

ORIGINAL ARTICLE

## Beliefs about mental illness and willingness to seek help: A cross-sectional study

D. L. SEGAL, F. L. COOLIDGE, M. S. MINCIC, & A. O'RILEY

*Department of Psychology, University of Colorado at Colorado Springs, P.O. Box 7150,  
Colorado Springs, CO, USA*

*(Received 4 May 2004; accepted 23 August 2004)*

### Abstract

Evidence indicates that older adults underutilize mental health services, but little is known empirically about the perceptions older adults have about mental illness and their attitudes about seeking professional help for psychological problems. The present study examined beliefs about mental illness and willingness to seek professional help among younger ( $n = 96$ ;  $M$  age = 20.6 years; range = 17–26 years) and older ( $n = 79$ ;  $M$  age = 75.1 years; range = 60–95 years) persons. Participants completed the Beliefs Toward Mental Illness Scale and the Willingness to Seek Help Questionnaire. Older adults had generally similar perceptions of mental illness as younger adults except that older adults were more likely to perceive the mentally ill as being embarrassing and having poor social skills. Older adults also did not report a lower willingness to seek psychological help. Correlational analyses showed that, among older adults, increases in negative attitudes about mental illness (specifically, the view that the mentally ill have poor interpersonal skills) are associated with decreases in willingness to seek psychological services. An implication is that negative stereotypes about mental illness held by some older adults could play a role in their underutilization of mental health services. Other barriers to mental health care are also discussed.

### Introduction

It is a sad but undeniable fact that older adults greatly underutilize mental health services despite having high needs (Hatfield, 1999; Qualls, Segal, Norman, Niederehe & Gallagher-Thompson, 2002; Robb, Chen & Haley, 2002). One line of reasoning suggests that many older adults hold negative views about mental illness and their tremendous stigma and shame about psychiatric problems makes them unwilling to seek appropriate psychological help. Despite much anecdotal evidence, only a few studies have empirically scrutinized these notions. In one of the earliest studies in the area, Waxman, Carner & Klein (1984) reported that healthy older adults had a poor opinion of mental health professionals and instead preferred medical doctors as their service providers. Lundervold & Young (1992) created a non-standardized measure of attitudes about mental health care and surveyed 50 older adults. Their findings also suggested that older adults generally had negative attitudes about mental health services. A significant problem, however, with these two studies is that no comparison data for younger adults were collected thus obfuscating whether their findings reflect an aging issue or not.

In an early cross-sectional study, Lasoski & Thelen (1987) reported the encouraging findings that middle aged and older adults held similar views about abnormal behavior and the need for psychological intervention. More recently, Currin, Hayslip & Kooken (1998) used a cohort design (with a 14 year interval between assessments) and found that the more recent (i.e. younger) cohort of older adults viewed mental health problems and treatments more favorably than the earlier (i.e. older) group. This finding of decreased stigma among the recent cohort of older persons is potentially important because it may foreshadow the narrowing gap in prejudices and stereotypes among younger and older adults in future generations.

In one of the few studies of actual help-seeking behaviors among older adults, Hadas & Midlarsky (2000) investigated predictors of and barriers to mental health service use in a sample of 319 distressed older adults who were referred for psychotherapy. They found that a majority of the distressed older adults referred for psychotherapy felt themselves responsible both for causing their own problems and for solving them (called the moral model), replicating results from an earlier study in

which older adults responded to vignettes about psychological disorders (Ray, Raciti & MacLean, 1992). However, the moral model orientation was not a strong predictor of accepting the psychotherapy referral which again suggests some ongoing ambivalence or negativity about psychotherapy services among older people.

In perhaps the most comprehensive study of these issues, Robb, Haley, Becker, Polivka & Chwa (2003) reported findings from a survey about attitudes toward mental health care that was given to large numbers of younger ( $n=1001$ ) and older ( $n=474$ ) adults. Surprisingly, there were more similarities than differences between the age groups. For example, both groups reported feeling satisfied with their mental health contacts (although younger adults were more than twice as likely to have seen a mental health professional) and both groups reported valuing mental health care. Similar attitudes were also found concerning the need for consultation with a mental health professional for serious symptoms and the types of barriers to treatment. There were some important age differences, however. Older adults reported being less confident and knowledgeable about mental health issues, the types of appropriate treatment, and when to see a professional compared to younger adults. Notably, attitudes per se did not appear to be the primary barrier to seeking services for either younger or older adults.

Clearly the understanding and prediction of help-seeking behaviors among older adults is a complex process that requires further study. Negative views associated with mental illness would undoubtedly lead to a lower propensity toward seeking professional help, but these constructs have been infrequently studied *together* among older adults and in cross-sectional studies, and most previous studies have not used standardized measures. The purpose of the present study, therefore, was to extend knowledge in this area by examining beliefs about mental illness and the willingness to seek help among younger and older adults. We hypothesized that older adults would have more negative perceptions of mental illness and a lower willingness to seek help compared to younger adults. We also hypothesized that increased negative views of mental illness would be associated with decreased willingness to seek help among older adults.

## Method

### *Participants and procedure*

*Younger adults.* This group was comprised of 96 undergraduate students ( $M$  age = 20.6 years, range = 17–26 years; 84% female). Educational levels ranged from 12 to 16 years ( $M=13.4$ ), and the sample was 82.3% Caucasian, 5.2% African

American, 4.2% Asian/Pacific Islander, and 4.2% Hispanic.

*Older adults.* This group was comprised of 79 community-dwelling people ( $M=75.1$  years, range = 60–95 years; 65% female). Educational levels ranged from 9 to 25 years ( $M=15.4$ ), and the sample was almost exclusively Caucasian (97.4%).

Younger adults were recruited in university psychology classes whereas older adults were recruited in senior housing facilities which included independent and assisted living residences. Participants completed anonymously the two questionnaires and a demographics questionnaire. No screening of cognition or psychopathology was made in either group.

### *Measures*

*Beliefs toward mental illness scale (BMI).* The BMI (Hirai & Clum, 2000) is a 21-item self-report measure of negative stereotypical views of mental illness. There is a Total Score and three subscales based on factor analysis: dangerousness, poor social and interpersonal skills, and incurability. The poor social skills subscale also taps feelings of shame about mental illness and the perception that the mentally ill are untrustworthy. Items are rated on a six-point Likert scale ranging from 'completely disagree' (0) to 'completely agree' (5), with higher scores reflecting more negative beliefs. In the primary validity study, Cronbach's alpha was high among American (0.89) and Asian students (0.91). The measure holds promising evidence of validity (Hirai & Clum, 2000).

*Willingness to seek help questionnaire (WSHQ).* The WSHQ (Cohen, 1999) is a 25-item self-report questionnaire that evaluates one's openness to seeking out professional psychological help. Items are rated on a four-point Likert scale ranging from 'do not identify with the statement at all' (0) to 'strong identification' (3). The measure yields a Total Score only; higher scores indicate a greater willingness to seek help. The measure is based on a theoretical view of help-seeking – specifically, that the willingness of a person to seek help is dependent on three elements: recognition of the need for outside assistance, readiness for self-disclosure, and willingness to relinquish at least some degree of control to an expert helper. Factor analyses, however, did not isolate the three expected factors but instead proved the scale to have one robust dimension. The scale has good internal reliability (Cronbach's alpha = 0.85) and evidence of content validity (Cohen, 1999). Most importantly, the WSHQ was found to explain 61% of the variance among respondents in whether they ever actually sought help for psychological problems (Cohen, 1999).

Thus, attitudes measured by the scale seem to relate to actual behaviors in the expected direction, providing evidence of convergent validity.

## Results

First, the internal reliabilities for both measures were calculated separately for the younger and older adult groups, and all were good to excellent (younger adults: BMI Total Score  $\alpha=0.89$ , WSHQ Total Score  $\alpha=0.82$ ; older adults: BMI Total Score  $\alpha=0.91$ , WSHQ Total Score  $\alpha=0.86$ ).

Second, three independent *t* tests were used to assess the hypothesis that older adults would have more negative attitudes compared to younger adults. This hypothesis was partially supported (see Table I). There was one group difference: older adults scored significantly higher than younger adults on the Poor Interpersonal and Social Skills subscale, indicating that older adults perceived the mentally ill to be more socially unskilled, more embarrassing, and more socially undesirable. The effect size (Cohen's *D*) was small to medium. No age differences were found on the Dangerousness or Incurability subscales and the effect sizes were both small.

Next, an independent *t* test was used to assess the hypothesis that older adults would have lower willingness to seek help compared to younger adults. This hypothesis was not supported (Table I). The mean scores were similar and the effect size was small. Interestingly, for both age groups, the mean individual item score was about a '2' indicating 'agreement' with each item on average, showing a general openness to seeking help.

Last, simple correlations between the WSHQ and the BMI Scales were computed separately among the older and younger adult groups. For the older group, the WSHQ Total Score was negatively and significantly correlated with the BMI Total Score ( $r=-0.24$ ,  $p=0.035$ ) and with the Poor Interpersonal and Social Skills subscale ( $r=-0.29$ ,  $p=0.009$ ). The two other BMI subscales were negatively related to the WSHQ Total Score but the magnitudes were small and non-significant. For the younger group, the WSHQ Total Score was weakly correlated with

the BMI Total Score ( $r=-0.10$ ,  $p=0.340$ ) and the correlations for the three BMI subscales were similarly small and non-significant (all *p*'s greater than 0.15). These results show that, for older adults, increases in negative attitudes about mental illness (specifically, the view that the mentally ill have poor social skills and are untrustworthy) are moderately associated with decreases in willingness to seek psychological services. The pattern was similar but much weaker for the younger adults.

## Discussion

The results suggest that older adults have similar perceptions as younger adults regarding the mentally ill with one exception: older adults viewed the mentally ill as more lacking in social skills (with elements of being more embarrassing and more undesirable) but not more dangerous or incurable. Our findings also indicate no differences in self-reported willingness to seek help (and willingness levels were in fact quite high for both age groups), although actual help-seeking behaviors were not assessed. What can be an interpretation for the equal willingness to seek help among the age groups? It is possible that the disproportionately low utilization rates of mental health services among older adults are not due to a lower willingness to seek help but rather due to other factors. According to Robb, Haley, Becker, Polivka, & Chwa (2003), lack of knowledge of the mental health system, confusion as to the point of entry and services available, lack of coordination with primary care, and concerns about cost are important barriers among older adults, not stigma. Indeed, many older adults have limited awareness of mental health benefits that are provided to them under Medicare (a US government program that reimburses hospitals and health providers to people over 65 years old). Poor knowledge about suicide facts and myths was also recently documented among older people (Segal, 2000) suggesting that improved education is needed for a host of their mental health concerns. A final barrier might be the lack of clinical geropsychology specialists (Qualls et al., 2002).

Table I. Mean scores (SD) for younger and older adults on the beliefs toward mental illness scale and the willingness to seek help questionnaire.

Scales	Younger adults ( <i>n</i> = 96)	Older adults ( <i>n</i> = 79)	<i>t</i> -value	<i>P</i>	Cohen's <i>D</i> effect size
Beliefs toward mental illness scale					
Total score (21)	41.0 (14.4)	42.8 (17.8)	-0.74	0.46	0.11
Dangerousness (5)	10.1 (4.2)	10.6 (4.6)	-0.80	0.42	0.11
Poor social and interpersonal skills (10)	16.8 (7.3)	19.2 (8.4)	-1.97	0.05	0.31
Incurability (6)	14.1 (5.3)	13.0 (6.8)	1.19	0.24	0.18
Willingness to seek help questionnaire					
Total score (25)	51.3 (8.6)	50.3 (11.3)	-0.65	0.51	0.10

Note: The number in parentheses is the number of items on the scale or subscale.

Our finding that negative attitudes about mental illness are associated with a lower willingness to seek psychological help among older adults is consistent with studies on younger adults. Leong & Zachar (1999) showed that, among college students, opinions about mental illness had a significant impact on attitudes about seeking help in the same direction. Similarly, Komiya, Good & Sherrod (2000) found that increased perceptions of stigma were strongly associated with less positive attitudes toward seeking psychological help among students. Our study extends these findings to the current cohort of older adults.

We are particularly concerned that the primary prejudice among older adults concerns the beliefs (measured by the Poor Interpersonal and Social Skills subscale) that those with mental illness lack social skills and are patently embarrassing and untrustworthy. Clearly, the attitudes that mental illness is shameful and stigmatizing and that we should explicitly not trust the mentally ill are pejorative. It makes sense that if a person held views of this nature, he or she would be hesitant to admit to psychological problems and seek out professional assistance.

However, the attitude component about poor social skills in the mentally ill is not so clearly pejorative or false. On one hand, a great deal of theorizing and evidence (largely from the interpersonal and behavior camps) indicates that social skills deficits are important causes, consequences, or vulnerability factors for various types of psychological problems including schizophrenia, depression, substance abuse, loneliness, marital distress, and social anxiety (Segrin, 2000; Bellack, Morrison, Wixted & Meuser, 1990). On the other hand, the belief that mental illness *in general* is associated with poor social skills can be viewed as a negative stereotype. Such a view incorrectly associates all forms of mental illness with personal shortcomings and may indicate excessive self-blame and personal responsibility for the problem. Future research may be directed toward teasing out the origins and other implications of the specific belief held by older adults in our sample about social skills impairment in the mentally ill. A final, and intriguing possibility, is that older adults and younger adults may have a different referent in mind for the term mental illness, and future studies should assess such perceptions more explicitly.

Several limitations of the present study should be noted. The sample sizes were modest, and there was little ethnic diversity which limits generalizability of the findings. There was also a greater proportion of males in our older group compared to the younger group, and the older group had a higher mean level of education, although these effects upon the two measures were small and non-significant. Future studies with larger, gender balanced, and more diverse samples of older

people are warranted to examine the extent to which attitudes about mental illness and willingness to seek help are influenced by culture, race, and psychosocial factors such as social support and different types of psychopathology. Another limitation was that the study used purportedly normal (non-clinical) participants which limits generalizability to those with mental health problems. We are presently conducting a study to examine beliefs about mental illness among mentally ill older adults. A final weakness was the global nature of our willingness to seek help construct.

Our results add to the growing body of literature suggesting that, contrary to common perception, stigma by itself is probably not the primary reason for poor utilization of mental health services among older adults, although some stigma certainly exists and it does relate to a reluctance to ask for professional help. In particular, our findings suggest that a specific negative belief (regarding poor social skills in the mentally ill) may be a factor in the help-seeking process among older adults. It should be emphasized that geriatricians are known to be open to psychological evaluation and intervention for their clients (Haley, Salzberg & Barrett, 1993) and some data indicates that primary care physicians can be trained to manage elder depression adequately (Schulberg, Katon, Simon & Rush, 1998). Taken together, these notions suggest that primary care settings can and should be targeted as an important area of growth for mental health services for older adults. As demonstrated by the PROSPECT (Prevention of Suicide in Primary Care Elderly-Collaborative Trial) study (Bruce et al., 2004), an innovative, emerging, and potentially important trend in the US is the integration of mental health care within primary medical care for older adults through the use of a specially-trained clinician or care manager who works closely with the primary doctor to implement a comprehensive step-by-step treatment program for depression.

In addition to pharmacological approaches, older adults are known to respond well to diverse psychotherapeutic interventions for depression and other common psychological problems (see review by Gatz et al., 1998; also see Scogin & McElreath, 1994). We concur with and emphasize the call from others (e.g. Robb et al., 2003) that public education campaigns targeted specifically at older adults are now needed to help them receive the services they need. The present cohort of elders appear as willing to seek assistance as younger persons. Helping older adults understand the types of problems mental health clinicians can assist them with, mental health services available (e.g. psychotherapy, psychotropic medications), how to access these services, their insurance coverage (e.g. mental health benefits under Medicare), and the general effectiveness of psychotherapeutic interventions

should all be part of a large-scale awareness and education campaign.

## References

- Bellack, A. S., Morrison, R. L., Wixted, J. T., & Meuser, K. T. (1990). An analysis of social competence in schizophrenia. *British Journal of Psychiatry*, *156*, 809–818.
- Bruce, M. L., Ten Have, T. R., Reynolds, C. F., Katz, I. I., Schulberg, H. C., Mulsant, B. H., Brown, G. K., McAvay, G. J., Pearson, J. L., & Alexopoulos, G. S. (2004). Reducing suicidal ideation and depressive symptoms in depressed older primary care patients: A randomized controlled trial. *Journal of the American Medical Association*, *291*, 1081–1091.
- Cohen, B. (1999). Measuring the willingness to seek help. *Journal of Social Service Research*, *26*, 67–82.
- Currin, J. B., Hayslip, B., & Kooken, R. A. (1998). Cohort differences in attitudes toward mental health services among older persons. *Psychotherapy*, *34*, 506–518.
- Gatz, M., Fiske, A., Fox, L. S., Kaskie, B., Kasl-Godley, J. E., McCallum, T. J., & Wetherell, J. L. (1998). Empirically validated psychological treatments for older adults. *Journal of Mental Health and Aging*, *4*, 9–46.
- Hadas, A., & Midlarsky, E. (2000). Perceptions of responsibility and mental health help-seeking among psychologically distressed older adults. *Journal of Clinical Geropsychology*, *6*, 175–185.
- Haley, W. E., Salzberg, L. F., & Barrett, J. J. (1993). Psychologists in geriatric medicine: Results of a national survey. *Professional Psychology: Research and Practice*, *24*, 491–496.
- Hatfield, A. B. (1999). Barriers to serving older adults with a psychiatric disability. *Psychiatric Rehabilitation Journal*, *22*, 270–276.
- Hirai, M., & Clum, G. A. (2000). Development, reliability, and validity of the beliefs toward mental illness scale. *Journal of Psychopathology and Behavioral Assessment*, *22*, 221–236.
- 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.
- Lasoski, M. C., & Thelen, M. H. (1987). Attitudes of older and middle-age persons towards mental health intervention. *The Gerontologist*, *27*, 288–292.
- Leong, F. T. L., & Zachar, P. (1999). Gender and opinions about mental illness as predictors of attitudes toward seeking professional psychological help. *British Journal of Guidance & Counseling*, *27*, 123–132.
- Lundervold, D. A., & Young, L. G. (1992). Older adults' attitudes and knowledge regarding the use of mental health services. *Journal of Clinical and Experimental Gerontology*, *14*, 45–55.
- Qualls, S. H., Segal, D. L., Norman, S., Niederehe, G., & Gallagher-Thompson, D. (2002). Psychologists in practice with older adults: Current patterns, sources of training, and need for continuing education. *Professional Psychology: Research and Practice*, *33*, 435–442.
- Ray, D. C., Raciti, M. A., & MacLean, W. E. (1992). Effects of perceived responsibility on help-seeking decisions among elderly persons. *Journal of Gerontology: Psychological Sciences*, *47*, 199–205.
- Robb, C., Chen, H., & Haley, W. E. (2002). Ageism in mental health care: A critical review. *Journal of Clinical Geropsychology*, *8*, 1–12.
- Robb, C., Haley, W. E., Becker, M. A., Polivka, L. A., & Chwa, H. J. (2003). Attitudes towards mental health care in younger and older adults: Similarities and differences. *Aging & Mental Health*, *7*, 142–152.
- Scogin, F., & McElreath, L. (1994). Efficacy of psychosocial treatments for geriatric depression: A quantitative review. *Journal of Consulting and Clinical Psychology*, *62*, 69–74.
- Segal, D. L. (2000). Levels of knowledge about suicide facts and myths among younger and older adults. *Clinical Gerontologist*, *22*, 71–80.
- Segrin, C. (2000). Social skills deficits associated with depression. *Clinical Psychology Review*, *20*, 379–403.
- Schulberg, H. C., Katon, W., Simon, G. E., & Rush, A. J. (1998). Treating major depression in primary care practice: An update of the Agency for Health Care Policy and Research Practice Guidelines. *Archives of General Psychiatry*, *55*, 1121–1127.
- Waxman, H. M., Carner, E. A., & Klein, M. (1984). Underutilization of mental health professional by community elderly. *The Gerontologist*, *24*, 23–30.