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Cross-Cultural Perspectives On Mental Health Help-Seeking: A Marketing Approach

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Abstract

This research delves into the factors influencing individuals' intentions to seek mental health services within diverse cultural contexts. Drawing on over five decades of mental health research, it introduces an enhanced measurement model rooted in marketing principles. Surveys conducted in the United States, Vietnam, and Bangladesh demonstrate the positive impact of help-seeking propensity on consumers' intentions to pursue professional mental health services. This study offers valuable insights into healthcare marketing methodologies, highlighting the significance of help-seeking propensity in shaping consumer behavior. Future research directions are also suggested to deepen our understanding of this complex relationship.

Keywords: Help-seeking propensity; Indifference to stigma; Consumer attitude; Factor analysis; Multiple linear regression; Ordinary least squares.

1. Introduction

Mental health is a worldwide crisis. This is true in developing countries, such as Vietnam and Bangladesh, and developed countries, such as the United States. Anxiety disorders such as panic and specific phobia and mood disorders such as depression are commonly observed mental illnesses. Mental health has become an even more critical concern for society, given the current COVID-19 pandemic. People face new challenges, including adapting to the new lifestyle of working from home, social-distancing, home-schooling children, worrying about losing jobs, and fear of the widespread virus.

Worldwide, about 800,000 people died from suicide in 2016 (World Health Organization, 2018). According to the National Institute of Mental Health (NIMH, 2017), depression affects approximately 6.7% of all U.S. adults, but many are reluctant to seek professional help for depression (van Zoonen et al., 2015). Mental disorders are estimated to affect up to 13.4% of children and adolescents worldwide (Polanczyk et al., 2015). Among young people who showed symptoms of depression and anxiety, only 18%-24% sought professional help (Gulliver et al., 2010).

According to Howard et al. (1996), 70% to 80% of psychological patients still need professional help in the USA. Many scholars believe that patients' attitudes strongly influence whether they look for and how they utilize services (Cash et al., 1978; Fischer & Farina, 1995). Patients' failure to seek mental health services becomes even more pronounced in underprivileged regions when they experience many difficulties preventing them from getting healthcare (McCarthy, 2001; Andrade et al., 2014). These obstacles range from accessibility of the services offered and the

quality of the care to a lack of awareness and financial barriers (Lake & Turner, 2017).

This study has multiple goals. First, it sheds light on previous studies' conceptual and methodological limitations. Second, it extends last theoretical frameworks to examine behaviors toward mental health services (Andreasen, 2004; Della et al., 2008; Nelson & Barbaro, 1985). Third, it looks and compares attitudes and behaviors toward mental healthcare in Bangladesh, Vietnam, and the United States.

2. Literature Review

2.1 Mental disorders

Types of mental disorders and their severity vary considerably among countries (Kessler, 2004; Steel et al., 2014). Globally, mood disorders, anxiety disorders, and specific phobias are considered the most common mental illnesses (Kessler, 2004; Kessler et al., 2009). Research in mental health is significant for college-age students. Studies have shown that college-age can be vulnerable when many mental health problems, such as anxiety disorders and mood disorders, first appear (Kessler et al., 2005). Though recent surveys on U.S. college students showed that 30% ~ 50% of students were diagnosed or treated for at least one psychiatric disorder in the last 12 months (American College Health Association, 2018), many young adults are reluctant to seek professional help for mental health (Blanco et al., 2008; Vanheusden et al., 2008).

Various factors can influence the rate and severity of depression and similar conditions, such as help-seeking attitudes and diverse cultural, social, environmental, and economic backgrounds of people in developing and developed countries (Steel et al., 2014). For example, in the U.S., a high-income country, the population accounts for 30.9% of the global burden of neuropsychiatric disorders (World Health Organization, 2011b). In contrast, the rate for Vietnam and Bangladesh is 16.3% and 11.2%, respectively, where the income is much lower (World Health Organization, 2011c; World Health Organization, 2011a). Therefore, there is a good reason to compare these three countries to understand the possible differences in people's attitudes in seeking professional mental help.

2.2 Theoretical Background

The existing literature on evaluating attitudes toward seeking healthcare services needs some help. First of all, studies in psychiatric epidemiology often do not incorporate social psychological theories, such as the Theory of Reasoned Action (TRA) or Theory of Planned Behavior (TPB), in their prediction of behavior intention (Mackenzie et al., 2004). In their TRA model, Fishbein and Ajzen (1975) proposed that Attitude towards the behavior (one's evaluation of performing a behavior) and Subjective Norms (one's perception of the social expectation of adopting a behavior) predict Intentions. Ajzen (1985) later noticed that the original TRA model did not perform well when subjects had incomplete volitional control. He introduced Perceived Behavior Control to capture this factor in his TPB model. Though both theories (especially TPB) have been found effective in predicting intentions in health-related behaviors (Abraham & Sheeran, 2000; Eagly & Chaiken, 1993; Godin & Kok, 1996; Sutton, 1998), such as addictive behavior related to cigarettes and alcohol (Schlegel et al., 1992; Valois et al., 1992), very few studies in mental health literature incorporate this theoretical framework into their conceptual models. Therefore, this study applies TPB in our model.

The TPB model (Ajzen, 1985) has been adopted to predict people's behavioral Intention to seek help. Specifically, favorable help-seeking attitudes, favorable subjective norms (i.e., perceived social pressure from essential others to seek or not seek help), and greater perceived

behavioral control (i.e., perceived efficacy and control regarding seeking help) lead to behavioral Intention. Intention is the precursor to help-seeking behavior. In brief, the TPB states that people seeking help will do so when the opportunity arises (Spiker, 2019).

We employed Mackenzie, Knox, Gekoski, and Macaulay's (2004) Inventory of Attitudes toward Seeking Mental Health Services (IASMHS) in this study. This inventory of scales consists of 24 items and three internal factors. These factors are Psychological openness (aka Attitude in TPB), Help-seeking propensity (aka Perceived behavioral control in TPB), and Indifference to stigma (aka Subjective norms in TPB).

2.3 Help-Seeking Propensity

Help-seeking propensity in IASMHS is similar to perceived behavioral control in TPB (Hyland et al., 2015; Mackenzie et al., 2004). Perceived behavior control reflects personal beliefs on how easy or difficult performing a specific behavior is likely (Ajzen, 1985). The inclusion of perceived behavior control allows the prediction of behavior that was not under complete volitional control (Ajzen, 1985; Armitage & Conner, 2001). Some people prefer dealing with their mental illness on their own. Conversely, others do not think they can do so. Due to the complex nature of these mental illness situations, there are discrepancies in the results of various studies (Sjöberg et al., 2017). In addition, intrinsic and extrinsic factors, such as beliefs, languages, backgrounds, and religions, may affect each patient (Ishikawa et al., 2010). Therefore, we can hypothesize that:

H1: Help-seeking propensity (PBControl) has a positive and direct relationship with help-seeking Intention.

2.4 Indifference to Stigma

Previous researchers have found several factors that act as barriers to college student-athletes seeking mental health services (López & Levy, 2013; Moore, 2017). One common factor throughout these studies is stigma, which predicts attitudes toward seeking help (Moreland et al., 2018). Self-stigma and attitudes were also found to be significant predictors of help-seeking behavior. Specifically, both were associated with an increased likelihood of seeking mental health services (Hilliard & Robert, 2019). Corrigan (2004) asserts that two primary types of stigma exist regarding help-seeking, public and self-stigma. Public stigma is external and refers to a belief that society perceives seeking help for mental health treatment as undesirable and that individuals who seek help are socially unacceptable. Self-stigma represents an internalization of public stigma in that an individual believes s/he is socially undesirable for seeking treatment for fear of being perceived to have poor mental health (Hammer et al., 2019).

Kim and Yon (2019) empirically investigated the predictors of professional help-seeking tendencies and found that other stigmas positively predicted self-stigma, which predicted unfavorable help-seeking attitudes. Based on a longitudinal study, Vogel et al. (2013) claimed that public stigma (stigma that exists in the general society) leads to a higher level of self-stigma (internalization of a society's stigmatizing views toward mental health). Thus we propose:

H2: Indifference to stigma (subjective norm) has a positive and direct relationship with help-seeking Intention.

2.5 Psychological Openness

One of the most cited factors thought to influence the help-seeking process is people's attitudes (Hammer et al., 2018). Help-seeking attitudes are people's overall evaluation (i.e., good vs. evil) of seeking help from a mental health professional (Hammer et al., 2018). Meta-analytic studies show that attitude is the strongest predictor of help-seeking Intention (Li et al., 2014). The

Psychological Openness factor in IASMHS overlaps with the attitude factor in TPB (Hyland et al., 2015; Mackenzie, et al., 2004). Thus we propose:

H3: Psychological openness (attitude) has a positive and direct relationship with customer intention.

The model is summarized in Figure 1.

Insert Figure 1 here.

3. Research Methodology

3.1 Sample

We first conducted a pilot study to test the reliability and validity of the measurements. Based on the component analyses of the pilot study, the final version of the questionnaires is formalized and presented in Appendix A.

The final survey questionnaires were distributed to U.S., Vietnam, and Bangladesh participants from September 2018 to May 2019. Participants were informed that this research aimed to investigate the customers' attitudes and intentions toward seeking professional mental health services. In Vietnam, the participants were recruited in the country's largest city, Ho Chi Minh City. The respondents were also instructed to pass the questionnaires to their friends and family (i.e., snowball sampling). In the U.S., participants were recruited from three public universities in New York, Houston, and South Texas. In Bangladesh, the participants were recruited from the largest university in the capital. All student participants who completed the survey received bonus points. There was no monetary incentive given to student participants. We collected 108, 70, and 123 responses from Vietnam, Bangladesh, and the United States respectively. Sample characteristics are presented in Table 1.

Insert Table 1 here.

3.2 Measurements

The measurements of the following categories were developed from the literature: psychological openness, help-seeking propensity, Indifference to stigma, and behavioral Intention toward seeking professional mental health services. We also included four demographic traits: age, gender, education, and religion.

3.2.1 Psychological openness, help-seeking propensity, and indifference to stigma

Following Mackenzie, Knox, Gekoski, and Macaulay's (2004) Inventory of Attitudes toward Seeking Mental Health Services (IASMHS), 24 items and three internally consistent factors are employed in this study. They are Psychological Openness, Help-seeking propensity, and Indifference to stigma. We compare the constructs from TPB and those from IASMHS. The measures include: Psychological openness (IASMHS), which equals to Attitude (TPB); Help-seeking propensity (IASMHS), which equals to Perceived behavioral control (TPB); and Difference to stigma (IASMHS), which equals to subjective norms (TPB). All the variables for these factors are measured by a 5-point Likert scale with 1 – strongly disagree and 5 – strongly agree.

3.2.2 Intention to Seek Professional Healthcare

Following Baker and Churchill (1977) and Pham, Vasquez, and Feliz (2018), two questions are modified to investigate participants' intentions toward seeking professional mental care. This intention variable is measured by a 5-point Likert scale with 1 –very unlikely and 5 – very likely.

3.2.3 Demographics

Demographic traits, including age, gender, religion, and occupation, are recorded. The education variable consists of three categories: School graduate or lower, College student/graduate, and Post-graduate degree. The

religion variable consists of Buddhism, Catholicism, Christianity, and others.

4. Empirical Results

4.1 Data analyses

We chose principle component factor analysis with varimax rotation for exploratory factor analysis. Four factors were derived from the analysis, summarized in Tables 2, 4, and 6. The eigenvalue of each factor is more significant than one. The total cumulative percentage of variation is maintained at greater than 60 percent. As expected, the items of each factor load successfully into the selected factors.

Insert Tables 2, 4, and 6

Tables 3, 5, and 7 show the reliability coefficients and correlations among the variables used in this study.

Insert Tables 3, 5, and 7

4.2 Reliability test

The reliability of each multi-item construct is measured by Cronbach alpha (see Tables 1, 3, 5). According to Hair et al. (2007), the Cronbach alpha value must be more than .70. In some cases, the Cronbach alpha of .6 or higher is also considered good (Hair et al., 2010). The Cronbach alpha values are higher than .60 in all three considered countries' constructs. We concluded that the measurements of each construct are internally consistent (Nunnally, 1978).

4.3 Validity test

We used the following multiple regression model, $Y_{customer\ intention}=\beta 0+\beta 1 Indifference\text{-}To\text{-}Stigma+\beta 2 Help\text{-}Seeking+\beta 3 Psychological\ Openness+\varepsilon$, estimated by ordinary least squares (OLS), to test the effects of Indifference of stigma, help-seeking, and psychological openness on customer intention. Table 7 presents the regression results of the three countries.

Insert Table 8

5. Results

For Bangladesh data, the F-statistic indicated that the entire model is significant ($p<.05$). The R2 showed that the independent variables (i.e., stigma, help-seeking, and psychological openness) explained 18.4% of the variance in the dependent variable (i.e., Intention). Among the three independent variables, Help-Seeking had a significant effect on the dependent variable, Intention (b=.402, p=.001) and hence is the most critical variable. The other independent variables, Indifferencet-to-stigma and Psychological Openness, were not statistically significant (b=.099; p=.400 and b=-.007; p=.955, respectively). Overall, the results indicated that the model logically explains customer intention in Bangladesh.

The data collected from Vietnam showed consistent results with those from Bangladesh. The same model was used to test the effects of the independent variables on the dependent variable, Intention. The F-statistic shows that the entire model was statistically significant ($p<.05$). The regression result indicated that the independent variables explain 7.7% of the variance in Intention's dependent variable. Unlike Bangladesh, only Help-Seeking was statistically significant (b=.248; p=.012). Overall, results for Vietnam indicated that the model explains customer intention reasonably well.

For the USA data, Help-seeking propensity and Indifference to stigma showed significant effects on the dependent variable, Intention. The F-statistic indicated that the entire model is statistically significant ($p\leq.05$). The R2 showed that the three independent variables jointly explain 33.6% of the variability of the dependent variable, Intention. Help-seeking was again the most crucial variable (b=.455, p=.000), whereas Indifference-to-Stigma was also found to significantly impact Intention (b=-.162, p=.046).

Statistical results show that the USA data explains customer intention well.

In comparison, the multiple linear regression fit the USA data the best, the Bangladesh data the second, and the Vietnam data the third. 'Help-Seeking Propensity' was consistently found to be the most significant factor in predicting respondents' intentions in three countries. 'Indifference to stigma' also impacted the USA data significantly. In contrast, data from Bangladesh and Vietnam did not statistically support the relationship between "Indifference to Stigma" and "Intention."

From the results, the "help-seeking propensity" dimension is invariably the most critical variable to customers across countries. This dimension encompasses seeking professional help when having a mental breakdown, worrying or upset for an extended time, taking psychotherapy if needed, and recommending friends for professional psychological help (see appendix). This finding is consistent with existing literature (Hammer & Vogel, 2013; Hammer et al., 2018).

Results suggest that indifference-to-stigma is the second most crucial variable in mental help-seeking behavior in the U.S. data. However, we have yet to find support in the data from Vietnam and Bangladesh. Indifference-to-stigma has a significant positive relationship with mental health-seeking behavior in the USA. The result suggests that stigma declines customer help-seeking propensity (negative deviation) in the USA. This finding is confirmed by Vogel et al. (2017), who argued that stigma might vary in different cultural contexts.

We tried to find support for Psychological openness in all three countries. Initially, we were surprised by this finding because psychological openness seemed to be the driving force for seeking help. Future studies may resolve this contradiction. Another surprising finding is that psychological openness has a positive relationship in Vietnam but a negative one in Bangladesh and the USA. This finding indicates that cultural openness is a context-specific variable that might differ in different cultural contexts. For example, David (2010) finds negative associations with mental help-seeking behavior among Filipino Americans. Therefore, findings assert that psychological openness is a cultural context-specific variable and might alter (positive or negative) in different cultural contexts.

Our proposed model explains professional mental help-seeking behavior well. Suppose psychological patients want to gain the most professional services. In that case, they continually strive for the level of help-seeking behavior by emphasizing three significant factors discussed in the study, as suggested by the TPB model.

6. Limitations and Future Research Opportunities

In this study, we discover that the effect of help-seeking propensity has a positive and significant impact on people's Intention to seek professional mental health services for all three countries studied: the United States, Vietnam, and Bangladesh. We suggest four main areas for future research. First, identify the reasons why help-seeking significantly impacts help-seeking Intention and what other factors might contribute to the changes in those intentions. Second, we suggest using non-linear regression models to examine potential interactions among stigma, help-seeking and psychological openness and their effects on help-seeking Intention. A non-linear model may capture more variances in the dependent variable Intention. Third, simultaneous equation systems can be used to check the endogeneity of the independent variables "help-seeking" and "psychological openness" because these two variables might be affected by other factors, and the endogeneity issue may arise. Finally, future researchers can

extend the scope of this study to include additional countries for comparison.

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Tables

Table 1 Sample characteristics (Bangladesh, USA & Vietnam)

Bangladesh		**USA**		**Vietnam**	
Age	**Percentage (%)**	**Age**	**Percentage (%)**	**Age**	**Percentage (%)**
18-25 Years	57.1%	18-25 Years	52.0%	18-25 Years	30.6%
26-45 Years	32.8%	26-45 Years	32.5%	26-45 Years	51.9%
45 Years or above	10.0%	45 Years or above	15.4%	45 Years +	17.6%
Gender		**Gender**		**Gender**	
Male	58.6%	Male	33.3%	Male	35.2%
Female	41.4%	Female	66.7%	Female	64.8%
Occupation		**Occupation**		**Occupation**	
Employee	60.0%	Employee	35.0%	Employee	31.5%
Manager	24.3%	Manager	33.3%	Manager	15.8%
Business & others	15.7%	Business & other	31.7%	Business &other	52.7%
Religion		**Religion**		**Religion**	
Muslim	91.4%	Buddhism	1.6%	Buddhism	36.3%
Catholicism	1.4%	Catholicism	80.5%	Catholicism	18.3%
Other religion	7.2%	Other religion	17.9%	Other religion	45.4%
Occupation		**Occupation**		**Occupation**	
Employee	58.6%	Employee	35.0%	Employee	33.3%
Manager	24.3%	Manager	33.3%	Manager	38.0%
Business & other	17.1%	Business & other	31.7%	Business &other	28.7%

Table 2 (Bangladesh): Factor analysis of variables with varimax rotation (extraction method: principal component analysis)

Variables	Indifference of Stigma	Help-Seeking	Psy-Open	Intention
Cronbach alpha (α)	(.83)	(.79)	(.89)	(.72)
Indifference Stigma 1	.809			
Indifference Stigma 2	.852			
Indifference Stigma 3	.703			
Helpseeking 1		.721		
Helpseeking 2		.871		

Helpseeking 3		.610		
Helpseeking 4		.588		
Psycho Openness 1			.737	
Psycho Openness 2			.704	
Psycho Openness 3			.707	
Psycho Openness 4			.912	
Psycho Openness 5			.802	
Psycho Openness 6			.721	
Intention 1				.781
Intention 2				.724

Table 3 Correlations and average variance extracted (AVE)

Variables	Indifference of Stigma	Help-Seeking	Psycho Openness	Intention
Indifference Stigma (6)	.79			
Helpseeking(4)	.181	.71		
Psycho Openness (6)	.063	-.159	.77	
Intention (2)	.184	.448**	-.065	.75

Notes: Figures in italics (diagonal) are squared root of average variance extracted (AVE); figures in parentheses include the number of items measuring each construct; $p \leq 0.01$.

Table 4 (Vietnam): Factor analysis of variables with varimax rotation (extraction method: principal component analysis)

Variables	Indifference of Stigma	Help-Seeking	Psycho Openness	Intention
Cronbach alpha (α)	(.76)	(.86)	(.88)	(.87)
Indifference Stigma 1	.541			
Indifference Stigma 2	.862			
Indifference Stigma 3	.718			
Help-Seeking 1		.790		
Help-Seeking 2		.816		
Help-Seeking 3		.836		
PsychoOpenness1			.705	
PsychoOpenness2			.721	
PsychoOpenness3			.626	
PsychoOpenness4			.765	
PsychoOpenness5			.832	
PsychoOpenness6			.815	
Intention 1				.862
Intention 2				.888

Table 5 Correlations and average variance extracted (AVE)

Variables	Indifference of Stigma	Help-Seeking	PsychoOpenness	Intention
Indifference Stigma (3)	.72			
Help-Seeking(3)	.056	.81		
PsychoOpenness(6)	.178	.026	.74	
Intention (2)	.115	.263**	.069	.79

Notes: Figures in italics (diagonal) are squared root of average variance extracted (AVE); figures in parentheses include the number of items measuring each construct; $p \leq 0.01$.

Table 6 (USA): Factor analysis of variables with varimax rotation (extraction method: principal component analysis)

Variables	Indifference of Stigma	Help-Seeking	PsychoOpenness	Intention
Cronbach alpha (α)	(.79)	(.84)	(.89)	(.63)
Indifference Stigma 1	.714			
Indifference Stigma 2	.810			
Indifference Stigma 3	.695			
Help-seeking1		.850		
Help-seeking2		.783		
Help-seeking3		.745		
Help-seeking4		.612		
PsychoOpenness1			.706	
PsychoOpenness2			.805	
PsychoOpenness3			.722	
PsychoOpenness4			.711	
PsychoOpenness5			.786	
PsychoOpenness6			.840	
Intention 1				.721
Intention 2				.632

Table 7 Correlations and average variance extracted (AVE)

Variables	Indifference of Stigma	Help-Seeking	PsychoOpenness	Intention
Indifference Stigma (6)	.74			
Help-Seeking(6)	-.272**	.75		
PsychoOpenness(3)	.231*	-.247**	.76	
Intention (2)	-.310**	.536**	-.305	.68

Notes: Figures in italics (diagonal) are squared root of average variance extracted (AVE); figures in parentheses include the number of items measuring each construct; $p \leq 0.01$.

Table 8: Multiple regression results with the dependent variable intention

Variables	Unstandardized coefficients	Standard error	Standardized coefficients	t-value	Significance (p<.05)
Bangladesh					
Constant	3.688	1.211		3.045	.003
Indifference to Stigma	.055	.065	.099	.847	.400
Help-Seeking	.214	.063	.402	3.408	.001
PsychoOpenness	-.002	.036	-.007	-.057	.955
Notes: $F_{3,62}$=4.65; P≤.05; R^2 = .184					
Vietnam					
Constant	5.249	.895		5.87	.000
Indifference to Stigma	.049	.053	.092	.94	.352
Help-Seeking	.460	.062	.248	2.57	.012
PsychoOpenness	.016	.034	.046	.47	.640
Notes: $F_{3,99}$=2.76; P≤.05; R^2 = .077					
USA					
Constant	5.460	.974		5.605	.000
Indifference to Stigma	.119	.059	-.162	-2.015	.046
Help-Seeking	.252	.045	.455	5.649	.000
PsychoOpenness	-.056	.031	-.145	-1.816	.072
Notes: $F_{3,114}$=19.209; P≤.05; R^2 = .336					

Appendices

Appendix A: Final version of the survey used in this study

I. Factor 1: Psychological openness (Attitude) (1 strongly disagree to 5 strongly agree)

Note: professional refers to doctors, nurses, counselors, or any healthcare staff.

Psychological problems, like many things, tend to work out by themselves……..1 2 3 4 5

People with solid characters can get over psychological problems by themselves with little need for professional help.....
.....1 2 3 4 5

People should work out their own problems; getting professional help should be a last resort. .....
.....1 2 3 4 5

Keeping yourself busy is a good solution to stay away from personal worries.....1 2 3 4 5

II. Factor 2: Help-seeking propensity (Perceived behavioral control) (1 strongly disagree to 5 strongly agree)

If I believe I was having a mental breakdown, I would seek professional help.....1 2 3 4 5

I would get professional help if I were worried or upset for a long period of time.1 2 3 4 5

If I were experiencing a serious psychological problem at this point in my life, I believe psychotherapy could work for

me.....
...1 2 3 4 5

If my close friends seek my advice about a psychological problem, I might recommend that they see a
professional.....
.....1 2 3 4 5

II. Factor 3: Indifference to stigma (=subjective norms) (1 strongly disagree to 5 strongly agree). Note: Items are reversed coded.
It is a shame to be mentally

ill.....
.....1 2 3 4 5

I would be embarrassed if being seen at the office of a psychiatrist going into the office of a professional who deals with psychological problems. 1 2 3 4 5

Important people in my life would keep away from me if they were to find out my psychological problems.
.....
.....1 2 3 4 5

Being diagnosed with a mental disorder is a blot in a person's life……....1 2 3 4 5

I would feel reluctant to seek help from a psychiatrist for fear my friends or partners might know about
it.....
.....1 2 3 4 5

I would feel uneasy to seek help from a psychiatrist for fear of what people might think about me
.....
.....1 2 3 4 5

I would not like my closest people to know about my psychological problems.....1 2 3 4 5

Even if my psychological problems had been treated I do not feel I could have "covered it up."
.....1 2 3 4 5

IV. Intentions 1 (very unlikely) to 5 (very likely)

If you were to experience serious psychological problems would you consider talking to a family physician?
.....
.....1 2 3 4 5

How likely is it that you would consider talking to a mental health professional (e.g., psychiatrist, psychologist, social worker)?

.....1 2 3 4 5

VII. Demographic

Age

Gender

Male

Female

Occupation

Education

High-school graduate or lower

College student/graduate

Post Graduate degrees

Religion

Buddism

Catholicism

Christianity

Others (which one?)……..

How religious are you? (1 not at all and 5 very much)…….....1 2 3 4 5

*Have you ever employed any professional help for mental issues (i.e. stress, depression)?

Yes

No

*Which country are you from?

Figure 1: Research model