considering the current situation in Lebanon and is therefore appreciated.

Appendix E

Mental Help-Seeking Attitudes Scale (MHSAS)

Mental help-seeking Attitudes Scale (MHSAS) is designed to measure respondents' overall evaluation (unfavorable vs. favorable) of their seeking help from a mental health professional (Hammer et al, 2018). Please select the number that best represents your opinion. For example, if you feel that your seeking help would be extremely useless, you would mark the circle closest to "useless." If you are undecided, you would mark the "4" circle.

1. If I had a mental health concern, seeking help from a mental health professional would be...

Useless 1 2 3 4 5 6 7 Useful

2. If I had a mental health concern, seeking help from a mental health professional would be...

Important 1 2 3 4 5 6 7 Unimportant

3. If I had a mental health concern, seeking help from a mental health professional would be...

Unhealthy 1 2 3 4 5 6 7 Healthy

4. If I had a mental health concern, seeking help from a mental health professional would be...

Ineffective 1 2 3 4 5 6 7 Effective

5. If I had a mental health concern, seeking help from a mental health professional would be...

Good 1 2 3 4 5 6 7 Bad

6. If I had a mental health concern, seeking help from a mental health professional would be...

Healing 1 2 3 4 5 6 7 Hurting

7. If I had a mental health concern, seeking help from a mental health professional would be...

Disempowering 1 2 3 4 5 6 7 Empowering

8. If I had a mental health concern, seeking help from a mental health professional would be...

Satisfying 1 2 3 4 5 6 7 Unsatisfying

9. If I had a mental health concern, seeking help from a mental health professional would be...

Desirable 1 2 3 4 5 6 7 Undesirable

Appendix F

Self-Stigma of Seeking Help Scale (SSOSH)

The Self-Stigma of Seeking Help Scale (SSOSH) is a self report 10-item scale that measures the extent to which participants' self-esteem would be threatened by seeking mental health services.

1 = Strongly Disagree 2 = Disagree 3 = Agree & Disagree Equally 4 = Agree 5 = Strongly Agree

All reversed scored items will be followed with an asterisk *

1. I would feel inadequate if I went to a therapist for psychological help.
2. My self-confidence would NOT be threatened if I sought professional help. *
3. Seeking psychological help would make me feel less intelligent.
4. My self-esteem would increase if I talked to a therapist. *
5. My view of myself would not change just because I made the choice to see a therapist. *
6. It would make me feel inferior to ask a therapist for help.
7. I would feel okay about myself if I made the choice to seek professional help. *
8. If I went to a therapist, I would be less satisfied with myself.
9. My self-confidence would remain the same if I sought professional help for a problem I could not solve. *
10. I would feel worse about myself if I could not solve my own problems.

Appendix G

The Stigma Scale for Receiving Professional Psychological Help (SSRPH)

Perceived public stigma can be measured using the five-item Stigma Scale for Receiving Psychological Help.

1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

1. Seeing a psychologist for emotional or interpersonal problems carries social stigma
2. It is a sign of personal weakness or inadequacy to see a psychologist for emotional or interpersonal problems
3. People will see a person in a less favorable way if they come to know that he/she has seen a psychologist
4. It is advisable for a person to hide from people that he/she has seen a psychologist.
5. People tend to like less those who are receiving professional psychological help

Appendix H

Mental Health Literacy Scale 2 (MHLS-2)

The purpose of these questions is to gain an understanding of your knowledge of various aspects to do with mental health.

When responding, we are interested in your degree of knowledge. Therefore, when choosing your response, consider that:

- Very unlikely = I am certain that it is NOT likely
- Unlikely = I think it is unlikely but am not certain
- Likely = I think it is likely but am not certain
- Very Likely = I am certain that it IS very likely

1. If someone became extremely nervous or anxious in one or more situations with other people (e.g., a party) or performance situations (e.g., presenting at a meeting) in which they were afraid of being evaluated by others and that they would act in a way that was humiliating or feel embarrassed, then to what extent do you think it is likely they have Social Phobia

Very unlikely Unlikely Likely Very Likely

2. If someone experienced excessive worry about a number of events or activities where this level of concern was not warranted, had difficulty controlling this worry, and had physical symptoms such as having tense muscles and feeling fatigued then to what extent do you think it is likely they have Generalised Anxiety Disorder

Very unlikely Unlikely Likely Very Likely

3. If someone experienced a low mood for two or more weeks, had a loss of pleasure or interest in their normal activities and experienced changes in their appetite and sleep then to what extent do you think it is likely they have Major Depressive Disorder

Very unlikely Unlikely Likely Very Likely

4. To what extent do you think it is likely that Personality Disorders are a category of mental illness

Very unlikely Unlikely Likely Very Likely

5. To what extent do you think it is likely that Dysthymia is a disorder

Very unlikely Unlikely Likely Very Likely

6. To what extent do you think it is likely that the diagnosis of Agoraphobia includes anxiety about situations where escape may be difficult or embarrassing

Very unlikely Unlikely Likely Very Likely

7. To what extent do you think it is likely that the diagnosis of Bipolar Disorder includes experiencing periods of elevated (i.e., high) and periods of depressed (i.e., low) mood

Very unlikely Unlikely Likely Very Likely

8. To what extent do you think it is likely that the diagnosis of Drug Dependence includes physical and psychological tolerance of the drug (i.e., require more of the drug to get the same effect)

Very unlikely Unlikely Likely Very Likely

9. To what extent do you think it is likely that in general in Lebanon, women are MORE likely to experience a mental illness of any kind compared to men

Very unlikely Unlikely Likely Very Likely

10. To what extent do you think it is likely that in general, in Lebanon, men are MORE likely to experience an anxiety disorder compared to women*

Very unlikely Unlikely Likely Very Likely

When choosing your response, consider that:

- Very Unhelpful = I am certain that it is NOT helpful
- Unhelpful = I think it is unhelpful but am not certain
- Helpful = I think it is helpful but am not certain
- Very Helpful = I am certain that it IS very helpful

11. To what extent do you think it would be helpful for someone to improve their quality of sleep if they were having difficulties managing their emotions (e.g., becoming very

anxious or depressed)

Very unhelpful Unhelpful Helpful Very helpful

12. To what extent do you think it would be helpful for someone to avoid all activities or situations that made them feel anxious if they were having difficulties managing their emotions*

Very unhelpful Unhelpful Helpful Very helpful

When choosing your response, consider that:

- Very unlikely = I am certain that it is NOT likely
- Unlikely = I think it is unlikely but am not certain
- Likely = I think it is likely but am not certain
- Very Likely = I am certain that it IS very likely

13. To what extent do you think it is likely that Cognitive Behavior Therapy (CBT) is a therapy based on challenging negative thoughts and increasing helpful behaviors

Very unlikely Unlikely Likely Very Likely

14. Mental health professionals are bound by confidentiality; however there are certain conditions under which this does not apply.

To what extent do you think it is likely that the following is a condition that would allow a mental health professional to break confidentiality:

If you are at immediate risk of harm to yourself or others

Very unlikely Unlikely Likely Very Likely

15. Mental health professionals are bound by confidentiality; however there are certain conditions under which this does not apply.

To what extent do you think it is likely that the following is a condition that would allow a mental health professional to break confidentiality:

If your problem is not life-threatening and they want to assist others to better support you*

Very unlikely Unlikely Likely Very Likely

Please indicate to what extent you agree with the following statements:

- Strongly Disagree

- Disagree
- Neither agree or disagree
- Agree
- Strongly agree

16. I am confident that I know where to seek information about mental illness

Strongly Disagree Disagree Neither agree or disagree Agree Strongly agree

17. I am confident using the computer or telephone to seek information about mental illness

Strongly Disagree Disagree Neither agree or disagree Agree Strongly agree

18. I am confident attending face to face appointments to seek information about mental illness

(e.g., seeing the GP)

Strongly Disagree Disagree Neither agree or disagree Agree Strongly agree

19. I am confident I have access to resources (e.g., GP, internet, friends) that I can use to seek information about mental illness

Strongly Disagree Disagree Neither agree or disagree Agree Strongly agree

Please indicate to what extent you agree with the following statements:

- Strongly Disagree
- Disagree
- Neither agree or disagree
- Agree
- Strongly agree

20. People with a mental illness could snap out if it if they wanted*

Strongly Disagree Disagree Neither agree or disagree Agree Strongly agree

21. A mental illness is a sign of personal weakness*

Strongly Disagree Disagree Neither agree or disagree Agree Strongly agree

22. A mental illness is not a real medical illness*

Strongly Disagree Disagree Neither agree or disagree Agree Strongly agree

Probably willing Definitely willing

31. How willing would you be to make friends with someone with a mental illness?

Definitely unwilling Probably unwilling Neither unwilling nor willing
Probably willing Definitely willing

32. How willing would you be to have someone with a mental illness start working closely with you on a job?

Definitely unwilling Probably unwilling Neither unwilling nor willing
Probably willing Definitely willing

33. How willing would you be to have someone with a mental illness marry into your family?

Definitely unwilling Probably unwilling Neither unwilling nor willing
Probably willing Definitely willing

34. How willing would you be to vote for a politician if you knew they had suffered a mental illness?

Definitely unwilling Probably unwilling Neither unwilling nor willing
Probably willing Definitely willing

35. How willing would you be to employ someone if you knew they had a mental illness?

Definitely unwilling Probably unwilling Neither unwilling nor willing
Probably willing Definitely willing

Appendix I

Arabic Translate & Back Translated Mental Help-Seeking Attitudes Scale (MHSAS)

1. إذا كان لدي مشكلة تتعلق بالصحة النفسية، فإن طلب المساعدة من أخصائي الصحة النفسية سيكون...

عديم الفائدة 1 2 3 4 5 6 7 مفيد

2. إذا كان لدي مشكلة تتعلق بالصحة النفسية، فإن طلب المساعدة من أخصائي الصحة النفسية سيكون...

مهم 1 2 3 4 5 6 7 غير مهم

3. إذا كان لدي مشكلة تتعلق بالصحة النفسية، فإن طلب المساعدة من أخصائي الصحة النفسية سيكون...

غير صحي 1 2 3 4 5 6 7 صحي

4. إذا كان لدي مشكلة تتعلق بالصحة النفسية، فإن طلب المساعدة من أخصائي الصحة النفسية سيكون...

غير فعال 1 2 3 4 5 6 7 فعال

5. إذا كان لدي مشكلة تتعلق بالصحة النفسية، فإن طلب المساعدة من أخصائي الصحة النفسية سيكون...

جيد 1 2 3 4 5 6 7 سيئ

6. إذا كان لدي مشكلة تتعلق بالصحة النفسية، فإن طلب المساعدة من أخصائي الصحة النفسية سيكون...

شافي 1 2 3 4 5 6 7 مؤلم

7. إذا كان لدي مشكلة تتعلق بالصحة النفسية، فإن طلب المساعدة من أخصائي الصحة النفسية سيكون...

مضعف 1 2 3 4 5 6 7 مقوي

8. إذا كان لدي مشكلة تتعلق بالصحة النفسية، فإن طلب المساعدة من أخصائي الصحة النفسية سيكون...

مرضي 1 2 3 4 5 6 7 غير مرضي

9. إذا كان لدي مشكلة تتعلق بالصحة النفسية، فإن طلب المساعدة من أخصائي الصحة النفسية سيكون...

مرغوب فيه 1 2 3 4 5 6 7 غير مرغوب فيه

Appendix J

Self-Stigma of Seeking Help Scale (SSOSH)

غير موافق بشدة = 1 غير موافق = 2 محايد = 3 موافق = 4 موافق بشدة = 5

1. سأشعر بالنقص إذا ذهبت لمعالج نفسي لطلب المساعدة
2. طلب مساعدة من مختص لن يشكل تهديداً لثقتي بذاتي
3. طلب المساعدة النفسية سيجعلني أشعر بأنني أقل ذكاء
4. تقديري لذاتي سوف يزداد إذا تحدثت مع معالج نفسي
5. نظرتي لنفسي لن تتغير لمجرد أنني قررت الذهاب لرؤية معالج نفسي
6. طلب المساعدة من معالج نفسي سوف يجعلني أشعر بالدونية
7. شعوري عن نفسي سيكون جيداً إذا ما قررت أن أطلب مساعدة من شخص مختص
8. سأصبح أقل رضا عن نفسي إذا ذهبت لرؤية معالج نفسي
9. ثقتي بنفسي لن تتأثر إذا طلبت مساعدة من مختص لمشكلة لم أستطع حلها
10. إذا لم أستطع حل مشكلاتي الخاصة بنفسني فسيكون شعوري عن نفسي سيئاً

Appendix K

Arabic Translated & Back Translated The Stigma Scale for Receiving Professional Psychological Help (SSRPH)

غير موافق بشدة = 1 غير موافق = 2 محايد = 3 موافق = 4 موافق بشدة = 5

1. إن رؤية معالج نفسي لمشاكل عاطفية أو شخصية يحمل وصمة اجتماعية
2. إن رؤية معالج نفسي علامة ضعف أو عدم كفاءة لمشاكل عاطفية أو شخصية
3. سيرى الناس الشخص بطريقة غير مواتية إذا عرفوا أنه / أنها قد زار معالج نفسي
4. من المستحسن أن يختبئ أي شخص من الأشخاص الذين قد زاروا معالج نفسي
5. يميل الناس إلى أن يكون لديهم إعجاب أقل لأولئك الذين يتلقون مساعدة نفسية

Appendix L

Arabic Translated & Back Translated Mental Health Literacy Scale 2 (MHLS-2)

عند اختيار إجابتك ، ضع في اعتبارك الخيارات التالية:

- من المستبعد جدا
- بعيد الإحتمال
- محتمل
- محتمل جدا

1. إذا أصبح شخص ما عصبيًا أو قلقًا للغاية في موقف أو أكثر مع أشخاص آخرين (على سبيل المثال ، حفلة) أو مواقف أداء (على سبيل المثال ، التقديم في اجتماع) بحيث يخشى فيها أن يتم تقييمه من قبل الآخرين وأن يتصرف بطريقة مذلة أو يشعر بالحرج ، فإلى أي مدى تعتقد أنه من المحتمل أن يكون لديه رهاب اجتماعي من المستبعد جدا بعيد الإحتمال محتمل محتمل جدا

2. إذا عانى شخص ما من قلق مفرط بشأن عدد من الأحداث أو الأنشطة حيث لم يكن هناك ما يبرر هذا المستوى من القلق ، وواجه صعوبة في السيطرة على هذا القلق وكان لديه أعراض جسدية مثل توتر العضلات والشعور بالإرهاق ، فإلى أي مدى تعتقد أنه من المحتمل أن يكون لديه اضطراب القلق العام

من المستبعد جدا بعيد الإحتمال محتمل محتمل جدا

3. إذا عانى شخص ما من مزاج منخفض لمدة أسبوعين أو أكثر ، وفقد المتعة أو الاهتمام بأنشطته العادية وشهد تغيرات في شهيته ونومه ، فإلى أي مدى تعتقد أنه من المحتمل أن يكون لديه اضطراب اكتئابي حاد

من المستبعد جدا بعيد الإحتمال محتمل محتمل جدا

4. إلى أي مدى تعتقد أنه من المحتمل أن تكون اضطرابات الشخصية فئة من الأمراض العقلية

من المستبعد جدا بعيد الإحتمال محتمل محتمل جدا

5. إلى أي مدى تعتقد أنه من المحتمل أن يكون الاكتئاب الجزئي/غسر المزاج اضطرابًا

من المستبعد جدا بعيد الإحتمال محتمل محتمل جدا

6. إلى أي مدى تعتقد أنه من المحتمل أن يشمل تشخيص رهاب الخلاء القلق بشأن المواقف التي قد يكون فيها الهروب صعبًا أو محرجًا

من المستبعد جدا بعيد الإحتمال محتمل محتمل جدا

7. إلى أي مدى تعتقد أنه من المحتمل أن يشمل تشخيص الاضطراب ثنائي القطب تجربة فترات من المزاج المرتفع وفترات من الاكتئاب (أي انخفاض)

من المستبعد جدا بعيد الإحتمال محتمل محتمل جدا

8. إلى أي مدى تعتقد أنه من المحتمل أن يشمل تشخيص الاعتماد على المخدرات التحمل البدني والنفسي للعقار (أي تتطلب المزيد من الدواء للحصول على نفس التأثير)

من المستبعد جدا بعيد الإحتمال محتمل محتمل جدا

9. إلى أي مدى تعتقد أنه من المحتمل بشكل عام في لبنان أن تتعرض النساء لمرض نفسي من أي نوع مقارنة بالرجال

من المستبعد جدا بعيد الإحتمال محتمل محتمل جدا

10. إلى أي مدى تعتقد أنه من المرجح بشكل عام ، في لبنان ، أن الرجال أكثر عرضة للإصابة باضطراب القلق مقارنة بالنساء

من المستبعد جدا بعيد الإحتمال محتمل محتمل جدا

عند اختيار إجابتك ، ضع في اعتبارك الخيارات التالية:

- جدا غير مفيد
- غير مفيد
- مفيد
- مفيد جدا

11. إلى أي مدى تعتقد أنه سيكون من المفيد لشخص ما تحسين نوعية نومه إذا كان يواجه صعوبات في إدارة عواطفه (على سبيل المثال ، الشعور بالقلق الشديد أو الاكتئاب)

جدا غير مفيد غير مفيد مفيد مفيد جدا

12. إلى أي مدى تعتقد أنه سيكون من المفيد لشخص ما أن يتجنب جميع الأنشطة أو المواقف التي تجعله يشعر بالقلق إذا كان يواجه صعوبات في إدارة عواطفه

جدا غير مفيد غير مفيد مفيد مفيد جدا

عند اختيار إجابتك ، ضع في اعتبارك الخيارات التالية:

- من المستبعد جدا
- بعيد الإحتمال
- محتمل
- محتمل جدا

13. إلى أي مدى تعتقد أنه من المحتمل أن يكون علاج السلوك المعرفي (CBT) علاجًا يعتمد على تحدي الأفكار السلبية وزيادة السلوكيات المفيدة

من المستبعد جدا بعيد الإحتمال محتمل محتمل جدا

14. أخصائيو الصحة النفسية ملزمون بالسرية ؛ ومع ذلك ، هناك بعض الشروط التي لا ينطبق هذا بموجبها. إلى أي مدى تعتقد أنه من المحتمل أن يكون ما يلي شرطًا من شأنه أن يسمح لأخصائي الصحة النفسية بخرق السرية:

إذا كنت معرضًا لخطر فوري لإلحاق الأذى بنفسك أو الآخرين

من المستبعد جدا بعيد الإحتمال محتمل محتمل جدا

15. أخصائيو الصحة النفسية ملزمون بالسرية ؛ لكن هناك بعض الشروط التي لا ينطبق عليها ذلك. إلى أي مدى تعتقد أنه من المحتمل أن يكون ما يلي حالة من شأنها أن تسمح لأخصائي الصحة العقلية بخرق السرية: إذا كانت مشكلتك لا تهدد حياتك ويريدون مساعدة الآخرين لدعمك بشكل أفضل

من المستبعد جدا بعيد الإحتمال محتمل محتمل جدا

عند اختيار إجابتك ، ضع في اعتبارك الخيارات التالية:

- غير موافق بشدة
- غير موافق
- محايد
- موافق
- موافق بشدة

16. أنا واثق من أنني أعرف من أين أسعى للحصول على معلومات حول المرض النفسي

غير موافق بشدة غير موافق محايد موافق موافق بشدة

17. أنا واثق من استخدام الكمبيوتر أو الهاتف للحصول على معلومات حول المرض النفسي

غير موافق بشدة غير موافق محايد موافق موافق بشدة

18. أنا واثق من حضور المواعيد وجهًا لوجه للحصول على معلومات حول المرض النفسي (على سبيل المثال ، رؤية الطبيب العام)

غير موافق بشدة غير موافق محايد موافق موافق بشدة

19. أنا واثق من أنه يمكنني الوصول إلى الموارد (على سبيل المثال ، الطبيب العام ، الإنترنت ، الأصدقاء) التي يمكنني استخدامها للحصول على معلومات حول المرض النفسي

غير موافق بشدة غير موافق محايد موافق موافق بشدة

20. يمكن للأشخاص المصابين بمرض نفسي أن يتخطوا إذا أرادوا ذلك

غير موافق بشدة غير موافق محايد موافق موافق بشدة

21. المرض النفسي هو علامة على الضعف الشخصي

غير موافق بشدة غير موافق محايد موافق موافق بشدة

22. المرض النفسي ليس مرضًا طبيًا حقيقيًا

غير موافق بشدة غير موافق محايد موافق موافق بشدة

23. الأشخاص المصابون بمرض نفسي خطرون

غير موافق بشدة غير موافق محايد موافق موافق بشدة

24. من الأفضل تجنب الأشخاص المصابين بمرض نفسي حتى لا تصاب بهذه المشكلة

غير موافق بشدة غير موافق محايد موافق موافق بشدة

25. إذا كنت أعاني من مرض نفسي فلن أخبر أحداً

غير موافق بشدة غير موافق محايد موافق موافق بشدة

26. تعني زيارة أخصائي الصحة النفسية أنك لست قويًا بما يكفي لإدارة الصعوبات التي تواجهها

غير موافق بشدة غير موافق محايد موافق موافق بشدة

27. إذا كنت أعاني من مرض نفسي ، فلن أطلب المساعدة من أخصائي الصحة النفسية

غير موافق بشدة غير موافق محايد موافق موافق بشدة

28. أعتقد أن علاج المرض النفسي ، الذي يقدمه متخصص في الصحة النفسية ، لن يكون فعالاً

غير موافق بشدة غير موافق محايد موافق موافق بشدة

29. ما مدى استعدادك للانتقال إلى منزل مجاور لشخص لديه بمرض نفسي؟

غير موافق بشدة غير موافق محايد موافق موافق بشدة

30. ما مدى استعدادك لقضاء أمسية في التواصل مع شخص لديه بمرض نفسي؟

غير موافق بشدة غير موافق محايد موافق موافق بشدة

31. ما مدى استعدادك لتكوين صداقات مع شخص لديه بمرض نفسي؟

غير موافق بشدة غير موافق محايد موافق موافق بشدة

32. ما مدى استعدادك لأن يبدأ شخص لديه بمرض نفسي العمل معك عن كئيب في وظيفة

غير موافق بشدة غير موافق محايد موافق موافق بشدة

33. ما مدى استعدادك لأن يتزوج شخص لديه بمرض نفسي من عائلتك؟

غير موافق بشدة غير موافق محايد موافق موافق بشدة

34. ما مدى استعدادك للتصويت لسياسي إذا علمت أنه عانى من مرض نفسي؟

غير موافق بشدة غير موافق محايد موافق موافق بشدة

35. ما مدى استعدادك لتوظيف شخص ما إذا كنت تعلم أنه مصاب بمرض نفسي؟

غير موافق بشدة غير موافق محايد موافق موافق بشدة