



# MONASH University

## **Factors Impacting Singaporeans' Intention to Seek Professional Counselling**

**Goh Siew Khim**

Bachelor of Science, Psychology - University of Southern Queensland

Bachelor of Arts, Business Administration – Ottawa University

Master of Guidance and Counselling - James Cook University

Master of Education – Monash University

Submitted in total fulfillment of the requirement for the degree of

**Doctor of Philosophy**

Faculty of Education

Monash University

30 July 2016

## DECLARATION

I, Goh Siew Khim, hereby declare that this thesis contains no material which has been accepted for the award of any degree or diploma of any university, and to the best of my knowledge and belief, the thesis contains no material previously published or written by another person, except where due reference is made in the text of the thesis.

Signed:

A handwritten signature in black ink, appearing to read 'Goh Siew Khim', written in a cursive style.

Goh Siew Khim

Dated: 30 July 2016

This research project was granted approval by the Standing Committee on Ethics in Research Involving Humans of Monash University on 1 Nov 2011 (Project CF11/2617 – 2011001531).

## ACKNOWLEDGEMENTS

First of all, I would like to thank my thesis supervisors, Dr. Brett Furlonger and Dr. Nicky Jacobs for their guidance as I progressed through each stage of this study. I am grateful for the regular advice they provided despite their heavy workload and tight schedules. I will not forget their kindness and support for giving me expert advice on my writing and research techniques so that the thesis would be of value to others for many years to come. I also thank them for encouraging me to push myself further to complete a conference paper and present this study during the SAC Counselling Symposium in 2015. This unique experience has had an impact on building my self-esteem on a personal level and greater knowledge on the topic.

To my family, I am extremely thankful to my ex-spouse, Loh Seow Heong for his financial support, which allowed me to focus on completing my thesis. I hope, upon witnessing my hard work and dedication in the writing of this thesis that both my sons, Loh Jia Lerk and Loh Jia Qing will be inspired and motivated to continue their education at an advanced tertiary level.

I would like to thank Leow Yi Jin for her valuable time assisting me with the statistical support. Importantly, I recognize the contribution of the participants who generously gave of their time without which, the thesis could never have been completed.

Finally, I am extremely indebted to all my friends and relatives. I acknowledge their companionship, encouraging words and faith in me throughout the journey. I have realized that without everyone's constructive criticism, encouragement and support I would never have ever been able to get this far. Thus, this thesis belongs to all of us!

## **LIST OF PUBLICATIONS**

The following publications have resulted from the current study undertaken for this degree:

Refereed Conference Paper:

Goh, S. K., Jacobs, N., and Furlonger, B. E (2015). Exploring factors that influence Singaporeans' intention in seeking professional counselling. Paper presented at SAC Counselling Symposium: Evidence Informed Practice – “Towards a Better State of Well-Being”, Singapore.

## TABLE OF CONTENTS

<b>TABLE OF CONTENTS .....</b>	<b>6</b>
<b>LIST OF TABLES .....</b>	<b>13</b>
<b>LIST OF FIGURES .....</b>	<b>15</b>
<b>LIST OF ABBREVIATIONS / ACRONYMS.....</b>	<b>16</b>
<b>DEFINITION OF OPERATIONAL TERMS.....</b>	<b>18</b>
<b>ABSTRACT.....</b>	<b>21</b>
<b>CHAPTER 1 - INTRODUCTION TO THE STUDY.....</b>	<b>23</b>
<i>Introduction.....</i>	<i>23</i>
<i>Help-Seeking as a Psychological Construct.....</i>	<i>26</i>
<i>Being Singaporean.....</i>	<i>27</i>
Employment and Income .....	28
Relationships and Families .....	31
Housing .....	32
Education .....	33
<i>History of Counselling in Singapore.....</i>	<i>35</i>
<i>Research Problem.....</i>	<i>37</i>
<b>CHAPTER 2 - THEROETICAL FRAMEWORK.....</b>	<b>40</b>
<i>Theoretical Approaches to Attitude Formation.....</i>	<i>40</i>
Social Behavioural Model.....	41
Five-stage Model of Mental Health Help-Seeking .....	45
Network-Episode Model (NEM) .....	47

Threats-to-Self-Esteem Model.....	49
Reactance Theory.....	52
Attribution Theory .....	54
Theory of Planned Behaviour (TPB) .....	58
<i>Summary of Theoretical Approaches to Attitude Formation.....</i>	<i>62</i>
<b>CHAPTER 3 - LITERATURE REVIEW .....</b>	<b>65</b>
<i>Help-seeking Behaviour of Singaporeans.....</i>	<i>65</i>
<i>Inter-individual Variables.....</i>	<i>71</i>
Gender and Help-seeking Behaviour .....	71
Age and Help-seeking Behaviour .....	75
Ethnicity and Help-seeking Behaviour .....	80
Religious Affiliations and Help-seeking Behaviour .....	86
Education Level and Help-seeking Behaviour .....	88
Marital Status and Help-seeking Behaviour .....	92
Dependent Status (Individuals with/without children) and Help-seeking Behaviour.....	94
Residential Location and Help-seeking Behaviour.....	96
Income Level and Help-seeking Behaviour.....	97
Prior Experience with Counselling and Help-seeking Behaviour .....	100
Acculturation and Help-seeking Behaviour.....	103
<i>Intra-individual Variables .....</i>	<i>108</i>
Attitude and Help-seeking Behaviour.....	108
Social Stigma and Help-seeking Behaviour .....	111
Self-stigma and Help-seeking Behaviour .....	113
<i>Summary of Findings from Each Chapter .....</i>	<i>116</i>

<b>CHAPTER 4 - RESEARCH METHODOLOGY .....</b>	<b>118</b>
<i>Research Strategy and Processes .....</i>	<i>118</i>
<i>Phase One – Focus Group.....</i>	<i>119</i>
Participants.....	120
Materials .....	121
Procedure .....	121
<i>Phase Two – Development of the Questionnaire and Pilot Study .....</i>	<i>122</i>
Participants.....	123
Materials .....	124
Prior Experience in Seeking Professional Counselling .....	124
The Suinn-Lew Asian Self-identify Acculturation Scale Modified (SL-ASIA-M) - (Suinn, 1987) .....	125
Attitude Towards Seeking Psychological Help Scale – Shortened - Modified (ATSPHS-S-M) (Fischer & Farina, 1995).....	126
Stigma Scale for Receiving Professional Psychological Help - Modified (SSRPPH-M).....	127
(Komiya et al., 2000) .....	127
Self-stigma for Seeking Psychological Help Modified (SSSPHS-M) (Vogel et al., 2006) .....	127
Intention to Seek Counselling Inventory - Modified (ISCI-M) (Cash et al., 1975) .....	128
Reliability of the Scale.....	129
Procedure .....	131
<i>Phase Three – Large Scale Survey .....</i>	<i>131</i>
Participants.....	131

Materials .....	134
Procedure .....	134
<i>Phase Four - Individual interviews.....</i>	<i>136</i>
Participants.....	136
Materials .....	137
Procedure .....	137
<i>Design of Statistical Analyses.....</i>	<i>138</i>
Data Preparation.....	139
Data Exploration .....	140
Data Analysis .....	141
Trustworthiness of Qualitative Data Analysis .....	142
<b>CHAPTER 5: RESULTS .....</b>	<b>144</b>
<i>Phase 1: Focus Group.....</i>	<i>144</i>
Themes.....	144
The Weaker Sex.....	144
West versus East .....	146
Older and Wiser .....	149
Help Costs Money.....	150
Previous Experience Predicts Future Behaviour.....	151
Positive or Negative Views Determines Help-seeking Behaviour .....	152
It's All About What Others Think About Me.....	154
Summary of the Findings.....	155
<i>Phase 2: Main Study.....</i>	<i>156</i>
Preliminary Analyses .....	157
Data Screening and Data Cleaning .....	157

Descriptive Statistics.....	159
Statistical Analyses .....	164
T-tests.....	164
Gender.....	164
Dependent Status .....	164
Prior Experience.....	165
One-way ANOVA .....	165
Ethnicity.....	165
Religion.....	166
Marital Status .....	166
Correlational Analyses.....	166
Evaluating the Main Model: Intention to Seek Professional Counselling .....	168
Evaluating Subscale 1: Intention to Seek Professional Counselling for Interpersonal Interpersonal Problems .....	172
Evaluating Subscale 2: Intention to Seek Professional Counselling for Career/Academic Problems .....	175
Evaluating Subscale 3: Intention to Seek Professional Counselling for Drug/Alcohol Problems .....	177
Summary .....	179
Hierarchical Multiple Regression .....	180
Summary .....	194
<i>Phase 3: Individual Interviews .....</i>	<i>195</i>
Themes.....	195
Trust Issues .....	196
Preference for a Counsellor .....	198

Time Availability .....	200
Summary of the Findings .....	201
<b>CHAPTER 6: DISCUSSION .....</b>	<b>203</b>
<i>Introduction</i> .....	203
<i>The Significant Predictors</i> .....	204
Attitude towards Seeking Professional Counselling.....	204
Ethnicity.....	208
Social Stigma .....	210
Marital Status .....	213
<i>Limitations of the Study</i> .....	214
<i>Implications for Singapore Counsellors</i> .....	215
<i>Conclusions and Recommendations</i> .....	216
<b>APPENDIX A: KEY FINDINGS OF THE INTER AND INTRA-INDIVIDUAL VARIABLES .....</b>	<b>262</b>
<b>APPENDIX B: INTERVIEW QUESTIONS (FOCUS GROUP) .....</b>	<b>265</b>
<b>APPENDIX C: HUMAN ETHICS CERTIFICATE OF APPROVAL .....</b>	<b>267</b>
<b>APPENDIX E: TRANSCRIPTS (FOCUS GROUP) .....</b>	<b>271</b>
<b>APPENDIX F: THEMATIC ANALYSIS (FOCUS GROUP) .....</b>	<b>285</b>
<b>APPENDIX G: EXPLANATORY STATEMENT .....</b>	<b>299</b>
<b>APPENDIX H: SURVEY FORM.....</b>	<b>302</b>
<b>APPENDIX I: INTERVIEW QUESTIONS (INDIVIDUAL INTERVIEWS) ..</b>	<b>316</b>
<b>APPENDIX J: TRANSCRIPTS (INDIVIDUAL INTERVIEWS).....</b>	<b>318</b>
<b>APPENDIX K: EXAMPLE OF A CODEBOOK .....</b>	<b>382</b>

<b>APPENDIX L: ANALYSES OF NORMALITY.....</b>	<b>384</b>
<b>APPENDIX M: NORMAL P-P PLOT OF REGRESSION STANDARIZED RESIDUAL DEPENDENT VARIABLE: TOTAL INTENTION.....</b>	<b>390</b>
<b>APPENDIX N: SCATTERPLOT DEPENDENT VARIABLE: TOTAL INTENTION.....</b>	<b>392</b>
<b>APPENDIX O: MEAN OF TOTAL INTENTION: RACE .....</b>	<b>394</b>
<b>APPENDIX Q: TABLE OF MEANS COMPARING MEAN AND 5% TRIMMED MEAN .....</b>	<b>398</b>
<b>APPENDIX R: COLLINEARITY STATISTICS FOR INDEPENDENT AND DEPENDENT VARIABLES .....</b>	<b>400</b>

## LIST OF TABLES

Table 3.1(a):	Key Findings for Inter-Individual Variables and Help Seeking Behaviour	263
Table 3.1(b):	Key Findings for Inter-Individual Variables and Help Seeking Behaviour	264
Table 4.1:	Descriptive Statistics for the Likert Scales and Sub-scales	130
Table 4.2:	Comparison of Demographics of Survey Participants with General Singaporean Population (n=564)	132
Table 4.3:	Responses for the Large-Scale Survey (n=564)	135
Table 5.1:	Table of Means Comparing Mean and 5% Trimmed Mean	399
Table 5.2:	Collinearity statistics for independent and dependent variables	401
Table 5.3:	Descriptive Statistics for Continuous Variables (n = 564)	161
Table 5.4:	Frequency Table for Categorical Variables	162
Table 5.5:	Means, Standard Deviations, and Inter correlations for Each of the Continuous and Ordinal Independent Variables and the Dependent Variables)	167
Table 5.6:	Dummy Variable Coding	169
Table 5.7:	Predictors of Intention to Seek Counselling (n = 564)	171
Table 5.8:	Significant Variables in Standard Regression Model Predicting Intention for Interpersonal Problems (n = 564)	174
Table 5.9:	Significant Variables in Standard Regression Model Predicting Intention for Career/Academic Problems (n = 564)	176
Table 5.10:	Significant Variables in Standard Regression Model Predicting Intention for Drug/Alcohol Problems (n = 564)	178
Table 5.11:	Summary results of hierarchical regression for variables	

predicting Singaporeans' intention to seek professional  
counselling.

188

## LIST OF FIGURES

<i>Figure 2.1:</i>	The Theory of Planned Behaviour (TPB)	60
<i>Figure 4.1:</i>	Process of Statistical Analysis	139
<i>Figure 5.1:</i>	Histogram of participants' age	385
<i>Figure 5.2:</i>	Histogram of participants' educational level	385
<i>Figure 5.3:</i>	Histogram of participants' residential type	386
<i>Figure 5.4:</i>	Histogram of participants' income level	386
<i>Figure 5.5:</i>	Histogram of acculturation scores	387
<i>Figure 5.6:</i>	Histogram of attitude scores	387
<i>Figure 5.7:</i>	Histogram of social stigma scores	388
<i>Figure 5.8:</i>	Histogram of self-stigma scores	388
<i>Figure 5.9:</i>	Histogram of intention scores	389
<i>Figure 5.10:</i>	Normal probability plot (P-P) of the regression standardized residual of all the variables	391
<i>Figure 5.11:</i>	Scatterplot of all the variables	393
<i>Figure 5.12:</i>	Mean of total intention: Race	395
<i>Figure 5.13:</i>	Mean of total intention: Marital status	397

## LIST OF ABBREVIATIONS / ACRONYMS

ATSPHS-S-M	Attitude Towards Seeking Psychological Help Scale – Shortened – Modified
CPF	Central Provident Fund
FSC	Family Service Centre
GCE ‘O’ Level	General Certificate of Education Ordinary Level
GCE ‘A’ Level	General Certificate of Education Advanced Level
GDP	Gross Domestic Product
HDB	Housing Development Board
HUDC	Housing and Urban Development Company
ISCI-M	Intention to Seek Counselling Inventory - Modified
ITE	Institute of Technical Education
JOBS	Job Orientation Backup System
MAAP	Master of Arts in Applied Psychology
MOE	Ministry of Education
MOM	Ministry of Manpower
NIE	National Institute of Education
NTUC	National Trades Union Congress
OSCAR	Orientation System for Careers
PSLE	Primary School Leaving Examination
SL-ASIA-M	Suinn-Lew Asian Self-identify Acculturation Scale Modified
SOS	Samaritans of Singapore
SSRPPH-M	Stigma Scale for Receiving Professional Psychological Help - Modified

SSSPHS-M Self-stigma of Seeking Psychological Help Scale Modified  
TPB Theory of Planned Behaviour

## DEFINITION OF OPERATIONAL TERMS

Some of the key terms used in the current study are defined as follows:

### **1) Central Provident Fund (CPF)**

The Central Provident Fund (CPF) is a comprehensive social funding system that enables Singaporeans and Permanent Residents under employment to set aside a certain amount of their salary for retirement. It can also be utilised for healthcare, home purchase, family protection and asset enhancement (CPF, 2014).

### **2) Family Service Centre (FSC)**

Family Service Centre (FSC) is a key community-based social service provider for families in need, to promote and improve the social well being of each individual in the family. They are staffed with social workers and other professionals for example, professional counsellors, to provide a helping hand to anyone in Singapore (MSF, 2014).

### **3) General Certificate of Education Ordinary Level (GCE 'O' Level)**

General Certificate of Education Ordinary Level (GCE 'O' Level) is one type of the national examination taken by express stream secondary school students at the final year of their secondary school education (MOE, 2014a).

### **4) General Certificate of Education Advanced Level (GCE 'A' Level)**

General Certificate of Education Advanced Level (GCE 'A' Level) is the last type of the national examination taken by pre-university / junior college school students at the final year of their pre-university school education (MOE, 2014b).

**5) Housing and Development Board (HDB)**

The Housing and Development Board (HDB) is Singapore's public housing authority and a statutory board that plans and develops public housing estates to provide most Singaporeans with quality homes and living environments (HDB, 2015).

**6) Housing and Urban Development Company (HUDC)**

Housing and Urban Development Company built flats in the 1970s and 1980s as another housing option for middle-income Singaporeans. These flats were built in four phases. The first two phases (Phases I and II) comprised of 6 estates with 2,596 residential units were sold by HUDC Private Limited. The last two phases (Phases III and IV) comprised of 12 estates with 5,135 residential units were sold by HDB. These types of flats were phased out in 1987 by HDB as their demand declined (HUDC, 2015).

**7) Institute of Technical Education (ITE)**

The Institute of Technical Education (ITE) was established as a post-secondary education institution in 1992 under the Ministry of Education (MOE). It provides career and technical education and key developer of national occupational skills certification and standards to enhance Singapore's workforce competitiveness (ITE, 2015).

**8) Ministry of Manpower (MOM)**

Ministry of Manpower (MOM) is responsible for the formulation and implementation of labour policies related to the workforce in Singapore so as to improve the skills and productivity of the working Singaporeans, to build progressive workplaces, strengthen tripartite relationships and encourage harmonious work cultures. These will create a fair and forward-looking

employment practices that provide safe and healthy work environments so as to achieve work-life balance (MOM, 2015).

**9) National Institute of Education (NIE)**

National Institute of Education (NIE) is the national training institute for teachers to be. It is also in charge of developing sound educational policies and research in the shaping of curriculum and management practices for schools in Singapore (NIE, 2015).

**10) National Trades Union Congress (NTUC)**

It is a national confederation of trade unions in the industrial, service and public sectors in Singapore and also an inclusive labour movement for all. NTUC's objectives are to help Singapore stay competitive and workers remain employable for life; to enhance the social status and well-being of workers; and to build a strong, responsible and caring labour movement (NTUC, 2015).

**11) Primary School Leaving Examination (PSLE)**

It is the first national examination, which all primary school students sit at the end of their final year of primary school education (SEAB, 2015).

**12) Samaritans of Singapore (SOS)**

It is a non-profit and non-religious organisation that provides emotional support to people that are facing difficulties during a crisis, have suicidal intentions or are affected by suicide 24 hours every day. Identities of these people are also kept confidential (SOS, 2014).

## ABSTRACT

Along with Singapore's rapid economic development has come increasing levels of vocational, educational, financial, personal, and emotional challenges for its citizens. Indeed, mental health statistics suggest there are those, especially working adults, who face significant challenges to their mental health and wellbeing. These challenges have been recognised by the Singaporean government who have, in turn, provided both community and school-based counselling support services. However, by international standards these services have been significantly underused by the Singaporean population. Accordingly, the aim of the present study was to examine Singaporeans' help-seeking behaviour related to their intention to seek help from professional counsellors and to provide data and predictors expanding why some sought help and others hesitated to seek support from a counsellor. A mixed methods design that included focus groups, an analytical questionnaire, representative of the Singaporean population, and a series of post-survey interviews. A total of 564 participants with ages ranging from 18 to 75 years responded to the survey. The survey questionnaire consisted of a series of demographic questions and five self-report measures, the *Suinn-Lew Asian Self-identify Acculturation Scale- Modified* (SL-ASIA-M) the *Attitude Towards Seeking Psychological Help Scale – Shortened – Modified* (ATSPHS-S-M); the *Stigma Scale for Receiving Professional Psychological Help – Modified* (SSRPPH-M); the *Self-stigma of Seeking Psychological Help Scale Modified* (SSSPHS-M); and the *Intention to Seek Counselling -Modified* (ISCI-M). The results from the focus group highlighted gender, culture, age, socioeconomic status, prior experience with counselling, attitudes toward counselling, and stigma as being linked to their intention to seek counselling and were in line with those identified in previously published literature. Results from the large analytical survey

revealed that an individual's attitude to counselling was the strongest predictor of them seeking help from a professional counsellor, followed by ethnicity, social stigma and marital status. Finally, three new themes emerged from the post-survey interviews: trust issues, preference for a same or different gender counsellor and time issues such as wait time and counsellor availability. As the strongest predictor, attitude to seeking counselling appeared to be influenced by the Asian attitude towards acknowledging mental health issues and the sharing of such issues with non-family members. In contrast, the Malay community appeared to have overcome, at least to some extent the stigma surrounding counselling, although their contact with counsellors were typically within the Muslim community. To overcome the burdens and hazards of untreated mental health issues the Singaporean government along with other private providers will have to address cultural attitudes to counselling if a greater proportion of the population are to be assisted by that profession.

## CHAPTER 1 - INTRODUCTION TO THE STUDY

### **Introduction**

Over their lifespan, individuals often experience significant life challenges such as relationship problems, addictions, chronic illness, career frustrations, financial challenges, loneliness, and work-related stress that require assistance from others. For some, if these problems are ignored or not addressed appropriately, more serious conditions such as depression and severe anxiety may develop (Drum, Brownson, Burton Denmark, & Smith, 2009). According to Corrigan (2004), most individuals look for help from friends, relatives or colleagues when they are experiencing psychological distress. However, seeking counselling from untrained sources may not address the causes and symptoms of psychological distress as family and friends are often too emotionally involved with the problem which, in turn, affects their impartiality (Rickwood, 2005). As importantly, non-professionals often lack the skills to resolve serious psychological problems. It is only after they have exhausted their social network or when their problems become unmanageable that some seek professional counselling.

On the surface, being Singaporean and living in a country with a stable economy, high educational standards and a history of religious and ethnic tolerance appear almost ideal. Along with the rapid development of Singapore's economy, Singaporeans have been facing increasing levels of vocational, educational, financial, personal, and emotional challenges (Foo, Merrick, & Kazantzis, 2006). Indeed, Singaporean mental health statistics suggest there are those, especially working adults, who face significant challenges to their mental health and wellbeing (Health Promotion Board, 2012).

In an attempt to address these problems, the Counselling and Care Centre, Family Services Centre (FSC), and Samaritans of Singapore (SOS) were setup to support the psychological wellbeing of Singaporeans. Although in 2009 the counselling centres totalled 43, fewer than 85,000 Singaporeans (2.6%) from a population of almost four million, sought professional counselling for their psychological problems (aLife Ltd, 2009; Counselling and Care Centre, 2009; MSF, 2014; Samaritans of Singapore, 2010). By comparison, Burgess et al. (2009) found that in the same time period more than three times (6.2%) as many Australians sought counselling for their psychological problems. Further afield, Doward (2010) has reported that one-in-five Britons sought help from a counsellor or psychotherapist in a year and in the United States nearly half of all households has had someone seek mental health treatment (Chamberlin, 2004). It is of interest to understand why differences in help-seeking exist, as counselling ideally provides a safe, supportive and confidential space in which individuals are provided with guidance and support to address their mental health issues enabling them to gain relief from their psychological distress, develop greater self-understanding, self-efficacy, and improved relationships (Leong & Lau, 2001; Rosenstock, 2005).

Given the perceived benefits of professional counselling, the question arises as to why Singaporeans hesitate to seek counselling, and when they do it is at a third of the rate of Australians. One explanation has been provided by Zhang and Dixon (2003) who argued that Asian individuals' proneness to shame and concern for "loss of face" associated with the stigma of seeking help outside of the family contributes to a reluctance to seeking professional counselling (Foo et al., 2006; Ng et al., 2008). Given Singapore's predominantly Asian population, it seems that this may be a plausible explanation for Singapore's low percentage of citizens who seek

professional counselling. However, as Singapore is an ethnically and culturally diverse country, there may be a wider range of variables that may be needed to be taken in to account when examining the reason for lower rates of professional help-seeking (Sim, 1999; Soong, 1997).

It was therefore the aim of this study to examine the reasons why some Singaporeans seek help from a professional counsellor and, in turn, to better understand why other Singaporeans hesitate to seek professional support. Basic to this investigation is the concept of attitude and how it relates to an individual's behaviour, in particular their help-seeking behaviour. This study examined both inter (among groups) and intra (within the individual) variables thought to affect an individual's intention to seek help. Examples of inter individual variables include *ethnicity, gender, age, religion, marital status, dependent status, income, education, residential types, prior experience, and acculturation* while intra individual variables include *attitude, self-stigma* and *social stigma*. However, prior to examining these variables, it is crucial to understand the term *help-seeking behaviour* as a psychological construct as well as the variables that are purported to affect the construct consequently, specific variables affecting help-seeking behaviour among Singaporeans were examined.

Throughout this study, several terms have been used that warrant explanation. The term *professional counselling* is defined as a face-to-face therapeutic conversation with a trained counsellor. Anthony Yeo, one of the pioneers of professional counselling in Singapore, defined counselling as a joint process where the counsellor assists individuals in broadening their view of life, enhancing their skills in managing resources and empowering them to make changes in themselves (Yeo, 1993). *Acculturation* refers to the degree to which Singaporeans have become

westernized (Turkum, 2004) and attitude refers to how positive Singaporeans are towards seeking professional counselling (Fischer & Farina, 1995). The term help-seeking is the process of finding and receiving assistance from others, due largely to the fact that the problem is seen as too difficult to solve on one's own (Vogel, Wester, Larson, & Wade, 2006). While the present study has a focus on Singaporeans, it is important to acknowledge that there is a paucity of Singaporean based research that focuses on attitudes toward seeking help from professional counsellors. For this reason, findings from international studies are drawn upon to illuminate and expand specific issues. The potential limitation of generalising these findings to the Singaporean context is acknowledged.

### **Help-Seeking as a Psychological Construct**

Help-seeking begins with the identification of a problem by an individual and a recognition that they cannot deal with it effectively by themselves (Klimes-Dougan, Klingbeil, & Meller, 2013). Moreover, individuals must be willing to access the appropriate help and adopt social norms that encourage this behaviour (Rickwood, Deane, & Wilson, 2007). Help-seeking may also be conceptualised as seeking assistance from an informal (e.g., parent or colleague) or formal (e.g., counsellor or psychologist) source (D'Avanzo et al., 2012). For the purpose of this study, the definition of help-seeking is limited to seeking assistance from a professional counsellor.

Help-seeking behaviour can be categorised in two ways, direct or indirect. The indirect help-seeking behaviour is when another person (gatekeeper) recognises a problem that an individual is experiencing and who then seeks professional counselling on his or her behalf (Klimes-Dougan et al., 2013). Indirect help-seeking is especially crucial when the individuals are suicidal. The SOS who, as well as

providing emotional support to individuals in crisis, educate the public to act as gatekeepers in identifying suicidal individuals so the public can seek help on behalf of individuals in distress. In contrast, direct help-seeking behaviour occurs when individuals actively seek out professional counselling for themselves. The focus of the present study will be on the variables that affect the direct help-seeking behaviour of Singaporeans. Before turning to this topic, the experience of being a Singaporean will be described along with a history of counselling in Singapore as a background to developing an understanding of the aetiology of Singaporeans' attitudes to counselling.

### **Being Singaporean**

Today, Singaporeans live in a democratic republic of over 5,000,000 that is recognised as one of Asia's most prosperous city-states. Indeed, Singapore has the world's third highest Gross Domestic Product (GDP) (US\$314.911 billion), (International Monetary Fund, 2012) making it one of the world's wealthiest countries. Singaporeans have enjoyed the benefits of economic success that included a low unemployment rate and GDP growth of 8% per annum up to the global financial crisis of 2008. Since then, Singaporeans have experienced a slow return to prosperity. However, quality accommodation has remained high, even though most citizens live in public housing managed by government agencies. Subsidised state and private schooling for Singaporean citizens is easily accessible and tertiary education at the four domestic universities has seen the number of degree holders in the labour market rise to 28.3% since 2001. Despite these improvements Singapore is now listed as one of the ten most expensive countries in which to live and mental health issues remain intractable. Therefore, in the following sections the important components that affect the experience of being Singaporean will be examined.

## Employment and Income

According to the Ministry of Manpower (2011), 1,998,900 Singapore residents were employed, of whom 1,118,800 were males and 880,100 females. Unemployed residents numbered 81,200, of which 41,600 were males and 39,600 females. With regards to age, the highest number of employed residents fell within the age range 45 to 49 (260,800). In contrast, the age group 20 to 24 accounted for the highest number of unemployed. The unemployment rate showed signs of rising, increasing from 2% in December 2011 to 2.1% in March 2012. Even with the increase, the rates were still lower than the high of 3.3% in September 2009 during the global recession (Ministry of Manpower, 2012). The employment data included Singaporean citizens only and do not include the 1,394,00 resident foreign workers in 2011 (Ministry of Manpower, 2011).

With Singapore's high cost of living (Goh, 2012) and the lack of government unemployment benefits, the effects of unemployment can negatively impact on the individual and their community both economically and psychologically. When individuals experience long-term unemployment, the stress involved in meeting daily expenses becomes problematic. The observable negative impacts on the unemployed individuals' mental health may lead to chronic anxiety, stress and depression (Evans-Lacko, Knapp, McCrone, Thornicroft, & Mojtabai, 2013; Paul & Moser, 2009). As Wilkinson and Pickett (2010) pointed out, increased unemployment rates are often linked to increasing crime, higher divorce rates, worsening mental and physical health, and lower life expectancies. Furthermore, the longer an individual is unemployed, the lower their chance of finding a job (Evans-Lacko et al., 2013).

While the Singapore government has a career network set up to help unemployed Singaporeans to find work, individuals may be forced to take up jobs that

are not well matched with their skills, experience and educational qualifications - potentially leading to lower levels of job satisfaction and a reduction in motivation (Maynard, Joseph, & Maynard, 2006). It is well known that unemployed individuals and their families are at high risk for mental health problems because such individuals are more likely to abuse drugs and/or alcohol, and this may positively correlate with depression, domestic violence, suicide ideation and divorce (Evans-Lacko et al., 2013; Hong, Knapp, & McGuire, 2011).

Impacting on the employment of Singaporeans is the increasing reliance on foreign workers to fill both unskilled and skilled positions and address the manpower shortage in both areas (Thangavelu, 2012). However, the Singapore government's policy of attracting foreign workers has added to the stress levels of the average Singaporean. Mr. Yeoh Lam Keong, vice president of Economic Society of Singapore, asserted that the "excessive import of unskilled foreign labour has dampened and suppressed the real wages of the working class in Singapore" (Lim & Goh, 2013). Professor Ng Yew-Kwang, don of Nanyang Technological University, also agreed that the influx of unskilled workers might depress wages, creating greater competition between Singaporeans and foreign workers and adding to the former's stress in an already competitive society (Lim & Goh, 2013).

The median household monthly income in 2011 for a Singaporean resident in full time employment was \$3,249. Overall, total wages increased by 5.3%, slightly lower than the gain of 5% in 2010. Significantly, after factoring in inflation rate, real total wages only rose by 0.1% while real basic wages declined by 0.8% (Chuang, 2012). Small wage increases have been accompanied by demands for increased productivity, longer working hours and additional responsibilities, all of which have impinged on the time available for Singaporean's family and leisure (Hong et al.,

2011). According to Diener, Ng, Harter, and Arora (2010), material success in the form of a high income positively predicted people's global assessment of their lives. It would appear that Singaporeans' perceptions of life quality are particularly affected by their material success (Swinyard, Kau, & Phua, 2001). For example, Singaporean and Chinese students have been found to be more materialistic than comparable Mexican and North American students (Wirtz & Scollon, 2012). Indeed, according to Park and Reisinger (2009), luxury goods are more sought after and valued in Asian societies than in other groups. It would also appear that Singaporeans' attention to material success reflects a culturally shared belief that material success equates to a better life, such that the 'Singapore Dream' is often summarized as the '5 C's' which comprise 'condo, car, country club, credit card and cash' (Chiu, Gelfand, Yamagishi, Shteynberg, & Wan, 2010). Interestingly, Zou et al. (2009) consider that most Singaporeans will not endorse these statements overtly but remain covertly influenced by 'the dream'. Evidence for such influence has been reported in studies of stress created by desire for greater wealth (Crusius & Mussweiler, 2012) and an increase in sleep problems created by work related stress (Minkel et al., 2012).

The above review indicates that Singapore is a wealthy country whose citizens have experienced rapid growth in levels of education and material wealth as a result of improved employment patterns. However, along with these improvements have come longer working hours, increased stress levels and, for some, concomitant physiological maladies. It would appear that the desire for material goods and the accumulation of wealth may well be at the core of many of the psychological problems that, at times, affect many Singaporeans. In addition, wage and salary levels and concerns about the form of union representation they receive have an impact on their mental well-being.

## Relationships and Families

The Singapore Department of Statistics (2010) reported that of Singaporeans aged 15 years and above, 59.4% were married, 32.2% were single, 5.1% were widowed and 3.3% divorced or separated. Compared to a decade earlier, this represents an increase in the percentage of single Singaporeans (30.5%) and a decrease in the percentage of married Singaporeans (61.9%), even though married people report higher levels of well-being and mental health than the unmarried. Significantly, a third of unmarried Singaporeans aged between 15 and 34 have been in an abusive romantic relationship (Ho, 2012). However, unlike married Singaporeans, they cannot apply for a Personal Protection Order, as this is only available in for family members who are married.

The number of married couples without children has also increased. In 2000, 6.4% of married females age 40 to 49 were childless. By 2010, the percentage had increased to 9.3%. Additionally, more married couples are choosing to have only one child, with this number increasing from 15.1% in 2000 to 19% in 2010 (Singapore Department of Statistics, 2010).

Although Singapore provides a good environment for economic gains with tangible benefits, it is seen to be deficient with respect to family support. Indeed, the divorce rate has continued to increase overtime (Chia, 2012) with the highest divorce rate being among the Muslim community (Toh, 2012). Interestingly, Muslims filing for divorce have to attend mandatory counselling. As a result, even with a high overall divorce rate, 44 % of those who sought counselling did not progress with divorce (Toh, 2012).

## Housing

According to key household characteristics and income trends for 2012 (Singapore Department of Statistics, 2013), the bulk (81.6%) of the Singaporean population live in public housing (Singapore Department of Statistics, 2013). Those in private accommodation live in condominiums and apartments (12.1 %), while only a small percentage (6%) live in landed properties, such as bungalows, semi-detached or terrace houses. In total, 90.1 % of Singaporeans own their own home. Only a very few are homeless (0.03%).

However, despite the wealth accumulation by Singaporeans, housing prices have increased disproportionate to income levels (Abeyasinghe, 2012). Abeyasinghe (2012) also found that the median price of private and Housing Development Board (HDB) houses had risen by 11% a year since mid-2006. It was higher than the trend price increase of about 8 per cent a year. An affordable increase in house prices would have been about 4 % a year. The fact that the cost of housing is increasing at a rate beyond the affordability of the average Singaporean is likely to be causing mental anguish, especially among young couples (Cheam, 2012). Indeed, most young couples cannot afford the down payment for a house without financial assistance from their parents (Yap & Ong, 2013). To add to this problem, there are stringent conditions before a Singaporean can buy a public house. For example, an applicant must be a Singapore citizen, married with an average gross monthly household income of not more than \$10,000.

When Singaporeans buy public housing with their Central Provident Fund (CPF) monies, their retirement fund is depleted which significantly reduces the adequacy of their retirement income (Teh, 2012). Thus, for many, CPF contributions will not yield sufficient retirement funds (Chang, 2012). Additionally, public housing

is getting more expensive with premium flats selling for more than \$1 million (Chan, 2012). This leaves many Singaporeans in the invidious position of having to pay for housing today by trading away tomorrow's financial security.

## Education

As a country with no natural resources, human capital is seen as Singapore's most important asset. Singaporeans are the country's wealth and the government's stated purpose is to mould the country's future through education. Education in Singapore is managed by the Ministry of Education (MOE), which controls the development and administration of public schools receiving government funding and has an advisory and supervisory role for private institutions. The goal of the Singapore education system is to develop the talents of every individual so that each could contribute to the economy and the on-going effort to make Singapore productive and competitive in the international marketplace. As of 2011, the education profile for Singapore residents had reached the point where close to three in 10 (28.3%) in the labour market was a degree holder, an increase of 17% since 2001. Diploma and Professional qualification holders formed 18.2% of the population while non-Tertiary trained individuals formed 11.8%. Residents with Secondary qualifications accounted for 20.2% compared with the 21.5% those with no education (Singapore Department of Statistics, 2012).

Singapore's education system has attempted to create an environment that stresses academic performance, tracking and streaming students into appropriate programs based solely on their results. As a result of this academically competitive environment, parents and even educators categorised some students as better quality and of greater value to the country than others. Thus, the Singapore government has

adopted a policy of meritocracy, where the top positions are given to people with the best academic qualifications. As a result, parents pressure their children to do well in school so that they are successful competitors when they grow up. In turn, parents have to deal with the stress brought on by the elitist education system. From getting a place in the best pre-school to preparing Primary School Leaving Examinations (PSLE), parents, together with their children, compete with each other to give their children the very best head start in life (Toh, 2012). Private preschool costs \$8,000 a year and tuition at a local university for a non-medical degree costs \$9,000 a year (Ng, 2012). Such an environment has produced results. For example, Singapore's students are now ranked in the top 10 performers in mathematics, reading and science for Organisation for Economic Co-operation and Development (OECD) countries (OECD, 2014). However, such results have come at a cost as failing in Singapore's education system is among the most common reasons given for children seeking mental health assistance. Indeed, Fung (2012) reported that there were 2,800 new cases of stress in an academic year due to the pressure experienced by students while in the Singaporean education system.

It is apparent from the research data that Singapore as a country has undergone rapid economic growth that has conferred on its citizens' significant advantages since independence. However, in the current context it is also clear that both individual Singaporeans and their families are being confronted with significant challenges that sometimes lead to periods of psychological distress. The increased cost of living, particularly housing and education, has confronted young couples with barriers that have affected both housing affordability and the birth rate. Additionally, fluctuating levels of unemployment, downward pressure on wage and salaries, and the impact of immigration have created pressures in the life of Singaporeans that, in turn, may

impact on mental well-being requiring some form of professional support. The need for professional counselling has been recognised by government agencies, however the rate at which Singaporeans seek help from such agencies is comparatively low. It is not clear why this is so.

### **History of Counselling in Singapore**

Before the 1960s, counselling was almost unheard of in Singapore (Sim, 1999). It began when a group of doctors, pastors and missionaries started the Churches Counselling Service to provide assistance to emotionally distressed people (Tan, 2002). Reverend Teilmann, an American pastor of Wesley Methodist Church in Singapore, was the director for the counselling centre. He studied counselling at the American Foundation for Religion and Psychiatry in New York, United States, in preparation for his role as the director. The clientele of the counselling services grew from a mere 56 in 1964 to 220 in 1966 (Yeo, Tan, & Neihart, 2012). In 1975, the counselling centre ended its affiliation with religion and was renamed the Counselling and Care Centre, and has continued to provide counselling services to the general public to this day.

During the 1960s, the MOE and the National Institute of Education (NIE) started school counselling in conjunction with the development of counselling services for the general public. Due to the increase in demand for counselling within schools (Yeo et al., 2012), the School Counselling Service was later renamed Student Care Services and continued to serve all schools. In the initial stage, school counselling was focused on providing financial support for students from lower income families. Students with social and emotional issues were referred to external social welfare agencies (Yeo et al., 2012). In addition to the governmental effort, the Singapore Anglican Welfare Council set up School Counselling Service in 1968 to

provide counselling to students of the Anglican Schools (Yeo et al., 2012).

Subsequently, the service was further extended to students of other Singapore schools.

By 1973, MOE and NIE had established the Social Work Unit, comprising of a team of counsellors, to provide counselling services for cases referred by school teachers.

The NIE set up the Guidance Clinic in 1974 to offer school counselling services to 19 affiliated schools (Yeo et al., 2012). The objectives of the Guidance Clinic was to raise awareness on the importance of school counselling and to kick-start counselling programs in schools. It was not until 1987 that MOE set up the Pastoral Care and Career Guidance Branch for the planning and implementation of guidance programs in schools (Yeo et al., 2012). The development of school counselling and the implementation of school counselling services continued when the branch was renamed the Guidance Branch in 2006.

Due to the growing demand for teacher counsellors, the NIE started an eight-course diploma program in pastoral care and career guidance in 1988. It was a comprehensive program to train teachers to serve as counsellors. The program was replaced in 2001 with an advanced diploma in guidance and counselling aimed at upgrading the professionalism of teacher counsellors (Tan, 2002). This was followed by the introduction of a Master of Arts in Applied Psychology (MAAP). To fulfil the goal of having a counsellor in every school by the year 2008, the NIE started an intensive six-month Diploma in School Counselling program in 2005. By 2010, approximately 280 counsellors had been trained and deployed in schools (Yeo et al., 2012).

Schools also began to recognise the importance of career counselling. To support school teachers and counsellors in career guidance and provide information and vocational assessment, a computer-assisted career guidance application named

Job Orientation Backup System (JOBS) was developed by NIE between 1989 and 1993, and introduced for secondary school students (Tan, 1995). The system was upgraded in 2004 to a web-based platform, Orientation System for Careers (OSCAR). Subsequently, an e-portal for education and career guidance was jointly developed by MOE and the Centre on Education and Work at the University of Wisconsin-Madison in 2008 to replace OSCAR by 2010 (Ministry of Education, 2009).

The psychological well-being of Singaporeans beyond their schooling years was also recognised by the government, and as a result the Ministry of Community Development and the Singapore Council of Social Service set up four FSC to provide professional counselling and services for families in distress (National Council of Social Service, 2010). Following its successful implementation in 1990, voluntary welfare organizations were invited to apply for public funding to set up more FSC or to expand existing ones to serve Singapore's growing population. As of 2013, there were 36 FSCs distributed across Singapore's public housing areas (National Council of Social Service, 2010).

Despite low rates of attendance, organisations such as social welfare agencies, religious institutions, military schools, and other non-governmental organisations have continued to develop counselling services. In-patient counselling services can also be found in most public and private hospitals.

### **Research Problem**

Since the 1970s, the public's perception of counselling and the way in which it is defined has evolved with the introduction of more professionally trained counsellors. However, Shek (1999) argues that it is still difficult for a counsellor to forge a strong professional identity as Singaporeans don't easily distinguish between

counselling and the help provided by general medical practitioners, psychologists, psychiatrists, social workers, and counsellors (Ang, 2001). In addition, a common misconception exists that counselling is for people who are weak, incompetent, or with serious mental health issues (Cormack, 2009). Indeed, data from the 1996 Singapore National Mental Health Survey highlighted the finding that of all Singaporeans requiring professional counselling services, only 37% would actively seek the service. Ultimately, only 2.6% of Singaporeans actually attended professional counselling (Ng et al., 2003). The situation is similar among secondary school students. Even though 84.3 % of the students were aware of counselling services in their schools, only 13.6 % of the students had used the same counselling services (Ang & Lay, 2004). This shows that the usage of professional counselling was disproportionately low as compared with its availability in Singapore.

Chong, Abdin, Vaingankar, Kwok, and Subramaniam (2012) studied the pattern of help-seeking behaviour and noticed that those Singaporeans who did not seek help preferred to deal with psychological problems on their own or denied that they had such problems. In line with the previous findings, Fuller, Edwards, Procter, and John (2000) have argued that many individuals would only seek professional counselling when their problems became sufficiently severe that it affected their work or relationships. More often than not, individuals were likely to perceive professional counselling as a last resort, only to be considered after they had failed to resolve their problems on their own or in consultation with someone close to them (Kuo, 2004). Even though studies have shown the benefits of seeking professional counselling (Boulton et al., 2001; Spurgeon, Hicks, Barwell, Walton, & Spurgeon, 2005; Westmarland & Alderson, 2013), and the negative consequences of not doing so (Cusack, Deane, Wilson, & Ciarrochi, 2006; Timlin-Scalera, Ponterotto, Blumberg, &

Jackson, 2003), many individuals continued to hold a negative perception of counselling, and it is not clear why this is the case.

Accordingly, the aim of this study was to identify the factors influencing Singaporeans' intention to seek professional counselling and to understand why other Singaporeans hesitate to seek professional support. The following research question was: What are the factors impacting on Singaporeans' intention to seek help from professional counsellors?

## CHAPTER 2 - THEROETICAL FRAMEWORK

### **Theoretical Approaches to Attitude Formation**

While there are advantages of being a Singaporean citizen, it is equally clear that citizenship does not provide immunity from psychological problems. Singaporeans however, seem reluctant to seek professional counselling. Indeed, in a study by Chong et al. (2012), of 874 Singaporeans who suffered from long-term mental conditions, over two-thirds (68.2%) had not sought help from mental health professionals such as counsellors. These findings suggest that the majority of people suffering from minor to moderate psychological problems, such as depression, did not seek professional counselling (Ng et al., 2003). One way to understand this pattern of behaviour is to examine the way in which an individual perceives his or her condition and how that perception is influenced by the attitudes and belief systems of their family and the community in which they live (Pescosolido & Boyer, 1999; Razali & Najib, 2000; Rickwood, 2005). This seems to be especially relevant for Asians who have a very family-oriented culture (Abe-Kim, Takeuchi, & Hwang, 2002; Leong & Lau, 2001).

In Malay society, for example, where there is often an extended family network, the intention to seek professional counselling is strongly associated with the extent to which the attitudes of the extended family are in line with an individual's belief about the causes of psychological distress and their attitudes regarding the best way to treat such problems (Razali & Najib, 2000). Thus, belief that the causes of psychological distress reside in the world of the supernatural will often result in such individuals seeking help from a spiritual healer before a professional counsellor. In previous research, Kua, Chew, and Ko (1993) identified that, of 100 Singaporean Chinese who sought psychiatric help, 36 had consulted a spiritual healer beforehand.

Although Kua et al. (1993) did not identify why the other 64 individuals had not sought assistance in the same way as the 36 who had, it can now possibly be explained by the study of Razali and Najib (2000) in that similar to the beliefs of Malays, some Singaporeans would seek support from spiritual healers over professional counsellors because of their belief that psychological distress is caused by supernatural factors.

If beliefs and attitudes are an important component of an individual's intention to seek help from professional counsellors then it seems pertinent to understand the formation of attitudes towards seeking professional counselling (Fuller, Edwards, Procter, & John, 2000). As such, a range of theoretical models will be examined in order to understand decision-making in relation to help-seeking behaviour. These models include the social behavioural model, the five-stage model of mental health help-seeking, the network-episode model (NEM), the threats-to-self-esteem model, reactance theory, attribution theory, modified labelling theory, and theory of planned behaviour (TPB).

### Social Behavioural Model

Andersen's social behavioural model (Aday & Andersen, 1974; Andersen, 1995) is often described in studies that seek to understand the use of healthcare services. When applied to the context of seeking professional assistance and counselling, the social behavioural model identifies three external factors that influence how likely individuals are to seek assistance and counselling (Heider et al., 2014). These are predisposing, enabling, and need.

Predisposing factors are characteristics and traits possessed by individuals that influence their inclination to seek professional assistance and counselling before

needing to do so (Andersen, 1995; Heider et al., 2014). Examples of predisposing factors are the individual's attitudes and beliefs towards professional counselling, demographic variables such as gender and age, and their marital and social status within the community. For example, an individual who believes that seeking professional counselling is beneficial is more likely to seek counselling when he or she needs help for his or her own psychological problems. In Setiawan's (2006) study, individuals reported that seeking counselling was necessary and beneficial because the intervention program could more effectively solve their psychological problems than seeking help from family and friends.

With respect to ethnicity, Yoo and Skovholt (2001) found that American students were more likely to seek professional counselling than American born Korean students. Similarly, Huang and Spurgeon (2006) and Leong, Kim, and Gupta (2011) noted that Asians were less likely than Westerners to seek professional counselling for their psychological problems. Gender seemed to be a key discriminating factor in a study by Sheikh and Furnham (2000). In their study of 539 university students, they found that overall females were more likely to seek professional counselling than males. In contrast, Kilinc and Granello's (2003) study of 120 Turkish-American younger students were more likely to seek professional counselling than the older students. However, the presence of predisposing factors alone is insufficient to influence an individual's help-seeking behaviour; enabling factors must also be present (Andersen, 1995; Heider et al., 2014). These include an individual's ability to access and utilize professional counselling sources, and may include personal, family, and community level factors.

Enabling factors on a personal level to influence how an individual's level of income, awareness and understanding of professional counselling, and access to

transportation, affects their decision to seek professional counselling. For example, Gulliver, Griffiths, and Christensen (2010) reported that the cost, distance and location, and hours of operation, were deciding factors for individuals to seek professional counselling. Interestingly, Thompson, Bazile, and Akbar (2004) found that lack of knowledge about the psychological problems was the main reason individuals do not seek professional counselling.

Enabling factors that influence an individual on a family level includes the extent to which their psychological problems are accepted by their family and significant others. For example, in Cusack, Deane, Wilson, and Ciarrochi (2004) study of 73 Australian males, it was found that 96% of participants indicated that support and approval from their family, friends, and intimate partners, would influence their decision to seek professional counselling. Enabling factors on a community level includes the extent of social stigmatisation experienced by the individual, as well as the accessibility and availability of professional counsellors. For instance, in Luoma et al.'s (2007) study, it was found that there was a positive correlation of young adults who experienced social stigmatization from their family and friends with visitation rates to counsellors for their substance abuse problems.

According to Andersen (1995), in order for individuals to seek professional counselling, they must first recognise a need for this kind of help. Likewise, in Heider et al.'s (2014) study, it was found that the need factor was critical when determining health care costs for elderly patients compared with *predisposing* and *enabling* factors. In line with the previous finding, Komiya, Good, and Sherrod (2000) found that university ( $n = 311$ ) students with minor psychological problems were less likely to seek professional counselling. This finding indicated that the

students felt they had a less of a 'need' to seek professional counselling for their psychological problems.

In Andersen's social behavioural model, the need factors are objective measurements of the severity of an individual's physiological issues. They include medical diagnoses, the occurrence of other physiological problems together with mental illness, prior experience with and history of professional counselling, and previous negative consequences of such. Need factors involve the individual's symptoms of physiological illness, their general state of physiological well-being, and their perceived and evaluated capacity to function properly (Heider et al., 2014).

The social behavioural model was primarily developed to explain how healthcare services were being used (Andersen, 1995; Heider et al., 2014; Walter, Webster, Scott, & Emery, 2012). However, this model did not take into consideration the individuals' psychological state when evaluating need factors. While the need to utilise healthcare services is physiological in nature (Bradley et al., 2002; Heider et al., 2014), the need to seek professional counselling is, arguably, determined by cognitive and affective factors. Thus, the ability of an individual to perceive and realize his or her need to seek professional counsellors may be challenging without proper and accurate identification of the symptoms of psychological distress. Although Anderson's model has been used extensively, there has been a lack of consistency in the findings, possibly due to the use of a small set of variables, resulting in a huge variation in the way the variables were categorised, especially in reference to predisposing and enabling factors (Babitsch, Gohl, & Lengerke, 2012).

Overall, Andersen's social behavioural model may not be as effective in explaining the behaviour of an individual seeking professional counselling as it has focused more on the pathways to utilize healthcare services for patients rather than an

intention to seek counselling (Bradley et al., 2002; Walter et al., 2012). Indeed Bradley et al. (2002) and Heider et al. (2014) have concluded that Andersen's social behavioural model is more relevant for the study of the elderly for utilizing healthcare as this category of patients have a more evident need factor as compared with younger individuals.

#### Five-stage Model of Mental Health Help-Seeking

Fischer, Winer, and Abramowitz (1983) have proposed a five-stage model explaining why individuals seek professional assistance and counselling. The first stage involves the individual's awareness and recognition of a psychological problem and the extent to which it is causing, or can potentially cause, harm (Fischer et al., 1983; Raviv, Raviv, Propper, & Fink, 2003). For example, Meltzer et al.'s (2003) survey of 1,400 people revealed that individuals who were suffering severe psychological problems were not seeking professional counselling, because they held negative attitudes towards such assistance.

In the second stage, an individual would consider the options for addressing the psychological problem. These include attempting to correct the problem themselves, asking for informal help from friends, family or religious leaders, undergoing professional counselling, doing nothing, or a combination of the above. In this stage, professional counselling is often the second most popular option. Kilinc and Granello (2003) confirmed that individuals seek friends and family first before seeking professional counselling. In an earlier study, Lin (2002) interviewed 60 Taiwanese university students and reported that seeking professional counselling would have been their last resort. Their first choice was to seek help from family and friends. While initially individuals may perceive family, friends or religious leaders to be their

best option, they would then opt for professional counselling after other options have been tried and found unsatisfactory (Fischer et al., 1983; Raviv et al., 2003).

In the third stage, the individual forms an intention to seek professional counselling after a cost-benefit analysis of the various elements involved (Raviv et al., 2003). This includes an analysis of factors ranging from counsellor-related aspects such as the perceived effectiveness of counselling and its financial costs, personal factors such as attitudes towards seeking professional counselling and acceptance of the problem, as well as social factors such as stigmatisation from family and society, and the extent to which others influence individuals. For example, in Millar's (2003) study, it was found that the cost, confidentiality, availability and accessibility of professional counselling were a hindrance to individuals seeking professional counselling.

According to Fischer et al. (1983), the fourth stage requires a trigger event, such as an escalation of the psychological problem that must occur before the individual is spurred into seeking professional counselling. However, this trigger does not constitute a decisive factor if the individual has not developed the intention to do so in stage three, a finding in line with that of Angermeyer, Matschinger, and Riedel-Heller (2001) who found that individuals were more likely to seek professional counselling for serious psychological problems, such as schizophrenia, compared with less severe psychological problem, such as mild depression.

The fifth and final stage revolves around the individual's help-seeking behaviour. Ideally this will result in them meeting with a professional counsellor, but obstacles such as a lack of resources or inability to secure an appointment, may prevent this (Raviv et al., 2003). For example, Tisbhy et al. (2001) surveyed 15,000 Israeli young people and found that confidentiality is a major obstacle stopping them

from seeking professional counselling for their psychological problems. Similarly, both Leong et al. (2011) and Vogel, Shechtman, and Wade (2010) noted that individuals would not seek professional counselling for fear of disclosing private information and a perceived lack of commitment on the part of professional counsellors to keep their details confidential.

The five-stage model for mental health help-seeking behaviour has value when attempting to understand the process that motivates individuals to seek help for their psychological difficulties (Raviv et al., 2003). However, according to this model, an individual's help-seeking behaviour is assumed to appear only after a subjective trigger event occurs, even if he or she had a prior intention to seek professional counselling (Fischer et al., 1983). As such, the individual's intention to seek professional counselling does not satisfactorily explain their help-seeking behaviour.

#### Network-Episode Model (NEM)

According to Pescosolido and Boyer (1999), the NEM seeks to emphasise the importance of social events and networks in an individual's decision to seek counselling, with a particular focus on coercion by others. This model incorporates four key components: the social context, the illness career, social support system, and treatment system (Pescosolido & Boyer, 1999).

The first key component of NEM is the notion of social context. This includes an individual's demographic information, details of their psychological distress, and the means to afford and access professional counselling services (Pescosolido & Boyer, 1999). For instance, Fallon and Bowles (2001) indicated that gender, types of psychological problems, and age has no significant effect on the help-seeking behaviour for the 196 adolescents participating in his study. In another study, Boyd et

al. (2007) reported that the major barrier to seeking counselling was the lack of transport and convenient access to the counselling centre.

The second key component of NEM, the illness career refers to the different types of help-seeking options an individual would try before finally seeking a professional counsellor (Pescosolido & Boyer, 1999). For example, individuals may seek help through friends and family members first, and if that does not work, they may then seek religious leaders, and finally a professional counsellor. Likewise, Sullivan, Marshall, and Schonert-Reichi (2002) have concluded that young people approach their friends and family before seeking professional counselling.

The illness career component of NEM includes an individual's role related to the psychological issue that required professional counselling (Pescosolido & Boyer, 1999). For example, whether an individual is in an acute patient role or chronic illness role may lead them to seek professional counselling. In the same way, Boyd et al. (2007) reported that individuals who refused to acknowledge that they were experiencing psychological problems did not seek professional counselling. Another study by Turner and Quinn (1999) indicated that university students sought professional counselling for serious psychological problems (chronic illness role) rather than vocational or social problems (acute patient role).

The third key component of NEM is the social support system. This includes an individual's close contacts, such as friends, family members, religious leaders, and colleagues. Their beliefs, attitudes, advice and support often influence the individual to seek professional help (Pescosolido & Boyer, 1999). As noted in Vogel et al's (2007) study, social support has the greatest influence on individual's help-seeking behaviour.

The fourth and final key component of NEM is the treatment system. This refers to the location, availability and accessibility of the professional counsellors (Pescosolido & Boyer, 1999). Both Judd et al. (2006) and Sheffield, Fiorenza, and Sofronoff (2004) reported that the lack of knowledge about the location, availability and accessibility of the professional counsellors were the common barriers to help-seeking assistance.

To summarise, within NEM, interactions with members of an individual's social network is the main underlying mechanism that shapes help-seeking behaviours (Pescosolido & Boyer, 2010). Thus, the responsibility for deciding to seek professional counselling rests with family and friends or the community. It is acknowledged that social support and social influence are important factors when deciding to seek counselling. However, in terms of methodology, there are some important limitations. Testing NEM among specific populations such as minority and ethnic groups has been slow to develop. Typically, non-white participants comprise a small proportion of the total number of study participants. Indeed, some research has indicated that the effect of social network factors may be fundamentally different among racial and ethnic minority groups of low socioeconomic status (Pullen, Perry, & Oser, 2014).

#### Threats-to-Self-Esteem Model

The threat-to-self-esteem model (Fischer et al., 1983) is a theory postulating that assistance from another is, at times, interpreted as a danger to the self because it denotes that the recipient of such assistance is not able or inferior. In such scenarios, the recipient might react negatively (Fischer et al., 1983). It is based on the assumption that help-seeking behaviour has both positive and negative elements. The

extent to which an individual perceives a help-seeking behaviour to be positive or negative depends on the characteristics of the counselling help, counsellor, client, and context. For example, in Smith's (2004) study of 100 young people aged 14-18 years old from American middle schools, it was found that most participants were likely to seek professional counselling if the counsellor was a good listener and was committed to confidentiality.

Furthermore, if individuals believed that the act of seeking professional counselling from professional counsellors highlighted their inferiority or the fact that they had to depend on others, they would, in turn, view seeking counselling as being threatening to their self-esteem (Pederson & Vogel, 2007; Smith, Tran, & Thompson, 2008). However, if they perceived seeking professional assistance and counselling to be a positive action, the help they received would be viewed as being self-supportive. This, as such, influences the individual's decision to seek professional counselling for their psychological problems.

According to this theory, an individual's characteristics and traits can also affect the way they perceive the act of seeking professional counselling (Gonzalez, 2005; Moses, 2009). Research has shown that individuals who placed emphasis on autonomy and who were ego-involved in the process felt more threatened by the act of receiving help from others (Nadler, 1987). For example, Millar (2003) interviewed 10 British men aged 27-61 years old and found that those who reported loss of autonomy and feeling of vulnerability were less likely to seek professional counselling. Although different individuals may have similar psychological problems, they may view these as being either ego-central or non ego-central. Those with ego-central issues may view seeking professional counselling as being self-threatening, while individuals without such issues may perceive this help as being self-supportive.

For example, in Wade, Post, Cornish, Vogel, and Tucker's (2011) study with 263 university students, following participation in one of the group therapies, students reported feeling better about themselves as their self-esteem was not being challenged. On the contrary, Nadler (1987) found that individuals with high self-esteem were more resistant to seeking professional counselling as compared to those with lower self-esteem.

The threats-to-self-esteem model theorises an individual's receptiveness or reluctance towards seeking professional counselling in terms of whether they view seeking such help as being threatening or non-threatening to their self-esteem. The model thus examines internal factors that affect an individual's decision or perception of seeking professional counselling. Consequently, self-stigmatisation is a key component of the threats-to-self-esteem model that determines how an individual views the act of seeking professional counselling from professional counsellors, and their eventual decision to do so (Duncan & Johnson, 2007; Gloria, Castellanos, Yong Sue, & Kim, 2008; Gonzalez, 2005; Pederson & Vogel, 2007).

The threats-to-self-esteem model emphasizes an individual's decision to seek help through psychological considerations, such as self-esteem while overlooking other considerations, such as demographic characteristics or the affordability of professional counselling. While providing some insights into decision-making, the threat to self-esteem model is inconsistent with findings on care recipient reactions to help. For example, the theory assumes that lower self-esteem individuals tend to experience greater negative reactions to caregivers' help (Newsom & Schulz, 1998), however, this contradicts laboratory helping studies indicating that those with higher self-esteem are more likely to react negatively to help (Nadler, 1987). Moreover, threat-to-self-esteem effects should be more likely to occur in the caregiving situation

because the helper is known to the recipient, compared with laboratory studies in which the helper is usually a stranger (Knapp et al., 2016; Nadler, Jazwinski, Lau, & Miller, 1980). The threat-to-self-esteem model also predicts that those with higher internal control will be more likely to react negatively to help, but this prediction is not supported in the caregiving literature. Indeed, Mikulincer, Shaver, Bar-On, and Sahdra (2014), Martire et al. (1998) and Newsom and Schulz (1996) found that those with lower control were more likely to react negatively to assistance.

### Reactance Theory

Brehm (1966) has defined reactance as a motivational state, that an individual will experience, when he or she feels that their freedom is threatened. As a result of this perceived threat, an individual is motivated to re-establish limited freedom, and the compensatory or corrective behaviours known as reactance effects occur. There are four elements for this process to occur: 1) perceived freedom; 2) threat to that freedom; 3) reactance; and 4) restoration of freedom.

Reactance theory can be used to explain why individuals have a negative reaction towards seeking help from a counsellor, particularly as it relates to their perception of freedom and autonomy. Individuals who opt not to seek professional counselling when it is required fear their autonomy may be affected, or that professional counselling will invade other aspects of their lives. In Smith et al.'s (2008) study with 307 male undergraduate students, it was suggested that they would rather suffer than to be seen as weak or incapable. Male students believed that men should be strong, independent, self-reliant and robust. They felt that the act of seeking professional counselling would restrict their freedom or autonomy to live as they wish. In a six-month smoking cessation study by Williams et al. (2006), patients

with more autonomy support from their counsellors had higher cessation rates as compared with smokers that were not receiving autonomy support. Also, Corrigan (2004) emphasized that men attempted to appear strong and avoid help-seeking behaviour because they were fearful of being seen as demonstrating a lack of self-autonomy and inadequacy.

An individual may perceive a lack of autonomy as a threat and behave in an aggressive way whenever his or her reactance level is high (Dillard & Shen, 2005). Consequently, it can be difficult to help solve an individual's psychological problem if he or she is defensive in seeking counselling. According to Timlin-Scalera et al. (2003), men have a higher reactance level compared to women when seeking professional counselling. This is significant as men were seen to be in greater need of counselling than women because they were often engaged in higher risk behaviours, such as drinking and drug abuse (Mahalik, Good, & Englar-Carlson, 2003)

Reactance theory examines, in particular, why individuals react negatively towards seeking professional counselling from counsellors, even though these actions have positive outcomes (Miller, Lane, Deatrck, Young, & Potts, 2007). For example, an individual is seen to be more reluctant to seek professional counselling if they felt they were being forced by their spouse to do so. In this example, the husband feels his freedom of choice is being threatened which in turn creates reactance and an attempt to regain the freedom to choose. A display of reactance among individuals can reduce the efficacy of an individual's recovery and treatment when seeking professional counselling. Miller et al. (2007) found that clients who showed signs of reactance during their counselling sessions tended to recover more slowly following treatment for alcoholism.

A problem with reactance theory is that it has not always taken account of generational and international differences in the expectation of freedom. Reactance as it relates to freedom has historically been difficult to measure.

### Attribution Theory

An alternative mechanism to explain an individuals' help-seeking behaviour is attribution theory (Weiner, 1985). This suggests that individuals assign meaning to both themselves (internal attribution) and their environment (external attribution) in order to understand, predict and control how and why events and behaviours occur. By assigning meanings to events, individuals seek to discover reasons or causes for those events and to attribute them either internally or externally (Eberly, Holley, Johnson, & Mitchell, 2011). For example, when an individual attributes the cause of an event such as a divorce to him or her sense of self-perception is affected, which may cause him or her not to seek professional counselling from professional counsellors. Conversely, an individual is more likely to seek professional counselling when the cause of a particular event is assigned to others or the situation itself, for instance, the cause of divorce is due to in-law interference. Both, Barwick, de Man, and McKelvie (2009) and Simoni and Adelman's (1991) studies found that participants seeking professional counselling were more likely to attribute their psychological problems internally rather than externally and have better control over their psychological problems compared with participants not seeking professional counselling. However, Bryant and Spencer (2003) found to the contrary with participants attributing domestic violence to external causes and so do not see the need to seek professional counselling. In contrast, Wall and Hayes (2000) found that depressed clients internally attributed their psychological problems and took the

responsibility to seek professional counselling than individuals who were not depressed.

According to attribution theory, when individuals attribute the cause or reason for an event to their internal locus, they reason that the event was a result of self-failure. As such, they may experience lower self-esteem, have a lower self-perception, and may feel stigmatized if they were to seek professional counselling from a counsellor. On the other hand, if the cause or reason for an event is attributed to external factors, it may be easier for the individual to seek professional counselling without the sense of self-stigmatisation.

In conclusion, attribution theory refers to how individuals perceived an issue that requires professional counselling, whether it is due to their own actions (internal factors) or those of others (external factors) prior to seeking that help. This could assist in the understanding the motivation of individuals' intention to seek professional counselling and extend the knowledge of self-stigmatization. A potential weakness of Weiner's attribution theory is the effect of cultural differences. For example it has been found that North Americans held more individualistic cultural views compared to those of Hindus', whose views were of a more holistic cultural orientation (Miller, 1984). Following these findings, Miller (1984) argued that objective information might produce contrasting effects depending on the cultural values held by the attributor interpreting the information.

#### Modified Labelling Theory

According to Becker (1963), labelling theory is concerned with how an individual is classified and the effect this has on their behaviour. If an individual is labelled as being mentally ill, for example, others may stereotype him or her as

threatening and socially undesirable. In Boyd et al.'s (2007) study, students reported that they were being labelled as crazy, psycho or weird, if it was known that they were seeking professional mental health assistance.

Link, Cullen, Struening, Shrout, and Dohrenwend (1989) have conceptualized a variant of this theory, their 'modified labelling theory', which builds on the original by increasing the stages to five. It suggests that an individual's behavioural response is incorporated with the social stigma that he or she perceives and experiences. The modified labelling theory's five stages include beliefs about devaluation and discrimination, official labelling through treatment, patients' responses to their stigmatising status, consequences of the stigma process on patients' lives and vulnerability to future disorder.

In stage one of the modified labelling theory, beliefs about devaluation and discrimination refer to an individual's social and cultural contacts that influence their perception of what would constitute a psychological problem sufficient to cause them to seek help from a counsellor. According to Link et al. (1989), individuals tend to believe that people with psychological problems who sought help from a professional counsellor were devalued and discriminated against by members of their community. This is further confirmed by three other studies (Vogel & Wei, 2005; Vogel & Wester, 2003; Vogel, Wester, & Larson, 2007) in which it was clear that individuals did not seek professional counselling because they were fearful of being labelled as mentally ill.

Link et al. (1989) further noted that when individuals were officially diagnosed as psychologically distressed, their own internal negative stereotypes towards the seeking of professional counselling become personally relevant. This process refers to stage two of 'modified labelling theory' as official labelling through

treatment. As such, those labelled, as being so psychologically distressed as to need professional counselling were often afraid that they might be devalued and discriminated against if their psychological problem was made public. In both studies, Kroska and Harkness (2006) and Feldman and Crandall (2007) found a positive correlation between official labelling through treatment and the stigmatization that lead to individuals avoiding seeking professional counselling. As mentioned in Bathje and Pryor's (2011) study, stigmatization is a common negative reaction to seeking professional counselling. Bathje and Pryor (2011) recruited 211 participants to identify their intention to seek professional counselling and found that stigmatization from family and friends was more likely to hinder an intention to seek professional counselling.

When individuals who have been diagnosed as being psychologically distressed believe that they will be treated negatively within their community, they have three common reactions: (1) hiding their need for treatment, (2) withdrawing from social contact, and (3) seeking professional counselling (Link et al., 1989).

When an individual reaches stage four of the Modified Labelling Theory, he or she experiences 'consequences of the stigma process on patients' lives'. As a result of their self-perception of being devalued and discriminated against in society, individuals diagnosed as being in psychological distress are more likely to experience a sense of shame and social rejection. These individuals are also more likely to curtail their self-esteem and to limit their own chances in life by withdrawing from society (Link et al., 1989). Similarly, a negative correlation between self-stigmatization and attitude to seeking professional counselling was found in Pederson and Vogel's (2007) study of 575 male undergraduate students.

Lastly, at stage five of the modified labelling theory, an individual becomes vulnerable to future psychological distress. Consequently, such individuals will experience less support and fewer opportunities and resources in society (Link et al., 1989). This, in turn, causes them to be further isolated from their community and sink further into self-stigmatisation.

One of the significant barriers to seeking professional counselling is stigmatization (Vogel et al., 2010). Modified labelling theory explains the importance and effects of stigma among individuals seeking professional counselling, in line with the current study. The consequences of stereotyping and stigmatization are the main concept of this theory (Evans-Lacko et al., 2013). This theory provides an understanding of individuals' reluctance to seek professional counselling. Although labelling theory can improve our understanding of how stigma affects an individuals' decision to seek counselling in general, it has been criticized for its focus on a relatively limited range of behaviours and its lack of focus on the causes of that behaviour.

#### Theory of Planned Behaviour (TPB)

Using the framework of TPB, Ajzen (1991) proposed that the more positive a society's *attitude and perceived social expectations* with regards to seeking professional counselling for psychological distress, and the greater an individual's *perceived behavioural control*, the stronger his or her motivation would be to seek professional counselling. An individual seeking professional counselling is guided by his or her *behavioural beliefs, normative beliefs, and control beliefs*. These beliefs are considered to be the existing attitudes, perceived social expectations, and

behavioural controls that influence an individual's intention to seek professional counselling.

Behavioural beliefs are the positive or negative attitudes of an individual. Studies utilizing TPB have shown that attitude is a significant factor when predicting an individual's intention to seek help (Smith et al., 2008; Vogel, Wester, Wei, & Boysen, 2005). Some studies have suggested that females overall have more positive attitudes than males (Chandra & Minkovitz, 2006; Duncan & Johnson, 2007; Gloria et al., 2008; Gonzalez, 2005; Masuda, Suzumura, Beauchamp, Howells, & Clay, 2005; Vogel, Wade, & Hackler, 2007). It may be that males want to appear strong, and as seeking help is interpreted as weakness, they tend to hold more negative attitudes towards this option (Mansfield, Addis, & Mahalik, 2003).

Normative beliefs relate to an individual's beliefs that his or her significant other approves of seeking professional counselling. Rickwood, Deane, Wilson, and Ciarrochi's (2005) study of 2,721 young people aged 14-24 established that it was family and friends who influenced their decision to seek counselling. In line with this was Vogel et al.'s (2009) finding that individuals whose family and close friends were supportive of their intention to seek counselling were more likely to seek a counsellor to solve their psychological problems, even if their community disapproved.

Control beliefs relate to an individual's past experiences with seeking professional counselling, or knowledge from others about seeking professional counselling and assistance from a professional counsellor, or the general belief that an individual has in seeking professional counselling. For example, several studies reported that individuals with prior experience in seeking professional counselling held greater positive attitudes and were more likely to seek counselling again (Elhai, Schweinle, & Anderson, 2008; Vogel & Wei, 2005; Vogel & Wester, 2003; D. L.

Vogel et al., 2006). Stuart and Arboleda-Florez (2001) also reported that more educated individuals tended to have more positive attitudes toward seeking professional counselling. Ajzen (1991) defines intentions as thoughts that “capture the motivational factors that influence a behaviour; they are indications of how hard people are willing to try, of how much of an effort they are planning to exert, to perform the behaviour” (p. 181). TPB argues that one’s intentions are closely related to his or her actual behaviour. It suggests that an individual’s intentions to seek professional counselling and assistance for their psychological distress may be closely related to their actual behaviour, as compared to other constructs.

According to Ajzen (1991, p. 182), an individual’s behaviour can be anticipated by combining his or her intentions with *control beliefs*. As shown in Figure 1, an individual’s intention is also influenced by his or her *behavioural beliefs* and the normative beliefs (Ajzen, 1991).

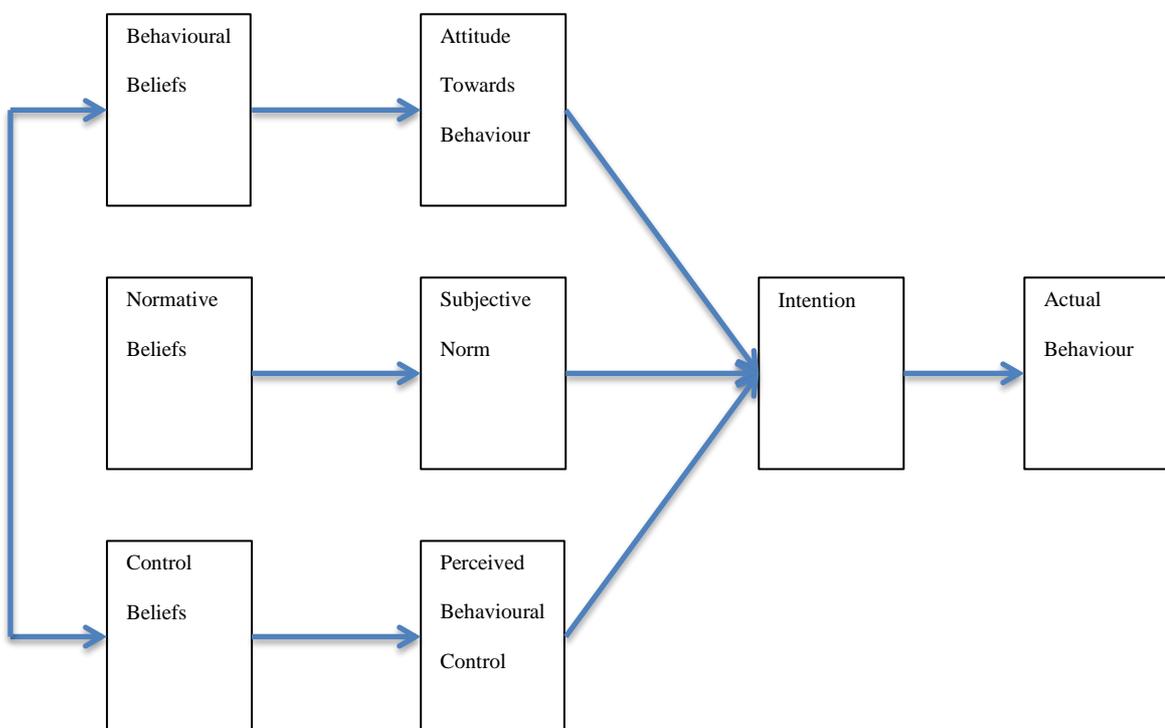


Figure 2.1: The Theory of Planned Behaviour (TPB) (Ajzen, 2005, p. 126)

Intention is first influenced by an individual's attitude toward the behaviour. This refers to the individual's positive or negative evaluation of performing the particular behaviour of interest (Ajzen, 2005, p. 118). It is also influenced by the individual's behavioural beliefs, which are his or her "beliefs about what the anticipated outcomes will be after performing such behaviour" (Ajzen, 2005, p. 118). For example, individuals may believe that seeking professional counselling is good or bad for them. Secondly, intention is also influenced by an individual's subjective norm. This is defined as his or her perception of the pressures of society with regard to a particular behaviour. Subjective norm is impacted by an individual's normative beliefs, which are his or her beliefs with regard to the people around him, such as friends and family. For example, individuals may be concerned about whether their significant other thinks they should seek professional counselling. Lastly, intention is influenced by one's perceived behavioural control. As defined by Ajzen (2005, p. 118), perceived behavioural control is "the ability to perform the behaviour of interest". It is influenced by an individual's control beliefs, which are his or her beliefs with regard to the existence (or absence) of factors that promote or obstruct the particular behaviour and how it performs. For example, individuals may evaluate whether seeking professional counselling would be easy or difficult to pay for. While it is possible that an individual's perceived behavioural control has a direct influence on his or her behaviour, it should be noted that not all behaviours are directly impacted by this form of control (Ajzen, 2005). In fact, perceived behaviour control only affects an individual's behaviour when his or her perceived aspects of control correspond to the individual's actual control over his or her behaviour (Ajzen, 2005, p. 119).

An important advantage of TPB is that it can also be used to understand an individual's non-volitional behaviour that cannot otherwise be explained by the theory of reasoned action (an earlier version of TPB). Furthermore, by including perceived behavioural control as a mechanism, TPB assists in the understanding of the relationship between intended and actual behaviour. However, the theory ignores emotional variables (i.e., fear threat of positive and negative feelings) potentially minimising the role of health behaviours that are largely influenced by emotion, although the research suggesting this limitation has thus far been largely correlational.

### **Summary of Theoretical Approaches to Attitude Formation**

While each of the above models and theories have particular merits and limitations, a unifying model that has greater explanatory power does not yet exist. Indeed, there appear to be no studies that have compared all the help-seeking theories (Gerend & Shepherd, 2012). However, TPB is the preferred theory in the present study for the following reasons. First, the theory has provided a better understanding of help-seeking behaviour as compared to other models, due largely to its predictive power (Charng, Piliavin, & Callero, 1988; Hagger, Anderson, Kyriakaki, & Darkings, 2007; Sparks & Guthrie, 1998). According to Armitage and Conner (2001), a meta-analysis of TPB proved the effectiveness of the theory, accounting for 27% and 39% of the variance in an individual's behaviour and intention, respectively. Likewise, Ajzen's (1991) variable attitude accounted for between 40% and 50% of the variance in predicting an individual's intention to seek counselling.

Second, TPB has also continued to be developed over time by the integration of further variables in the analysis leading to improved accuracy with regard to the

prediction of an individual's behaviour. A person's self-identity, for example, was one of the most popular variables proposed for addition to the theory (Charng et al., 1988; Fekadu & Kraft, 2001; Terry, Hogg, & White, 1999). Third, this theory has also been used in a wide range of studies aimed at understanding the motivation behind a variety of behaviours. These range from studies in relation to physical exercise (Hagger, Chatzisarantis, et al., 2007), smoking cessation (Higgins & Conner, 2003; Norman, Conner, & Bell, 1999), the detection of cancer symptoms (de Nooijer, Lechner, & de Vries, 2003; Hunter, Grunfeld, & Ramirez, 2003), and condom use (Albarracín, Johnson, Fishbein, & Muellerleile, 2001). The theory of reasoned action (an earlier version of TPB) was used to predict the intentions of general medical practice patients to seek help from mental health professionals (Bayer & Peay, 1997). In a recent study, TPB was used to predict prison inmates' intentions to seek professional help for problems relating to their mental health (Skogstad, Deane, & Spicer, 2006). In conclusion, TPB has proven utility, as it has been shown to be applicable across a wide spectrum of behaviours.

In the present study, the intention leading to Singaporeans seeking help from counselling was posed as a central question. Factors that determined behavioural beliefs, normative beliefs, and control beliefs in this aspect were taken as independent variables guiding the study. For example, behavioural beliefs provided insight into Singaporeans' attitude toward seeking professional counselling because participants deciding on whether seeking professional counselling would be good or bad clearly reflected their positive or negative attitudes towards this option. Another example, as it relates to the present study, is stigmatization, the belief that seeking professional counselling is a shameful behaviour for the individual. The demographic variable of marital status in the study can be classified as a normative belief as participants may

be concerned about the approval of their significant others to them seeking professional counselling. Lastly, participants' socioeconomic status would be relevant to control beliefs as socioeconomic status may reflect individuals' knowledge about where to seek professional counselling and/or having the ease or difficulty in paying for the counselling service.

## CHAPTER 3 - LITERATURE REVIEW

In Singapore, less than 2.6% of the population seeks professional counselling when faced with psychological problems, even when suitable counsellors are freely accessible (Ng et al., 2003). A Singaporean's intention to seek help from a counsellor is a complex phenomenon that may depend on inter-individual variables, such as gender, age, ethnicity, religious affiliation, marital status, dependent status, income level, educational level, residential types, acculturation level, and intra-individual variables, such as attitudes, social stigma, and self-stigma (Komiya et al., 2000; Rochlen, 2005).

There have been some attempts to identify key variables leading to an explanation for why a Singaporean might seek help from a counsellor. The studies that have identified such variables will be reviewed in the next section. Following that, the examination will broaden to include international studies that have also attempted to identify those variables that predict help-seeking behaviour.

### **Help-seeking Behaviour of Singaporeans**

Seeking to clarify university students' attitudes toward seeking help from a counsellor, Goh (1996) sampled first year students using Leong's (1991) Attitude Toward Counselling Survey. The 170 participants ranged in age from 19 to 25, with 85% being female. Ethnic groups included Chinese (81%), Malay (9%), Indian (8%), and others (2%). Sixty-five percent of the students responded by saying that they would have sought support for career and academic issues had an accessible and dedicated student counselling service been available. As a result, when faced with interpersonal issues, participants reported that they preferred to solve problems on their own or seek help from family, friends, religious groups, or traditional healers.

Significantly, the results showed that 59% were unaware of the availability of professional counselling at the university. This suggests that awareness of counselling (or lack thereof) may have been a major factor in seeking professional help. Specifically, of those students who were aware that a university counselling service existed, 86% reported that they wanted a more formalised service under the guise of a dedicated student service rather than services provided by counsellors who were also academic staff. However, this study was limited to surveying students at one university, so may not represent the attitudes of Singaporean students in general.

A later study by Lee and Bishop (2001) compared clients' (those that had attended therapy) beliefs about the causes and treatment of psychological problems with the beliefs of non-clients (those who did not have any experience in therapy) and professional counsellors. Three therapy belief models were compared in their study; (1) the Indigenous model (consisting of Chinese medicine, Dang-Ki, and Feng-Shui), (2) the Psychological model (consisting of psychodynamic, behavioural, humanistic, and cognitive therapies), and (3) other models (consisting of organic, socioeconomic, and naïve beliefs). The participants consisted of three exclusively Singaporean Chinese groups (149 clients, 136 non-clients and 56 therapists). The mean age of the client group was 32.49 years ( $SD = 10.76$ ), and the majority of them were Buddhists/Taoists (51%), followed by Christians (27%) and people with no religious affiliation (22%). Of the clients, 65% had GCE 'O' level qualifications while the remainder had post-secondary qualifications. The non-client groups' mean age was 31.17 years ( $SD = 10.68$ ), and consisted of Buddhists/Taoists (51%), Christians (16%) and non-religious practitioners (33%). Of this group, slightly fewer had a GCE qualification at the 'O' level (54%) compared with the client group, while the others had post-secondary qualifications. Finally, the mean age of the therapists was 31.58

( $SD = 7.07$ ), and their religious affiliations (Christian 85%, non-religious 11% and Buddhist/Taoist 4%). Their educational profiles (all post-secondary) were quite different from those of the first two groups. All participants were surveyed using the 'Opinions about Psychological Problems Questionnaire' (OPP-M) (Pistrang & Barker, 1992). The questionnaire contained questions on beliefs about Western and Eastern approaches to the causes and treatments of psychological problems.

The results supported the researchers' initial hypothesis that clients and non-clients would be more likely to believe in, and seek help from those using indigenous models of therapy, for both cause and treatment. Of the indigenous treatments, the hypothesis that Chinese medicine would be the most highly endorsed was supported. Specifically, both Buddhist and Taoist clients were more likely than either Christian or non-Christian clients to endorse the indigenous model. Clients with GCE 'O' level qualifications and lower were also significantly more likely than those with post-secondary qualifications to endorse the indigenous model. The researchers concluded that both religion and education influenced attitudes toward the causes and treatment of psychological problems. However, as lower-educated or illiterate people from lower socio-economic classes were under-represented in the study, inexperience with the Western psychological model may have influenced their preferences.

In a large-scale community health survey from Ng et al. (2003), a different pattern of help-seeking behaviour was found. Their survey sought to establish Singaporeans' preferences and need for, and utilization of, mental health services. The 2,945 participants were made up of three ethnic groups (1,129 Chinese, 1,012 Malay, and 806 Indian), of which 1,490 were males and 1,457 were females, all were aged between 13 and 64. Of the participants, 1,275 were single, 1,584 were married, and 86 were separated, divorced, or widowed. Eighty-nine participants had no formal

education, 524 had primary education, 1,616 had secondary education, 501 had post-secondary education, and 217 were tertiary-educated. All participants were surveyed using the 28-item 'General Health Questionnaire' (Goldberg & Hillier, 1979). The questionnaire asked about previous psychological problems, receptivity to and preference for mental health services, and actual utilization of these services. Of the 16.9%, who scored low on the General Health Questionnaire, 94% had experienced some degree of psychological distress with an identifiable need for mental health care. Significantly, of the estimated 37% of participants who indicated their intention to seek professional help, if they were faced with psychological problems, only 2.6% actually went ahead and sought help from a counsellor or a psychologist. Finally, the researchers concluded that the participants, who had reported higher levels of psychological distress, had a more positive attitude towards professional help. Interestingly, the researchers could not explain the finding that the variable 'Malay' was identified as a significant predictor for a positive attitude toward help-seeking, particularly because, as a group, they did not demonstrate higher psychological distress or a greater preference for seeking professional help.

Providing another perspective on help-seeking behaviour in Singapore, Lee (2009) examined the relationship between adolescents' psychological problems, the level of difficulty in revealing their psychological problems, the perceived causes of their psychological distress, and their preference for seeking help from either their general practitioner, a traditional Chinese medical practitioner, professional counsellors, or family and friends. Their study included 300 students from two secondary schools, of whom approximately 68% were Chinese, 22% Malay, and 4% Indian. All participants were aged between 14 and 18 years ( $M = 15.01$ ,  $SD = .83$ ), with approximately 54% males and 44% females.

All participants were measured using the Emotional Distress Scale of the Reynolds Adolescent Adjustment Screening Inventory (Reynolds, O'Koon, Papademetriou, Szczygiel, & Grant, 2001), Ambivalence over Emotional Expressiveness Questionnaire (King & Emmons, 1990), and the Casual Attribution of Emotional Symptoms Scale (Lee, 2007). The results indicated that Singaporean adolescents with low levels of emotional distress reported a willingness to seek help for psychological problems from either a general practitioner or a traditional Chinese medical practitioner. However, when experiencing high levels of emotional distress, they thought it was more appropriate to seek assistance from a professional counsellor. Significantly, the same adolescents indicated that they would not seek help for psychological problems from friends or family members as they often considered them to be the source of their problems.

Finally, Yow and Mehta (2010) examined the influence of stigma on the help-seeking behaviour of Singaporeans suffering from schizophrenia. A total of 84 participants aged between 21 and 60 ( $M = 39.83$ ,  $SD = 8.66$ ) completed the survey. They consisted of 47 males (56%) and 37 females (44%). There were 64 Chinese (76%), 12 Malays (14%), and 8 Indians (10%), with the religious affiliations close to the national average (i.e. Buddhists 28.5%, Christians 27.4%, Muslims 16.7%, Taoists 4.8%, Catholics 6%, Hindus 7.1%, and atheists 9.5%). The majority of the participants were single (66% never married, 8% separated or divorced, and 1% widowed), while 25% were married. Of the participants, 71% had completed secondary schooling while the rest had polytechnic and university education, although most were unemployed (62%). All participants were measured using the Perceived Devaluation-Discrimination Scale and Measures of Coping Orientations (Links, Struening, Neese-Todd, Asmussen, & Phelan, 2002). The results confirmed that 62 of

the 84 participants (73.8%) felt stigmatised because of their diagnosis. The influence of stigma on their help-seeking behaviour was evident, as over 70% of the stigmatised participants suffered in silence, reporting that they were concerned that their condition would affect their employment status should it be revealed. Indeed, 87% of the participants felt that maintaining secrecy was the best option when applying for a job. The researchers concluded that concerns about the potential impact of revealing a psychological problem prevented many from seeking help from a counsellor, even when their problems were severe. Interestingly, there was no significant difference between the participants whether they were grouped by ethnicity, age, gender, religion, educational level, or employment status, as far as measuring the influence of stigma on help-seeking behaviour was concerned.

Finally, while there are some tantalising insights into why Singaporeans might seek help from a counsellor, there are insufficient studies to draw firm conclusions. Indeed, of the five studies conducted in Singapore, four measured intra-individual variables (Goh, 1996; Lee, 2007; Ng et al., 2003; Yow & Mehta, 2010) while only one examined inter-individual variables such as religion and education (Lee & Bishop, 2001).

The present study attempts to fill this gap by examining a much wider range of variables with the aim of identifying those that are most predictive of seeking help from a professional counsellor. In the following sections, the variables identified in the literature review were examined. It should be noted that while this study focuses on Singaporeans, there is still a paucity of Singaporean-based research focusing on help-seeking behaviour, particularly in the area of professional counselling. For this reason, findings from international studies are drawn upon to illuminate and expand

on variables thought to influence help-seeking behaviour. The potential limitation of having to extrapolate these findings to the Singaporean population is acknowledged.

## **Inter-individual Variables**

### **Gender and Help-seeking Behaviour**

Despite the perceived efficacy of professional counselling (Chilvers et al., 2001; The Senate, 2009), men often seem more reluctant than women to seek counselling, a finding identified in many studies from the Western hemisphere (Barry, Doherty, Hope, Sixsmith, & Kelleher, 2000; Brownhill, Wilhelm, Barclay, & Schmied, 2005; Fletcher, Higginbotham, & Dobson, 2002; Galdas, Cheater, & Marshall, 2005; Hinton, Zweifach, Oishi, Tang, & Unutzer, 2006; Mackenzie, Gekoski, & Knox, 2006; Mahalik et al., 2003; Mansfield et al., 2003; Moller-Leimkuhler, 2002; Nam et al., 2010). This is of particular concern as men typically engage in more substance and alcohol abuse, have higher crime rates, and commit suicide more often than women when faced with similar psychological problems.

According to the Australia Institute of Health and Welfare (2009), when men do decide to engage counselling services, they do so differently from women. For example, men preferred to seek professional counselling for their career problems while women tended to seek professional counselling for their emotional problems. In a second Australian report, it was evident that 70% of the men surveyed sought help from their general practitioner in preference to a counsellor, despite the fact that counselling has been shown to be a significantly better option when dealing with psychological problems than that received from general practitioners (The Senate, 2009, p. 15). Another difference between male and female approaches was identified by Wang et al. (2005) in a large-scale longitudinal study (2001–2013) of 9,282 men

and women. They found that, on average, men took a longer period of time to seek help from a counsellor than female participants did. Interestingly, from the time they were first diagnosed, the timeframe for men ranged from 6 to 23 years,

Several predictive factors, such as gender roles, traditional masculinity, ego centrality, emotional openness, and stigmatisation have been identified as related to gender differences in help-seeking behaviour (Addis & Mahalik, 2003; McCarthy & Holliday, 2004; Vogel et al., 2005). To assess the impact of these predictive factors, Walker, Tokar, and Fischer (2000) constructed eight masculinity scales and, following factor analysis, conflated them into four factors based on the responses of 162 American male college students. These were masculine ideology, liberal gender role attitude, masculine gender role stress, and comfort with emotionality and affectionate behaviour between men. In this instance, masculine ideology reflected traditional attitudes towards seeking professional counselling, while liberal gender role attitudes reflected less traditional attitudes. The results showed, it was men rated high in masculine ideology and had less emotional openness that were less likely to seek professional counselling when confronted with psychological problems.

Additional factors that have been used to explain the reluctance of men to seek help include lack of trust, self-perceived masculinity image, emotional restriction, feeling of loss of control, and the desire to appear strong and resilient. For example, in a study of 265 Japanese men, Chan and Hayashi (2010) used the Gender Role Conflict Scale (O'Neil, Helms, Gable, David, & Wrightsman, 1986) and Attitude Toward Seeking Professional Psychological Help Scale (ATSPPH) (Fischer & Farina, 1995) to examine men's perception of gender role behavior. They found that Japanese men did not trust counsellors to deal effectively with their problems. Their cultural values and image of masculinity were determined by career success, and

restrictive emotional openness was negatively correlated with their intention to seek professional counselling. Fischer and Farina (1995) reported that male participants felt that society expected them to be more emotionally restricted, logical, and masculine. Revealing information was thought to be a sign of weakness, causing shame and stigma. It was concluded that seeking professional counselling was perceived as a loss of control and an admission of weakness, a situation they saw as contrary to their concept of gender. Their desire to appear strong and more resilient than women was seen as normal, although, arguably, they paid a heavy price with respect to their mental health.

An investigation by Komiya et al. (2000) of 124 (40%) male and 187 (60%) female university students in the United States provided further insights into why women go for professional counselling. The results from the Test of Emotional Styles (Allen & Hamsher, 1974), Stigma Scale for Receiving Psychological Help (Komiya et al., 2000), Hopkins Symptom Checklist (Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974) and Attitudes towards Seeking Professional Psychological Help (Fischer & Farina, 1995) indicated a strong positive correlation between emotional openness and help-seeking behaviour. Specifically, women were more open about expressing their psychological problems and felt less stigmatised about seeking professional counselling compared with men.

Mackenzie et al's (2006) study of 105 men and 99 women aged between 18 and 89 ( $M = 46.1$ ,  $SD = 17.7$ ) also found a difference in emotional openness between the genders. Adopting the Inventory of Attitudes Toward Seeking Mental Health Services (Mackenzie, Knox, Gekoski, & Macaulay, 2004) and the Holden Psychological Screening Inventory (Holden, 1996) to evaluate the influence of gender and help-seeking behaviour. The researchers found that the men's lack of emotional

openness when faced with psychological problems reduced the likelihood that they would use a counsellor when troubled.

However, emotional openness did not always result in seeing a counsellor as Chiu (2004) found after interviewing 20 Hong Kong women identified with psychological problems and emotional openness. The participants maintained their belief that going to counselling would be an indicator of an inability to fulfil their role as a good mother or a good woman. The same women also thought that seeing a counsellor might jeopardize their self-image and marriage opportunities (Chiu, 2004).

Douki, Zineb, Nacf, and Halbreich (2007) also found that women were less likely to seek professional counselling due to what was seen as social-cultural pressures, such as gender inequality. For example, they were considered to be the weaker sex with a lower social status and educational qualifications compared with men. Ultimately, the fear of being rejected and abandoned by families and friends stopped the women from seeking professional help. Gender inequality was also evident in a study by Chawla (2007) of 20 battered women from urban middle-class India who had had arranged marriages. Again, perceived social pressures affected this group of women, resulting in them preferring to remain silent rather than seek counselling when it was needed.

Interestingly, there have also been some studies that have not found a gender difference for help-seeking behaviour. In a large-scale Australian survey by Rickwood et al. (2005) that included 2,721 participants aged between 14 and 24, investigated factors affecting help-seeking behaviour among young people, and found that men and women had similar profiles with respect to their reluctance to see a professional counsellor when they had psychological problems. For example, both

genders preferred to seek help for their psychological problems from friends and family members (informal sources) than counsellors (formal sources).

These results were in line with those of Al-Darmaki (2003), who looked at the gender and help-seeking attitudes of 369 United Arab Emirates students using the Arabic General Health Questionnaire (el-Rufaie & Daradkeh, 1996), Primary Care Anxiety and Depression Scale (El-Rufaie, Absood, & Abou-Saleh, 1997), Self-Reporting Questionnaire (Harding et al., 2009), and Attitudes toward Seeking Professional Psychological Help (Fischer & Farina, 1995). Participants were divided into two groups: the counselled group, with 40 men and 120 women; and the non-counselled group, with 98 men and 111 women. Overall, differences in help-seeking behaviour based on gender were not found.

Overall, it appears that men are more reluctant to seek help from a counsellor and when they do it is for different reasons than the reasons reported by women. However, this observation does not hold true for all groups, with data from both Australian and middle-eastern studies providing evidence to the contrary. In studies where there was a gender difference it appeared to be related to perception of masculinity and restricted emotions. In other words, men interpreted help-seeking as a sign of weakness. However, some women also expressed attitudes towards counselling that suggested they thought counselling was an indication of a personal failing.

#### Age and Help-seeking Behaviour

Help-seeking behaviour determined by age has also produced mixed results (Gonzalez, Alegria, & Prihoda, 2005; Segal, Mincic, Coolidge, & O'Riley, 2005). Indeed, both young and old have demonstrated a reluctance to seek help from counsellors, but for quite different reasons (Neighbors et al., 2007).

The National Institute of Mental Health's 1990–92 National Co-morbidity Survey was used by Gonzalez et al. (2005) to survey 5,877 individuals aged from 15 to 54 years in the United States. The age groups were categorized as: 15–17, 18–24, 25–34, 35–44, and 45–54 years. After examining the relationship between age and the willingness to seek professional counselling, using a simple logistic regression, the researchers found that as the age of the participants increased, their willingness to seek professional counselling also increased. The scores listed as follows have clearly shown this: The 15–17-year-old group scored 0.97, the 18–24-year-old group scored 1.00, the 25–34-year-old group scored 1.70, the 35–44-year-old group scored 2.11, and the 45–54-year-old group scored 3.63. As shown, the 15–17-year-old group and the 18–24-year-old group were significantly less willing to seek professional counselling than the rest of the age groups. The feeling of embarrassment, should their friends discover they had seen a counsellor, was often cited by participants in these age groups as a reason they did not seek professional counselling (Gonzalez et al., 2005).

Rickwood et al. (2005) provided some insights into why young Australians opted for help from people other than counsellors by examining the attitudes of 2,721 individuals between the ages of 14 to 24 years from New South Wales, Queensland and the Australian Capital Territory (ACT). Using both focus group interviews and self-reported questionnaires such as the General Help-Seeking Questionnaires (Wilson, Deane, Ciarrochi, & Rickwood, 2005) and the Actual Help-Seeking Questionnaire (Rickwood & Braithwaite, 1994), they found that participants preferred to manage problems on their own or to seek support from family and friends (Rickwood et al., 2005).

Confidentiality and embarrassment were key issues highlighted by Gulliver et al. (2010) in their meta-analysis of 22 studies between 1990 and 2008 of perceived barriers to seeking professional counselling among adolescents and young adults aged 12–25. 10 of the studies were from Australia, 10 were from the United States, and 2 were from China. In the analysis, the participants were grouped as adolescents (12-17 years old) and young adults (18-25 years old). In line with Rickwood et al. (2005), Gulliver, Griffiths, and Christensen (2010) found that adolescents and young adults also preferred to be self-reliant in preference to seeking help from a counsellor but in their study they did not readily seek help from family and friends as they were embarrassed about mental health problems.

When comparing Asian samples from Taiwan (Yeh, 2002) and the United States (Quach & Hall, 2013), contradictory results were found. Yeh (2002) surveyed 594 students of ages ranging from 12 to 26 years ( $M = 16.8$ ,  $SD = 2.56$ ), consisting of 148 junior high students with a mean age of 13.1 years ( $SD = 1.42$ ), 322 senior high students with a mean age of 15.7 years ( $SD = 1.76$ ), and 124 (21%) college students with a mean age of 19.5 years ( $SD = 2.21$ ). Overall, age had no statistical effect on help-seeking behaviour. In contrast, Quach and Hall (2013) survey of 119 Chinese American seniors (53 students), freshmen (10 students), sophomores (25 students), and juniors students (31 students) aged 18–31 found that help-seeking behaviour was age related. The likelihood that the students would seek counselling was directly correlated to their seniority: the senior students were the most likely to seek professional counselling, followed by the freshmen, sophomores, and juniors. Unlike Yeh (2002), the researchers concluded that age significantly predicted students' attitudes toward seeking professional counselling. This finding was in line with that of Robb, Haley, Becker, Polivka, and Chwa (2003), who compared those under 65 ( $n$

= 1001) with individuals over 65 ( $n = 474$ ) and found that the older group had more positive attitudes toward counselling, although they were less knowledgeable about the benefits of counselling and how to gain access to a professional counsellor.

In a New Zealand study by James and Buttle (2008), the researchers examined attitudes toward seeking help from a counsellor, and grouped participants according to age. Their subjects ranged in age from 27 to 91 years ( $M = 56.5$ ,  $SD = 16.49$ ), and were divided into two groups: younger ( $n = 76$ ; 25–64 years old) and older ( $n = 49$ ; 65 years and over). In this instance, and in contrast to Robb et al. (2003), the older individuals were less likely to seek professional counselling than the younger individuals, even though they held more positive attitudes toward professional counselling. The older group preferred to seek help from religious leaders for their psychological problems. Predictably, the older group were mostly affiliated with mainstream religion, prayed more often, and attended religious services more regularly than the younger individuals, which may provide an explanation for the disparity between their attitudes toward professional counselling and their behaviour (James & Buttle, 2008). In addition, a Korean study, Cho et al. (2013) found that the reason participants over the age of 65 reported less interest in seeing a counsellor than younger participants was the greater importance they placed on physical health than psychological health.

In contrast, a study by Mackenzie et al. (2006) of 206 Canadian adults between the ages of 18 and 89 found that adults over 65 years were more likely to seek professional counselling as they were well aware of the value of seeking help based on what the authors called their rich life experiences, i.e. the greater quantity, diversity, and depth of the encounters, observations, and knowledge gleaned from living a long time and being exposed to more of the world.

In line with the Mackenzie et al. (2006) study were the findings by Berger, Levant, McMillan, Kelleher, and Sellers (2005), who conducted a study on the impact of gender role conflict, traditional masculinity ideology, alexithymia (the inability to identify and describe emotions in the self), and age on men's attitudes toward psychological help-seeking in the United States. They observed that the participants ( $n = 155$ ), aged 18-88 year ( $M = 55.74$ ,  $SD = 21.92$ ), of which, 16% were aged 18-24 years, and 23% were aged 70-79, positive attitudes to counselling increased with age. This finding was contrary to their hypothesis that older males would have more negative attitudes toward seeking help from a professional counsellor. They had based their hypothesis on their assumption that older men tended to experience higher levels of gender role conflict and traditional 'masculine' ideology.

A self-reported survey from 217 older retired men in New Zealand, aged 65-89 years ( $M = 75.4$ ,  $SD = 4.96$ ) on their psychological and physical well-being was used by Alpass and Neville (2003) to examine loneliness, health and depression among older men. The Social Support Questionnaire (Sarason, Sarason, Shearin, & Pierce, 1987), UCLA Loneliness Scale (Maxwell & Coebergh, 1986), and The Geriatric Depression Scale (Brink et al., 1982) were used to demonstrate that the participants were more likely to seek support from counsellors because they were of an age at which certain life events, such as the loss of partners and friends, loss of autonomy, and deteriorating mental and physical health, were more likely to create psychological distress.

From the studies reviewed, it appears that young and older participants sought counselling for different reasons. Younger participants reported that embarrassment was a key consideration when considering seeking help from a counsellor. Although they were more likely to seek help from friends and family, they were also reluctant

to do so preferring to manage problems on their own and cited embarrassment and threats to confidentiality as deciding factors. Overall, six studies recorded more positive attitudes by older participants toward counselling, although one study noted that positive attitudes towards counselling were not related to an intention to seek counselling. Interestingly, the one study that found no significant difference between age groups and intentions to seek counselling involved Asian participants.

### Ethnicity and Help-seeking Behaviour

Studies that have compared the help-seeking behaviour of ethnic groups have often reported a between-group difference and discovered that minority ethnic groups were less likely to seek professional counselling than their majority group counterparts (Abe-Kim et al., 2007). For example, Abe-Kim et al. (2007) analysed the differences in responses between Asian Americans born in the United States ( $n = 454$ ) and those who immigrated ( $n = 1,639$ ) with regard to their utilisation of mental health services and satisfaction levels. A total of 2,095 Asian Americans (Chinese ( $n = 600$ ), Filipino ( $n = 508$ ), Vietnamese ( $n = 520$ ) and other Asian ( $n = 467$ ) were recruited. The results indicated that Asian Americans born in the United States were more likely to seek professional counselling than those who had immigrated (6.2% vs. 2.2% respectively). It appeared that the belief that one should not seek help from a professional counsellor in preference to the family for reasons of shame was stronger among Asian Americans born outside the United States.

Similar findings were reported by Yoon and Jepsen (2008), who compared Asian international students ( $n = 189$ ) and United States-born graduate students ( $n = 186$ ) with regard to their attitudes toward seeking professional counselling. The Asian international students consisted of Chinese ( $n = 92$ ), Korean ( $n = 69$ ),

Taiwanese ( $n = 15$ ), and Japanese ( $n = 13$ ). The mean age for the U.S. graduate students was 31.7 years ( $SD = 9.11$ ), and the mean age for the international students was 30 years ( $SD = 4.63$ ). The average length of stay in the United States for Asian international students was 2.82 years ( $SD = 2.55$ ), with a range from less than 1 year to 12 years. It was clear that Asian international students had less exposure to professional counselling than United States-born graduate students (5.3% vs. 10.8% respectively). The Asian international students were revealed as less open to professional counselling and had a reduced self-perceived need for professional counselling compared with the United States graduate students. Furthermore, Asian international students were also more uncomfortable with the thought of counselling, and felt greater shame for seeking it than the other participants did. The researchers have also speculated that language was an additional factor inhibiting Asian international students from seeking university-based counselling.

These findings were in line with the findings of Leung, Cheung, and Tsui (2012), who also found in their study of 516 immigrant Chinese Americans a reluctance to seek counselling for their psychological problems. Their mean length of stay in the United States was 17.4 years ( $SD = 12.2$ ). This survey reported on demographic information, basic needs, social issues, relationship issues, health issues, immigration issues, mental health issues, hardships and domestic violence. In their findings, 34.9% of the participants preferred to seek help from their families and friends, while the remainder either sought traditional Chinese medical practitioners, a general practitioner, or did not express a preference. Thus, the researchers concluded that Chinese Americans did not recognise the importance of seeking counselling.

Seeking to discover why individuals from ethnic minorities were less likely to seek professional counselling, Kearney, Draper, and Baron (2005) surveyed 1,166

American college students from more than 40 universities with psychological problems. They hypothesised that minority ethnic groups would be less likely to seek professional counselling when faced with psychological problems based on prior research (Kearney, Draper, & Baron, 2005). The ethnic groups consisted of African American (11.6%), Asian American (16%), American Latino (29.5%), American Caucasian (25.8%), and Asian international students (17.1%). The results supported their hypothesis that Asian Americans were the least likely to seek counselling, followed by American Latinos, African Americans, and American Caucasians. The researchers concluded that seeking professional counselling challenged values such as autonomy and individual responsibility, which was at variance with Asian cultural values. This finding provided an explanation as to why Asian Americans were less interested in seeking professional counselling compared with the other ethnic groups.

Consistent with this view, Morgan, Ness, and Robinson (2003) investigation of help-seeking behaviour among ethnic groups in a Canadian university strongly indicated ethnicity was a significant factor influencing help-seeking behaviour. In their study, 37% ( $n = 71$ ) were Asians, 36% ( $n = 69$ ) were Caucasian, 9% ( $n = 18$ ) were East Indian, 2% ( $n = 4$ ) were West Indian, 7% ( $n = 14$ ) were African, 4% ( $n = 9$ ) were Aboriginal, and 4% ( $n = 8$ ) unidentified with the cohort of Asian Americans again less likely to seek professional counselling than the other ethnic groups. However, the researchers also recognised that the diversity of the groups complicated the possible reasons why differences in help-seeking behaviour existed.

Chen and Mak (2008) came somewhat closer to providing an explanation for the effects of ethnic diversity on help-seeking behaviour by examining cross-cultural patterns of this behaviour among 747 students studying in the United States: European Americans ( $n = 191$ ), Chinese Americans ( $n = 194$ ), Hong Kong Chinese ( $n$

= 170), and Mainland Chinese ( $n = 192$ ). An analysis of variance was presented significance differences among the four ethnic groups,  $F(3, 739) = 13.80, p < .001$ . They found that Hong Kong Chinese students were the least likely to seek professional counselling. The mean of seeking professional counselling for Hong Kong Chinese was 2.51 ( $SD = 0.74$ ), followed by Mainland Chinese ( $M = 2.78, SD = 0.74$ ), followed by Chinese American ( $M = 2.84, SD = 0.69$ ), and European American ( $M = 2.99, SD = 0.73$ ). The researchers concluded that it was the degree to which participants had absorbed Western attitudes and beliefs that determined their attitudes toward seeking help from a counsellor. Indeed, European Americans were the most heavily influenced by Western attitudes and in turn more likely to turn to a counsellor for help, while Chinese Americans and Mainland Chinese expressed both Western and Eastern beliefs and were thus less inclined to go to a counsellor. At the most extreme end, Hong Kong Chinese were the least influenced by Western attitudes and the least likely to seek help from a professional counsellor.

Similarity, Frey and Roysircar (2006) found a similar result when they compared South Asian students ( $n = 57$ ) (i.e. students from India, Pakistan, and Sri Lanka), age range 21 – 38 years, and East Asian students ( $n = 53$ ) from China, Taiwan, and Hong Kong, age range 23-42 years. Again, it was the East Asian students who were less likely to seek help from a counsellor. Each of the ethnic groups had lived in the United States for a median of 2 years. The researchers concluded that the reasons South Asian international students were more likely to visit a counsellor was their greater English language proficiency and the fact that they were more acculturated to Western living than their East Asian counterparts.

In line with Frey and Roysircar (2006), Sorkin, Pham, and Ngo-Metzger (2009), a telephone survey of 13,974 non-Hispanic Whites, 1,215 Asians, 1,066

Latinos, and 719 African Americans aged 55 and older also found language to be related to attitudes toward seeking professional counselling. There were 385 Chinese, 207 Korean, 172 Japanese, 167 Filipino, 161 Vietnamese, 61 South Asian, 30 Cambodian and other Asian, and 32 unspecified Asian among the Asian American ethnic group. Their Californian-based study investigated ethnic differences among older adults with respect to their mental health needs. Significantly, it was found that African Americans, Asians, and Latinos not only faced greater psychological problems than the non-Hispanic whites, but also were also less likely to seek professional counselling. It appeared that language was a major barrier preventing the minority ethnic groups from seeking professional counselling.

On the other hand, in an earlier study of African American and Caucasian American attitudes toward seeking professional counselling, Diala et al. (2001) surveyed 8,098 individuals aged 15 to 54 in the United States using the National Comorbidity Survey, and found that African Americans with psychological problems were more likely to seek professional counselling than Caucasian Americans. This finding is in contrast to that of Frey and Roysircar (2006). Surprisingly, the African Americans had more positive attitudes where help-seeking behaviour was concerned than the Caucasian Americans. Moreover, African Americans were less concerned about stigmatisation should their families and friends have discovered that they had sought help for their problems from a counsellor.

However, not all studies have reported a difference in help-seeking based on ethnicity. Indeed, Sullivan, Ramos-Sanchez, and McIver (2007) found no significant between-group differences among Asian American, African American, Latino, and American university students with respect to seeking support from a counsellor. The participants were made up of 743 Asian, 68 African American, 300 Latino, and 2

Native Americans from a private university in the northern California. To investigate the use of campus counselling among the different ethnic groups, the questionnaire included demographic information, issues assessing their use of counselling services, and issues assessing their psychological and academic problems. The researchers credited the consistent across-group help-seeking behaviour of the students to their awareness of the benefits, availability, and accessibility of counselling services.

Sheu and Sedlacek's (2004) investigation of white American ( $n = 2,062$ ), Asian American ( $n = 348$ ), and African American ( $n = 268$ ) university students also found no significant between-group differences in help-seeking behaviour. Their online survey to investigate ethnic differences included participants from first year incoming students with a mean age of 17.92 ( $SD = 0.51$ ). The researchers attributed this finding to acculturation, with the minority ethnic groups in the United States showing a higher level of acculturation compared with the students in their own country.

Taken together, of all ethnic groups, East Asians were less likely to seek professional counselling than their Western counterparts. In contrast, those born in the United States and with an awareness of counselling as a mental health option were more likely to seek counselling assistance than their East Asian counterparts. The differences in help-seeking behaviour could be attributed, at least in part, to the degree to which western values had been absorbed. However, the effects of communication or language difficulties, and not ethnicity or culture in itself, cannot be eliminated as a contributing variable to help-seeking. Consequently, ethnicity as a variable on its own may not be, in this instance, a useful explanatory variable.

## Religious Affiliations and Help-seeking Behaviour

Of the studies that have explored the relationship between religion and help-seeking behaviour, some have shown that religiously affiliated individuals were more likely to seek professional counselling. (Matlock-Hetzel, 2004; McGowan & Midlarsky, 2012; Millers & Eells, 1998) than non-religious affiliated individuals, while others have found no discernible connection (Blais & Renshaw, 2013).

Some studies that established a link found that religiously affiliated individuals were more emotionally open to talk about their psychological problems and felt less stigmatised about seeking professional counselling, as they appeared to have a better understanding of the benefits of help-seeking behaviour (Matlock-Hetzel, 2004; McGowan & Midlarsky, 2012; Millers & Eells, 1998). However, other studies reported to the contrary. For example, Mayers, Leavey, Vallianatou, and Baker's, (2007) qualitative study included 10 participants (seven women and three men) between the ages of 32 and 52, of whom four were Evangelical Christians within the Church of England, two were Evangelical Christians within black congregations, one was Greek Orthodox, one a Sunni Muslim, and two were without a religious affiliation. Through the interviews, the researchers found that religiously affiliated individuals feared that seeking professional counselling could complicate their religious beliefs and faith, while the non-religious group did not. The researchers concluded that religiously affiliated individuals tended to seek help from their religious leaders instead of professional counsellors if they were faced with psychological problems because they have greater commitment towards their faith communities than those without religious affiliation.

Similarly, Wang, Berglund, and Kessler's (2003) cross-sectional survey from The National Comorbidity Survey in the United States of 8,098 individuals aged 15–

54 years attempted to identify who they would turn to for support if faced with psychological problems. Details of the socio-demographics among the participants were not stated. Participants were asked to choose from six types of providers: religious leaders, psychiatrists, general practitioners, psychologists, and counsellors. The results indicated that religiously affiliated individuals typically sought assistance from their religious leaders first before seeking professional counselling. The researchers cited a growing interest in religious beliefs and spiritual healing among Americans that could be linked to be attributed to help-seeking.

Christians, in particular, tended to prioritise their faith over professional counselling, especially as many churches provided religious counselling to their congregants (Watson, 2001). However, in a recent review on the integration of psychology and theology, Garzon, Worthington, Tan, and Worthington (2009) noted that most churches do not employ professional counsellors to members facing psychological problems, and that pastors were also often unavailable to counsel them (Garzon et al., 2009). Similarly, Jawiah, Noralina, Siti, and Khaidzir (2012) investigated the satisfaction level of Muslim clients with the counselling services provided by the Family Counselling Division, Islamic Religious Department in Malaysia, but found that there were insufficient professional Muslim counsellors available to accurately rate clients' level of satisfaction. Notably, of the 656 Muslim clients (age ranging 20-40 years), the majority (76.95%) when faced with psychological problems were self-motivated to seek professional counselling.

Looking again at the potential influence of religion Blais and Renshaw (2013) examined the correlations between stigma, demographic information, and help-seeking intention among 165 United States Iraq/Afghanistan veterans who had returned from deployment with post-traumatic stress disorder. Sixty-nine percent of

participants (mean age of 27.83;  $SD = 7.13$ ) were affiliated with the Church of Jesus Christ of Latter Day Saints, while the others were not religiously affiliated. ‘The PTSD Checklist’ (Weathers, Litz, Herman, Huska, & Keane, 1993), The Perceived Stigma and Barriers to Care Scale-Stigma subscale (Britt, 2000), and The General Help-Seeking Questionnaire (Wilson et al., 2005) were used in their study. After analysing the impact of stigmatisation and religious affiliation on help-seeking behaviour, the researchers found no between-group differences in help-seeking behaviour.

Kelly, Airidi, and Bakhtiar (1996) attempted to identify why Muslim participants ( $n = 121$ ) preferred help with psychological problems from their religious leaders. The participants included 43 women and 78 men with ages ranging from 12 to 62 ( $M = 35.2$ ,  $SD = 11.7$ ). The results showed that 86% of the participants reported that counsellors needed to understand Muslim culture in order to engage Muslims in the counselling process. The trust that congregants have in their religious leaders appears to play an important role in their choice to approach their spiritual leader before contacting a counsellor.

To conclude, it would seem that individuals with strong religious beliefs sought the advice of their spiritual leaders before those of a professional counsellor, although there were differences among various religions. However, more individuals would have sought counselling had a counsellor been conversant with their religious beliefs.

#### Education Level and Help-seeking Behaviour

According to Mackenzie et al. (2006), individuals with higher levels of education are more likely to seek professional counselling when faced with

psychological problems, because as a group they seem to have the financial resources to do so. For instance, in a Malaysian qualitative study of help-seeking behaviour by Yeap and Low (2009), 587 individuals were interviewed, of which 321 (55%) were male and 266 (45%) female, all aged 18–60 ( $M = 33.9$ ,  $SD = 12.13$ ). Of the participants, 81 had completed primary education, 339 had completed secondary education, and 161 had completed tertiary education. Correlations ( $F(2, 578) = 3.65$ ,  $p = .02$ ) indicated that the individuals' educational levels were linked to their help-seeking behaviour – the more educated they were, the more likely they were to seek professional counselling. Specifically, the researchers concluded that counselling interventions that included the use of the same language (for those less proficient in English) increased help-seeking behaviour.

For example, Brown, Codi, and Johanna (2010) sought to explore help-seeking behaviour among Vietnamese immigrant and refugee women ( $n = 83$ ). The results showed that a lack of proficiency in English was a major barrier to seeking professional counselling among Vietnamese refugees, as those less proficient in English may have found it harder to express their needs. In addition, the researchers found that due to their lack of education and English proficiency, many of the Vietnamese refugees were unable to find well-paying jobs, and as a result experienced difficulty affording professional counselling.

Consistent with the previous two studies, Neighbours et al.'s (2007) study of 3,570 African American and 1,621 Caribbean blacks aged 18 and over in the United States confirmed a positive relationship between education and help-seeking behaviour. Of the participants, 1,169 had completed fewer than 11 years of education, 1,750 participants had completed 12 years, 1,207 participants had completed 13–15 years, and 842 participants had completed 16 years or more. The

multivariate logistic regression demonstrated that educated individuals were more aware of the availability and accessibility of professional counselling and that educated individuals had greater knowledge of mental health and were more accepting of professional counselling.

Another study conducted by Nadeem et al. (2007) to investigate the impact of stigma and under-utilisation of counselling service on 15,383 American women of low socioeconomic status and with a mean age of 28 ( $SD = 8$ ). They found that nearly a third did not complete high school and only about 8% had graduated from university. Again, the results indicated that less educated individuals were less likely to seek professional counselling while those with more education were less worried about being stigmatised for doing so.

These findings were similar to those of Hammer, Vogel, and Heimerdinger-Edwards's (2013) study, which surveyed a total of 4,748 Americans aged between 18 and 79. Of the participants, 694 (14.6%) had high school diplomas or lower, 1,394 (29.4%) had graduate degrees, 900 (19%) had post-graduate degrees or higher, and 27 (.60%) did not indicate their education levels. It was found that well-educated individuals were more likely to seek professional counselling, a behaviour thought to be motivated by the fact that higher education lessens the impact of stigmatisation. Well-educated individuals reported their beliefs as being compatible with the goals of professional counselling and receptive to seeking it.

Similar results were obtained by Jones-Hazledine, McLean, and Hope (2007). They surveyed 153 individuals attending a rural primary care clinic with regard to their help-seeking behaviour. The participants had an average of 13 years ( $SD 2.6$ ) of formal education. The results indicated a positive correlation between education and help-seeking behaviour. The well-educated individuals reported that their formal

education had given them knowledge of professional counselling. The researchers therefore concluded that with this knowledge, well-educated individuals were less affected by stigma and more likely to seek professional counselling when faced with psychological problems.

On the other hand, Ojeda and Bergstressor (2008) conducted a multivariate analysis from the 2002 National Survey on Drug Use and Health, using 54,079 individuals aged 12 and above and residing in the United States. The education levels of the participants were categorised into two groups: less than or equal to 12<sup>th</sup> grade, and college or higher. The researchers concluded that educational level did not have an impact on an individual's help-seeking behaviour, as most of them appeared to be similar in their intentions to seek professional counselling. This is consistent with the findings of ten Have et al. (2010), who conducted a cross-sectional study of individuals aged 18 and above ( $n = 8,796$ ) from six countries: Belgium, France, Germany, Italy, the Netherlands, and Spain. Their results also indicated that education levels were not associated with help-seeking behaviour.

While the literature that examined links between education level and help-seeking from a counsellor is not extensive, six of the nine studies reviewed in the present study demonstrated a link between the two variables. Significantly, the two studies with the largest number of participants did not find a link between education and help-seeking. In the study of immigrant Vietnamese women it was evident that a lack of English language skills and poorly paid jobs may have made more of a contribution to their lower levels of help-seeking behaviour than did education on its own.

## Marital Status and Help-seeking Behaviour

Dysfunctional families, poor parenting skills, divorce, poor interpersonal attachments, spousal encouragement, and marriage preservation are some of several marital-related factors linked with the seeking of professional counselling (Kitzrow, 2003). Blais and Renshaw (2013) conducted a study of 165 United States Iraq/Afghanistan veterans with post-traumatic stress symptoms regarding their intention to seek professional counselling following their return from deployment. Of the participants, 92% were male and the rest were female, collectively they had a mean age of 27.83 ( $SD = 7.13$ ); 58 were married while the rest were single, divorced, separated or widowed. The results indicated that married individuals were more likely to seek professional counselling when faced with psychological problems than unmarried individuals, leading to the researchers to conclude that the reason for the difference was that married individuals found it more difficult to hide their psychological problems. Spouses were aware of the changes and would encourage them to seek professional counselling to reduce their psychological distress (Blais & Renshaw, 2013). The TPB model would predict such behaviour, as the *subjective norm* (i.e. the significant other) played an important role in influencing them to seek professional counselling (Ajzen, 1991).

Using a qualitative method of investigation, Griffith, Ober Allen, and Gunter (2010) examined the factors that influenced the help-seeking behaviour of African-American men, surveying 105 urban African men within 14 focus groups in the United States. The participants were aged 33–77, with 86% of them married or in a relationship. The researchers' thematic analyses revealed that an individual's help-seeking behaviour might vary based on who motivated them to seek professional counselling. In particular, the researchers concluded that approval and

encouragement from a spouse or romantic partner could significantly increase help-seeking behaviour.

Another study by Jones-Hazledine et al. (2007) examined 96 women and 56 men with a mean age of 52.5 ( $SD = 19.5$ ) in a rural community with regard to their willingness to seek professional counselling; 27 (18%) of the participants were single and 125 (82%) were married, divorced, separated, or widowed. Although this group had reported lower prior experience with seeking professional counselling due to protective factors relating to being married, such as reduced stress and loneliness, those individuals who were or had been married had a greater intention to seek professional counselling if faced with psychological problems because of the influence of their spouses or significant others.

Mackenzie et al. (2006) conducted a study on individuals' intentions to seek professional counselling, surveying 105 men and 99 women aged 18–89 ( $M = 46.1$ ,  $SD = 17.7$ ) in Canada. Of the participants, approximately 36% were single, 45% were married, and 18% had been previously married. In contrast to Jones-Hazledine et al. research (2007), propensity scores showed that single individuals were more likely to seek professional counselling than married individuals. The researchers concluded that because of the lack of spousal support, single individuals with psychological problems were more likely to seek support from professional counsellors (Mackenzie et al., 2006). Similarly, a systematic review of 16 studies was conducted by Babitsch et al. (2012) to assess the use and implementation of the Andersen behavioural model to investigate the utilisation of mental health services. The researchers concluded that married individuals were less likely to seek professional counselling, with stigmatisation the most common explanatory factor.

In addition, Kung (2003) interviewed 1,747 (50% female and 50% male) Chinese Americans regarding their emotional distress and help-seeking behaviour (mean age of 38.81,  $SD = 12.58$ ). Even though 66% of the participants were married, he did not find marital status to be a significant predictor for help-seeking behaviour but did not investigate why marital status appeared not to affect help-seeking behaviour.

Of the six studies reviewed all but one found that marital status impacted on help-seeking behaviour. Overall, it appeared that being married or in an intimate relationship made it more difficult to conceal mental health issues. Indeed, there was some evidence that unaffected partners actively encouraged the other partner to contact a counsellor if they determined they needed help.

#### Dependent Status (Individuals with/without children) and Help-seeking Behaviour

Published research on the effect of having children on the help-seeking behaviour of individuals is rare, and much of that has focused on substance abusers. The consensus, is that individuals with children are less likely to seek professional counselling (Panganamala & Plummer, 1998). For example, United States national surveys conducted in 1992 and 1999 and examined by Wu and Ringwalt (2004) using data from 32,628 adults (aged 18 to 64) found that 70% of women that abused alcohol did not actually know where to seek professional counselling. Those who did know to get help were still reluctant to do so as they thought that such an action would be tantamount to an admission of their psychological problems and inability to care for their children, leading eventually to the loss of custody.

In the same way, Jessup, Humphreys, Brindis, and Lee (2003) conducted a qualitative study of 36 women who were substance abusers in Northern California, 12

of whom were pregnant and 24 of whom had had a child within the previous year at the time of the interviews. The researchers concluded that the fear of losing custody of their children, should counselling be used as evidence against them being a suitable custodial parent, were explanatory factors for their reluctance to seek professional counselling

In a study that focussed on counsellors rather than clients, Cowan et al. (2003) conducted a telephone survey of counsellors' beliefs about women with drug and alcohol problems. They contacted 217 clinicians (59% women and 41% men) in New Zealand. They consisted of 56% professional counsellors, 17% nurses, and the remainder social workers, psychology or medicine professionals. The researchers reported that the counsellors considered that their client's reluctance to engage in lengthy periods of therapy was based on their concerns that other caregivers were not available to look after their children

In contrast, McMahon, Winkel, Suchman, and Luthar's (2002) study of 153 women substance abusers (aged 29 to 42), with an average of two children, seventy-five percent of whom were minors living with their mothers, found that the participants with children were more committed to seeking professional counselling because of the greater responsibility they felt for their children.

As was ascertained, much of the literature on the effect of having dependent children on help-seeking behaviour focused on female substance abusers. Overall, the research has indicated that having children reduces the propensity of an individual to seek professional counselling. A frequently cited reason by participants for not seeking help were the fear of losing custody of their children. However, it would appear that substance abuse was intimately linked with the problem of seeking help that may have confounded the effect of having dependent children on help-seeking.

## Residential Location and Help-seeking Behaviour

When comparing the relationship between an individual's residential location and their help-seeking behaviour it has to be noted that in general most studies have only compared rural with urban samples. Fuller, Edwards, Procter, and Moss (2000) interviewed 22 individuals living in northern and western parts of South Australia, and found that those residing in the rural areas were less likely to seek professional counselling for their psychological problems. The researchers concluded that as rural areas tended to have smaller communities, for anyone seeking counselling, privacy, confidentiality, and anonymity would be harder to maintain. They also suggested that individuals residing in rural areas often did not have an awareness of the benefits of professional counselling, and lacked the ability to recognise psychological problems when they occurred. Furthermore, it is also more difficult to find professional counsellors to work in rural areas. Thus two contributory factors for individuals residing in rural areas not seeking professional counselling were lack of accessibility and reduced availability. In contrast, Al-Darmaki's (2014) findings from an examination of the impact of residential location on the decisions of United Arab Emirate students ( $n = 369$ ) to seek professional counselling found that students living off campus reported a higher level of psychological problems and were seeking professional counselling more frequently than those living on campus.

Regardless of some observed differences between help-seeking behaviour based on location, there are simply not enough studies that have examined this variable to allow a conclusion to be drawn. Additionally, residential location may not be directly relevant in the Singapore context as most live in urban public housing supplied by the government.

## Income Level and Help-seeking Behaviour

Several studies have indicated that seeking professional counselling involves some sort of cost-benefit analysis. Low income and unemployment therefore seem to have an effect on help-seeking behaviour (Neighbors et al., 2007; Verhaak, 2009). In Nadeem et al's (2007) study of 15,383 American, low-income white, Black, and Latin women with a mean age of 28 ( $SD = 8$ ), it was reported that low-income individuals experienced high levels of stigma, resulting in their reluctance to seek professional counselling. Similarly, Grossman and Charmaraman (2009) conducted a study on 33 white adolescents (52% female and 48% male) aged 14–21 ( $M = 15.82$ ,  $SD = 1.19$ ) in a low-income Latino urban school with regard to their help-seeking behaviour. The median income of their families was \$55,255. The researchers concluded that those from higher-income families felt less stigmatised when seeking professional counselling as they experienced greater privilege in society and had greater access to financial resources.

Interestingly, affordability was considered to be the most significant income-related explanatory factor affecting individuals' help-seeking behaviour (Givens & Tjia, 2002; Ojeda & Bergstressor, 2008; Sturm & Sherbourne, 2001). For example, in a telephone survey conducted by Sturm and Sherbourne (2001) to investigate unmet needs along with barriers to help-seeking in mental health services, 3 out of 5 participants reported that the cost of seeking professional counselling was the reason for their reluctance to seek professional counselling. The national household survey included 9,585 participants from the general population in the United States, divided into a low-income group (family income less than or equal to \$20,000) and high-income group (family income above \$20,000). As a result, the researchers

recommended improving mental health costs and benefit policies as a way to encourage more individuals to seek professional counselling.

Thoits (2005) use of data ( $n = 5,877$ ) from the National Comorbidity Survey on mental health utilisation, in which participants were aged 15–24, with family income divided into four categories: \$0–\$19,999; \$20,000–\$34,999; \$35,000–\$69,999; and \$70,000 or more, showed that the lower an individual's income, the less likely they were to seek professional counselling. The researcher also concluded that this could be linked to education level, as higher-income individuals were usually better educated and equipped with better knowledge of seeking professional counselling.

Dearing, Maddux, and Tangney (2005) also found cost to be a relevant factor affecting help-seeking behaviour. They investigated 262 counselling and psychology university students regarding their perceptions of seeking professional counselling. Most of the participants were female (77%) and aged between 22 and 62 ( $M = 33.1$ ,  $SD = 9.2$ ). A positive correlation, ( $r = .33$ ,  $p < .01$ ) between concerns about cost and a reluctance to seek help was shown as one of the more significant barriers for those university students seeking professional counselling. In line with the previous findings, Bundy and Benschhoff (2000) surveyed 336 university students (134 men and 202 women) aged 18–68 and found that the number of university students of lower socioeconomic status was increasing and that affordability was an influential factor in determining assistance from a counsellor.

In a later study, Nghe, Mahalik, and Lowe (2003) when examining help-seeking behaviour among Vietnamese men in the United States found that they had difficulty seeking professional counselling due to having low-paying jobs, making it hard for them to afford counselling. In contrast, individuals with higher incomes

typically experienced less psychological distress and could also afford professional counselling when required. However, money was not the only issue as many of the participants had the perception that their masculinity would be compromised if counselling was sought, (Nghe et al., 2003).

Kung (2003) conducted interviews with 1,747 Chinese Americans (50% men and 50% women) between the ages of 18 and 65 ( $M = 37.81$ ,  $SD = 12.58$ ) in the United States, with only 55% of the participants employed. 67% of the participants had an annual family income of below \$35,000. The results again demonstrated that individuals with lower family incomes, or who were unemployed, experienced lower self-esteem and had more psychological problems than employed individuals with higher incomes. These participants were also the least likely to seek professional counselling.

In contrast, Hammer et al. (2013) surveyed 4,748 Americans aged 18–79, with 1,248 (26.30%) reporting incomes of less than \$30,000 per year, 1,649 (34.70%) reporting \$30,000 to \$74,999, 1,285 (27.10%) reporting \$75,000 and over, and 566 (11.90%) having unknown incomes. In this study there appeared to be no differences in the help-seeking behaviour of the different income groups, although the income categories may not have been sensitive enough to detect differences.

Similarly, when assessing potential barriers to seeking professional counselling, Ojeda and Bergstressor (2008) reported that income level or employment status did not have an impact on an individual's behaviour in this regard. Their data from the 2002 National Survey on Drug Use and Health of 2680 participants 18 years or older grouped into income brackets of <\$20,000, \$20,000 - \$29,999, \$30,000 - \$49,999, and \$50,000 or more indicated that individuals appeared to be similar in

their help-seeking behaviour, regardless of whether they had higher or lower incomes, or were employed or unemployed.

It would appear that there was mixed support for a link between income level and help-seeking behaviour: that is the lower an individual's income, the less likely he/she is to seek professional counselling. In the reviewed studies, the inability to afford counselling was the most obvious reason for not seeking help, but other related issues like stigmatisation, social privilege, self-esteem, and the masculinity role also contributed to the overall reluctance to reach out for help. Whether the variable of income level is influential on its own has not been investigated.

#### Prior Experience with Counselling and Help-seeking Behaviour

Prior experience with counselling has in the past been considered a strong predictor for an individual's further help-seeking behaviour (Blazina & Marks, 2001; Komiya & Eells, 2001). A number of researchers have shown the effect of having prior experience on an individual's decision to seek professional counselling (Blazina & Marks, 2001; Cusack, 2006; Gulliver et al., 2010; Komiya & Eells, 2001; Martin, Garske, & Davis, 2000; Millar, 2003; Saunders, 2000). For example, Cusack, Frank, Wilson, and Ciarrochi (2006) conducted a survey of 73 men aged 21–69 ( $M = 37.5$ ,  $SD = 10.98$ ) in Australia to assess their future help-seeking intentions. Fifty-five (75%) of the participants were then currently seeking professional counselling while the remainder had previously sought professional counselling but had since stopped. All participants had attended at least two counselling sessions. Correlations identified that those individuals with prior experience seeking professional counseling boosted their positive experience due to stronger bond formation with the counsellor. The researchers concluded that positive counselling experiences and bonding with the

counsellors were positively correlated to an individual's future intention to seek professional counselling.

These findings supported Martin et al.'s (2000) meta-analysis review of 79 studies (58 published, 21 unpublished), looking at the effect of professional counsellors and client relationship. The authors concluded that it was essential for professional counsellors to build a strong relationship with individuals seeking professional counselling. Indeed, strong and positive emotional bonds between the professional counsellors and their clients appeared to promote successful counselling interventions. Millar (2003) reported a similar finding after having interviewed 10 men on their perception of counselling who had had actual experience with professional counseling. The men were aged between 27 and 61. Six were undertaking counselling while the rest had completed a course of counselling. The researchers found that an individual's positive prior experience was a significant predictor to their intention to seek professional counselling. The researchers concluded that individuals were often fearful about seeking professional counselling due to the lack of knowledge of what was going to happen. Thus, having prior experience of this option could greatly expand participants' knowledge of psychological problems and the intervention process, and effectively clear doubts about confidentiality during the interventions.

In a study of 396 college students (40 men and 120 women) with prior experience seeking professional counselling and 209 who had no such experience (98 men and 111 women), distinctive features were found between the two groups (Al-Darmaki, (2014). Those with prior experience reported similar levels of psychological problems to those students without prior experience, but they were still more willing to seek professional counselling because they considered their psychological

problems difficult to endure and felt that they required professional counselling. Furthermore, they felt less stigmatised and were more open to talk about their emotions with a counsellor than those students who lacked prior experience. Some of the reasons cited for not seeking help from students without prior experience were delayed treatment, the fear of stigmatisation, uncertainty about the usefulness of the intervention, and that help was already being sought from informal sources.

Similarly, in a New Zealand study, the relationship between prior experience and help-seeking behaviour among 125 participants (47 men and 78 women) aged 27–91 ( $M = 56.5$ ,  $SD = 16.49$ ) was examined by James and Buttle (2008). Of the participants, 43 had prior experience seeking professional counselling, while the rest did not. The main effect,  $F(2,105) = 4.12$ ,  $p < .05$ , indicated that prior experience was a significant factor influencing individuals' help-seeking behaviour. Those with prior experience scored higher than those who did not ( $M = 34.45$  compared to  $M = 22.01$ ). A positive correlation ( $r(4) = .31$ ,  $p < .05$ ) showed that individuals with prior experience seeking professional counselling reported being more satisfied with seeking professional counselling because they were less stigmatized about it. They also noted that individuals experienced improvement in their physical and psychological well-being and academic work following professional counselling.

In line with the previous study, Wilson and Deane (2001) found that Australian participants (11 males and 12 females) who recalled positive and successful prior experiences were more likely to seek professional counselling in the future. In contrast, ten Have et al. (2010) conducted surveys with 21,425 adults aged 18 and over from Belgium, France, Spain, Italy, Germany, and the Netherlands on their attitudes towards utilization of mental health services. Eight-five percent of the participants did not have prior experience seeking professional counselling. The

results indicated that an individuals' help-seeking behaviour was not determined by whether or not they had been to counselling. Further exploring why those with prior experience did not differ significantly on help-seeking behaviour with those who did not, the researchers found that those with prior experience reported they had not received proper interventions during their prior counselling. Some participants stated that, "professional counselling was worse than or equal to no help when faced with serious emotional problems."

To conclude, although two studies did not find a connection between prior experience and intention to seek counselling the weight of evidence suggested that an individual's prior experience of counselling made it more likely that they would seek help from a counsellor again and that prior experience yielded more positive beliefs.

#### Acculturation and Help-seeking Behaviour

Turkum (2004) considered that an individuals' help-seeking behaviour could be greatly influenced by their degree to which they had become westernized or acculturated. For example, unlike western values, Asian values involve higher levels of filial piety, conformity, collectivism, obedience to authority, lack of self-disclosure and emotional openness (Gloria et al., 2008; Kim & Bryan, 2007; Kim & Omizo, 2003). These variables are thought to be key factors influencing help-seeking behaviour in Asian groups (Quach & Hall, 2013).

Barry and Grillo (2002) surveyed 170 East Asian immigrants (88 males, 82 females), aged 19–58 ( $M = 28.62$ ,  $SD = 6.39$ ), regarding their willingness to seek and recommend professional counselling to distressed friends. The immigrants included 58 Chinese (30 male and 28 female), 50 Japanese (25 male and 25 female), and 62 Koreans (33 male and 29 female) in the United States. The participants were

measured using the East Asian Ethnic Identity Scale (Barry, 2002) consisting of three subscales; (1) family values (2) ethnic pride and (3) interpersonal distance.

Standardised regression coefficients indicated that acculturation was a significant predictor of an individual's intention to seek professional counselling when faced with psychological problems. Acculturation accounted for 18.6% of the variance in participants' being willing to seek professional counselling, and 12.1% of the variance in their willingness to recommend professional counselling to a distressed friend.

Adherence to Asian cultural values and beliefs was one of the explanatory factors for individuals' reluctance in seeking professional counselling even when they faced psychological problems.

Shea and Yeh (2008) surveyed 219 Asian American university students (76 males and 143 females) aged 18 – 35 ( $M = 24.56$ ,  $SD = 4.09$ ) of whom 65% were born outside the United States. Their study investigated how adherence to Asian values affected help-seeking behaviour among Asian American students. The participants included 100 Chinese, 54 Korean, 19 Japanese, 16 Taiwanese, 10 Indians, 4 Vietnamese, 9 Filipinos, and 7 who did not report their ethnicity. Their length of stay in the United States ranged from less than six months to more than 30 years, with an average of 11.26 years. Multiple regression analyses ( $F(5, 213) = 7.53$ ,  $p < .00$ ) indicated that there was a significant relationship between adherence to Asian values and help-seeking behaviour. The researchers concluded that the different life experiences and perspectives of Asians, compared with those of Westerners, affected the help-seeking behaviour of Asian American students. For Asian communities, personal problems were thought as best kept within the family, thus avoiding shame.

Similar findings were reported by Zhang and Dixon (2003). In their study, a total of 170 Asian university students (54% men and 47% women) with a mean age of

26.98 ( $SD = 5.91$ ) were surveyed. The students were from China (32%), Korea (17%), Japan (16%), India (11%), Thailand (7%), Taiwan (5%), Malaysia (2%), Indonesia (2%), and Singapore, Philippines and Nepal (9%). The length of time the Asian international students had stayed in the United States ranged from 2 months to 13 years ( $M = 3.21$  years,  $SD = 2.75$ ). In this survey, the Suinn-Lew Asian Self-Identity Acculturation Scale (SL-ASIA) by Suinn (1987) was used to measure student acculturation levels. The lower scores on SL-ASIA indicated adherence to Asian values, while higher scores indicated western values. Multiple regression ( $F(15,153) = 2.16, p < .01; \beta = .31$ ) indicated a significant relationship between adherence to Asian values and help-seeking behaviour. They concluded that the less acculturated Asian international students were less likely to seek professional counselling. On this basis, the researchers suggested that professional counsellors could modify their counselling approach to suit the different acculturation levels of Asian international students.

Gong, Gage, and Tacata (2003) studied acculturation and help-seeking behaviour among Filipino Americans (51% female and 49% males) in the United States, of whom 1,818 were immigrants and 467 were US-born. The participants were aged between 18 and 65 ( $M = 42, SD = 13.4$ ), with 71% being English speakers only and the remainder bilingual. The results from multivariate logistic regression indicated a direct relationship between acculturation and help-seeking behaviour. The researchers concluded that revealing intimate and personal information to a professional counsellor could be very embarrassing to the less acculturated individuals. As such, seeking professional counselling was seen as shameful and disgraceful for the family and individual. Thus it was important for them to conceal these psychological problems and not seek counselling.

Liao, Round, and Klein (2005) used Cramer's (1999) help-seeking model to assess the acculturation and help-seeking attitudes of 202 Asian students. Cramer (1999) argued that help-seeking behaviour was influenced by four variables: (1) attitude towards seeking counselling; (2) available support; (3) distress level; and (4) concealing negative personal information from others. Of the participants, 72 (35%) were men and 130 (65%) were women; all were aged between 17 and 25, with a mean age of 22.6 years. The participants consisted of Chinese, Koreans, Taiwanese, Filipinos, Indians, Japanese, Vietnamese, Thais, Cambodians, Iranians, Singaporeans, biracial Asians and Asian Americans, and other unknown ethnicities. Among them, 133 (66%) were United States citizens, while the rest were Asian international students who had stayed in the US for a mean of 12.2 years ( $SD = 8.12$ ). The SL-ASIA (Suinn, 1987) was used to measure their acculturation levels in the United States. The results indicated that the students' acculturation levels were positively correlated to their help-seeking behaviour leading the researchers to conclude that the less acculturated individuals often ended their counselling prematurely because they did not believe that seeking professional counselling could help them with their psychological problems. This finding led the researchers to recommend that counsellors needed to be more culturally responsive.

Atkinson and Gim (1989) recruited 263 Chinese Americans (136 men and 127 women) aged 16–27 ( $M = 19.7$ ), 185 Japanese Americans (77 men and 108 women) aged 17–29 ( $M = 20.1$ ), and 109 Korean Americans (61 men and 48 women) aged 17–29 ( $M = 20.1$ ). All participants were citizens of the United States. Similar to the Liao, Round, and Klein's (2005) study, SL-ASIA (Suinn, 1987) was utilised to measure their acculturation levels. A multivariate analyses of variance ( $F(8,1084) = 3.5, p < .00$ ) indicated a significant relationship between acculturation and help-

seeking behaviour. From this, the researchers concluded that the more acculturated individuals were less stigmatised about seeking help from a counsellor.

From the reviewed studies, a key explanatory factor for the impact of acculturation on help-seeking behaviour appears to be the difference in Asian/western values and beliefs system. In other words, the less acculturated individuals might not seek professional counselling due to the differences in the values and beliefs within their culture/ethnicity. However, Omizo, Kim, and Abel's (2008) examination of Asian and Western beliefs and values system and help-seeking behaviour found otherwise. Their participants, all of whom lived in Hawaii (112 Asian American and European African (65 females and 46 males) were adolescents aged 15–19 ( $M = 16.77$ ,  $SD = 0.97$ ) and made up of 43 (38%) Filipinos, 41 (37%) multi-ethnic Asians, 14 (13%) Japanese, 5 (5%) Chinese, 5 (5%) and Korean 4 (4%) did not report their ethnicity). The number of years they had lived in Hawaii since their immigration ranged from 1 to 16 ( $M = 10.54$ ,  $SD = 5.03$ ). The researchers found that although Asian individuals with lower adherence to Asian values were more willing to seek professional counselling when faced with psychological problems, they did so because it was mandatory for the Asian international students to use the counselling services from the time they entered school in Hawaii.

In line with Omizo et al. (2008), Kim (2007) also found that, contrary to expectations, less acculturated Asian individuals were no less likely to seek professional counselling than the other students. The researchers speculated, however, that student behaviour was probably driven by respect and obedience to authority (when required to do so by the university regulations).

Lau and Takeuchi's (2001) findings confirmed the results of the previous two studies (Kim, 2007; Omizo et al., 2008). They surveyed a total of 120 Asian-

American parents (74% females, 26% males) of elementary school-aged children to explore their willingness to seek counselling support for their children's behavioural and psychological problems. Most of the parents were born in Taiwan, followed by China, Hong Kong, and Vietnam. Chinese was the language most frequently spoken (71%) at home, while the remainder preferred to use English. Interestingly, although Asian-American parents adhered more closely to Asian traditions and reported feeling more shameful about professional counselling, they were still more likely to seek or encourage their children to seek counselling for their behaviour. This was explained by the parents balancing the severity of their child's behavioural and psychological problem against their cultural values of not revealing their problems to someone outside the family.

To conclude, of the nine studies reviewed six reported evidence supporting the assumption that the degree to which an individual was westernised would impact on their view of professional counselling. In other words, less acculturated individuals reported greater feelings of stigmatisation with regard to seeking counselling, and had more negative attitudes towards it than the more acculturated individuals. Of the three studies that did not report a link between acculturation and help-seeking behaviour in two of them it was mandatory for students to attend counselling confounding the opportunity to examine a link between acculturation and help-seeking from a counsellor.

## **Intra-individual Variables**

### **Attitude and Help-seeking Behaviour**

The attitude toward seeking professional counselling refers to an individual's positive and negative belief systems regarding help-seeking behaviour. In other

words, an individual's values, beliefs, and behaviour are assumed to have a direct effect on his or her attitudes toward seeking professional counselling (Fischer & Farina, 1995). The ATSPPH (Fischer & Turner, 1970) has been one of the most common instruments used to test an individual's attitude to help-seeking behaviour for many studies (Mackenzie et al., 2006; Vogel, Wade, & Haake, 2006; Vogel & Wester, 2003). These studies have also shown that attitude toward help-seeking was one of the most significant predictors associated with an individual's intended and actual help-seeking behaviour.

Seeking to establish a link, Turner and Quinn (1999) surveyed 346 university students (48% male and 52% female) aged 18–24 in the United States regarding their attitudes towards seeking professional counselling. Of the participants, 83% were Caucasian, while the rest were a mix of ethnic minorities. The researchers found that 95% of the students believed that good psychological health played an important role in maintaining good health overall. Ninety-one percent of the students also believed that “people should spend time doing things to improve their mental and emotional health” (p. 369). In addition, 96% of the students also indicated that seeking professional counselling when faced with psychological problems was important. Turner and Quinn concluded that in part, positive attitudes could be explained by the provision of easy and free access to campus counselling.

Bundy and Benshoff (2000) studied North Carolina student attitudes toward counselling. Of the 336 participants 70% believed seeking professional counselling was helpful and 34% of them declared that they would visit a counselling centre had it been available in their school. However, it was not clear from the results whether they sought counselling for work, academic purposes, personal psychological problems, or for a combination of all three.

In an attempt to add to the understanding of attitudes relating to help-seeking, Obasi and Leong (2009) investigated the relationship between psychological distress, acculturation, and help-seeking behaviour among 130 African Americans in the United States. The participants were university students (68 women, 56 men, and 6 who did not report gender) aged 18–63 ( $M = 28.06$ ,  $SD = 11.91$ ). The correlation ( $r = -.31$ ,  $p = .01$ ) revealed that as psychological distress increased, positive attitudes toward seeking professional counselling decreased. They concluded that negative beliefs that professional counsellors were incompetent and interventions were inefficient were hindrances to seeking professional counselling. The students' beliefs that no one could help them, or that they could deal with the problem themselves, were found to be predictive of their negative attitude towards seeking professional counselling.

In some cases the research indicated that an individual's values, beliefs, and attitude toward seeking professional counselling could significantly influence the individual's intention to seek this option (Babitsch et al., 2012; Jackson et al., 2007; Komiti, Judd, & Jackson, 2006). Thus, holding a positive attitude toward seeking professional counselling was a strong and significant predictor of a future intention to seek professional counselling, which is congruent with TPB (Mo & Mak, 2009).

A study by ten Have et al. (2010) attempted to measure attitudes towards seeking professional counselling as they assumed that such measures could significantly predict the actual help-seeking behaviour of individuals. The researchers drew this conclusion from a recent large-scale survey of 21,425 adults aged 18 and over in Belgium, France, Germany, Italy, the Netherlands, and Spain. The findings appeared to be in line with TPB (Ajzen, 1991), namely that an individual's attitude

toward seeking professional counselling was a reliable predictive factor for his or her intention to seek this assistance.

Within the literature on attitude and help-seeking behaviour, Reavley, Yap, Wright, and Jorm (2011) conducted a telephone survey involving 2,005 young Australians (961 males and 1,044 females) aged 12–25 to investigate mental health awareness among youths. In their study, their beliefs relating to seeking professional counselling were compared with actual use. It was found that 93% rated seeking professional counselling as helpful (positive attitude), but only 45% actually used counselling services, as their misconceptions often led to negative attitudes and reluctance to seek this service.

Of the five studies reviewed, four were large-scale studies and five reported that there was a link between participant attitudes and their intention to seek help from a counsellor. However, of the studies three included university students only, which may limit the generalisability of the results.

### Social Stigma and Help-seeking Behaviour

According to Mak and Cheung (2010), social stigma has a complex influence on an individual's psychological and behavioural actions. Indeed, a large amount of empirically based evidence has established that stigmatisation is a common factor responsible for the reluctance of individuals to seek professional counselling (Brown & Bradley, 2002; Corrigan, 2004; Gonzalez, 2005; Komiya et al., 2000; Leong et al., 2011; Quach & Hall, 2013; Sadow, Ryder, & Webster, 2002; Shea & Yeh, 2008; David L. Vogel et al., 2006).

According to Vogel et al. (2010), individuals with feelings of social stigma believe that seeking professional counselling is socially unacceptable. Davis et al.

(2000) formed seven focus groups consisting of 49 male university students, to examine men's reluctance towards seeking professional counselling when faced with psychological problems. They found that participants felt that others would see them as weak and dependent if they were emotionally open about their problems, even if their problems were well known.

Miville and Constantine (2007) surveyed 201 female Asian American university students in the United States aged 18–24 ( $M = 19.8$ ,  $SD = 1.66$ ), with regard to stigmatisation and help-seeking behaviour. The participants consisted of 53 (26%) Korean Americans, 47 (23%) Chinese Americans, 45 (22%) Japanese Americans, 31 (15%) Taiwanese Americans, 18 (10%) Asian Indian Americans, and 7 (4%) Vietnamese Americans. All participants were born in the United States and who did not have prior experience seeking professional counselling reported high levels of perceived social stigma when they did so. The same participants also indicated that seeking professional counselling was an extremely embarrassing activity for them that would have led to them cancelling their appointments if others had known about them.

Bathje and Pryor (2011) surveyed 211 (52% female and 48% male) participants with a mean age of 19.91 ( $SD = 3.12$ ) about their awareness of social stigma, endorsement of social stigma, self-stigma, help-seeking attitudes, and intention to seek professional counselling. The sample included Caucasian (86%), African American (10%), Hispanic (2%), Asian American (1%), and Arab Americans (1%). It was found that students who had supportive families and friends who encouraged them to seek professional counselling were more likely to seek help. It was further noted that social-stigma was found to be a significant predictor of self-stigma.

Angermeyer et al. (2001) conducted a qualitative study of 1,564 participants in Germany, seeking to understand the impact of supportive roles on an individual's decision to seek professional counselling. It was found that participants who held positive attitudes toward professional counselling were more likely to encourage their friends and family to seek this assistance. The researchers concluded that friends and family could greatly influence an individual's intention to seek counselling. Less family support was also one of the predictors for individuals not seeking professional counselling when faced with psychological problems. Interestingly, family members appeared not to regard interpersonal problems as problems that required professional assistance, rather as family matters to be handled privately.

In a New Zealand study involving 125 individuals aged from 27 to 91 ( $M = 56.5$ ,  $SD = 16.49$ ) James and Buttle (2008) examined age differences, stigmatization, and help-seeking behaviour. Participants were divided into two groups: a younger group ( $n = 76$ ) aged 25–64, and an older group ( $n = 49$ ) aged 65 and over. The researchers reported that stigmatisation did not have an impact on either the younger or older individuals and were unable to provide an explanation for their findings.

Social stigmatisation is the most frequently cited explanatory factor for the reluctance to seek professional counselling. Although most of the participants in the studies reviewed were university students, some studies included participants with a wider age range lending weight to the conclusion that social stigma is a common factor responsible for the reluctance of individuals to seek professional counselling.

### Self-stigma and Help-seeking Behaviour

Decades of help-seeking research has also shown that self-stigmatised individuals often believe that they are inadequate and feel inferior even when they

seek professional counselling (Corrigan, 2004; Link & Phelan, 2001; Link, Struening, Neese-Todd, Asmussen, & Phelan, 2001). Perceived discrimination significantly predicted self-stigmatisation and help-seeking behaviour (Burgess, Ding, Hargreaves, van Ryn, & Phelan, 2008; Cheng, Kwan, & Sevig, 2013).

To test these findings, Gong et al. (2003) recruited 1,818 Filipino immigrants and 467 US-born Filipino Americans (51% female and 49% male) aged 18–65 ( $M = 42$ ) in the United States. The results showed that Filipino immigrants and Filipino Americans experienced high levels of self-stigma when seeking professional counselling for their psychological problems, because of their fear of “loss of face” and embarrassment.

Consistent with the above perspective, Miville and Constantine (2007) surveyed 201 female Asian American university students aged 18–24 ( $M = 19.8$ ,  $SD = 1.66$ ) regarding stigmatisation and help-seeking behaviour in the United States. The participants consisted of 53 (26%) Korean Americans, 47 (23%) Chinese Americans, 45 (22%) Japanese Americans, 31 (15%) Taiwanese Americans, 19 (9%) Asian Indian Americans, and 7 (4%) Vietnamese Americans. All participants were born in the United States and did not have any prior experience seeking professional counselling. Following analysis, it seemed that those who adhered more strongly to Asian values had higher levels of self-stigmatisation, which in turn, affected their help-seeking behaviour.

Another study cited a different reason for self-stigmatization. Eisenberg, Downs, Golberstein, and Zivin’s (2010) study included 5,555 (54% female and 46% male) American university students aged 18 and over, and examined stigma and help-seeking behaviour. The results clearly showed that Asian students had the highest level of self-stigma, followed by African Americans, Hispanics, Caucasians, and

international students. Logistic regression also indicated that help-seeking behaviour was inhibited by self-stigma and vice versa. Importantly, the researchers concluded that self-stigma was a prominent barrier to seeking professional counselling.

The impact of self-stigmatization was elaborated in Leong and Lau's (2001) critical review. They noted that self-stigmatisation was an important reason why individuals delayed or avoided seeking help from a counsellor, even when they were confronted with very serious psychological problems, and were aware of the consequences of not treating them. Overall, individuals tended to seek professional help more for physical than psychological problems (Pridmore & Pasha, 2004). Indeed, individuals with psychological problems experienced higher self-stigma than individuals with physical disabilities, heart problems, or diabetes (Corrigan et al., 2000).

For example, Ono et al.'s (2000) study of help-seeking behaviour involved recruiting 43 (56% female and 44% male) Japanese Americans who had lived in the United States for an average of nine years. The participants were aged 18 and older, with an average age of 38. The results indicated that Japanese Americans sought their general practitioners only for physical problems (such as neck pain and headaches), and not for psychological problems (such as depression). The researchers cited the participants' reason for avoiding counselling as their strong Asian values that attributed shame and weakness to the seeking of counselling for psychological problems.

Similarly, Vogel et al. (2006), after analysing the data from the 10-item Self-Stigma of Seeking Help Scale (SSOSH) from 470 (52% female and 48% male) multicultural college students, reported a significant relationship between self-stigma and help-seeking behaviour. In contrast with Vogel et al.'s (2006) study, Komiti et

al.'s (2006) study that included 300 adults (51% male and 49% female) with a mean age of 56.59 ( $SD = 14.18$ ) from rural Australia found that stigma was not a predictor of help-seeking behaviour, even though stigmatisation levels were higher for individuals residing in rural areas compared with those residing in urban areas.

Using an intervention in their study, Wade et al. (2011) administered the SSOSH to 263 (55% female and 45% male) college students from the United States, aged 18–31 ( $M = 19.1$ ,  $SD = 1.56$ ) prior to and after participation in one session of group counselling. It was found that their self-stigma decreased following participation in the session. It was concluded that self-stigma was reduced by one exposure to group counselling. Participants came to fear the opinions of others less, and found that their self-esteem was not challenged.

Overall, it appeared that individuals of various ages avoided counselling because of stigmatisation and fear of bringing shame and embarrassment to their family and friends. There was also some evidence that self-stigma could be attenuated by being introduced to group counselling.

### **Summary of Findings from Each Chapter**

It was apparent that a predictable percentage of Singaporeans have mental health problems, and that some of these problems are long-lasting and act as a barrier to their functioning in society. It was also clear that despite government facilities fewer Singaporeans engage with the counselling profession than do citizens in western countries such as Australia. Despite Singapore's rapid development and similarities with western democracies, it was clear that there were some significant cultural, religious and belief systems that may have impacted on an individual's help-seeking behaviour. It was also clear that there had been insufficient research within Singapore to identify what the significant variables were that led to less than 3% of

the population to seek counselling, even when in many cases the service was free. The fact that so few Singaporeans sought counselling when dealing with mental health issues was surprising as it was evident that, similar to the west, there are many challenges linked to living in Singapore that lead to mental health problems. What was also surprising was the fact that counselling as a profession had existed and had been supported by the government since the 1960s (a summary table of the inter and intra individual variables appear in Appendix A).

In order to examine the reasons why this was the case it was decided to examine the help-seeking behaviour of Singaporeans in an attempt to not only survey their attitudes toward counselling but also those variables most predictive of their intention to seek counselling. Having surveyed a range of theoretical approaches to how attitudes are formed it was decided to use the TPB as it appeared to provide the most comprehensive understanding of help-seeking behaviour. Finally, the important variables considered to be associated with help-seeking were investigated within the context of empirical studies. It was found that both inter-individual and intra-individual variables played a role in determining whether an individual visited or planned to visit a counsellor. In particular, it appeared from the international studies reviewed that ethnicity, religious affiliations, and educational level, to name but three, were predictive of help-seeking behaviour. It may be that some or all of the same 14 variables identified in the literature review may assume a similar role in the decision making of Singaporeans. Therefore, the present study examined the same variables to establish which, if any, impacted on Singaporeans' intention to seek help from professional counsellors. The manner in which this investigation was undertaken is detailed in the following chapter.

## CHAPTER 4 - RESEARCH METHODOLOGY

### **Research Strategy and Processes**

Approaching the research questions, the present study included mixed methods that included quantitative and qualitative data collection and analysis (Greene, 2007). By mixing both quantitative and qualitative research and data, the breadth and depth of understanding and corroboration of the present study was increased, while offsetting the weaknesses inherent to using each approach by itself. This form of structured inquiry potentially provided a more comprehensive explanation why some variables were stronger predictors of help-seeking behaviour (Creswell, 2013).

Quantitative research was used to explore the research question, investigate specific variables and to select measurement instruments in order to test help-seeking theories and determine the magnitude and frequency of relationships (Charles & Mertler, 2002). This process led to the identification of significant predictors contributing to help-seeking behaviour. A qualitative component was used to capture complex and contextualised details based on the participants' knowledge and experience relating to help-seeking behaviour. The rationale for the use of mixed methods is that both numerical and text data collected developed pragmatic views asserting truth in accordance by refining and explaining the statistical results in more depth (Creswell, 2013).

This study was conducted in four phases among Singaporeans residing in the North, South, East, West and Central areas of Singapore. Data was collected in all five areas in order to capture a representative sample of the Singaporean population.

The first phase of the study involved a focus group. The group was used to explore perceptions, understanding and attitudes toward professional counselling by Singaporeans. This enabled potential factors not identified in the literature to surface and be included in the study. In the second phase, a pilot study was undertaken to identify and address any psychometric properties and methodological issues inherent in the large questionnaire. The third phase of the study involved administration of a large-scale survey. The fourth and final phase involved individual interviews. This provided individual participants with the opportunity to expand on their views relating to professional counselling and for the researcher to explore the outcomes of the quantitative measures to gain a deeper understanding of Singaporean's attitudes towards counselling.

### **Phase One – Focus Group**

Although the review of the literature highlighted variables affecting attitude and intention of help-seeking behaviour, it was unclear whether these variables were relevant to the Singapore context. Furthermore, the limited studies conducted in Singapore have indicated that conducting a focus group for the current study would be an efficient and effective way to identify factors specific to Singaporeans (Lee, 2007). Thus, the first phase involved conducting a focus group to identify and develop constructs for the questionnaire that could be used in the large-scale study (Rabiee, 2004). Macnaghten and Myers (2006) have recommended that it is best to use a focus group in the exploratory stage of a study and follow up with further investigation to explain and refine the findings. Ideally, the interaction among the focus group participants would produce valuable insights to gain direct knowledge

about the variables in addition to those gained from the literature review (Jayawickreme, Jayawickreme, & Goonasekera, 2012; Lambert & Loiselle, 2008).

### Participants

The participants in the focus group were selected using Krueger's (2009) recommendations. First, the focus group members had something in common as well as differences, so that there would be a mixture of similar and contrasting opinions. Second group size was limited to six in order that their responses could be effectively monitored. Focus groups with more than six participants can make it difficult for all participants to contribute their opinions and for the researcher to capture important data efficiently (Krueger, 2009).

In the current study, six Singaporeans volunteered as participants for the focus group. Of these, four were female ranging in age from 25 years old to 46 years ( $M = 35.25$ ,  $SD = 9.18$ ), and two were males 27 years and 33 years ( $M = 30.00$ ,  $SD = 4.24$ ). One participant was primary school educated; one was secondary school educated, one with 'O' level certification and one held a university degree. At the time of the interview, two were single, two were divorced, two were married and two of the participants had children. All six lived in public housing. Three participants were considered middle-income earners between \$30,000 and \$50,000 per annum while the others were low-income earners reporting incomes of less than \$30,000 per annum. Five participants were Chinese and one was Malay. Two of the participants reported having no religion; two classed themselves as Christian, one a Buddhist and one a Muslim. Only one participant had had prior counselling experience, the other five reported not having ever sought professional counselling.

## Materials

The focus group was conducted in a semi-structured manner. It consisted of broad, general, open-ended questions on the factors relating to seeking counselling (see Appendix B). The questions were derived by the review of the literature. Examples of questions included, “What do you do when you have a personal problem” and “I am wondering how helpful your friends and family members were in helping you solve your personal problems as compared to seeking professional counselling?” This approach allowed the participants to contribute their ideas without constraint. They were also encouraged to express their ideas and thoughts in both detail and depth (Lambert & Loiselle, 2008).

## Procedure

After approval was obtained from the Monash University Human Research Ethics Committee (CF11/2617 – 2011001531; see Appendix C), focus group participants were recruited by advertisements (see Appendix D) posted at several supermarkets and bus stops across all five areas of Singapore, as well as through an online social network, (i.e. the researcher’s Facebook page). Participation was entirely voluntary and the criteria for participation was that the participants needed to be at least 18 years of age and either Singapore citizens or permanent residents. Nine potential applicants phoned the researcher and, after the purpose, procedures, potential benefits, risks, and confidentiality were explained to them, six accepted the invitation to join the focus group. Pseudonyms were assigned to participants before the commencement of the focus group discussion to ensure that confidentiality was maintained.

The focus group was conducted at a central location for all participants. Participants were seated at a round table with each one encouraged to speak in turn. The focus group lasted one and a half hours and was reliant on the interaction between the six group members (Krueger, 2009). The researcher served as a facilitator, initiating group discussion with open questions and promoting dialogue among the participants. The discussion during the focus group was audio recorded, transcribed and tabulated by the researcher for thematic analysis (see Appendix E). On completion, the participants were thanked for their involvement and their contribution to the research.

Thematic analysis of the results was used as this method has been effective in drawing themes from the data collected during the focus group (see Appendix F) in order to gain a full understanding of the participants' ideas relating to help-seeking behaviour (Braun & Clarke, 2006). Initial codes were generated from the responses with identical themes (see Appendix F). Each participant's responses were coded and the identified themes included age, gender, religious affiliation, ethnicity, marital status, dependent status, educational level, income level, residential types, attitude, stigma, acculturation, prior experience, and intention to seek professional counselling. The themes were similar to those identified in the literature.

## **Phase Two – Development of the Questionnaire and Pilot Study**

A pilot study was carried out in the second phase to address potential flaws in the survey instruments, such as clarity of instructions, ambiguity of language, and validity of the survey instruments, so that improvements could be made before the administration of the questionnaire for the full study (Gardner, Gardner, MacLellan, & Osborne, 2003; Van Teijlingen, Rennie, Hundley, & Graham, 2001). According to

Peat, Mellis, Williams, and Xuan (2002), a pilot study is instrumental in the process of improving the internal validity of a questionnaire. Time taken to complete the questionnaire was recorded to ensure that there was sufficient time for the participants to complete it.

### Participants

Eleven volunteers participated in the pilot study, seven male ( $M = 28.29$ ;  $SD = 14.90$ ) and four female ( $M = 39.00$ ;  $SD = 15.10$ ). Participants were approached on the street in the central area of Singapore because that is where people from 'all walks of life' tended to gather. They were briefed on the purpose of the pilot study before being given the opportunity to participate and provide their feedback on the questionnaire. Completion of the whole process from approaching participants, providing the briefing and completing the questionnaire, took an average of 20 minutes per person. In total, 11 participants (seven males and four females) ranging in ages from 19 years old to 60 years ( $M = 32.18$ ,  $SD = 15.19$ ) agreed to be involved in the pilot study. Two of the participants were Buddhists, three Muslim, one Hindu, two Christian, one Catholic and two reported having no religion. The group ethnicities were Chinese (6), Malay (3), Indian (1) and Eurasian (1). In terms of education, one participant's highest level of education was primary school, one had post-secondary technical education (ITE), four had 'O' level certifications, two had Diplomas, one had 'A' level certification, one was a university degree holder, and one had a Masters degree. Two participants were married, eight were single, one was divorced and three had children. Ten participants reported residing in public housing and one in a semi-detached house. In terms of income earnings per annum, three

earned below \$30,000, two between \$30,000 and \$50,000, one between \$51,000 to \$120,000, and five were gainfully unemployed. Only one participant reported having had prior experience with seeking professional counselling.

## Materials

The hard copy questionnaire consisted of five self-report measures, which are detailed below and are attached in full as Appendix H. They include the *Suinn-Lew Asian Self-identify Acculturation Scale- Modified (SL-ASIA-M)* (Suinn, 1987) the *Attitude Towards Seeking Psychological Help Scale – Shortened – Modified (ATSPHS-S-M)* (Fischer & Farina, 1995); the *Stigma Scale for Receiving Professional Psychological Help – Modified (SSRPPH-M)* (Komiya et al., 2000); the *Self-stigma of Seeking Psychological Help Scale Modified (SSSPHS-M)* (David L. Vogel et al., 2006); and the *Intention to Seek Counselling - Modified (ISCI-M)* (Cash, Begley, McBrown, & Weise, 1975). In the first part of the questionnaire, demographic questions were presented whereby participants were required to indicate their age, gender, religion, ethnicity, education level, marital status, number of children, residential type, educational level and income level. They were also required to specify their status as Singaporean Permanent Residents or foreigners to ensure that participants met the criteria for inclusion in the study (see Appendix H).

### Prior Experience in Seeking Professional Counselling

The literature review indicated that individuals with prior experience in seeking professional counselling had an impact on their intention to seek counselling (Elhai et al., 2008; Vogel & Wei, 2005; Vogel & Wester, 2003; D. L. Vogel et al., 2006) and this was further endorsed by the focus group. For example, in the focus

group, participants reflected that prior experience with counselling was a factor influencing them to seek counselling again. Therefore the first question developed for the questionnaire was one which required participants to respond as to whether they had previously experienced professional counselling (*1 = yes*) or not (*2 = no*).

The Suinn-Lew Asian Self-identify Acculturation Scale Modified (SL-ASIA-M) - (Suinn, 1987)

SL-ASIA-M (Suinn, 1987) is a self-report measure used in this study to assess Asian acculturation level within the Singapore context, that is, the extent to which participants believed they were influenced by both Asian and Western cultures. The scale consists of 19 items that aim to measure an individual's acculturation level by exploring the individual's language, identity, friendship, behaviours, geographic background, and attitudes. Items in the scale were modified for this study to suit the Singapore context, for example, Japanese, Korea, Hispanic, Asian-American, and others was substituted with the terms Asian and Westerners. SL-ASIA-M has a 5 point Likert scale, where 1 (*low acculturation*) and 5 (*high acculturation*). Examples of items were "What language do you frequently speak?" "How do you identify yourself?", and "Whom do you now associate with in the community?" High scores indicate high acculturation. Suinn et al. (1987) reported a Cronbach's alpha coefficient of .91 indicating strong internal consistency. In Dao, Teten, and Nguyen's (2011) study, Cronbach's alpha coefficients ranging from .79 to .91 were established for the total scale of SL-ASIA. Similarly, Ponterotto, Baluch, and Carielli (1998) reported that there was strong evidence for the construct validity of SL-ASIA after studying 16 published reports. For this study, Cronbach's alpha was .81, indicating strong internal consistency.

## Attitude Towards Seeking Psychological Help Scale – Shortened - Modified

(ATSPHS-S-M) (Fischer & Farina, 1995)

Fischer and Farina's (1995) ATSPHS-S-M was originally developed in the 1970s by Fischer and Farina and revised in 1995. The updated version of ATSPHS-S-M is a shortened 10-item revision of the original 29-item scale (Fischer & Farina, 1995). Items are rated on a Likert scale ranging from 1 (*disagree*) to 4 (*agree*). Five of the 10 items (items 33, 35, 39, 40 and 41) were reverse scored so that higher scores reflect more positive attitudes to seeking professional counselling. Scores ranging from 10 – 25 are considered to reflect more negative attitudes whereas scores ranging from 26 – 40, more positive attitudes. Examples of positive and negative items respectively are “If I believed I was having a problem, my first preference would be to seek professional counselling” and “The idea of talking about problems with a professional counsellor strikes me as a poor way to get rid of conflicts”. One item in the scale was modified for clarity and relevance to this study where the term “psychotherapy” was replaced with “professional counselling”. For example “I would want to seek professional counselling if I was worried or upset for a long period of time.” Strong internal reliability was reported at .84 (Fischer & Farina, 1995; Komiya et al., 2000; Smith et al., 2008). Similarly, Levant et al. (2013) reported Cronbach’s alpha coefficients .85 for ATSPHS-S. In Tucker et al.’s (2013) study with two of their sample groups have shown that Cronbach’s alpha for this scale was .79 for their sample 1 and .84 for their sample 2. Cronbach’s alpha was .68 for the current study, indicating moderate internal consistency.

### Stigma Scale for Receiving Professional Psychological Help - Modified (SSRPPH-M)

(Komiya et al., 2000)

The SSRPPH-M (Komiya et al., 2000) is a five-item, 4-point (*1 = strongly disagree, 4 = strongly agree*) Likert-type self-report instrument that was developed to assess an individual's awareness of social stigma associated with seeking professional counselling. Scores range from 5 to 20, with higher scores indicating greater perceived social stigma associated with seeking professional counselling. For clarity of understanding, a written definition of social stigma was provided to participants at the beginning of the instrument, as “others will see me as being shameful for seeking professional counselling”. Similar to the previously mentioned instruments, certain items in this scale were modified for relevance to this study such that “psychological help” was replaced with “professional counselling”. For example, “People tend to like less those who are receiving psychological help” was replaced with “People tend to like less those who are receiving professional counselling”. Moderate to strong internal consistency was reported in several studies, such as .72 in the Komiya et al.’s (2000) study, .76 for sample 1 and .82 for sample 2 by Tucker et al. (2013) and .80 by Chang and Chang (2004). Cronbach’s alpha was .83 for this study indicating strong internal consistency.

### Self-stigma for Seeking Psychological Help Modified (SSSPHS-M) (Vogel et al., 2006)

The SSSPHS-M was developed by Vogel et al. (2006). It has a 10-item 5-point Likert-type scale (*1 = strongly disagree, 5 = strongly agree*) that was developed to assess an individual's perception of self-stigma associated with seeking professional help. Scores range from 10 to 50, with higher scores representing greater

perceived self-stigma connected to seeking professional help. In this study, self-stigma was defined in the survey questionnaire as “I see myself as being shameful for seeking professional counselling”. Similar to the previous instruments, all of the items of the SSSPHS-M were modified, for relevance to this study where the term “psychological help” was replaced with “professional counselling”. For example, “It would make me feel inferior to seek psychological help” was replaced with “It would make me feel inferior to seek professional counselling”. Vogel et al. (2006) reported Cronbach’s alpha .91 for this scale indicating strong internal consistency. Again, in the Tucker et al.’s (2013) study with two of their sample group, Cronbach’s alpha was reported as .90 and .92. Vogel et al. (2013) reported good internal reliability with a range of Cronbach’s alpha scores between .77 and .89 across six different western countries. Cronbach’s alpha was .79 for this study indicating strong internal consistency.

#### Intention to Seek Counselling Inventory - Modified (ISCI-M) (Cash et al., 1975)

ISCI-M (Cash et al., 1975) is a self-report measure, which consists of 17 items that require participants to rate how likely they would be to seek professional counselling if they were experiencing one or more of the listed problems. Scores ranged from 1 (*very unlikely*) to 4 (*very likely*), with high scores indicating strong intent to seek professional counselling. Examples of reasons why individuals choose to seek professional counselling include relationship difficulties, depression, personal concerns, and drug-related problems. Three subscales comprise ISCI-M including *Interpersonal Problems* (11 items), for example “depression”, *Academic/Career Problems* (4 items), for example “difficulties coping with school work”, and *Drug/Alcohol Problems* (2 items) for example “excessive alcohol/drug use”. Original

wording in the questionnaire was modified in the current study to clarify the issues related to psychological problems. These reworded questions and instructions were expected to improve understanding for Singaporean participants. Some examples were “excessive alcohol use” was reworded to “excessive alcohol or drug use”, “relationship difficulties” was reworded to “divorce or marital separation”, “conflict with parents” was reworded to “conflict with parents, siblings, spouse, children or in-laws”, and “test anxiety” was reworded to “test and examination anxiety”. In the Tucker et al.’s (2013) study with two sample groups, Cronbach’s alpha for this scale was .89 and .88. Similarly Vogel et al. (2006) reported Cronbach’s alpha of .89 for the subscales. Overall, the Cronbach’s alpha for the full scale of ISCI-M used in this study was .89, indicating strong internal consistency and also for the three subscales: .90 for Interpersonal Problem, .71 for Academic Problems and .86 for Drug/Alcohol Problems even after modifications.

#### Reliability of the Scale

Presentation of the various Likert scales and subscales are shown in Table 4.1 below. Composite scores for acculturation, attitude, social stigma, self-stigma, intention for interpersonal problems, intention for academic/career problems, intention for drug/alcohol problems and total intention for seeking professional counselling are clearly stated below. Using Cronbach’s alpha, the scales were all found to be reliable (see Table 4.1).

Table 4.1: *Descriptive Statistics for the Likert Scales and Sub-scales*

Scale	Mean	SD	Skew	Kurtosis	Scale $\alpha$
Acculturation	46.15	7.25	.11	.93	.81
Attitude	25.19	4.46	-.18	.34	.68
Social stigma	11.05	3.02	.18	.21	.83
Self-stigma	25.87	5.75	.04	.28	.79
Intentions:					
Total	37.88	9.36	-.10	.19	.89
Interpersonal	22.41	5.73	-.11	-.01	.90
Academic/career	8.34	2.62	.17	-.14	.71
Drug/alcohol	5.22	1.93	-.29	-1.03	.86

Note.  $n = 564$ . Acculturation scores range from 22 to 73; attitude scores range from 10 to 40; social stigma scores range from 5 to 20; self-stigma scores range from 10 to 49; total intention for seeking professional counselling scores range from 17 to 68; intention for interpersonal problems scores range from 10 to 40; intention for academic/career problems scores range from 4 to 16; intention for drug/alcohol problems scores range from 2 to 8; Scale  $\alpha$  = Cronbach's alpha

## Procedure

A convenience sampling method was adopted for the pilot study because this technique allowed the researchers to pre-test questionnaires cost effectively and without difficulty (Ellison, Barwick, & Farrant, 2009). The researcher approached people within the central region of Singapore and invited them to act as participants. They were provided with a brief description of the pilot study's purpose, potential gains and risks, and the confidentiality guarantee for participants. Those who agreed to participate were given an explanatory letter (see Appendix G) and a hard copy of the questionnaire (see Appendix H) to complete after having read the explanatory letter. Upon completion of the questionnaire, the researcher invited and received feedback from the participants. It was noted that all participants took between four to six minutes each to complete the questionnaire. The whole process from first contact, filling in the questionnaire, and briefing took approximately 20 minutes.

### **Phase Three – Large Scale Survey**

#### Participants

As with the previous phases, participants were required to be Singaporean aged at least 18 years. Participants were recruited from the North, South, East, West and Central regions of Singapore. In total, 564 participants responded to the survey, with ages ranging from 18 years to 75 years ( $M = 33.42$ ,  $SD = 14.22$ ). A comparison of their profile with the population in Singapore in 2012 was provided by the Singapore Department of Statistics (2012) and is presented in Table 4.2. This is to demonstrate that the current study's sample is a true representation of the Singaporean population. For almost all demographic variables, the current sample was very similar to that reported by the Singapore Department of Statistics (2012) indicating that the current sample is a true representation of the Singapore population.

Table 4.2: Comparison of Demographics of Survey Participants with General Singaporean Population (n=564)

Characteristics	Study sample n = 564		Singapore population (Estimated as at 2012) N = 3,818,200	
	Frequency	Valid Percent	Frequency	Valid percent
<b>Gender</b>				
Female	307	54%	1,939,646	51%
Male	257	46%	1,878,554	49%
<b>Age</b>				
18 - 20 years old	97	17%	519,275	14%
21 – 34 years old	256	45%	565,094	15%
35 – 54 years old	130	23%	1,263,824	33%
55 years old and over	81	15%	828,549	22%
<b>Ethnicity</b>				
Chinese	396	70%	2,832,000	74%
Malay	101	18%	509,500	13%
Indian	59	11%	351,000	9%
Eurasian	8	1%	125700	3%
<b>Religious status</b>				
Buddhism	172	31%	1,271,461	33%
Taoism	33	6%	416,184	11%
Christianity	84	15%	582,160	18%
Catholic	13	2%		
Islam	114	20%	561,275	16%
Hinduism	39	7%	194,728	5%
No religion	109	19%	649,094	17%
<b>Education level</b>				
No formal education	1	0.2%	584,185	15%
PSLE	43	8%	263,456	7%
ITE	18	3%	1,111,096	29%
‘O’ level	117	21%		
Diploma	217	38%	423,820	11%

'A' level	65	11%	565,094	15%
Degree	85	15%	870,550	23%
Master	15	3%		
Doctorate	3	0.8%		
<b>Marital status</b>				
Single	331	59%	1,229,460	33%
Married	204	36%	2,268,011	59%
Separated	5	1%	126,001	3%
Divorced	17	3%	194,728	5%
Widowed	7	1%		
<b>Dependent status</b>				
With children	205	36%	2,588,740	68%
Without children	359	64%	1,229,460	32%
<b>Residential type</b>				
HDB	453	80%	3,146,197	82%
HUDC	8	1%		
Executive condo	5	1%		
Private condo	52	10%	427,638	11%
Terrace	18	3%	217,637	7%
Semi-detached	24	4%		
Bungalow	4	1%		
<b>Income level</b>				
Unemployed	206	37%	N.A	
Below \$30,000	115	20%		
\$30,000 - \$50,000	134	24%		
\$51,000 - \$120,000	86	15%		
\$120,000 and over	23	4%		
<b>Prior experience</b>				
Had been for professional counselling	102	18%	84,656	2%
Had not been for professional counselling	462	82%	3,733,544	98%

## Materials

As the pilot study did not indicate any problems with the measures, all instruments were retained for the next part of the study. The final questionnaire (print form and online) comprised two parts. Part 1 comprised demographic variables and part 2 comprised of a forced-choice question and five self-report research instruments which included all the amendments resulting from the pilot study, as follows: Prior experience in seeking professional counselling, SL-ASIA-M, ATSPHS-S-M, SSRPPH-M, SSSPHS-M, and ISCI-M (See section 4.3.2 for details). In order to reach out to the maximum number of Singaporeans, the questionnaire was available in print (hard) copy as well as an online version using Qualtrics.com.

## Procedure

Participants were recruited in three ways: (1) convenience sampling through the Singapore phone directory, (2) posting the survey questionnaire on a survey website [monasheducation.qualtrics.com](http://monasheducation.qualtrics.com), and (3) approaching potential participants at various shopping centres, office buildings, and housing estates situated in all Singapore regions: north, south, east, west and central. A total of 500 explanatory letters (see Appendix G), questionnaires (see Appendix H) and paid return addressed envelopes were posted to every 20<sup>th</sup> name listed in the Singapore phone directory, with the requirement that completed questionnaires be returned within two weeks of their receipt. As it was unnecessary to cover the whole Singapore directory for participants, the researcher adopted a simple random sampling technique by tagging every 20<sup>th</sup> name listed in the directory. This was to ensure that each person in the phone directory had the same probability of being selected. Participation for the research survey was entirely voluntary and no identifying information was collected

to ensure confidentiality of participants. However, participants had the option to provide their names and contact information by emailing the researcher so they could be contacted for subsequent individual interviews. The online questionnaire was available for four months at <http://monasheducation.qualtrics.com/SE/?SID=S> V\_af7Ss0oA8fNqEok, with the link advertised on the researcher’s Facebook page as another means of recruiting participants. The researcher also approached potential participants randomly in the above regions thrice weekly for four months.

Table 4.3: *Responses for the Large-Scale Survey (n=564)*

	Responses Solicited (n=1193)	Completed Questionnaires (n=564)	Incomplete responses (n=129)
Online Survey	271	195	76
Mail Survey	500	0	0
Street Survey	422	369	53

Significantly, none of the mail out surveys were returned. Insufficient incentive may have been a reason for the poor return. The fact that questionnaires were mailed out during the festive seasons (Christmas, New Year and Chinese Lunar New Year), which also may have affected the return rate. To maintain data confidentiality, the completed questionnaire forms were planned to be kept in a locked cabinet in the researcher’s house for a period of five years, following which they will be disposed of by shredding.

## **Phase Four - Individual interviews**

Individual interviews were included in this research to gain further insights as to why Singaporeans would seek professional counselling and also to identify any other possible variables that were not captured in the previous three phases. Research has established that by using quantitative data in tandem with the qualitative data, a deeper and more refined understanding of the research problem would be achieved (Leech & Onwuegbuzie, 2007). The individual interviews were guided by TPB described by Ajzen (2001) research discussed in Chapter 2.

### **Participants**

Participants for the individual interviews were volunteers from the large-scale survey. In total, there were 10 participants ranging in age from 19 to 61 years ( $M = 37.90$ ,  $SD = 14.68$ ). There were five males, ( $M = 38.80$ ,  $SD = 14.31$ ) and five females ( $M = 37.00$ ,  $SD = 16.67$ ). There were six Chinese, two Malay and two Indian participants. The participants were Buddhists (2), Taoist (1), Christians (2), Muslims (3), Hindu (1), and 1 participant with no religious affiliation. Four participants had a diploma qualification, two had 'A' level certification, three had a bachelor degree, and one participant had a Master's degree. Three participants were single, five were married, one divorced, and one participant was widowed. Six participants had children. Eight participants were living in public housing, one participant was living in a private condominium, and one participant lived in a semi-detached house. In terms of income earning per annum, two participants reported earnings below \$30,000, four earned between \$30,000 and \$50,000, two between \$51,000 to \$120,000, and two participants were unemployed. Six of the ten participants reported having had sought professional counselling in the past.

## Materials

Structured open-ended questions (see Appendix I) were used during the interviews to explore behavioural beliefs, normative beliefs, and control beliefs (Alam & Sayuti, 2011; Alipour, Rahpeyma, & Mousavian, 2011; Leech & Onwuegbuzie, 2007). Questions developed by Ajzen (2001) explored participants' perceptions in relation to counselling based on TPB were used. A sample question to explore the participants' behavioural beliefs was, "What do you see as the advantages (if any) of seeking professional counselling?" To explore their normative beliefs, that is, by how much the participants felt the social pressure to seek professional counselling, participants were asked "When it comes to seeking professional counselling, there might be individuals who think it would be fine for them to seek counselling for certain reasons. Please tell me what you think these reasons would be?" A typical question on control beliefs was "Please list any factors or circumstances that would make it easy or enable you to seek professional counselling". For the purpose of this study, professional counselling was explained to the participants as being "face-to-face with a trained counsellor in a private and confidential setting to explore the difficulties an individual encounters".

## Procedure

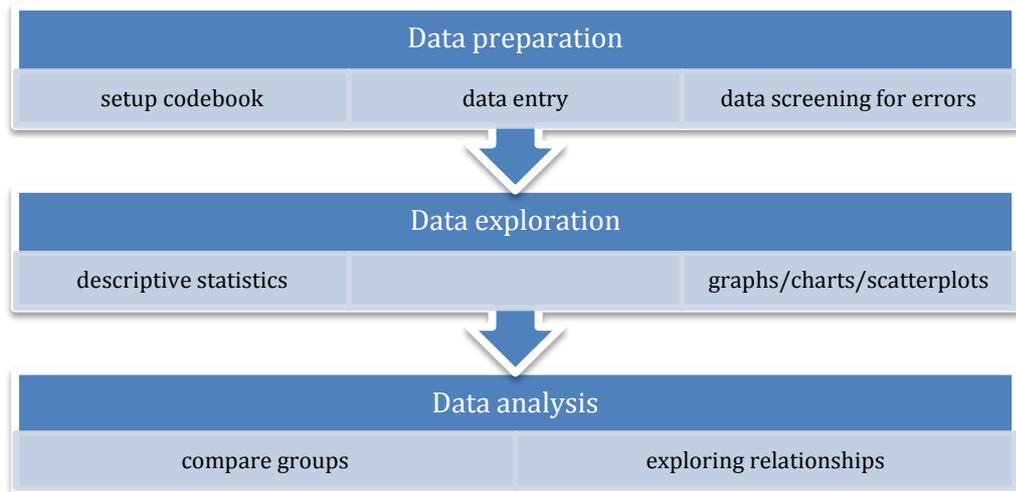
Those participants who completed the large-scale questionnaire and who were interested in participating in the individual interviews were required to email the researcher to arrange a convenient time and date for the interview. On average, the time spent on each interview was one hour and fifteen minutes. Continued participation was entirely voluntary and participants were advised they could stop at any point during the interview. The purpose, procedures, potential benefits and risks,

and gaining informed consent from the prospective participants were explained before the commencement of the interview.

Each interview was audio taped, transcribed (see Appendix J) and emailed to the participants for them to check the accuracy of the transcribed content prior to analysis. Participants were able to add or change their comments by writing their remarks on the transcripts before emailing back to the researcher. Thematic analysis was used to analyse the finalised transcripts as this is an accessible and flexible approach to analysing qualitative data (Braun & Clarke, 2006). Attard and Coulson (2012) have reported how thematic analysis is able to work with large diverse raw data effectively by grouping it into categories, which in turns make it easier for the researcher to compare and determine the data to focus upon at a specific level. Thus, researchers could be able to extract significant meaning from the data.

### **Design of Statistical Analyses**

The process for statistical analyses is shown in Figure 4.1. Once the data had been gathered, a data file was prepared for error checking, screening, cleaning and defining the data. Upon completion, the process of preliminary analyses was carried out, it was summarised into descriptive statistics, frequencies, percentages, tables, graphs and charts to explore the trend of the data. Following this, inferential statistics were conducted to investigate relationships (correlation and multiple regressions) and comparing groups (*t*-tests and one-way ANOVAs). Details of the statistics analyses and reports of the results are described in Chapter 5.



*Figure 4.1* Process of statistical analysis

### Data Preparation

As a part of the process for statistical analysis succinct coding, formulation of the data file, careful data entry and screening for errors was completed at this stage. These steps ensured that the data collected during the survey was input appropriately.

Following data collection and prior to data entry, a codebook was set up to convert the data into a format compatible with SPSS. To prepare the data file, the codebook documented (1) defining and labelling of each item in the questionnaire, and (2) assigning numbers to each of the responses. Each item was given a unique name and each response a numerical code. The first item in the data file was ‘ID’, which was a unique code to identify each case. An example of a codebook is shown in Appendix K.

Following completion of the codebook, the structure of the data file was set up in the Statistical Package for Social Scientists (SPSS) by defining the variables, in accordance to the codebook. The data obtained from the survey for each item in the questionnaire was entered. Each case was entered on one line across the page into the

appropriate column for that variable. As it was easy to make mistakes when entering such a large amount of data ( $n = 564$ ), the final step in the data preparation process was to screen for errors. Scores for each item were checked for an out-of-range value, for example, 'gender' was coded as '1 = female', and '2 = male', thus there should not be any scores other than those values for this item. Along with the visual check, frequencies for all items in the questionnaire were run in SPSS and printed to screen for out-of-range values. Any errors were corrected and re-entered and the frequencies re-run to double check.

### Data Exploration

Once the data set was error free, data exploration began. Descriptive statistics for both continuous variables (see Table 4.1) and categorical variables (Table 4.2) were obtained. Mean, standard deviations, percentages, skewness, and kurtosis were also reported in descriptive statistics. Reliability and validity of the scales were tested (see Table 4.1) and presented in descriptive statistics. Survey questionnaires with missing responses (129) were discarded (see Table 4.3). Next, outliers were checked using a 5% trimmed mean, where the top and bottom five percent of cases were removed and a new mean calculated in SPSS. The current survey did not show a difference between the original mean and the trimmed mean, indicating that the outliers were acceptable (see Appendix Q).

The results of Kolmogorov-Smirnov test that assessed the normality of the distribution of scores were checked to ensure there was no violation of any 'assumptions'. Furthermore, the histogram (see Appendix L) reflected the actual shape of the scores, which appeared to be normally distributed. The De-trended Normal P-P Plots was obtained by plotting the actual deviation of the scores from the straight line (see Appendix M), where there were no real clustering of points with

most of them collecting around the zero line. Lastly, scatterplots were used to explore continuous variables, before calculating correlation to see if the variables were in a linear position (see Appendix N), which would be suitable for later correlation analysis.

### Data Analysis

Comparing groups and exploring relationships was chosen as the statistical technique to analyse and explore the data. Statistically significant differences between groups was analysed through *t*-tests and one-way ANOVAs. In the *t*-tests, two independent groups were compared, for example, gender differences (females and males) were compared in their intention to seek professional counselling to see if a significant difference was present. One-way ANOVAs were used for more than two groups. For example, ethnicity (Chinese, Malay, Indian, Eurasian) was compared to see was there a significance difference in their intention to seek professional counselling (see Chapter 5). If a significance difference was found, a post hoc test was carried out to further test for between group significance. Pearson correlations were used to explore the strength between the continuous variables that gave the direction (positive or negative) and the strength of the relationship (see Chapter 5). Four multiple regressions were used to analyse the best predictor for intention to seek professional counselling (see Chapter 5). One hierarchical multiple regression was used to explore the support of the framework on TPB. Dummy variables were also created so that categorical variables, such as ethnicity, were computable in SPSS for multiple regressions.

## Trustworthiness of Qualitative Data Analysis

In pursuit of attaining reliable and valid qualitative data (focus group and individual interviews), the concept of creditability, transferability, and confirmability were adopted. To address credibility, the focus group members were given sufficient time during which they were able to express and expand on their views. As participants they were given the opportunity to check the authenticity of the work and their comments served as a check on the viability of the researcher's interpretation. Allowing members to verify their statements allowed the participants to fill in any gaps the researcher may have missed. In the same way interview transcriptions were emailed to the participants to check for accuracy thus improving trust which was seen by the researcher as an important aspect of the member check process.

Although the aim of collecting the qualitative data was not to generalize beyond the sample it was used to consider previously unavailable or unobservable categories that did not appear from a survey of the literature or in the large-scale survey. In this way the results of the present study can apply or transfer beyond the bounds of the project implying that results can be applicable to similar situations or individuals. Confirmability was achieved through auditing of the data by independent researchers experienced with qualitative methods who followed the procedures outlined by the primary researcher attempting to understand how and why decisions were made.

A reflexive analysis was also seen as helpful to identify the primary researchers (thesis author) influence on the data. The author has been a psychology lecturer for nearly ten years and has greater experience in the area of quantitative research, so a bias toward this form of research was acknowledged. While working as a lecturer the question often arose about the job opportunities out there for psychology

students upon graduation. There appeared to be few job openings for counsellors, a fact echoed by graduate students. With this fact in mind, it prompted research into the factors impacting on Singaporean's intention to seek help from professional counsellors?" Answering this question was seen to potentially make a contribution to understanding why so few jobs existed for graduates in the field of counselling.

## CHAPTER 5: RESULTS

### **Phase 1: Focus Group**

The primary aim of the focus group (comprising six participants) was to address the question “What were the factors that impact on Singaporeans’ intention to seek professional counselling?” by identifying help-seeking behaviours that were potentially different from those not identified in the literature review. A qualitative thematic analysis was used to analyse the data. Thematic analysis potentially provides flexibility for researchers to analyse large chunks of detail into themes and codes. Analysis of the text begins with proofreading the transcripts multiple times, and key phrases were outlined with different coloured pens. Topics that occurred and reoccurred, similarities and differences in the participants’ viewpoints were all captured and sorted out for further analysis into themes. These themes and codes provide clues in a simpler form for the researcher to gain a clearer and more logical view of the participants’ subjective views and narration of their experiences (Braun & Clarke, 2006). The extracts of the focus group were transcribed verbatim and were refined to retain the context and meanings.

#### Themes

The seven themes that emerged from the analyses of the focus group were not dissimilar to those highlighted in the literature review. For example, gender, culture, age, socioeconomic status, prior experience with counselling, attitudes toward counselling, and stigma were all mentioned. Supporting evidence from the participants are summarised in the following statements.

#### The Weaker Sex

The debate of gender differences in their intention to seek professional counselling was identified by the focus group as a noteworthy factor that impacted on

Singaporeans' help-seeking behaviour. Indeed, five participants associated seeking professional counselling with a violation of stereotypical gender norms. For example, one participant believed that

*“it is women (who) are weaker and will not (thus) seek professional counselling”* (25 year old, female, Chinese, no religion, PSLE, divorced, no children, HDB, earns below \$30,000 annually, with prior experience to counselling)

while another participant argued that

*“seeking professional counselling is only for those weak minded... Not that (the) woman is weaker. Just that the one who has a 'weak' mind happens to be a woman.”* (39 year old, female, Chinese, no religion, diploma, divorced, has children, HDB, earns \$30,000 - \$50,000 annually, no prior experience to counselling)

Disagreeing with both of the participants' co mentioned above, another participant stated that

*“men will not seek professional counselling because I suppose men are weaker.”* (46 year-old, female, Chinese, Christian, 'O' level, married, has children, HDB, earns below \$30,000 annually, no prior experience to counselling)

Disagreeing with the participants' statements above, two participants cited that

*“I think it does not matter because there is gender equality in Singapore. Men can be tailors or chefs in Singapore and women can also be leaders or taxi driver so I do not think gender is an issue in seeking professional counselling. Personally, I will seek professional counselling and I am fine with it.”* (27 year-old, male, Chinese, Buddhist, degree, single, no children, HDB, earns \$30,000-\$50,000 annually, no prior experience to counselling)

*“I also think that there are no differences in gender in seeking professional counselling.”* (31 year-old, female, Chinese, Christian, ‘O’ level, single, no children, HDB, earn \$30,000 - \$50,000 annually, no prior experience to counselling)

#### West versus East

In this study, participants referred to ‘culture’ as an influence from the different ethnic groups, religious groups, and acculturation. For instance, four of the participants, perceived that there would be a difference in help-seeking behaviour between Singaporeans’ who were more ‘acculturated’, that is, influenced by and accepting of Western culture (Kim & Omizo, 2006), than those who were not. This was clearly shown below:

*“...it is Asians’ nature to be shy to seek professional counselling, especially we are Asians not Westerners.”* (31 year-old, female, Chinese, Christian, ‘O’ level, single, no children, HDB, earn \$30,000 - \$50,000 annually, no prior experience to counselling)

Another participant stated that Singaporeans who identified more with the Asian culture were more conservative and likely to resolve their issues within their subcultures, in particular their family and also their social group, and more unlikely to “air their dirty laundry” as follows:

*“Agree, cultural factors may also prevent us from seeking professional counselling as Asian culture, in general, do not look too fondly upon those who share their problems with others outside of the family, the "airing of dirty laundry" so to speak.”* (33 year-old, male, Malay, Muslim, diploma, married, no children, HDB, earns below \$30,000 annually, no prior experience to counselling)

In addition, two other participants perceived that individuals who were more Westernised were likely to be more liberal and open to new ideas, such as seeking professional counselling as they were also more likely to share their personal issues with a stranger such as a professional counsellor. One summarised it in this way

*“...younger generations [western-cultured individuals] might be more open and receptive to seeking professional counselling because they are more westernised... Asians in general are really conservative and shy people [Asian-cultured individuals]...”* (46 year-old, female, Chinese, Christian, ‘O’ level, married, has children, HDB, earns below \$30,000 annually, no prior experience to counselling)

*“I know some of my friends studying overseas in Australia and London and they told me that the local students are more readily to seek professional counselling provided by their universities than Asians students.”* (27 year-old, male, Chinese, Buddhist, degree, single, no children, HDB, earns \$30,000-\$50,000 annually, no prior experience to counselling)

*Two participants, however, see acculturation affecting individuals’ help-seeking behaviour differently from the rest.*

*“I think it has nothing to do with Asians or Westerners.”* (25 year-old, female, Chinese, no religion, PSLE, divorced, no children, HDB, earns below \$30,000 annually, with prior experience to counselling)

*“I do not think so too that Asians or Westerners will affect seeking professional counselling.”* (39 year-old, female, Chinese, no religion, diploma, divorced, has children, HDB, earns \$30,000 - \$50,000 annually, no prior experience to counselling)

Another form of culture mentioned in focus group was ethnicity. One participant (31 year-old, female, Chinese, Christian, ‘O’ level, single, no children,

HDB, earns \$30,000 - \$50,000 annually, no prior experience to counselling) defined Singapore as multicultural society, that is “*we have so many varieties of races in Singapore, such as Chinese, Malay, Indians, Eurasians and others*”, and concluded that “*“maybe culture [different ethnicity] is why we are so different in seeking professional counselling.”*”

Another participant (27 year-old, male, Chinese, Buddhist, degree, single, no children, HDB, earns \$30,000-\$50,000 annually, no prior experience to counselling) has also concluded “*...western students [different ethnicity] are more ready to seek professional counselling provided by their universities than Asians students [different ethnicity]*”.

Disagreeing with the above two participants, one participant stated:

*“I do not think so. I know my professional counsellor attend to Malay, Indians, Chinese, Eurasians and even foreigners.”* (25 year-old, female, Chinese, no religion, PSLE, divorced, no children, HDB, earns below \$30,000 annually, with prior experience to counselling)

Different religious groups have also reflected their help-seeking behaviour differently. For example, one participant (33 year-old, male, Malay, Muslim, diploma, married, no children, HDB, earns below \$30,000 annually, no prior experience to counselling) expressed the view that seeking professional counselling was not always necessary because Singaporeans could rely on their religious leaders for help with their problems, “*with regards to some of [their] own conflicts in the past*”. Agreeing with this, another participant expressed the following:

*“I go to religion and God for help, just like my spouse who would do the same”* (46 year-old, female, Chinese, Christian, ‘O’ level, married, has children, HDB, earns below \$30,000 annually, no prior experience to counselling). However, the following

participant (27 year-old, male, Chinese, Buddhist, degree, single, no children, HDB, earns \$30,000-\$50,000 annually, no prior experience to counselling) reflected very differently, that he would seek out professional counselling independent of his religious leader, *“as I have my own resources to reach out to professional counselling.”* Two participants not adhering to any religion did not offer any opinion regarding the role of religion.

#### Older and Wiser

Mixed findings were identified in relation to age and help-seeking behaviour. Two participants believed that age was a significant factor. One participant (39 year-old, female, Chinese, no religion, diploma, divorced, has children, HDB, earns \$30,000 - \$50,000 annually, no prior experience to counselling) reflected that she would seek counselling only when she gets older. Another participant held an opinion to the contrary (46 year-old, female, Chinese, Christian, ‘O’ level, married, has children, HDB, earns below \$30,000 annually, no prior experience to counselling) that *“younger individuals were more receptive to seeking professional counselling due to their openness to experience (being more Westernised) and having the ability (greater exposure, resources etc.) to access knowledge of the availability of counselling services.”* She has also further elaborated that *“especially those older aunties and uncles and the lower educated ones, I don’t think they would know where and how to seek professional counselling too.”*

Another disagreed and reflected:

*“I do not think age will affect a person’s decision to seek professional counselling because it all depends on a person’s exposure and awareness to professional counselling. For example, you can be young but never heard of professional counselling or you can be old but never heard of professional*

*counselling.*” (27 year-old, male, Chinese, Buddhist, degree, single, no children, HDB, earns \$30,000-\$50,000 annually, no prior experience to counselling)

### Help Costs Money

Participants reflected that socioeconomic status is a combination of education, living standard by their residential types, and income affects Singaporeans’ help-seeking behaviour. As follows, “...*education and standard of living play a part in [Singaporean] seeking professional counselling*”, “...*rich Singaporeans living in the private condominium or landed properties...*” and “*most of us live in HDB and earn good income.*”

With agreement, one participant (46 year-old, female, Chinese, Christian, ‘O’ level, married, has children, HDB, earns below \$30,000 annually, no prior experience to counselling) indicated that an individual’s ability to generate wealth is associated with their educational level. She believed that “...*highly educated people that are employed with money and more exposed to professional counselling...will lead them to seek professional counselling*” because she believed that the higher an individual’s educational level, the more money they have and therefore, the greater the likelihood of their knowledge of professional counselling services and their receptiveness to it.

In the focus group, participants brought up the subject of the connection between residential types and socioeconomic status. In Singapore’s context, the type of housing in which an individual resides often reflects the socioeconomic status of that individual. For example, an individual residing in a private condominium in Singapore is likely to be perceived as being of a high socioeconomic status, and would be more likely to seek professional counselling than those who reside in public housing. Thus,

*“...people who seek professional counselling have money to spend.” and “If I got money I would seek professional counsellor and I believe money can solve many problems.”* (46 year old, female, Chinese, Christian, ‘O’ level, married, has children, HDB, earns below \$30,000 annually, no prior experience to counselling)

However, one of the participants (39 year-old, female, Chinese, no religion, diploma, divorced, has children, HDB, earns \$30,000 - \$50,000 annually, no prior experience to counselling) did not agree that residential type was an accurate reflection of socioeconomic status of Singaporeans and therefore would not influence help-seeking behaviour. She believed that high socioeconomic status individuals reside in both public and private residences.

#### Previous Experience Predicts Future Behaviour

Two of the participants reported that prior experience of counselling would impact on help-seeking behaviour because of the individual’s knowledge and awareness about professional counselling services, rather than the efficacy of the counselling process. Indeed, knowledge about school counsellors at school seemed to have influenced attitudes, as one participant (46 year old, female, Chinese, Christian, ‘O’ level, married, has children, HDB, earns below \$30,000 annually, no prior experience to counselling) stated *“... more exposed to counselling at school (would) have the knowledge about seeking professional counselling”*, and would have an increased likelihood to return because of their knowledge of the service and their (positive) experience of it. This was further supported by another participant (25 year old, female, Chinese, no religion, PSLE, divorced, no children, HDB, earns below \$30,000 annually, with prior experience to counselling) whom have had been for

professional counselling as “*Yes, I will seek professional counselling. I always seek professional counselling when I have interpersonal problems as I mentioned earlier.*”

Yet, one of the participants (27 year-old, male, Chinese, Buddhist, degree, single, no children, HDB, earns \$30,000-\$50,000 annually, no prior experience to counselling) seemed unsure about the benefits of seeking professional counselling, as mentioned by the above two participants “*because a lot of us do not even know of such resources available and most of us do not have past experience meeting a professional counsellor*” and “*I never been to a professional counsellor so I would wonder, do the professional counsellors know how to solve the patients’ problems.*”

#### Positive or Negative Views Determines Help-seeking Behaviour

One of the themes most commonly identified in the focus group was the participants’ attitude towards seeking professional counselling. One participant indicated a positive attitude, two, negative, and three having mixed attitudes towards seeking professional counselling.

One participant (25 year-old, female, Chinese, no religion, PSLE, divorced, no children, HDB, earns below \$30,000 annually, with prior experience to counselling) believed that seeking professional counselling is beneficial stating that it is a “*...better choice to seek professional counsellors who are trained to solve mental and emotional issues and the bad interpersonal problems... I seek professional counselling more than seeking friends or family members... Professional counsellors are professional and well trained... it is beneficial to seek professional counselling...*”

However, those with negative attitudes (39 year old, female, Chinese, no religion, diploma, divorced, has children, HDB, earns \$30,000 - \$50,000 annually, no prior experience to counselling) and (31 year old, female, Chinese, Christian, ‘O’

level, single, no children, HDB, earns \$30,000 - \$50,000 annually, no prior experience to counselling) believed that “...*seeking professional counselling would be my last resort...*” and “*I do not see the usefulness to seek any professional counselling for interpersonal problems... professional counsellors cannot help us if it is emotional problems or interpersonal problems... I do not believe professional counselling is useful and helpful in resolving interpersonal problems... nobody can help me. I must help myself.*”

There were also indications of mixed attitudes with three of the participants stating that seeking professional counselling was “good” but with reservations.

“...*they [professional counsellors] are trained and academically qualified, they might be able to resolve my interpersonal problems in a professional manner... seeking professional counselling will be better as compared to friends or other sources...*” but “*seeking professional counsellors will be my last resort...*” (27 years old, male, Chinese, Buddhist, degree, single, has no children, earns \$30,000 - \$50,000 annually, does not have prior experience in counselling)

“...*it [professional counselling] is similar to seeking an assurance for solving their interpersonal problems.*” and “*sometimes even professional counselling cannot help... It seems to me that they also do not know what was wrong and may even give the wrong indication to the clients because they are too into theory.*” (31 years old, female, Chinese, Christian, ‘O’ level, single, has no children, single, earns \$30,000-\$50,000 annually, and has no prior experience in counselling)

“...*professional counsellors may be better...[in bringing]...together conflicting ideas and thoughts... I definitely feel that a professional counsellor may*

*be needed [to solve my problems]... professional counselling does help to give more insight and a different perspective... to further pinpoint what exactly it is that is the root cause of the issue or issues that I may be facing... through professional counselling, I may be able to discover things that I may not even realise about myself and how I truly feel about the issue and may lead to resolving it.” and “seek help from professional counsellors will be my last option...” (33 years old, male, Malay, Muslim, diploma educated, married, has no children, earns below \$30,000 annually, and has no prior experience in counselling)*

#### It's All About What Others Think About Me

Two types of stigma were identified in the focus group, that is, social stigma and self-stigma. Social stigma was another theme heavily debated in the focus group. Being in the Asian society, all of the participants were concerned with the negative views of others on individuals' intention in seeking professional counselling and the embarrassment if others were to know that they had sought professional counselling (Leung et al., 2012; Yow & Mehta, 2010). Four of the participants (39 year old, female, Chinese, no religion, diploma, divorced, has children, HDB, earns \$30,000 - \$50,000 annually, no prior experience to counselling), (27 year old, male, Chinese, Buddhist, degree, single, no children, HDB, earns \$30,000-\$50,000 annually, no prior experience to counselling), (33 year old, male, Malay, Muslim, diploma, married, no children, HDB, earns below \$30,000 annually, no prior experience to counselling) and (46 year old, female, Chinese, Christian, 'O' level, married, has children, HDB, earns below \$30,000 annually, no prior experience to counselling) indicated that *“It can be embarrassing if my friends or family know that I have problem and see me as a weakness.”* and *“we will feel a loss of “face”.* Further, *“seeking professional*

*counselling is only for those weak minded people and need others to lead them” and “weak minded people are people who do not have a mind of their own so they seek professional counselling to help them build up their mind again”. Ultimately, there is the “fear of being labelled as something wrong about our mindset or behaviour.”*

Yet, another admitted:

*“I will not seek my family members for help because I do not want them to worry about me.” ... “especially if my interpersonal problems is really getting very serious or I cannot consult my friends and family members due to privacy or shame or worrying them.”* (25 year-old, female, Chinese, no religion, PSLE, divorced, no children, HDB, earns below \$30,000 annually, with prior experience to counselling)

Besides social stigmatisation, one participant (31 year-old, female, Chinese, Christian, ‘O’ level, single, no children, HDB, earns \$30,000 - \$50,000 annually, no prior experience to counselling) has also briefly pointed out that Singaporeans also experienced self-stigmatisation. She believed that Singaporeans *“are insecure”* and *“... they may feel shameful [self-stigma] to share their interpersonal problems with people they know.”* These participants highlighted the notion that Singaporeans would view themselves negatively if they were to seek professional counselling.

### Summary of the Findings

The purpose of conducting a focus group was to elicit factors influencing Singaporeans’ intention to seek professional counselling that may not have been identified in the literature review, and importantly for the purpose of identifying constructs for the questionnaire in the large scale survey towards the Singapore context. Of the seven themes some were considered to hinder help-seeking from a counsellor such as, stigmatisation. In contrast, other factors (such as, positive attitude,

higher income, and acculturation) were seen to potentially facilitate an individual's intention to seek professional counselling when faced with psychological problems. However, it was not possible at this stage of the study to identify which variables in particular were significant predictors (factors) impacting Singaporeans' intention to seek professional counselling. Consequently, the large-scale survey (the next phase) was administered in an attempt to identify significant predictor/s (factors) that would influence Singaporeans' intention to seek professional counselling.

## **Phase 2: Main Study**

In this part of the chapter, the results and analysis of the main, large-scale quantitative survey are presented. The purpose of these analyses was to address “Which factor(s) best predicts Singaporeans' intention to seek professional counselling?” and “How well did the TPB explain Singaporeans' intention to seek professional counselling?” Through the exploration of these analyses, it was anticipated that an understanding of the main research question “What are the factors impacting on Singaporeans' intention to seek help from professional counsellors?” would be answered.

The data collected was analysed using Statistical Package for Social Scientists (SPSS, version 18). Preliminary analyses included examination of missing data, normality, outliers, and histograms, followed by outcomes of multicollinearity. Prior to conducting the descriptive statistics, taxonomy of level of measurement was determined for each of the variables. Gender, ethnicity, religion, marital status, dependent status, and prior experience (nominal variables), education level, residential type and income level (ordinal variables as these variables were in rank-order) were classified as categorical variables in the study. The remaining variables

of age, attitude, social stigma, self-stigma, and intention to seek counselling were treated as continuous variables as they are measured along a continuum.

Initially, descriptive statistics were calculated followed by analyses of *t*-tests and ANOVAs. Pearson's correlation coefficients were presented to investigate associations between all independent variables and the dependent variable (intention to seek professional counselling). Prior to conducting the regression analyses, dummy coding was performed for categorical variables where there were two (dichotomous) or more (polytomous) levels. Finally, four standard (enter method) multiple regressions were performed to identify the strongest predictor of Singaporeans' intention to seek professional counselling, and one hierarchical regression to test whether the framework of TPB used in the current study was supported or not.

### Preliminary Analyses

#### Data Screening and Data Cleaning

In total, 693 surveys were completed and submitted. Response rates to invitations to participate could not be calculated as the survey invitation was posted online which made it impossible to determine how many eligible participants read recruitment material. Of the 693 surveys submitted, 271 were completed on-line and a further 422 were submitted in hard-copy format. The two criteria for inclusion were that participants were required to be Singaporean/permanent residents and 18 years and older. There were eight participants who responded and were not Singaporeans/permanent residents were excluded. All respondents were 18 years and older and were therefore included. Of the remaining surveys, there were 66 incomplete online surveys (9.52% participant dropout) and 55 incomplete hard copy

(7.94% participant dropout). Thus, these cases were removed from the dataset, resulting in a final sample of 564 whose data was retained for analyses.

Negatively worded items were reverse scored and subscale scores collated for all measures. The distributions of scores were checked for normality and for the presence of univariate outliers. According to Gravetter and Wallnau (2004), normality for continuous variables can be analysed by exploring skewness and kurtosis, the Kolmogorov-Smirnov statistic and examination of the normality plots (see Appendix L). Age, education level, residential type, acculturation, social stigma, and self-stigma were slightly positively skewed. Income level, attitude, and intention in seeking professional counselling were slightly negatively skewed. All constructs were leptokurtic distribution (higher kurtosis) indicating larger variance, except for age, and income level that were platykurtic distribution (lower kurtosis) indicating smaller variance. A larger variance would indicate presence of outliers, however, according to Tabachnick and Fidell (2007) a large sample would not, affect the interpretation of the analysis when the data is slightly skewed or higher peak. Therefore, as the sample was large ( $n = 564$ ), the skewness and kurtosis of the data collected were considered within an acceptable range that did not violate the assumptions of normality and were appropriate for the planned parametric statistics.

Furthermore, the results of Kolmogorov-Smirnov statistic indicated that the significance level was less than 0.05 ( $p < .05$ ). Furthermore, Hair, Black, Babin, and Anderson (2010) also stated that non-normality of distribution with a sample size of more than 200 is not likely to impact the analysis. Additionally, the P-P plot (see Appendix M) shows the points lining in a reasonably straight diagonal line from bottom left to top right, suggesting no major deviations from normality (Pallant, 2010). Likewise, in the Scatterplot of standardised residuals (see Appendix N), the

residuals were roughly rectangular in distribution, with most of the scores concentrated in the centre, indicating no violations of assumptions (Pallant, 2010).

The outliers were inspected through histogram, boxplot, 5% trimmed mean and mean value. According to Pallant (2010), if the two mean values are very similar then removing or changing the scores would not be needed, even when outliers were present. Table of trimmed means and mean values are presented in Table 5.1 (see Appendix Q). Furthermore, when performing regression analyses, the maximum Cook's distance is .04, which is an acceptable range, indicating there were no extreme outliers.

Multiple regression analyses were performed to detect possible multicollinearity by examining tolerance and variance inflation factor (VIF) value scores (Hair et al., 2010). Tolerance values of  $< .10$  and  $VIF > .10$  indicate presence of multicollinearity (Pallant, 2010). The independent variables were tested against the dependent variables and the results indicated that the tolerance values were above .10, and VIF index values were below 10. Thus, the assumption of multicollinearity had not been violated in this sample. Collinearity statistics for independent and dependent variables are presented in Table 5.2 (see Appendix R).

To ensure sufficient power and sample size so as to avoid type I and type II error, Tabachnick and Fidell (2007) recommended eight times the amount of predictors, plus 50. Thus, the sample size was  $n = 564$  adequately ensured this.

### Descriptive Statistics

Descriptive statistics for both continuous variables and categorical variables are presented in Table 5.3 and Table 5.4 below. It is noted from the descriptive statistics that for the measure of acculturation (scale measure range of 19-95), the

attained mean score of 46.10 falls in the lower half of the median split of possible scores (median = 57), indicating low average acculturation of the sample. For attitude scale (measure range of 10 to 40), the attained mean score of 25.19 falls in the middle of the median split of possible score (median = 25), indicating that the sample were neither positive nor negative in their attitude towards seeking professional counselling. Social stigma (scale measure range of 5 to 20) has an attained mean score of 11.05 which falls in the lower half of the median split of possible score (median = 12.5), indicating low social stigma among the sample. The self-stigma measure (scale measure range of 10 to 50), the attained mean score of 25.87 fall below average of the median split of possible scores (median = 30), indicating low average self-stigma of the sample.

The measure of total intention to seek professional counselling (scale measure range of 17-68), the attained mean score of 37.88 falls in the lower half of the median split of possible scores (median = 42.5), indicating low average total intention to seek professional counselling. The following three subscales; interpersonal problem (scale measure range of 10 to 40), career/academic problems (scale measure range of 4 to 16), and drug/alcohol addictions (scale measure range of 2 to 8), have attained mean score of 22.41, 8.34, and 5.22 respectively. With the mean score of 22.41, 8.34, and 5.22 respectively, interpersonal problems and career/academic problems indicate low average in their intention to seek professional counselling for the respective problems (median 25, and median = 10), and drug alcohol addictions (median = 5) indicates slight above average to seek professional counselling of the sample. At face value, the participants have low average intention to seek professional counselling, but if they do, they are more likely to seek professional counselling for drug/alcohol addictions as compared to interpersonal problems and career/academic problems.

Table 5.3: *Descriptive Statistics for Continuous Variables (n = 564)*

<b>Variables</b>	<b><i>M</i></b>	<b><i>SD</i></b>	<b><i>Range</i></b>	<b>Minimum</b>	<b>Maximum</b>
Age	33.42	14.22	57	18	75
Acculturation	46.15	7.25	51	22	73
Attitude	25.19	4.46	30	10	40
Social stigma	11.05	3.02	15	5	20
Self-stigma	25.87	5.75	39	10	49
<b>Intention:</b>					
Total intention	37.88	9.36	51	17	68
Interpersonal	22.41	5.73	30	10	40
Academic/career	8.34	2.62	12	4	16
Drug/alcohol	5.22	1.93	6	2	8

Table 5.4: *Frequency Table for Categorical Variables*

	<b>Sample</b>	
	<b>(<i>n</i> = 564)</b>	
Categorical variables	<i>n</i>	<i>Percent</i>
<b>Gender</b>		
Female	307	54.4
Male	257	45.6
<b>Ethnicity</b>		
Chinese	396	70.2
Malay	101	17.9
Indian	59	10.5
Eurasian	8	1.4
<b>Religion</b>		
Buddhism	172	30.5
Taoism	33	5.9
Christianity	84	14.9
Catholic	13	2.3
Islam	114	20.2
Hinduism	39	6.9
No religion	109	19.3
<b>Education</b>		
No formal education	1	0.2
PSLE	43	7.6
ITE	18	3.2
‘O’ level	117	20.7
Diploma	217	38.5
‘A’ level	65	11.5
Bachelor	85	15.1
Master	15	2.7
Doctorate	3	0.5

---

Marital status		
Single	331	58.7
Married	204	36.2
Separated	51	0.9
Divorced	17	3.0
Widowed	7	1.2
Dependent status		
With children	205	36.3
Without children	359	63.7
Residential		
HDB	453	80.3
HUDC	8	1.4
Executive condo	5	.9
Private condo	52	9.2
Terrace	18	3.2
Semi-detached	24	4.3
Bungalow	4	0.7
Income		
Without gainful employment	206	36.5
Below \$30,000	115	20.4
\$30,000-\$50,000	134	23.8
\$51,000 - \$120,000	86	15.2
Over \$120,000	23	4.1
Prior experience		
Have been for professional counselling	102	18.1
Have not been for professional counselling	462	81.9

---

## Statistical Analyses

The following analyses were performed specifically to investigate “Which factor(s) best predicted Singaporeans’ intention to seek professional counselling?”

### T-tests

#### *Gender*

An independent sample *t*-test was conducted to compare gender on intention scores. Levene’s test was non-significant, thus equal variances can be assumed. There was no significant difference in intention in seeking professional counselling for females ( $M = 37.88$ ,  $SD = 9.28$ ) and males ( $M = 37.89$ ,  $SD = 9.52$ ;  $t(562) = -.01$ ,  $p = .99$ , two tailed). In fact, the magnitude of the differences in the means (mean difference =  $-.01$ , 95% CI:  $-1.57$  to  $1.55$ ) was very small (eta square =  $.00$ ). The result suggests that gender was not a differentiating variable in Singaporeans’ intention to seek professional counselling.

#### *Dependent Status*

Another independent sample *t*-test was conducted to compare intention scores for participants with and without children. Levene’s test was non-significant, thus equal variances can be assumed. There was no significant difference in intention in seeking professional counselling for participants with children ( $M = 37.55$ ,  $SD = 9.57$ ) compared to those without children ( $M = 37.07$ ,  $SD = 9.25$ ;  $t(562) = -.63$ ,  $p = .53$ , two tailed). Similar to gender, the magnitude of the differences in the means (mean difference =  $-.52$ , 95% CI:  $-2.13$  to  $1.09$ ) was very small (eta square =  $.00$ ). Therefore, dependent status was also not a differentiating variable for Singaporeans help-seeking intention.

### *Prior Experience*

A final independent sample *t*-test was conducted to compare intention scores for participants who had and had not been previously for professional counselling. Levene's test was non-significant, thus equal variances were assumed. Participants who had been for professional counselling previously ( $M = 40.38$ ,  $SD = 9.08$ ) reported 3.05, 95% CI (1.06 to 5.05) stronger intention to seek counselling than those who had not been for professional counselling previously ( $M = 37.33$ ,  $SD = 9.34$ ), and this difference was significant,  $t(562) = 3.00$ ,  $p = .00$ , two tailed, eta square = .02. This result indicates that those who had prior counselling experience were more likely to seek it than those who had not.

### One-way ANOVA

#### *Ethnicity*

A one-way between group analysis of variance (ANOVA) was used to compare intention to seek professional counselling among Chinese, Malay, Indian and Eurasian. Levene's statistic was not significant,  $F(3,560) = .18$ ,  $p = .91$ , and thus the assumption of homogeneity of variance was not violated. The ANOVA was statistically significant, indicating that intention was influenced by ethnicity,  $F(3,560) = 4.31$ ,  $p = .01$ , eta square = .02. Post hoc analyses with Tukey's HSD (using an  $\alpha$  of .05) revealed that the Malays' ( $M = 40.88$ ,  $SD 9.90$ ) intention in seeking professional counselling was significantly higher than that of Chinese ( $M = 37.19$ ,  $SD = 9.21$ ). No other significant differences were found between ethnic groups.

### *Religion*

A one-way between group analysis of variance (ANOVA) was used to investigate intention to seek professional counselling among Singaporean Buddhists, Taoists, Christians, Catholics, Muslims, Hindus, and those who profess to have no religion. Levene's statistic was not significant,  $F(6,557) = 1.86, p = .09$ . The results indicated that intention to seek professional counselling was not influenced by religion,  $F(6,557) = 2.01, p = .06, \eta^2 = .02$ .

### *Marital Status*

A statistically significant difference in 'marital status' was found across groups – single, married, separated, divorced and widowed,  $F(4,559) = 3.41, p = .01$ . Despite reaching statistical significance, the actual difference between groups was small ( $\eta^2 = .02$ ). Post-hoc comparisons indicated that the mean score for singles ( $M = 38.30, SD = 9.01$ ) was significantly different from divorced ( $M = 31.94, SD = 9.59$ ) in their intention scores. No other significant differences were noted. This indicates that Singaporeans who are single are more likely to seek professional counselling than those who are divorced.

### Correlational Analyses

Pearson's correlation coefficients were calculated to examine the strength and significance of association between the independent variables (age, educational level, income, acculturation, attitude, social stigma, and self-stigma) and the dependent variables (total intention to seek professional counselling; and intention to seek professional counselling for specific reasons including interpersonal problems, academic/career issues and drug/alcohol addictions). The results are presented in Table 5.5 below.

Table 5.5: Means, Standard Deviations, and Inter correlations for Each of the Continuous and Ordinal Independent Variables and the Dependent Variables)

IV	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8	9	10	11	12
1. Intention	37.88	9.36	-	.96**	.81**	.65**	-.04	-.06	.03	-.06	.01	.40**	.08	-.11**
2. Interpersonal	22.41	5.72		-	.68**	.55**	-.02	.07	.02	-.03	-.00	.41**	.08	-.11*
3. Academic/career	8.34	2.62			-	.31**	-.02	.03	.04	-.06	.38	.28**	.09*	-.08
4. Drug/alcohol	5.22	1.93				-	-.10*	.08	-.02	-.06	.00	.26**	-.00	-.12**
5. Age	33.42	14.22					-	-.09*	-.04	.65**	-.01	.04	.07	-.01
6. Education	5.01	1.45						-	.22**	.21**	.08	.11**	-.07	-.12**
7. Residential	1.69	1.50							-	-.02	.05	.05	-.00	.00
8. Income	2.30	1.22								-	.09*	.07	.05	-.04
9. Acculturation	46.15	7.25									-	.03	-.08	-.06
10. Attitude	25.19	4.45										-	-.15**	-.38**
11. Social Stigma	11.05	3.02											-	.51**
12. Self-stigma	25.87	5.75												-

Means, Standard Deviations and Correlations for each variable (n=564). Note. \* $p < .05$ , \*\*  $p < .01$

Results evident in the matrix revealed a significant correlation between education level and income (both are ordinal variables) explaining a shared variance of 4%. This supports findings of the focus group where participants believed that the wealthy Singaporeans were those who were highly educated, however the shared variance of the correlational analysis was low indicating that another 96% of income could be explained by factors other than education. A significant association was shown among education, attitude, and self-stigma, which also reflected focus group participants' perceptions that individuals who are more educated are more knowledgeable about seeking professional counselling, and thus, may feel more positive and less self-stigma about seeking professional counselling.

Surprisingly housing (ordinal variable) did not show a significant correlation with income, and this supports the thoughts of one focus group member who stated that "many wealthy people live in public housing". Participants of the focus group also believed that younger individuals were more acculturated and therefore more likely to go for professional counselling. However, the relationship between age and acculturation was not significant.

#### Evaluating the Main Model: Intention to Seek Professional Counselling

Prior to performing the multiple regression analyses, dummy variables were created for the four categorical predictor variables (gender, ethnicity, religion and marital status). Dummy variables are binary variables that represent a characteristic, where coding of '1' indicates if the individual/observation has the characteristic and '0' if otherwise (Field, 2009). For example, gender was recoded to "male", and a participant who was male was coded as '1', and a female was coded as '0'. In the case of non-binary categorical variables i.e. with more than two levels, such as

‘ethnicity’, four categorical groupings were required: Chinese, Malay, Indian and Eurasian. Three of the four categorical groupings (Malay, Indian, and Eurasian) were defined and dummy coded with ‘Chinese designated as the reference group and are presented in Table 5.6. All the dummy variables were entered as block.

Table 5.6: *Dummy Variable Coding*

	Dummy 1 (Malay)	Dummy 2 (Indian)	Dummy 3 (Eurasian)
Malay	1	0	0
Indian	0	1	0
Eurasian	0	0	1
Chinese	0	0	0

A standard (enter method) multiple regression analysis was employed to investigate the significant predictors of Singaporeans’ intention to seek professional counselling. The predictors were: gender (dichotomous variable – dummy coded) ethnicity (polytomous variable - dummy coded), religion (polytomous variable - dummy coded), age (continuous variable), educational level (ordinal variable), marital status (polytomous variable - dummy coded), dependent status (dichotomous variable), residential type (ordinal variable), income level (ordinal variable), prior experience with professional counselling (dichotomous variable), acculturation (continuous variable), attitude towards professional counselling (continuous variable),

social stigma towards professional counselling (continuous variable), and self-stigma towards professional counselling (continuous variable).

Using the enter method, a significant model emerged ( $F(24, 539) = 7.59, p = .00$ ). The results of the multiple regression accounted for 22% of the variability, as indexed by the adjusted  $R^2$  and identified four significant predictors of intention to seeking counselling (see Table 5.7). Attitude towards seeking counseling made the strongest unique contribution (the strongest predictor) to explaining participants' intention in seeking counseling ( $\beta = .39, t(563) = 9.30, p = .00$ ). The second strongest predictor was ethnicity, where Malays were the most likely ethnic group to seek counseling ( $\beta = .30, t(563) = 2.45, p = .02$ ). The third strongest predictor was social stigma ( $\beta = .17, t(563) = 3.93, p = .00$ ). The last and fourth strongest predictor was marital status, where divorced individuals ( $\beta = -.17, t(563) = -3.60, p = .00$ ) and widowed individuals ( $\beta = -.10, t(563) = -2.16, p = .04$ ), were least likely to seek help from a counsellor.

The results of the standard multiple regression, including the unstandardized regression coefficients ( $B$ ), unstandardized regression coefficients standard error (SE  $B$ ), the standardized regression coefficients ( $\beta$ ),  $t$  value and significance level ( $p$ ), are presented in Table 5.7. The four significant predictors are listed from the most to the least significant.

Table 5.7: *Predictors of Intention to Seek Counselling (n = 564)*

<b>Predictor Variables</b>	<i>t</i>	<i>p</i>	$\beta$	<i>F</i>	<i>df</i>	<i>p</i>	<i>adj. R<sup>2</sup></i>
Overall model				7.59	24, 539	.00	.22
Attitude	9.30	.00	.39				
Ethnicity							
Malay	2.45	.01	.30				
Social stigma	3.93	.00	.17				
Marital status							
Divorced	-3.60	.00	-.17				
Widowed	-2.16	.03	-.09				

A further three analyses were performed in order to examine whether *attitude* was the strongest predictor; regardless on the types of issues/problems they were experiencing. The three subscales comprising general intention to seek counselling taken from the ISCI-M (Cash et al., 1975) were interpersonal problems, career/academic problems, and drug/alcohol problems and were included as the dependent variables in the multiple regression analyses presented below.

#### Evaluating Subscale 1: Intention to Seek Professional Counselling for Interpersonal Interpersonal Problems

In the first subscale analysis, a standard (enter method) multiple regression analysis was employed to investigate the significant predictors for the participants' intention in seeking professional counselling for interpersonal problems (subscale). The predictors were: gender, ethnicity, religion, age, educational level, marital status, dependent status, residential type, income level, prior experience with professional counselling, acculturation, attitude towards professional counselling, social stigma towards professional counselling, and self-stigma towards professional counselling. The criterion variable was participants' intention in seeking professional counselling for interpersonal problems (first subscale), which is a sum of all 11 items on ISCI. This analysis tests the null hypothesis that the predictors accounts for 0% of the variance in participants' intention in seeking professional counselling.

Multiple regression was performed, using the enter method and the model was found to be statistically significant ( $F(24, 539) = 7.61, p = .00$ ), with the model as a whole accounting for 22% of the variance, as indexed by the adjusted  $R^2$ . Five significant predictors emerged (see Table 5.8). Once more, the result has indicated that attitude towards seeking professional counseling makes the strongest unique

contribution to explaining participants' intention in seeking professional counseling for interpersonal problems (subscale) ( $\beta = .39, t(563) = 9.38, p = .00$ ). The second strongest predictor was ethnicity, where Malays were more likely than Chinese to seek professional counseling for interpersonal problems ( $\beta = .29, t(563) = 2.37, p = .02$ ). The third strongest predictor was marital status; where divorced individuals ( $\beta = -.19, t(563) = -3.86, p = .00$ ) were the least likely to seek professional counseling. The fourth strongest predictor was *social stigma* ( $\beta = .17, t(563) = 3.87, p = .00$ ). The fifth significant predictor was prior experience in seeking professional counselling ( $\beta = .08, t(563) = -2.08, p = .04$ ), indicating that those individuals who had been for professional counselling were more likely to seek professional counselling than those individuals who had never been for professional counselling.

The five significant predictors were listed from the most significant to the least significant in Table 5.8 below, which summarizes the variances explained by the significant predicting variables. The remaining predictors did not make a significant contribution.

Table 5.8: Significant Variables in Standard Regression Model Predicting Intention for Interpersonal Problems ( $n = 564$ )

Predictor variable	<i>t</i>	<i>p</i>	$\beta$	<i>F</i>	<i>df</i>	<i>p</i>	adj. $R^2$
Overall model				7.61	24, 539	.00	.22
Attitude	9.38	.00	.39				
Ethnicity							
Malay	2.37	.02	.29				
Marital status							
Divorced	-3.86	.00	-.19				
Social stigma	3.87	.00	.17				
Prior experience	2.08	.04	.08				

*Note:* Predictor variables are sorted by descending Beta weights

## Evaluating Subscale 2: Intention to Seek Professional Counselling for Career/Academic Problems

The second subscale analysis employed a standard (enter method) multiple regression analysis to investigate the significant predictors for the participants' intention in seeking professional counselling for career/academic problems (subscale). The predictors were: gender, ethnicity, religion, age, educational level, marital status, dependent status, residential type, income level, prior experience with professional counselling, acculturation, attitude towards professional counselling, social stigma towards professional counselling, and self-stigma towards professional counselling. The criterion variable was participants' intention in seeking professional counselling for career/academic problems (subscale), which is a sum of all 4 items on ISCI.

Similarly, using the enter method, a statistically significant model has emerged ( $F(24, 539) = 4.15, p = .00$ ), accounting for 12% of the variance, as indexed by the adjusted  $R^2$ . Four significant predictors emerged (see Table 5.9). However, this model has shown that the ethnicity of 'Malay' has made the strongest unique contribution to explaining participants' intention in seeking professional counselling for career/academic problems (second subscale), ( $\beta = .35, t(563) = 2.68, p = .01$ ). Attitude was the second strongest predictor ( $\beta = .28, t(563) = 6.25, p = .00$ ) and the third strongest predictor was religion, where Hindus ( $\beta = -.17, t(563) = -2.39, p = .02$ ) (beta = .20,  $p = .03$ ), were the least likely group to seek professional counseling for career/academic problems. The fourth and last strongest predictor was social stigma ( $\beta = .16, t(563) = 3.44, p = .00$ ). The four significant predictors are listed from the most significant to the least significant in Table 5.9 below, which summarizes the variances explained by the significant predicting variables.

Table 5.9: Significant Variables in Standard Regression Model Predicting Intention for Career/Academic Problems ( $n = 564$ )

Predictor variable	$t$	$p$	$\beta$	$F$	$df$	$p$	adj. $R^2$
Overall model				4.15	24, 539	.00	.12
Ethnicity							
Malay	2.68	.01	.35				
Attitude	6.25	.00	.28				
Religion							
Hinduism	-2.39	.02	-.17				
Social stigma	3.44	.00	.16				

*Note:* Predictor variables are sorted by descending Beta weights

### Evaluating Subscale 3: Intention to Seek Professional Counselling for Drug/Alcohol Problems

The final and third subscale analysis utilized a standard (enter method) multiple regression analysis to investigate the significant predictors for the participants' intention in seeking professional counselling for drug/alcohol problems (subscale). The predictors were: gender, ethnicity, religion, age, educational level, marital status, dependent status, residential type, income level, prior experience with professional counselling, acculturation, attitude towards professional counselling, social stigma towards professional counselling, and self-stigma towards professional counselling. The criterion variable was participants' intention in seeking professional counselling for drug/alcohol problems (subscale), which is a sum of 2 items on ISCI. This analysis tests the null hypothesis that the predictors accounts for 0% of the variance in participants' intention in seeking professional counselling.

Lastly, using the enter method, another statistically significant model emerged,  $F(24, 539) = 3.38, p = .00$ , accounting for 9% of the variance, as indexed by the adjusted  $R^2$ . Only one significant predictor emerged for this subscale (see Table 5.10), summarizes the variances explained by the significant predicting variables. The result clearly indicated that attitude makes the only and strongest unique contribution to explaining participants' intention in seeking professional counseling for drug/alcohol problems (third and last subscale) ( $\beta = .24, t(563) = 5.30, p = .00$ ).

Table 5.10: Significant Variables in Standard Regression Model Predicting Intention for Drug/Alcohol Problems (n = 564)

Predictor variable	<i>t</i>	<i>p</i>	$\beta$	<i>F</i>	<i>df</i>	<i>p</i>	adj. <i>R</i> <sup>2</sup>
Overall model				3.38	24, 539	.00	.09
Attitude	5.30	.00	.24				

Note: Predictor variables are sorted by descending Beta weights

## Summary

Statistical analyses revealed that gender, dependent status and religion were not differentiating factors in Singaporeans' intention to seek professional counselling. However, when considering marital status, Singaporeans who are single are more likely to seek professional counselling than those who are divorced. Similarly, those who had prior counselling experience were more likely to seek it than those who had not. In terms of ethnicity, results indicated the Malays had a significantly stronger intention in seeking professional counselling than that of Chinese. Attitude towards seeking counselling was the strongest predictor of Singaporeans' intention in seeking counseling followed by ethnicity, where Malays were the most likely ethnic group to seek counseling. Social stigma was the next strongest predictor of Singaporeans' intention in seeking counseling, followed lastly by marital status, where divorced individuals and widowed individuals were least likely to seek help from a professional counsellor.

Further analyses exploring whether the factors predicting intent to seek professional counselling differed in accord with the type of issue rather than intent as a global measure were performed. Attitude was the strongest predictor of intent regardless of the types of issues/problems they Singaporeans were experiencing, interpersonal problems or drug/alcohol problems. However, when it came to career/academic problems, although both were significant, ethnicity was a slightly stronger predictor than attitude, with Malays more likely to seek professional counselling for career/academic problems than Singaporeans who had a positive attitude to counselling.

The following analyses were performed specifically to investigate “How well did the TPB explain Singaporeans’ intention to seek professional counselling?”

### Hierarchical Multiple Regression

In Chapter 2, it was proposed that TPB was the most suitable framework to best explain, “What were the factors that influenced Singaporeans’ intention to seek professional counselling?” Consequently, in this section, hierarchical regression was used to measure the predictive utility of TPB variables for the current study.

According to TPB, behavioural beliefs, normative beliefs, and control beliefs impact the outcome for individuals’ intention to seek professional counselling. In the current study, behavioural beliefs were referred to as whether the individual believes that seeking professional counselling (the behaviour) is positive or negative, and were identified as attitude towards seeking professional counselling and self-stigma.

Normative beliefs referred to the approval of others, such as spouse, relatives, and friends for an individual’s intention to seeking professional counselling. Thus, in the current study, social stigma, relationship status (marital status and independent status) and culture (ethnicity, religion, and acculturation) were conceptualized as normative beliefs. Lastly, control beliefs referred to an individual’s ability to seek professional counselling, and included their prior experience and socioeconomic status (educational level, income level, and residential status).

In step 1 of the regression, the results showed that variables associated with behavioural beliefs, normative beliefs, control beliefs accounted for approximately 27% of the variance in Singaporeans’ intention to seek professional counselling ( $R^2$  change = .27,  $F(37,526) = 5.23$ ,  $p = .00$ ). For behavioural beliefs, attitude ( $\beta = .37$ ,  $p = .00$ ), was found to be a significant predictor. Normative belief, social stigma ( $\beta$

= .18,  $p = .00$ ), marital status (divorced ( $\beta = -.17$ ,  $p = .00$ ), and widowed ( $\beta = -.10$ ,  $p = .40$ )), ethnicity (Malay ( $\beta = .28$ ,  $p = .02$ )) were all significant; and for control beliefs, educational level (Master ( $\beta = .09$ ,  $p = .03$ )) was significant.

Adding the rest of the variables (not TPB variables), that is gender and age in Step 2, the result did not showed any change of variance ( $R^2$  change = .00,  $F(39,524) = 4.95$ ,  $p = .00$ ) in Singaporeans' intention to seek professional counselling.

Table 5.11: *Summary Results of Hierarchical Regression for Variables Predicting Singaporeans' Intention to Seek Professional Counselling.*

Predictor Variables	<i>B</i>	<i>Standard Error of B</i>	$\beta$	<i>p</i>
Step 1				
TPB variables				
Behavioural beliefs				
Attitude	.78	.09	.37	.00
Self-stigma	-.09	.08	-.06	.23
Normative beliefs				
Social stigma	.55	.14	.18	.00
Relationship status				
Marital status				
Married	-3.16	1.63	-.16	.05
Separated	-1.81	4.06	-.02	.66
Divorced	-9.17	2.72	-.17	.00
Widowed	-8.45	4.01	-.10	.04
Independent status				
With/without children	-1.99	1.61	-.10	.22
Ethnicity				
Malay	6.77	2.99	.28	.02
Indian	1.68	2.13	.06	.43
Eurasian	-.29	3.30	-.00	.93
Religion				
Taoism	1.60	1.62	.40	.32
Christianity	-1.56	1.19	-.60	.19

Catholic	3.30	2.63	.05	.21
Islam	-3.20	2.92	-.14	.28
Hindu	-2.41	2.51	-.07	.34
No religion	-1.04	1.07	-.04	.33
Acculturation	- .01	.05	-.00	.93
Control beliefs				
Prior experience	-1.66	.97	-.07	.09
Educational level				
No education	12.20	8.48	.06	.15
PSLE	- .27	1.65	-.01	.87
ITE	-1.52	2.11	-.03	.47
O level	.28	.99	.01	.78
A level	1.13	1.24	.04	.36
Bachelor	.72	1.22	.03	.56
Master	5.47	2.50	.09	.03
Doctorate	2.58	6.49	.02	.69

Predictor Variables	<i>B</i>	<i>Standard Error of B</i>	$\beta$	<i>p</i>
Step 1				
Control beliefs				
Income				
Below \$30,000	.83	1.02	.04	.42
\$30,000 - \$50,000	-1.34	1.26	-.06	.29
\$51,000 – 120,000	-1.20	1.57	-.05	.45
> \$120,000	-3.98	2.24	-.08	.08
Residential status				
HUDC	2.45	3.01	.03	.41
Executive condo	- .60	3.84	-.01	.88
Private condo	1.15	1.29	.04	.37
Terrace	.11	2.05	.00	.96
Semi-detached	- .78	1.83	-.02	.67
Bungalow	3.48	5.38	.03	.52
Step 2				
TPB variables				
Behavioural beliefs				
Attitude	.78	.09	.37	.00
Self-stigma	- .09	.08	-.06	.24

---

Normative beliefs				
Social stigma	.55	.14	.18	.00
Relationship status				
Marital status				
Married	-3.22	1.67	-.17	.05
Separated	-1.73	4.09	-.02	.67
Divorced	-9.13	2.74	-.17	.00
Widowed	-8.60	4.17	-.10	.04
Independent status				
With/without children	-1.84	1.73	-.10	.29
Ethnicity				
Malay	6.69	3.01	.27	.03
Indian	1.67	2.13	.06	.43
Eurasian	-.22	3.32	-.00	.95

---

Predictor Variables	<i>B</i>	<i>Standard Error of B</i>	$\beta$	<i>P</i>
Step 2				
TPB variables				
Normative beliefs				
Religion				
Taoism	1.54	1.63	.04	.35
Christianity	-1.56	1.19	-.06	.19
Catholic	3.34	2.64	.05	.21
Islam	-3.12	2.95	-.13	.29
Hindu	-2.42	2.51	-.07	.34
No religion	-1.04	1.08	-.04	.34
Acculturation	- .01	.05	-.00	.91
Control beliefs				
Prior experience	-1.64	.97	-.07	.09
Educational level				
No education	11.96	8.52	.05	.16
PSLE	- .32	1.67	-.01	.85
ITE	-1.51	2.12	-.03	.48
O level	.23	1.03	.01	.82
A level	1.10	1.24	.04	.38
Bachelor	.70	1.23	.03	.57
Master	5.47	2.50	.09	.03
Doctorate	2.61	6.52	.02	.40

---

Income

Below \$30,000	.82	1.02	.04	.42
\$30,000 - \$50,000	-1.41	1.30	-.06	.28
\$51,000 – 120,000	-1.30	1.62	-.05	.42
> \$120,000	-4.12	2.30	-.09	.07

Residential status

HUDC	2.42	3.02	.03	.42
Executive condo	-.54	3.86	-.01	.89
Private condo	1.17	1.30	.04	.37
Terrace	.07	2.06	.00	.97
Semi-detached	-.77	1.84	-.02	.67
Bungalow	3.35	5.40	.03	.54

Non TPB variables

Gender	.18	.75	.01	.82
Age	.01	.05	.02	.84

---

Note:  $R^2 = .27$ ,  $R^2$  change = .27 ( $p = .00$ ) for step 1;  $R^2 = .27$ ,  $R^2$  change = .00 ( $p = .00$ ) for step 2.

## Summary

A total of four standard multiple regressions and one hierarchical multiple regression were used to explore, which factor best predicted Singaporeans' intention to seek professional counselling. Such findings were assumed to assist in the understanding of the main research question "What were the factors that influenced Singaporeans' intention to seek professional counselling?" An investigation of the overall intention in seeking professional counselling was conducted initially, followed by the three subscales: Intention in seeking professional counselling for interpersonal problems, career/academic problems and drug/alcohol problems. This was performed to explore the extent to which intention to seek counselling would be impacted by the type of problems/issues Singaporeans were experiencing. The results of the initial analysis have revealed that attitude was the most significant contributing factor, such that, Singaporeans with a more positive attitude toward professional counselling would be more likely to seek professional counselling than those with a less positive attitude. Further analyses (sub-scales) revealed that the type of problems/issues Singaporeans were experiencing did not impact on intention to seek counselling in that regardless of the issue, attitude still was the most significant factor. The variable Malay was also noticeably associated with intention to seek counselling and did show a slightly stronger association for issues related to career/academic counselling than attitude and a slightly lower association that attitude for drug/alcohol issues, however it was not a significant predictor for personal problems. This would suggest that Malays who have a positive attitude toward professional counselling were the most likely Singaporeans to seek professional counselling especially for career/academic and drug/alcohol issues but not for personal problems.

Although attitude to counselling is the single most significant predictor of Singaporeans likelihood to seek professional counselling, it is unknown what the subjective

meaning of the term attitude is to Singaporeans. It was anticipated that a deeper understanding of this concept would be gained through the individual interviews, which was explored in the next section of this chapter.

The results generated from the hierarchical multiple regression was similar to the previous result of standard multiple regression, but with some extra pieces of information as to whether the TPB was supported or not for the current study. In this analysis, the results have clearly shown that behavioural beliefs (attitude towards seeking professional counselling), normative beliefs (ethnicity (Malay), social stigma, marital status (divorced and widowed), and control beliefs (educational level) in the current study are aligned with TPB.

### **Phase 3: Individual Interviews**

#### Themes

Following the completion of the survey, 10 individual interviews were conducted to gain a deeper understanding of the significant predictor, that is, attitude that were identified in the data analysis of the main study and also to, potentially, uncover any additional factors that were missed out during focus group and the main study. Similarly, with focus group, thematic analysis was used to analyse the responses of the individual interviews. This methodology carefully examines and systematically captures themes within the recurring pattern of the qualitative data that were important to the specific research question in the study (Braun & Clarke, 2006). The extracts of the individual interviews were transcribed verbatim, followed by an analysis of context and meanings. In addition to the themes identified in the focus group, namely, client gender, culture, age, socioeconomic status, relationship status, prior experience, attitudes, and stigmas, three further themes, in relation to attitude, emerged from the interviews; *trust issues*, *preference of counsellor*, and *time issues*.

## Trust Issues

*Trust issues* were the most prominent theme highlighted. Participants' positive and negative attitudes toward seeking professional counselling were significantly reflected in the notion of trust. This was reflected when they expressed their "*fear of leakage of private feelings*" to the public, "*Fear that problem might be kept in record which can affect present livelihood or relationship etc. if its leak out.*" One participant emphasized the following:

*"There are factors which prevents me from seeking professional counselling which is will I be able to trust a stranger, such as the professional counsellor and convey my problem to the professional counsellor? And will the counsellor be able to keep my problems confidential? These are the questions that discourage me from seeking professional counselling."* (26 year-old, male, Indian, Muslim, 'A' Level, married, with children, HDB, below \$30,000, with prior experience).

One participant further elaborated his fear by providing examples as follows:

*"For example, discussion of adultery caused guilty feelings and it is worse if it is leaked out to [my] wife. Or counsellor might have suggested psychiatric treatment which might create doubt at work by supervisors on our mental health."* (45 year-old, male, Chinese, Christian, degree, single, without children, HDB, \$30,000-\$50,000, with prior experience)

He expressed the same thought again as follows:

*"Counsellors may get authorities, such as police involved if a drug or human trafficker seeking professional counselling help for his mental anguish, thus the fear of involvement of law."*

These barriers to trust were both, physically and emotionally uncomfortable for the participants. As such, four participants mentioned physical and emotional discomfort, such as uncertainties, and feeling vulnerable below:

*“I might be uncomfortable [emotional] as the counsellor is a total stranger.”* (30 year-old, male, Chinese, Buddhist, degree, married, no children, HDB, \$51,000- \$120,000, no prior experience)

*“....asking for identity card, telephone number, or email etc. and I feel uncomfortable [physical] .... any form of records would mean the discomfort [emotional] of your past being dug up again.... ”* (45 year-old, male, Chinese, Christian, degree, single, without children, HDB, \$30,000-\$50,000, with prior experience)

*“I dislike professional counsellor revealing our problems to their colleagues and bosses. I suspect my problems were revealed when I seek professional counselling last time because when I went for follow up visits I could see the expressions of the receptionist, other counsellors and their bosses looking at me at a very weird way. This was extremely uncomfortable [physical].”* (58 year old, female, Indian, Hindu, master, divorced, with children, Semi-detached, \$51,000 - \$120,000, with prior experience)

*“And will I be able to share the details openly with the counsellor? To discuss with someone whom one is unknown of, it takes time to breaks the ice. If one is uncomfortable [physical and emotional] with the assigned counsellor, it probably will difficult to open up and discuss..... uncertainties, such as “What will the counsellor ask?”” “ Will I be comfortable [emotional] to share my secrets?”* (38 year-old, female, Chinese, Buddhist, degree, married, with children, HDB, unemployed, no prior experience).

One participant (48, female, Chinese, no religion, ‘A’ Level, single, without children, private condo, \$30,000-\$50,000, no prior experience) stated that if trust were not established in the therapeutic relationship, then clients would be unlikely to share certain issues. To establish trust, participants pointed out that counsellors need to provide them with *“knowledge of service, assurance of privacy, and confidence in efficacy of professional*

*counselling.*” To curb the resistance to seek professional counselling, one participant suggested the following:

*“There is a need to break through the initial 'trust barrier' before the patient will feel comfortable sharing. There should be this mutual friendship involved. The counsellor will need to be experience and witty in handling the patients. Counsellors need to do their homework on the patients to understand them more. And most importantly, communication is the only way to break through these barriers.... I believe are problems that require a greater amount of trust, so it would be a bit more difficult for people to open up to share with others, especially strangers such as professional counsellors.”* (22 year-old, female, Malay, Muslim, diploma, married, with children, HDB, below \$30,000, no prior experience)

Agreeing with the above participant,

*“If there is a rapport built between the professional counsellor and the "patient" it is like a healthy relationship built between two parties and each counselling session will be like a date hoping to progress into a "marriage" which is full recovery. Each time a patient goes for professional counselling, it is like meeting your better half and it gets comfortable and you let your guards down and come clean every time... a therapeutic conversation between the trained professional counsellor and me. A therapeutic conversation to me is one that is liberating in the sense where we can tell the professional counsellors our problems and allow ourselves to be vulnerable. The professional counsellor whom we confide in will not take advantage of our vulnerability but instead embrace it and gives constructive advice to the problems we are facing.”* (61 year-old, male, Chinese, Christian, diploma, widowed, with children, HDB, \$30,000-\$50,000, with prior experience).

#### Preference for a Counsellor

Four participants mentioned the importance of seeking a counsellor who would suit their preference in terms of ethnicity, language, culture, life experiences, beliefs, and gender

of the counsellor, in order to establish positive attitudes toward seeking professional counselling. In the focus group, participants also mentioned similar factors, such as gender and culture that included ethnicity, religion, and acculturation. However, some factors mentioned in the individual interviews were different to those in the focus group such as communication difficulties during counselling which may arise whenever the counsellor cannot understand their experience and issues, due to the differences between the counsellor and the participants. These issues are clearly expressed in the extracts below:

*“I am also concerned that the counsellor might not fully understand the client’s situation as some counsellors may not have similar experience as mine.”* (30 year-old, male, Chinese, Buddhist, degree, married, no children, HDB, \$51,000- \$120,000, no prior experience)

*If I am talking with a professional counsellor who comes from different country and do not share the same living environment, I might feel it is difficult to communicate with the professional counsellor because there are possibilities that the local terms use might not be understood easily and requires additional explanation, which might frustrate me in the counselling process. In addition, though the language used might be the same, but the slang and terms used in different countries are still different and when it comes to discussion, ease of understanding and communication is important to make me feel comfortable and open up for discussion with a professional counsellor whom is a total stranger. I might also find that discussion with same gender is more comfortable and at ease especially if the topic is an embarrassing one.”* (38 year-old, female, Chinese, Buddhist, degree, married, with children, HDB, unemployed, no prior experience)

*“The counsellor is of the same gender as me. In my opinion, if both parties are of the same gender, they can understand each other better as there is a high possibility that they might have the same mindset and traits given their same gender. For instance, a male*

*individual can understand why male individual love soccer so much but it is difficult for a female individual to understand... the counsellors have different beliefs than me” (32, male, Malay, Muslim, diploma, married, with children, HDB, \$30,000-\$50,000, with prior experience)*

*“The opposite gender of the counsellor also will prevent me from seeking professional counselling. Because I have experienced an opposite sex gender professional counsellor before, we just cannot connect and relate. I felt embarrassed and weird to share certain issues, such as sex issues, or women’s topics with him.” (58 year-old, female, Indian, Hindu, master, divorced, with children, Semi-detached, \$51,000 - \$120,000, with prior experience)*

#### Time Availability

The time involved in seeking professional counselling was raised. Participants revealed that time availability to seek professional counselling meant that seeking help was an inconvenient and frustrating experience. For example, one participant expressed her opinion as follows:

One participant clearly indicated his negative attitudes toward seeking professional counselling as follows:

*“...the waiting time and allocation of appointments to see the counsellor can be a hassle.” (26 year-old, male, Indian, Muslim, ‘A’ Level, married, with children, HDB, below \$30,000, with prior experience)*

Quoting from his personal experience, *“Due to my personal experience of seeking professional help, I had to wait for two weeks just to see the counsellor. This is very frustrating.”*

One participant supported the above participant’s view,

*“I think it is very troublesome and time consuming to seek professional counsellor. Of course, troublesome mean looking for a professional counsellor, making appointments, getting ready to meet the professional counsellor and relating to the professional counsellor about our problem. All these can be time consuming, as you know Singapore is a highly competitive place to live in where everything is expensive here, so we are mostly busy working earning a living and where to find extra time to seek professional counselling.”* (58 year-old, female, Indian, Hindu, master, divorced, with children, Semi-detached, \$51,000 - \$120,000, with prior experience)

In particular, to face-to-face counselling, the above participants mentioned the inconvenience and frustration of making appointments, the waiting time, and travelling to and from the counsellor’s office for every face-to-face counselling session. Although, they expressed negative attitudes toward seeking professional counselling, as a waste of time and money for them to seek face-to-face counselling, one participant suggested that he would seek online counselling for affordability, ease and convenience:

*“Making the effort to travel. If I can download Microsoft Office at home I won’t want to drive down to Sim Lim Square Computer mart to buy. Similarly, I felt that seeking professional counselling help could easily be available online or thru the phone and would not want to spend time and money travelling.”* (45 year-old, male, Chinese, Christian, degree, single, without children, HDB, \$30,000-\$50,000, with prior experience)

### Summary of the Findings

The intent of the individual interviews was to use qualitative inquiry to further probe the research question (What were the factors impacting on Singaporeans’ intention to seek help from professional counsellors?). In this section, three new themes emerged, trust issues, preference of counsellor and time availability. Participants clearly expressed their positive

and negative attitudes toward seeking professional counselling, providing rationales and recommendations in the individual interviews. Positive attitudes, such as assurance of privacy, provision of knowledge about counselling, and ability to communicate with professional counsellors, would facilitate their intention to seek professional counselling. On the other hand, concerns about privacy, discomfort, cost, and an ethnic or religious mismatch appeared to negatively impact their attitudes and, in turn, their intention to seek counselling.

## CHAPTER 6: DISCUSSION

### Introduction

The aim of this study was to examine Singaporeans' help-seeking behaviour and to gain a more comprehensive understanding of the factors impacting Singaporeans' intention to seek professional counselling. Conversely, it was anticipated that such an understanding would also assist in understanding why many Singaporeans hesitated to seek support from a counsellor. The results from three sources: focus group, survey questionnaires and individual interviews were utilized to achieve this aim. By examining more than one source of data, and by surveying more than 500 participants, confidence regarding the validity of the results was strengthened (Peat, et al., 2002). The overall findings highlighted the complex and dynamic role of inter and intra-individual variables in influencing help-seeking behaviour and indicated the potential need to develop services and systems that are responsive to the world views and values of a diverse group such as Singaporeans.

Overarching themes (gender, age, relationship status, socioeconomic status, prior experience with counselling, culture, attitude, and stigmas) were revealed in both the review of the literature and the focus group. Among these factors, *attitude towards seeking professional counselling* emerged from the large-scale survey as the most significant predictor of intent to seek help among the Singaporeans. An in-depth examination of attitudes in the individual interviews identified a range of both positive and negative, attitudes, the latter of which were commonly identified in countries other than Singapore. Themes such as culture, stigma, and attitude are not unique to Singapore; rather they mirror individual and group help-seeking behaviour that have challenged mental health providers in western cultures for generations. Nevertheless, these negative attitudes represent an important call to action for Singaporean service providers.

Evidence from the present study demonstrated that a common component of help-seeking is that it is an active and adaptive process of attempting to cope with problems or symptoms by using external resources for assistance. It was also clear that many participants were reluctant to seek help for mental health problems and when they did, help by professional counsellors was not their first option (Corrigan, 2004; Rickwood, 2005). As there were many potential external sources of help, it was not surprising that professional counselling was not preferred by all. Indeed, fewer Singaporeans sought help from a counsellor when compared to individuals from countries such as Australia (Burgess et al., 2009). To understand this disparity, the significant predictors of the participants' intention to seek professional counselling, are discussed in turn.

### **The Significant Predictors**

#### Attitude towards Seeking Professional Counselling

The participants' attitude towards seeking professional counselling was found to be the strongest single predictor of Singaporeans' intention to seek professional counselling. Behavioural beliefs such as an attitude towards a behavior are critical predictors of an intention to engage in that behavior (Ajzen & Sheikh, 2013). In the present study, holding a positive or negative attitude toward seeking professional counselling appeared to increase or decrease the likelihood of seeking professional counselling, and this finding was in line with previous studies (Smith et al., 2008; Vogel et al., 2005).

Even though there is research demonstrating the benefits of seeking professional counselling (Boulton et al., 2001; Spurgeon et al., 2005; Westmarland & Alderson, 2013), many individuals continue to hold on to the negative perception (behavioural beliefs) towards professional counselling. This was first observed among the participants in the focus group, where participants, although agreeing that it was a good choice to seek help from a professional counsellor, their particular attitude prevented them actually seeking help (Al-

Kernawi, Graham, Dean, & Eltaiba, 2004). This circular cause and effect pattern was apparent in the focus group, where only one participant was positive, for example, "...better choice to seek professional counsellors who are trained to solve mental and emotional issues and the bad interpersonal problems..." Two were negative, for example "...seeking professional counselling would be my last resort..." and "I do not see the usefulness to seek any professional counselling for interpersonal problems..." Three had mixed attitude towards seeking professional counselling. "...they [professional counsellors] are trained and academically qualified, they might be able to resolve my interpersonal problems in a professional manner... seeking professional counselling will be better as compared to friends or other sources..." but "seeking professional counsellors will be my last resort..."

In both forms of qualitative data collection (focus group and individual interviews) it was evident many participants had little or no idea what professional counselling could offer them. Rather they reported a high degree of fear about the potential leakage of their private and confidential information. This negative attitude indicated trust issues about seeking professional counselling in Singapore where Singaporeans' private lives are highly valued (Dearing et al., 2005). It seemed possible therefore that ignorance about seeking professional counselling lead to major trust issues about the process surrounding counselling, especially the notion of confidentiality. According to the Theory of Planned Behaviour (TPB), the negative attitude (behavioural beliefs) was formed due to the lack of knowledge (control beliefs) about the confidentiality of counselling, and would lead to Singaporeans being worried about their psychological problems becoming known to their family and friends (normative beliefs), indirectly influencing their intention to seek professional counselling (Vogel, Wade, Wester, Larson, & Hackler, 2007).

Results from the current study also revealed that participants were clear about what inter or intra-individual variables were important to them, echoing themes identified in the

help-seeking literature. Participants reported that higher education, income, and residential status (socioeconomic status) were the factors that influenced their attitude towards seeking professional counselling, and resulted in their intention to seek help. This finding was in line with previous research, which found that higher income, residential status, and education (higher socioeconomic status), were linked to greater knowledge and understanding of professional counselling and the ability to be able to pay for counselling services (Dearing et al., 2005; McCarthy, Pfohl, & Bruno, 2010; Nghe et al., 2003; Sturm & Sherbourne, 2001; Thoits, 2005). This finding is in line with the control belief outlined in the TPB, whereby with higher levels of education, participants learned more about psychological problems and to some extent alleviated their doubts about confidentiality issues (Gulliver et al., 2010).

During the focus group, participants revealed that individuals with higher income (socioeconomic status) were seen to be able to afford both travelling and the cost of a consultation. The ability to pay for professional counselling certainly influenced participants' attitude and, in turn, impacted on their intention to seek professional counselling. This finding is similar to results from Dearing et al. (2005) and McCarthy et al. (2010) studies in which affordability (control belief) was one of the most significant predictors for individuals seeking professional counselling. Participants in the individual interviews from the current study have stated that "professional counselling is not a basic need, and you would only attend and pay if the issue was serious enough."

In addition, participants in the individual interviews from the current study expressed their difficulty in securing an appointment with a professional counsellor. For example, one of the participants had to wait two weeks for an appointment and another, did not know the location of counselling centers in Singapore.

Participants expressed their concerns (attitude) towards seeking professional counselling (behavioural beliefs) from counsellors of the opposite gender. They believed that

relating to counsellors of the opposite gender would be more difficult. Indeed, in the individual interview on participant stated, “If both parties are of the same gender, they can understand each other better, as there is a high probability that they might have the same mindset and traits given their same gender”. Similarly, Ang and See Yeo (2004) found that there was a significant preference for the gender of the counsellor expressed by secondary school students. In their study female students preferred a same sex counsellor while male students preferred a counsellor of the opposite sex. Their findings were similar to those of Cooper (2006) and Quinn and Chan (2009). Cooper (2006), found that 69% of females said they would prefer a female counsellor compared with 35% of males, while 15% of males sought a male counsellor, compared with just 3% of females. Quinn and Chan’s (2009) study demonstrated that 69% of the female participants preferred a female counsellor compared with 38% of males, while 10% of the males preferred a male counsellor, compared with just 4% of females. Overall, most clients when asked about their preference for a counsellor tended to comment on the importance of gender rather than age, ethnicity, religion, or educational level (Blow, Timm, & Cox, 2008; Garcia, Paterniti, Romano, & Kravitz, 2003; Landes, Burton, King, & Sullivan, 2013).

It is apparent from the previous research that attitude is a cognitive variable stemming from behavioural beliefs, which according to the TPB, affects control beliefs, normative beliefs, and the likelihood of a behavioural outcome, intention. Similar to the results of studies conducted in western countries, it was also observed that Singaporeans’ attitudes toward counselling impacted their intention to seek help from a counsellor (Rickwood et al., 2005). Indeed, beliefs that counselling would not be helpful, or a decision that a mental health problem could be handled alone, have previously been found to be predictive of individuals’ negative attitude towards seeking professional counselling (ten Have et al., 2010; Zartaloudi & Madianos, 2010).

## Ethnicity

Ethnicity, was the second strongest predictor of help-seeking, indicating that Malays were significantly more likely than the other cultural or ethnic groups to report an intention to seek professional counselling, a finding congruent with that of Ng et al. (2003). From the theoretical perspective of the TPB, the normative beliefs of Malay Singaporeans had a more positive impact on their intention to seek counselling, than Chinese Singaporeans. In this instance, normative beliefs refer to the participants' perception about whether they would receive support or criticism from others for seeking psychological help (Ajzen, 2011). In the large scale survey in the present study the normative beliefs of Malays may have made them more open to seeking professional counselling, while the normative beliefs of the Chinese participants may have caused them to shy away from seeking professional counselling.

The influence of family members can significantly influence an individual's intention to seek counselling, a hypothesis supported by the findings of Angermeyer et al. (2001), however this does not suggest that there is acceptance and tolerance of psychological problems. An additional consideration is the fact that in the present study the Malay participants were all Muslims. Hamjah and Akhir, (2013) have suggested that Muslims living in contemporary Singapore experience conflicts between secularization and Islamic values. Thus some turn to religious leaders while others use the counselling services that are part of the support systems for married couples in mosques. In this way, seeking counselling, albeit informally, is more prevalent in Islamic culture in Singapore (Zainab, Wan-Ibrahim, & Asyraf, 2014). Arguably then, Malays are likely to have had more exposure to counselling, may perceive it as normal and would therefore be more accepting and open to professional counselling.

It is also possible that a driving force behind help-seeking is the fact that Malays in Singapore may be experiencing higher levels of psychological distress than other groups as

the Malay community includes a greater proportion of; low-income families, divorce rates, drug abuse, crime and delinquency among youths, and a disproportionately-high occurrence of major chronic diseases and mental issues (Professionals, 2014). In contrast, the Chinese community, experience a different fear (Abe-Kim et al., 2007), a fear of “loss of face”. “Loss of face”, is a need to be respected by others, being embarrassed in social interactions is actively avoided (Hwang, Ang, & Francesco, 2002) as Chinese culture has a highly developed sensibility to preserving the “face” of others. Indeed, “loss of face” is collectively owned (e.g. communal shame) and there is a heavy emphasis on the social judgment of one’s action, and individuals avoid being unfavourably judged. The seeking of professional help from a counsellor is seen by many to fall into this category. They view seeking help from a counsellor rather than from the family as shameful and to bring dishonour on the family (Chiu, 2004; Leung, Cheung & Tsui, 2011). Furthermore, seeking professional counselling, may suggest an incapacity or weakness, and is seen as an option only after several of the other options have been tried and found unsatisfactory (Lin, 2002), reducing its acceptance as a preferred option.

Conversely, Chinese medicine is secular and widely accepted in Singaporeans and is recognized in Singapore as an organized alternative medicine (Ministry of Health, 1997), and so Chinese Singaporeans are not averse to seeking help from traditional healers for mental health issues, (Lee, 2009). Interestingly, reluctance to self-disclose in one’s culture is linked to more negative attitudes toward seeking help. Chinese Singaporeans may also believe that psychological problems may be a result of culturally salient factors such as fate or retribution for past deeds. These beliefs potentially lead them to perceive the course of psychological problems as less controllable and unable to be modified by intervention (Mak, Chong, & Wong, 2014).

When considering the previous research, Malays tended to seek help for their psychological problems more than the Chinese, possibly as a result of normative beliefs and important consideration as behavioural beliefs (attitude towards seeking professional counselling) are insufficient to fully understand an individual's intention to seek professional counselling. For example, two individuals with identical behavioural beliefs (attitudes towards seeking professional counselling), but with different normative beliefs may differ in their intention to seek professional counselling.

### Social Stigma

The third strongest predictor of intention to seek professional counselling was social stigma. Regression analyses revealed that perceived stigmatization impacted an individual's help-seeking behaviour. This was directly associated with attitude, whereby those who believed that seeking professional counselling would stigmatize them were less likely to seek professional help than those who did not feel stigmatized by seeking professional counselling. Similar results were found in the focus group and individual interviews. For example, in the focus group, participants said "it can be embarrassing if my friends and family know that I have a problem and see me as a weak." Also, when discussing trust issues in the individual interviews, participants have clearly reflected their physical discomfort (others staring at them when visiting the counselling centers), and emotional discomfort (what if their colleagues or bosses know)

These findings support those in previous research where stigmatization was widely acknowledged as a negative perception for seeking professional counselling. For example, participants seeking professional counselling face the risks of being perceived as crazy, shameful or weak; such perceived risk has greatly inhibited help-seeking behaviour for individuals (Bathje & Pryor, 2011; Boyd et al., 2007; Eisenberg et al., 2010; Evans-Lacko et

al., 2013; Gong et al., 2003; James & Buttle, 2008; Komiya & Eells, 2001; Leong & Lau, 2001; Mak & Cheung, 2010; Miville & Constantine, 2007; Ono et al., 2000; Vogel et al., 2010; Wade et al., 2011; Yow & Mehta, 2010). The negative perceptions of themselves, the embarrassment, and the fear of negative judgment of others increased an individuals' reluctance to seek professional counselling, even when there was the urgent need to do so. In the same vein, Yow and Mehta (2010) found similar results that stigmatization was a potential hindrance to seeking professional counselling among individuals, and that revealing psychological problems greatly affected their concerns over employment status, self-esteem, and relationship status.

Characteristics and traits of an individual can also affect one's attitude towards counselling and stigmatization. Research has shown that individuals who placed emphasis on autonomy and who were ego-involved in the process felt threatened by the act of receiving help from others (Knapp et al., 2016; Mikulincer et al., 2014; Nadler, 1987). It may be that Singaporeans who opted not to seek professional counselling when it was required feared their autonomy would be diminished, or by the impression that professional counselling would invade other aspects of their lives. Indeed, participants in the present study did value their autonomy and did not want professional counselling to interfere with their social network and family relationship. As a collectivistic society, Singaporeans appear to have the mind-set that psychological problems are personal, and hold a preference for assistance from friends or family members because the feeling of embarrassment increased with the thought that those outside the family would become aware of their problems.

Overall, social stigma was negatively associated with attitude toward seeking professional counselling and intention to seek professional counselling in the present study. Similar to past research, it may be that perceived social stigma surrounding seeking and obtaining help from a counsellor may be a significant barriers preventing Singaporeans from

accessing counselling services (Bathje & Pryor, 2011; Boyd et al., 2007; Eisenberg et al., 2010; Evans-Lacko et al., 2013; Gong et al., 2003; James & Buttle, 2008; Komiya & Eells, 2001; Leong & Lau, 2001; Mak & Cheung, 2010; Miville & Constantine, 2007; Ono et al., 2000; Vogel et al., 2010; Wade et al., 2011; Yow & Mehta, 2010). Furthermore, Vogel, Wade, and Hackler (2007) have argued that social support (subjective norms) is a significant influence on an individual's help-seeking behaviour. There is some evidence for this as previous research has found that people who sought professional counselling were viewed more negatively than those who did not (Ben-Porath, 2002; Vogel et al., 2009; Vogel, Wade, & Hackler, 2007; Vogel, Wade, Wester, et al., 2007) individuals who choose to seek help for depression were rated more negatively i.e. more emotionally unstable and less confident, than individuals who seek help for physical symptoms. (Ben-Porath, 2002; Cho et al., 2013). Therefore, in communities or societies where mental health issues attract negative social stigma, and are seen as a threat and socially undesirable, a reluctance to share information about personal mental health issues and to seek help is perhaps understandable.

Ajzen (1991) proposed that the more positive an individual's attitude (behavioural beliefs) and perceived social expectations (normative beliefs) with regards to seeking professional counselling for psychological distress, and the greater the individual's control beliefs, the stronger their motivation to seek professional counselling. In the present study participants reported that if family and friends encouraged them to seek professional counselling, then they were more likely to seek professional counselling. However, Singaporeans continue to internalize stigma, accept negative social reactions, and avoid labeling themselves as different (Yow & Mehta, 2010).

Supporting studies by Yow and Mehta (2010) suggest Singaporeans are likely to maintain secrecy about their psychological problems because they are afraid of negatively affecting their career prospects. There is also a stigma among Singaporeans against outward

expression of emotions; expression of emotion is viewed as showing weakness, and this in turn is viewed as bringing shame to the family (Bathje & Pryor, 2011; Boyd et al., 2007; Eisenberg et al., 2010; Evans-Lacko et al., 2013; Gong et al., 2003; James & Buttle, 2008; Komiya & Eells, 2001; Leong & Lau, 2001; Mak & Cheung, 2010; Miville & Constantine, 2007; Ono et al., 2000; Vogel et al., 2010; Wade et al., 2011; Yow & Mehta, 2010). Such normative beliefs and behavioural beliefs against seeking professional counselling results in increased negative social stigma that discourages seeking counselling. Indeed, Goh (1996) considers that Singaporeans typically seek as many nonprofessional help-seeking sources as possible before finally seeking a professional counsellor.

Overall, the results from the present study were similar to the findings from previous research (Bathje & Pryor, 2011; Boyd et al., 2007; Eisenberg et al., 2010; Evans-Lacko et al., 2013; Gong et al., 2003; James & Buttle, 2008; Komiya & Eells, 2001; Leong & Lau, 2001; Mak & Cheung, 2010; Miville & Constantine, 2007; Ono et al., 2000; Vogel et al., 2010; Wade et al., 2011; Yow & Mehta, 2010) that identified social stigma as a potential barrier to seek professional counselling. In TPB terms social stigma (normative beliefs) is closely linked to individuals' attitude towards seeking professional counselling (behavioural beliefs).

#### Marital Status

Marital status was a further significant predictor of intention to seek professional counselling with single Singaporeans more likely to seek professional counselling than those who were divorced and widowed. Mackenzie et al. (2006) found that single individuals were more likely to seek professional counselling because of the lack of spousal support while Jones-Hazledine et al. (2007) found that married individuals were better protected from psychological problems, such as loneliness and reduced stress. This finding in line with data from a report from The Singapore Department of Statistics (2010) that noted married Singaporeans report higher levels of well-being than singles.

Interestingly, the focus group in the present study believed that separated, divorced or widowed individuals would be more likely than singles, who had never married, to seek professional counselling, especially if they had children. They perceived these individuals to be more troubled than singles and, therefore, in greater need of a professional counsellor. However, in some cases encouragement from a spouse or romantic partner could greatly increase an individual's help-seeking behaviour as a spouse was aware of changes in behaviour encouraging them to seek professional counselling to reduce their psychological distress (Blais & Renshaw, 2013). Thus, normative beliefs (i.e. the significant other) may play an important role in influencing individuals to seek professional counselling (Ajzen, 1991).

### **Limitations of the Study**

While very effort was made to match the sample in the present study to that of the statistical profile published by the government, ultimately was not achieved. The majority of the participants were Chinese under the age of 34. The number of unemployed was also over represented and this may, for example, have affected their answers related to affordability of counselling. In future, research could target specific groups to examine their help-seeking behavior in depth before comparisons with other groups are made. It also has to be accepted that the data in the present study is time-limited and after a period, the effect of counselling provided by the government schools might have an impact on Singaporeans' attitude toward counselling. Thus, along with acculturation, and even without any form of intervention, Singaporeans' attitude to professional counselling may become more positive. Finally, it is important to recognize that Western forms of counselling are not always successful with all types of psychological problems and that traditional forms of healing for some mental health conditions continue to be perceived as positive. As a result, some caution must be exercised

that the merits of professional counselling are not exaggerated to the point that unrealistic expectations are created in the public mind.

### **Implications for Singapore Counsellors**

Although counselling has developed greatly, not only through research but also in practical applications, it has to be acknowledged that the theories, techniques, strategies and interventions used in western-style counselling may not be entirely suitable for working with all the diverse cultural groups present in Singapore. The previous dominant approach, described by some as Western-European may well have to give way to a more pluralist approach which obliges counsellors to question the validity of the theories, techniques and strategies they have been implementing (Collins & Arthur, 2010). A definition, focussed on what is meant by a 'multicultural approach' along with its characteristics, while explaining the addition of the term 'cross-cultural' is needed to begin the process of aligning Singaporean needs with available counselling skills.

Adopting a multicultural paradigm in Singapore would potentially complement the psychodynamic, humanistic and cognitive-behavioural paradigms because it refers mainly to the intra-psychic factors that affect human development along with cultural influences which have previously been the domain of sociologists and anthropologists. Adopting a multicultural approach implies the existence of many approaches allowing the existence of many points of view, none of which are considered good or bad, correct or incorrect. Predictably, this will challenge the psychological and counselling theories that arise out of a specific western cultural context. However, the different perspectives are likely to capture a different, valid approach (Arredonda, Gordon Reinoso, 2003). Significantly, a multi-cultural approach will have a relational place for language rather than just a representational one,

because language has a high correlation with culture and the perception of reality. The relational approach allows truths and realities to be seen beyond western scientific traditions and, perhaps, a greater alignment with Singaporean needs. For this to happen counsellors need to achieve 'cross-cultural' competency which can be understood as the capacity to understand the cultural dynamics of clients and to react to each of the cultural aspects in a way that facilitates change (Arrendondo & Perez, 2006). Thus, the three dimensions linked to multicultural counselling can be seen not only as the counsellor's knowledge and skills but, as importantly, their attitudes and beliefs.

## **Conclusions and Recommendations**

The present study sought to identify what factors would predict help-seeking from professional counsellors by Singaporeans. The reasons and motivation for the study focused on understanding why, when counselling services were available and there was a clear need for mental health assistance, so few Singaporeans intended to avail themselves of counselling. An analyses of the data identified factors that strongly predicted Singaporeans intent to seek professional help from a counsellor.

Overall, the findings from the present study added to the small body of literature related to the help-seeking behaviour of Singaporeans and the larger body of international literature that had identified the reasons individuals seek assistance for a professional counsellor. However, unique to the present study was the examination of a much wider range of variables, in this instance 14, than were investigated in previous studies. Similar to international studies inter and intra variables were examined and were seen to play a role in the intent seek counselling. The four variables most predictive of the intent to seek counselling were attitude to counselling, ethnicity, social stigma, and marital status. As the

strongest predictor, attitude to seeking counselling was significantly influenced by the Asian attitude towards acknowledging mental health issues and the sharing of such issues with non-family members. The Chinese community in particular appeared reluctant to connect with western style counselling, preferring instead to remain silent or to share their mental health problems with family members only. Social stigma was, therefore, seen as a significant barrier to help-seeking. In contrast, the Malay community appeared to have overcome, at least to some extent the stigma surrounding counselling, although their contact with counsellors were largely 'in-house', in other words within the approved boundaries of the Muslim community. Marital status as a significant predictor was somewhat more difficult to interpret as previous research provided an understanding why a single person would be more likely to attend counselling and also why a married person would be encouraged to attend counselling by their partner. However, in the present study it appeared that for single people a perceived lack of support (spousal or otherwise) provided an increased impetus to attend counselling.

An understanding that such variables played a key role in predicting engagement with professional counselling could be used by agencies, government and otherwise, to assist its citizens to engage with the process of professional counselling. In other words, as the Singaporean government appears to be willing to fund evidence based interventions, understanding why many Singaporeans are reluctant to attend professional counselling is vital to connecting those in need with the counselling support.

One way in which the positive profile of counselling could be raised in Singapore is the use of the media. However, because of the importance of the task it would be important to identify empirically the most effective manner in which this could be undertaken. Typically, agencies use billboards, letterbox leaflets and radio advertising to raise the public profile of a service but this may not be as effective as research-based translation research

(Segelken, 2008). For example, Bandura (2004) demonstrated that broadcast serial dramas could affect significant behaviour change when key messages were incorporated into the scripts. Indeed, in Mexico enrollments in literacy programs rose from 100,000 to a million per year when popular television actors were seen learning to read. Similarly, radio dramas in Tanzania led to an increase in condom use and a decrease in sexual partners when HIV-AIDS safe sex topics were raised by popular dramatic characters (Segelken, 2008).

However, it is important for agencies not to dictate a one-size-fits-all approach but instead use empirical data, some of which is evident in the present study, in order to link with the diverse nature of the Singapore community. In other words, what works best for what community. Addressing this issue, there is a need for culturally effective intervention programs configured for different ethnic groups. For example, the use of different language platforms may encourage those with difficulties in understanding English to participate.

A more direct approach to raising the public's understanding surrounding the value of counselling could involve the referral of separated couples to professional counselling prior to appearing in court. There is certainly evidence from the Malay Muslim community that readily available services sanctioned by community leaders can lead to not only use of such counselling services but also a reduction in perceived social stigma. There is also value in continuing to support school counselling programs that have the potential to 'acculturate' young Singaporeans into contemporary counselling approaches.

Finally, the importance of accessibility and anonymity cannot be underestimated. In Australia, for example, there are an increasing number of individuals who prefer to use online and telephone counselling services. Consequently, for communities where social stigma is a challenging barrier and trust and confidentiality major concerns, providing more Internet and telephone counselling services would be another valid avenue from which Singaporeans could seek counselling help.

## REFERENCES

- Abe-Kim, J., Takeuchi, D., & Hwang, W. C. (2002). Predictors of help-seeking for emotional distress among Chinese Americans: Family matters. [report]. *Journal of Consulting & Clinical Psychology* October, 70(5), 1186-1190.
- Abe-Kim, J., Takeuchi, D. T., Hong, S., Zane, N., Sue, S., Spencer, M. S., Appel, H., Nicdao, E., & Alegria, M. (2007). Use of mental health-related services among immigrant and U.S.-born Asian Americans: Results from the national Latino and Asian American study. *American Journal of Public Health*, 97(1), 91-98.
- Abeysinghe, T. (2012, October 4). Inflated housing prices should ease, *The Straits Times*, p. A30.
- Aday, L. A., & Andersen, R. (1974). A framework for the study of health care has existed since 1917 in which health care of access to medical care. *Health Services Research*, 9(3), 208-220.
- Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help-seeking. *American Psychologist*, 58(1), 5-14. doi: 10.1037/0003-066x.58.1.5
- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179-211. doi: 10.1016/0749-5978(91)90020-t
- Ajzen, I. (2001). Constructing a theory of planned behavior questionnaire. Retrieved 24 November 2009 [http:// www-unix.oit.umass.edu/~ajzen/tpb.html](http://www-unix.oit.umass.edu/~ajzen/tpb.html)
- Ajzen, I. (2005). *Attitudes, personality, and behavior*: Open University Press.
- Ajzen, I. (2011). The theory of planned behaviour: Reactions and reflections. *Psychol Health*, 26(9), 1113-1127. doi: 10.1080/08870446.2011.613995
- Ajzen, I., & Sheikh, S. (2013). Action versus inaction: Anticipated affect in the theory of planned behavior. *Journal of Applied Social Psychology*, 43(1), 155-162.

- Al-Darmaki, F. R. (2003). Attitudes towards seeking professional psychological help: What really counts for United Arab Emirates university students? *Social Behavior and Personality: An International Journal*, *31*(5), 497-508. doi: 10.2224/sbp.2003.31.5.497
- Al-Darmaki, F. R. (2014). Predictors of counseling center use among college students in the United Arab Emirates. *International Perspectives in Psychology: Research, Practice, Consultation*, *3*(1), 48-61. doi: 10.1037/a0035160
- Al-Kernawi, A., Graham, J. R., Dean, Y. Z., & Eltaiba, N. (2004). Cross national study of attitudes towards seeking professional help: Jordan, United Arab Emirates (UAE) and Arabs in Israel. *International Journal of Social Psychiatry*, *50*, 102-114.
- Alam, S. S., & Sayuti, N. M. (2011). Applying the theory of planned behavior (tpb) in Halal food purchasing. *International Journal of Commerce and Management*(1), 8.
- Albarracín, D., Johnson, B. T., Fishbein, M., & Muellerleile, P. A. (2001). Theories of reasoned action and planned behavior as models of condom use: A meta-analysis. *Psychological Bulletin*, *127*(1), 142-161. doi: 10.1037/0033-2909.127.1.142
- aLife Ltd. (2009). Annual reports 2007-2008. Retrieved 19 August 2010, from <http://www.alife.org.sg/documents/Annual Reports/2008 ALife Annual Report.pdf>
- Alipour, H., Rahpeyma, P., & Mousavian, S. J. (2011). Effective factors on behavior tendency in the acceptance of electronic banking based on planned behavior model (TPB). *International Journal of Business Administration*(4), 54.
- Allen, J. G., & Hamsher, J. H. (1974). The development and validation of a test of emotional styles. *Journal of Consulting and Clinical Psychology*, *42*, 663-668.
- Alpass, F. M., & Neville, S. (2003). Loneliness, health and depression in older males. *Aging and Mental Health*, *7*(3), 212-216. doi: 10.1080/1360786031000101193

- Andersen, R. M. (1995). Revisiting the behavioral model and access to medical care: Does it matter? *Journal of Health and Social Behavior*, 36(1), 1. doi: 10.2307/2137284
- Ang, A. W. (2001). The views of mental health professionals towards psychotherapy - a Singapore survey. *Ann Acad Med Singapore*, 30(1), 38-43.
- Ang, R. P., & Lay, S. Y. (2004). Asian secondary school students' help-seeking behaviour and preferences for counsellor characteristics. *Pastoral Care in Education*, 22(4), 40-48. doi: 10.1111/j.0264-3944.2004.00312.x
- Ang, R. P., & See Yeo, L. (2004). Asian secondary school students' help-seeking behaviour and preferences for counsellor characteristics. *Pastoral Care in Education*, 22(4), 40-48. doi: 10.1111/j.0264-3944.2004.00312.x
- Angermeyer, M. C., Matschinger, H., & Riedel-Heller, S. G. (2001). What to do about mental disorder - help-seeking recommendations of the lay public. *Acta Psychiatrica Scandinavica*, 103(3), 220-225. doi: 10.1034/j.1600-0447.2001.103003220.x
- Armitage, C. J., & Conner, M. (2001). Efficacy of the theory of planned behaviour: A meta-analytic review. *British Journal of Social Psychology*, 40(4), 471-499. doi: 10.1348/014466601164939
- Arredondo, P., & Gordon Reinoso, J. (2003). Multicultural competencies in consultation. In D.B. Pope-Davis, H.L.K. Coleman, W.M. Lui, & R.L. Toporek (Eds.), *Handbook of multicultural competencies in counseling and psychology* (pp. 330-346). Thousand Oaks, CA: Sage.
- Arredondo, P., & Perez, P. (2006). Historical perspectives on the multicultural guidelines and contemporary applications. *Professional Psychology: Research and Practice*, 37(1), 1-5.
- Atkinson, D. R., & Gim, R. H. (1989). Asian-American cultural identity and attitudes toward

- mental health services. *Journal of Counseling Psychology*, 36(2), 209-212. doi: 10.1037/0022-0167.36.2.209
- Attard, A., & Coulson, N. S. (2012). A thematic analysis of patient communication in Parkinson's disease online support group discussion forums. *Computers in Human Behavior*, 28(2), 500-506. doi: 10.1016/j.chb.2011.10.022
- Australia Institute of Health and Welfare. (2009). *Institutional mental health services in Australia 2006-07, cat no. Hse 74*. Canberra: Australia Institute of Health and Welfare.
- Babitsch, B., Gohl, D., & Lengerke, T. V. (2012). Re-revisiting Andersen's behavioral model of health services use: A systematic review of studies from 1998-2011. *GMS Psychosocial Medicine*, 9, 1-15.
- Bandura, A. (2004). Health promotion by social cognitive means. *Health Education and Behaviour*, 31(2), 143-164. doi: 10.1177/1090198104263660
- Barry, D. T. (2002). An ethnic identity scale for East Asian immigrants. *Journal of Immigrant Health*, 4, 87-94.
- Barry, D. T., & Grillo, C. M. (2002). Cultural, psychological, and demographic correlates of willingness to use psychological services among East Asian immigrants. *The Journal of Nervous and Mental Disease*, 190(1), 32-39.
- Barry, M. M., Doherty, A., Hope, A., Sixsmith, J., & Kelleher, C. C. (2000). A community needs assessment for rural mental health promotion. *Health Education Research*, 15, 293-304.
- Barwick, A. K., de Man, A. F., & McKelvie, S. J. (2009). Personality factors and attitude toward seeking professional help. *North American Journal of Psychology*, 11(2), 333-342.
- Bathje, G. J., & Pryor, J. B. (2011). The relationships of public stigma and self-stigma to

- seeking mental health services. *Journal of Mental Health Counselling*, 22, 161-176.
- 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. doi: 10.3109/00048679709065072
- Becker, H. S. (1963). *Outsiders: Studies in the sociology of deviance*. New York: The Free Press.
- Ben-Porath, D. D. (2002). Stigmatization of individuals who receive psychotherapy: An interaction between help-seeking behavior and the presence of depression. *Journal of Social and Clinical Psychology*, 21(4), 400-413.
- Berger, J. M., Levant, R., McMillan, K. K., Kelleher, W., & Sellers, A. (2005). Impact of gender role conflict, traditional masculinity ideology, alexithymia, and age on men's attitudes toward psychological help-seeking. *Psychology of Men & Masculinity*, 6(1), 73-78. doi: 10.1037/1524-9220.6.1.73
- Blais, R. K., & Renshaw, K. D. (2013). Stigma and demographic correlates of help-seeking intentions in returning service members. *Journal of Traumatic Stress*, 26(1), 77-85. doi: 10.1002/jts.21772
- Blazina, C., & Marks, L. (2001). College men's affective reactions to individual therapy, psycho-educational workshops, and men's support group brochures: The influence of gender-role conflict and power dynamics upon help-seeking attitudes. *Psychotherapy*, 38(3), 297-305.
- Blow, A., Timm, T., & Cox, R. (2008). The role of the therapist in therapeutic change: Does therapist gender matter? *Journal of Feminist Family Therapy*, 20, 66-86.
- Boulton, M., Boudioni, M., Mossman, J., Moynihan, C., Leydon, G., & Ramirez, A. (2001). 'Dividing the desolation': Clients views on the benefits of a cancer counselling service. *Psychooncology*, 10(2), 124-136. doi: 10.1002/pon.494

- Boyd, C., Francis, K., Aisbett, D., Newnham, K., Sewell, J., Dawes, G., & Nurse, S. (2007). Australian rural adolescents' experiences of accessing psychological help for a mental health problem. *Australian Journal of Rural Health, 15*(3), 196-200. doi: 10.1111/j.1440-1584.2007.00884.x
- Bradley, E. H., McGraw, S. A., Curry, L., Buckser, A., King, K. L., Kasl, S. V., & Andersen, R. (2002). Expanding the andersen model: The role of psychosocial factors in long-term care use. *Health Services Research, 37*(5), 1221-1242.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. doi: 10.1191/1478088706qp063oa
- Brehm, J. W. (1966). *A theory of psychological reactance*. New York: Academic Press.
- Brink, T. L., Yesavage, J. A., Lum, O., Heersema, P. H., Adey, M., & Rose, T. L. (1982). Screening tests for geriatric depression. *Clinical Gerontologist, 1*(1), 37-43.
- Britt, T. W. (2000). The stigma of psychological problems in a work environment: Evidence from the screening of service members returning from bosnia1. *Journal of Applied Social Psychology, 30*(8), 1599-1618. doi: 10.1111/j.1559-1816.2000.tb02457.x
- Brown, C., Codi, L. S., & Johanna, E. N. (2010). Vietnamese immigrant and refugee women's mental health: An examination of age of arrival, length of stay, income, and English language proficiency. *Journal of Multicultural Counseling & Development, 38*(2), 66-76.
- Brown, K., & Bradley, L. J. (2002). Reducing the stigma of mental illness. *Journal of Mental Health Counselling, 24*(1), 81-87.
- Brownhill, S., Wilhelm, K., Barclay, L., & Schmied, V. (2005). "Big build": Hidden depression in men. *Australian and New Zealand Journal of Psychiatry, 39*(10), 921-931.
- Bryant, S. A., & Spencer, G. A. (2003). University students' attitudes about attributing blame

- in domestic violence. *Journal of Family Violence*, 18(6), 369-376.
- Bundy, A. P., & Benschoff, J. M. (2000). Students' perceptions of need for personal counseling services in community colleges. *Journal of College Counseling*, 3, 92-99.
- Burgess, D. J., Ding, Y., Hargreaves, M., van Ryn, M., & Phelan, S. (2008). The association between perceived discrimination and underutilization of needed medical and mental health care in a multi-ethnic community sample. *Journal of Health Care for the Poor and Underserved*, 19(3), 894-911. doi: 10.1353/hpu.0.0063
- Burgess, P. M., Pirkis, J. E., Slade, T. N., Johnston, A. K., Meadows, G. N., & Gunn, J. M. (2009). Service use for mental health problems: Findings from the 2007 national survey of mental health and wellbeing. *Australian and New Zealand Journal of Psychiatry*, 43, 615-623.
- Cash, T. F., Begley, P. J., McBrown, D. A., & Weise, B. C. (1975). When counsellors are heard but not seen: Initial impact of physical attractiveness. *Journal of Counselling Psychology*, 45, 58-64.
- Chamberlin, J. (2004). Survey says: More Americans are seeking mental health treatment. *American Psychological Association*, 35, 7, 17. <http://www.apa.org/monitor/julaug04/survey.aspx>
- Chan, R. (2012, September 22). Expect more \$1 million flats, *The Straits Times*, p. D4.
- Chan, R. K. H., & Hayashi, K. (2010). Gender roles and help-seeking behaviour: Promoting help among Japanese men. *Journal of Social Work*, 10, 243-262.
- Chandra, A., & Minkovitz, C. S. (2006). Stigma starts early: Gender differences in teen willingness to use mental health services. *Journal of Adolescent Health*, 38, 754.
- Chang, R. (2012, February 29). CPF savings 'may not be enough for old age', *The Straits Times*.
- Chang, T., & Chang, R. (2004). Counseling and the internet: Asian American and Asian

- international college students' attitude toward seeking online professional help. *Journal of College Counseling*, 7, 140-150.
- Charles, C. M., & Mertler, C. A. (2002). *Introduction to educational research* (4th ed.). Boston, MA: Ally and Bacon.
- Charng, H.-W., Piliavin, J. A., & Callero, P. L. (1988). Role identity and reasoned action in the prediction of repeated behavior. *Social Psychology Quarterly*, 51(4), 303. doi: 10.2307/2786758
- Chawla, D. (2007). I will speak out: Narratives of resistance in contemporary Indian women's discourses in hindu arranged marriages. *Women and Language*, 30(1), 5-19.
- Cheam, J. (2012, May 18). Affording that first, dream home, *The Straits Times*, p. A34.
- Chen, S. X., & Mak, W. W. (2008). Seeking professional help: Etiology beliefs about mental illness across cultures. *Journal of Counseling Psychology*, 55(4), 442-450. doi: 10.1037/a0012898
- Cheng, H. L., Kwan, K. L., & Sevig, T. (2013). Racial and ethnic minority college students' stigma associated with seeking psychological help: Examining psychocultural correlates. *Journal of Counseling Psychology*, 60(1), 98-111. doi: 10.1037/a0031169
- Chia, Y. M. (2012, July 6). Marriages and divorces are up, *The Straits Times*, p. A2.
- Chilvers, C., Dewey, M., Fielding, K., Gretton, V., Miller, P., Palmer, B., Weller, D., Churchill, R., Williams, I., Bedi, N., Duggan, C., Lee, A., & Harrison, G. (2001). Counselling versus Antidepressants in Primary Care Study, G. (2001). Antidepressant drugs and generic counselling for treatment of major depression in primary care: Randomised trial with patient preference arms. *BMJ*, 322(7289), 772-775.
- Chiu, C.-Y., Gelfand, M. J., Yamagishi, T., Shteynberg, G., & Wan, C. (2010). Intersubjective culture the role of intersubjective perceptions in cross-cultural research. *Perspectives on Psychological Science*, 5(4), 482-493.

- Chiu, M. Y.-L. (2004). Why Chinese women do not seek help: A cultural perspective on the psychology of women. *Counselling Psychology Quarterly*, 17(2), 155-166. doi: 10.1080/09515070410001728307
- Cho, J., Kang, D. R., Moon, K. T., Suh, M., Ha, K. H., Kim, C., Suh, I., Shin, D. C., & Jung, S. H. (2013). Age and gender differences in medical care utilization prior to suicide. *Journal of Affective Disorders*, 146(2), 181-188. doi: 10.1016/j.jad.2012.09.001
- Chong, S. A., Abdin, E., Vaingankar, J. A., Kwok, K. W., & Subramaniam, M. (2012). Where do people with mental disorders in Singapore go to for help? *Annals Academy of Medicine, Singapore*, 41(4), 154-160.
- Chuang, P. M. (2012, June 30). Inflation ate into wage hikes last year, *The Business Times*, p. 2.
- Cooper, M. (2006). Scottish secondary school students' preferences for location, format of counselling and sex of counsellor. *School Psychology International*, 27(5), 627-638. doi: 10.1177/0143034306073421
- Cormack, J. (2009). Counselling marginalised young people: A qualitative analysis of young homeless people's views of counselling. *Counselling and Psychotherapy Research*, 9(2), 71-77. doi: 10.1080/14733140902823755
- Corrigan, P. (2004). How stigma interferes with mental health care. *American Psychologist*, 59(7), 614-625. doi: 10.1037/0003-066X.59.7.614
- Corrigan, P. W., River, L. P., Lundin, R. K., Wasowski, K. U., Campion, J., Mathisen, J., Goldstein, H., Bergman, M., Gagnon, C., & Kubiak, M. A. (2000). Stigmatizing attributions about mental illness. *Journal of Community Psychology*, 28(1), 91-102.
- Counselling and Care Centre. (2009). Annual reports, 2009. Retrieved August 19, 2010 from [http://www.carecorner.org.sg/brochures/FY0809/CCCC\\_FY0908.pdf](http://www.carecorner.org.sg/brochures/FY0809/CCCC_FY0908.pdf)
- Cowan, L., Deering, D., Crowe, M., Sellman, D., Futterman-Collier, A., & Adamson, S.

- (2003). Alcohol and drug treatment for women: Clinicians' beliefs and practice. *International Journal of Mental Health Nursing*, 12(1), 48-55.
- CPF. (2014). Retrieved August 2015, from Central Provident Fund  
<http://mycpf.cpf.gov.sg/CPF/About-Us/Intro/Intro.htm>
- Cramer, K. M. (1999). Psychological antecedents to help-seeking behavior: A reanalysis using path modeling structures. *Journal of Counseling Psychology*, 46(3), 381-387.  
doi: 10.1037/0022-0167.46.3.381
- Creswell, J. W. (2013). *Qualitative inquiry & research design: Choosing among the five approaches*. Thousand Oaks, CA: Sage Publications, Inc.
- Crusius, J., & Mussweiler, T. (2012). When people want what others have: The impulsive side of envious desire. *Emotion*, 12(1), 142.
- Cusack, J., Deane, F. P., Wilson, C. J., & Ciarrochi, J. (2004). Who influence men to go to therapy? Report from men attending psychological services. *International Journal for the Advancement of Counselling*, 26(3), 271-283.
- Cusack, J., Deane, F. P., Wilson, C. J., & Ciarrochi, J. (2006). Emotional expression, perceptions of therapy, and help-seeking intentions in men attending therapy services. *Psychology of Men & Masculinity*, 7(2), 69-82. doi: 10.1037/1524-9220.7.2.69
- Cusack, J., Deane, F. P., Wilson, C. J., & Ciarrochi, J. (2006). Emotional expression, perceptions of therapy, and help-seeking intentions in men attending therapy services. *Psychology of Men & Masculinity*, 7(2), 69-82.
- Cusack, J., Frank, P. D., Wilson, C. J., & Ciarrochi, J. (2006). Emotional expression, perceptions of therapy, and help-seeking intentions in men attending therapy services. *Journal of Psychology of Men & Masculinity*, 7(2), 69-82.
- D'Avanzo, B., Barbato, A., Erzegovesi, S., Lampertico, L., Rapisarda, F., & Valsecchi, L.

- (2012). Formal and informal help-seeking for mental health problems. A survey of preferences of Italian students. *Clinical Practice and Epidemiology in Mental Health*, 8, 47-51. doi: 10.2174/1745017901208010047
- Dao, T. K., Teten, A. L., & Nguyen, Q. (2011). Linear and orthogonal models of acculturation and its relations to cultural variables: An examination of the Suinn-Lew Asian self-identity acculturation scale (SL-Asia). *International Journal of Intercultural Relations*, 35(1), 61-68. doi: <http://dx.doi.org/10.1016/j.ijintrel.2010.10.001>
- Davis, J., McCrae, B. P., Frank, J., Dochnahl, A., Pickering, T., Harrison, B., Wilson, K. (2000). Identifying male college students' perceived health needs, barriers to seeking help, and recommendations to help men adopt healthier lifestyle. *Journal of American College Health*, 48(6), 259-267.
- de Nooijer, J., Lechner, L., & de Vries, H. (2003). Social psychological correlates of paying attention to cancer symptoms and seeking medical help. *Social Science & Medicine*, 56(5), 915-920. doi: 10.1016/s0277-9536(02)00098-9
- Dearing, R. L., Maddux, J. E., & Tangney, J. P. (2005). Predictors of psychological help-seeking in clinical and counseling psychology graduate students. *Professional Psychology: Research and Practice*, 36(3), 323-329. doi: 10.1037/0735-7028.36.3.323
- Derogatis, L. R., Lipman, R. S., Rickels, K., Uhlenhuth, E. H., & Covi, L. (1974). The hopkins symptom checklist (HSCL): A self-report symptom inventory. *Behavioral Science*, 19, 1-5.
- Diala, C. C., Muntaner, C., Walrath, C., Nickerson, K., LaVeist, T., & Leaf, P. (2001).

- Racial/ethnic differences in attitudes toward seeking professional mental health services. *American Journal of Public Health*, 91(5), 805-807. doi: 10.2105/ajph.91.5.805
- Diener, E., Ng, W., Harter, J., & Arora, R. (2010). Wealth and happiness across the world: Material prosperity predicts life evaluation, whereas psychosocial prosperity predicts positive feeling. *Journal of Personality and Social Psychology*, 99(1), 52-61. doi: 10.1037/a0018066
- Dillard, J. P., & Shen, L. (2005). On the nature of reactance and its role in persuasive health communication. *Communication Monographs*, 72(2), 144-168.
- Douki, S., Zineb, S. B., Nacif, F., & Halbreich, U. (2007). Women's mental health in the Muslim world: Cultural, religious, and social issues. *Journal of Affective Disorders*, 102, 177-189.
- Doward, J. (2010). One in five Britons has consulted a counsellor or psychotherapist. *The Guardian*, <https://www.theguardian.com/society/2010/aug/01/counselling-psychotherapy-survey>
- Drum, D. J., Brownson, C., Burton Denmark, A., & Smith, S. E. (2009). New data on the nature of suicidal crises in college students: Shifting the paradigm. *Professional Psychology: Research and Practice*, 40(3), 213-222. doi: 10.1037/a0014465
- Duncan, L. E., & Johnson, D. (2007). Black undergraduate students attitude toward counseling and counselor preference. *College Student Journal*, 41(3), 696-719.
- Eberly, M. B., Holley, E. C., Johnson, M. D., & Mitchell, T. R. (2011). Beyond internal and external: A dyadic theory of relational attributions. *Academy of Management Review*, 36(4), 731-753. doi: 10.5465/amr.2011.65554734
- Eisenberg, D., Downs, M. F., Golberstein, E., & Zivin, K. (2010). Stigma and help-seeking

- for mental health among college students. *Medical Care Research and Review*, 66(5), 522-541.
- El-Rufaie, O. E. F., Absood, G. H., & Abou-Saleh, M. T. (1997). The primary care anxiety and depression (PCAD) scale: A culture-oriented screening scale. *Acta Psychiatrica Scandinavica*, 95(2), 119-124. doi: 10.1111/j.1600-0447.1997.tb00384.x
- el-Rufaie, O. F., & Daradkeh, T. K. (1996). Validation of the arabic versions of the thirty- and twelve-item general health questionnaires in primary care patients. *The British Journal of Psychiatry*, 169(5), 662-664. doi: 10.1192/bjp.169.5.662
- Elhai, J. D., Schweinle, W., & Anderson, S. M. (2008). Reliability and validity of the attitudes toward seeking professional psychological help scale-short form. *Psychiatry Research*, 159(3), 320-329. doi: 10.1016/j.psychres.2007.04.020
- Ellison, S. L. R., Barwick, V. J., & Farrant, T. J. D. (2009). *Practical statistics for the analytical scientist: A bench guide*. Cambridge, UK: The Royal Society of Chemistry.
- Evans-Lacko, S., Knapp, M., McCrone, P., Thornicroft, G., & Mojtabai, R. (2013). The mental health consequences of the recession: Economic hardship and employment of people with mental health problems in 27 European countries. *PLoS One*, 8(7), e69792. doi: 10.1371/journal.pone.0069792
- Fallon, B. J., & Bowles, T. V. P. (2001). Family functioning and adolescent help-seeking behavior. *Family Relations*, 50, 239-245.
- Fekadu, Z., & Kraft, P. (2001). Predicting intended contraception in a sample of Ethiopian female adolescents: The validity of the theory of planned behavior. *Psychology & Health*, 16(2), 207-222. doi: 10.1080/08870440108405500
- Feldman, D. B., & Crandall, C. S. (2007). Dimensions of mental illness stigma: What about mental illness causes social rejection? *Journal of Social and Clinical Psychology*, 26(2), 137-154.

- Field, A. (2009). *Discovering statistics using SPSS* (3rd ed.). Thousands Oaks, California: Sage publications Inc.
- Fischer, E. H., & Farina, A. (1995). Attitudes toward seeking professional psychological help: A shortened form and considerations for research. *Journal of College Student Development, 36*(4), 368-373.
- Fischer, E. H., & Turner, J. L. (1970). Orientations to seeking professional help: Development and research utility of an attitude scale. *Journal of Consultation and Clinical Psychology, 35*(1), 79-90.
- Fischer, E. H., Winer, D., & Abramowitz, S. I. (1983). Seeking professional help for psychological problems in A Fischer, & B. N. DePaulo (Eds), *New Directions in helping* (Vol 3, pp. 163-182). New York: Academic Press.
- Fletcher, R. J., Higginbotham, N., & Dobson, A. (2002). Men's perceived health needs. *Journal of Health Psychology, 7*(3), 233-241. doi: 10.1177/1359105302007003217
- Foo, K. H., Merrick, P. L., & Kazantzis, N. (2006). Counseling/psychotherapy with Chinese Singaporean clients. *Asian Journal of Counseling, 13*(2), 271-293.
- Frey, L. L., & Roysircar, G. (2006). South Asian and East Asian international students' perceived prejudice, acculturation, and frequency of help resource utilization. *Journal of Multicultural Counseling & Development, 34*, 208-222.
- Fuller, J., Edwards, J., Procter, N., & John, M. (2000). How definition of mental health problems can influence help-seeking in rural and remote communities. *The Australian Journal Of Rural Health, 8*(3), 148-153.
- Fuller, J., Edwards, J., Procter, N., & Moss, J. (2000). How definition of mental health problems can influence help-seeking in rural and remote communities. *Australian Journal of Rural Health, 8*, 148-153.
- Fung, D. (2012, September 21). No significant increase in new cases of child stress, says

- IMH, *The Straits Times*, p. A31.
- Galdas, P. M., Cheater, F., & Marshall, P. (2005). Men and health help-seeking behaviour: Literature review. *Journal of Advanced Nursing*, 49(6), 616-623. doi: 10.1111/j.1365-2648.2004.03331.x
- Garcia, J. A., Paterniti, D. A., Romano, P. S., & Kravitz, R. L. (2003). Patient preferences for physician characteristics in university-based clinics. *Ethnicity and Disease*, 13, 259-267.
- Gardner, G., Gardner, A., MacLellan, L., & Osborne, S. (2003). Reconceptualising the objectives of a pilot study for clinical research. *International Journal of Nursing Studies*, 40, 719-724.
- Garzon, F., Worthington, E. L. J., Tan, S., & Worthington, R. K. (2009). Lay Christian counseling and client expectations for integration in therapy. *Journal of Psychology and Christianity*, 28(2), 113-120.
- Givens, J. L., & Tjia, J. (2002). Depressed medical students' use of mental health services and barriers to use. *Academic Medicine*, 77, 918-921.
- Gloria, A. M., Castellanos, J., Yong Sue, P., & Kim, D. (2008). Adherence to Asian cultural values and cultural fit in Korean American undergraduates' help-seeking attitudes. *Journal of Counseling & Development*, 86(4), 419-428.
- Goh, C. L. (2012, May 12). Parliament to hear worries about the cost of living and wages, *The Straits Times*, p. A16.
- Goh, M. (1996). *An exploratory study of Singaporean students' counseling needs and attitudes toward counseling in higher education*. Paper presented at the Australian Association for Educational Research - Educational Research Association Joint Conference, Singapore.
- Goldberg, D. P., & Hillier, V. F. (1979). A scaled version of the general health questionnaire.

*Psychological Medicine*, 9(1), 139-145.

Gong, F., Gage, S. L., & Tacata, L. A. (2003). Help-seeking behavior among Filipino Americans: A cultural analysis of face and language. *Journal of Community Psychology*, 31(5), 469-488.

Gonzalez, J. M., Alegria, M., & Prihoda, T. J. (2005). How do attitudes toward mental health treatment vary by age, gender, and ethnicity/race in young adults? *Journal of Community Psychology*, 33(5), 611-629. doi: 10.1002/jcop.20071

Gonzalez, J. M., Alegria, M., & Prihoda, T. J. (2005). How do attitudes toward mental health vary by age, gender, and ethnicity/race in young adults? *Journal of Community Psychology*, 33, 611-629.

Greene, J. C. (2007). *Mixed methods in social inquiry*. San Francisco: Jossey-Bass.

Griffith, D. M., Ober Allen, J., & Gunter, K. (2010). Social and cultural factors influence African American men's medical help-seeking. *Research on Social Work Practice*, 21(3), 337-347. doi: 10.1177/1049731510388669

Grossman, J. M., & Charmaraman, L. (2009). Race, context, and privilege: White adolescents' explanations of racial-ethnic centrality. *Journal of Youth and Adolescence*, 38(2), 139-152. doi: 10.1007/s10964-008-9330-7

Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review. *BMC Psychiatry*, 10, 113. doi: 10.1186/1471-244X-10-113

Hagger, M. S., Anderson, M., Kyriakaki, M., & Darkings, S. (2007). Aspects of identity and their influence on intentional behavior: Comparing effects for three health behaviors. *Personality and Individual Differences*, 42(2), 355-367. doi: 10.1016/j.paid.2006.07.017

- Hagger, M. S., Chatzisarantis, N. L. D., Barkoukis, V., Wang, J. C. K., Hein, V., Pihu, M., Karsai, I. (2007). Cross-cultural generalizability of the theory of planned behavior among young people in a physical activity context. *Journal of Sport & Exercise Psychology, 29*(1), 1-20.
- Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2010). *Multivariate data analysis: A global perspective* (7th ed.). NJ: Pearson Prentice Hall.
- Hammer, J. H., Vogel, D. L., & Heimerdinger-Edwards, S. R. (2013). Men's help-seeking: Examination of differences across community size, education, and income. *Psychology of Men & Masculinity, 14*(1), 65-75. doi: 10.1037/a0026813
- Harding, T. W., De Arango, V., Baltazar, J., Climent, C. E., Ibrahim, H. H. A., Ladrido-Ignacio, L., & Wig, N. N. (2009). Mental disorders in primary health care: A study of their frequency and diagnosis in four developing countries. *Psychological Medicine, 10*(02), 231. doi: 10.1017/s0033291700043993
- HDB. (2015). Retrieved August 2015, from Housing and Development Board <http://www.hdb.gov.sg/fi10/fi10320p.nsf/w/AboutUsOurRole?OpenDocument>
- Health Promotion Board. (2012). Health promotion board launches integrated workplace mental health solution and centre of excellence for healthy mind to improve mental well-being of working Singaporeans. [http://www.hpb.gov.sg/HOPPortal/content/conn/HOPUCM/path/Contribution%20Folders/uploadedFiles/HPB\\_Online/News\\_and\\_Events/News/2012/WorkplaceMentalHealthSolutions.pdf](http://www.hpb.gov.sg/HOPPortal/content/conn/HOPUCM/path/Contribution%20Folders/uploadedFiles/HPB_Online/News_and_Events/News/2012/WorkplaceMentalHealthSolutions.pdf)
- Heider, D., Matschinger, H., Müller, H., Saum, K.-U., Quinzler, R., Haefeli, W. E., König, H.-H. (2014). Health care costs in the elderly in Germany: An analysis applying Andersen's behavioral model of health care utilization. *BMC Health Services Research, 14*(1), 1-21. doi: 10.1186/1472-6963-14-71
- Higgins, A., & Conner, M. (2003). Understanding adolescent smoking: The role of the theory

- of planned behaviour and implementation intentions. *Psychology, Health & Medicine*, 8(2), 173-186. doi: 10.1080/1354850031000087555
- Hinton, L., Zweifach, M., Oishi, S., Tang, L., & Unutzer, J. (2006). Gender disparities in the treatment of late-life depression: Qualitative and quantitative findings from the impact trial. *American Journal of Geriatric Psychiatry*, 14(10), 884-892. doi: 10.1097/01.JGP.0000219282.32915.a4
- Ho, A. (2012, March 1). Teen dating violence isn't just kids' stuff, *The Straits Times*, p. A26.
- Holden, R. R. (1996). *Holden psychological screening inventory manual*. North Tonawanda: New York: Multi-Health Systems.
- Hong, J., Knapp, M., & McGuire, A. (2011). Income-related inequalities in the prevalence of depression and suicidal behaviour: A 10-year trend following economic crisis. *World Psychiatry*, 10(1), 40-44. doi: 10.1002/j.2051-5545.2011.tb00012.x
- Huang, S. L., & Spurgeon, A. (2006). The mental health of Chinese immigrants in Birmingham, uk. *Ethnicity and Health*, 11(4), 365-387. doi: 10.1080/13557850600824161
- HUDC. (2015). Retrieved August 2015, from Housing and Urban Development Company <http://hudcSingapore.com/hudc/what-is-hudc/>
- Hunter, M. S., Grunfeld, E. A., & Ramirez, A. J. (2003). Help-seeking intentions for breast-cancer symptoms: A comparison of the self-regulation model and the theory of planned behaviour. *British Journal of Health Psychology*, 8(Pt 3), 319-333. doi: 10.1348/135910703322370888
- International Monetary Fund. (2012). Singapore 2012 article IV consultation.
- ITE. (2015). Retrieved August 2015, from Institute of Technical Education <http://www.ite.edu.sg/wps/portal/aboutite/>
- Jackson, H., Judd, F., Komiti, A., Fraser, C., Murray, G., & Robins, G. (2007). Mental health

- problems in rural contexts: What are the barriers to seeking help from professional providers? *Australian Psychologist*, 42, 147-160.
- James, S. A., & Buttle, H. (2008). Attitudinal differences towards mental health services between younger and older New Zealand adults. *New Zealand Journal of Psychology*, 37(3), 33-43.
- Jawiah, D., Noralina, O., Siti, R. T., & Khaidzir, I. (2012). The family counseling services scenario of the Islamic religious department in Malaysia: Towards enhancement of services. *Advances in Natural and Applied Sciences*, 6(3), 440-446.
- Jayawickreme, E., Jayawickreme, N., & Goonasekera, M. A. (2012). Using focus group methodology to adapt measurement scales and explore questions of wellbeing and mental health. *Intervention*, 10(2), 156-167. doi: 10.1097/WTF.0b013e328356f3c4
- Jessup, M. A., Humphreys, J. C., Brindis, C. D., & Lee, K. A. (2003). Extrinsic barriers to substance abuse treatment among pregnant drug dependent women. *Journal of Drug Issues*, 33(2), 285-304. doi: 10.1177/002204260303300202
- Jones-Hazledine, C., McLean, C. P., & Hope, D. A. (2007). Mental health treatment seeking in a rural community. *Journal of Rural Community Psychology*, E9(2).
- Judd, F., Jackson, H., Komiti, A., Murray, G., Fraser, C., Grieve, A., & Gomez, R. (2006). Help-seeking by rural residents for mental health problems: The importance of Agrarian values. *Australian and New Zealand Journal of Psychiatry*, 40(9), 769-776. doi: 10.1111/j.1440-1614.2006.01882.x
- Kearney, L. K., Draper, M., & Baron, A. (2005). Counseling utilization by ethnic minority college students. *Cultural Diversity Ethnic Minority Psychology*, 11(3), 272-285. doi: 10.1037/1099-9809.11.3.272
- Kelly, E. W., Airidi, A., & Bakhtiar, L. (1996). Muslim in the United States: An exploratory study of universal and mental health values. *Counseling and Values*, 40, 1-13.

- Kilinc, A., & Granello, P. F. (2003). Overall life satisfaction and help-seeking attitude of Turkish college students in the United States: Implications for college counselors. *Journal of College Counseling, 6*, 56-68.
- Kim, B. S. K. (2007). Adherence to Asian and European American cultural values and attitudes toward seeking professional psychological help among Asian American college students. *Journal of Counseling Psychology, 54*(4), 474-480.
- Kim, B. S. K., & Omizo, M. M. (2003). Asian cultural values, attitudes toward seeking professional psychological help, and willingness to see a counselor. *The Counseling Psychologist, 31*, 343-361.
- Kim, B. S. K., & Omizo, M. M. (2006). Behavioral acculturation and enculturation and psychological functioning among Asian American college students. *Cultural Diversity and Ethnic Minority Psychology, 12*(2), 245-258.
- King, L. A., & Emmons, R. A. (1990). Conflicts over emotional expression: Psychological and physical correlates. *Journal of Personality and Social Psychology, 58*(5), 864-877.
- Kitzrow, M. A. (2003). The mental health needs of today's college students: Challenges and recommendations. *NAPSA Journal, 41*(1), 167-181.
- Klimes-Dougan, B., Klingbeil, D. A., & Meller, S. J. (2013). The impact of universal suicide-prevention programs on the help-seeking attitudes and behaviors of youths. *Crisis, 34*(2), 82-97. doi: 10.1027/0227-5910/a000178
- Knapp, D. J., Durtschi, J. A., Clifford, C. E., Kimmes, J. G., Barros-Gomes, P., & Sandberg, J. (2016). Self-esteem and caregiving in romantic relationships: Self- and partner perceptions. *Personal Relationships, 23*(1), 111-123. doi: 10.1111/per.12114
- Komiti, A., Judd, F., & Jackson, H. (2006). The influence of stigma and attitudes on seeking help from a GP for mental health problems: A rural context. *Social Psychiatry and Psychiatric Epidemiology, 41*(9), 738-745. doi: 10.1007/s00127-006-0089-4

- Komiya, N., & Eells, T. G. (2001). Predictors of attitudes towards seeking counselling among international students. *Journal of College Counselling, 4*, 153-160.
- 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*(1), 138-143.
- Kroska, A., & Harkness, S. K. (2006). Stigma sentiments and self-meanings: Exploring the modified labeling theory of mental illness. *Social Psychology Quarterly, 69*(4), 325-348. doi: 10.1177/019027250606900403
- Krueger, R. A. (2009). *Focus groups: A practical guide for applied research*: Sage.
- Kua, E., Chew, P., & Ko, S. (1993). Spirit possession and healing among Chinese psychiatric patients. *Acta Psychiatrica Scandinavica, 88*(6), 447-450.
- Kung, W. W. (2003). Chinese Americans' help-seeking for emotional distress. *Social Service Review, 77*(1), 110-134. doi: 10.1086/345707
- Kuo, B. C. H. (2004). Interdependent and relational tendencies among Asian clients: Infusing collectivistic strategies into counselling. *Guidance and Counseling, 19*(4), 158-162.
- Lambert, S. D., & Loisele, C. G. (2008). Combining individual interviews and focus groups to enhance data richness. *Journal of Advanced Nursing, 62*(2), 228-237. doi: 10.1111/j.1365-2648.2007.04559.x
- Landes, S. J., Burton, J. R., King, K. M., & Sullivan, B. F. (2013). Women's preference of therapist based on sex of therapist and presenting problem: An analogue study. *Counseling and Psychology Q, 26*(3-4), 330-342. doi:10.1080/09515070.2013.819795
- Lau, A., & Takeuchi, D. (2001). Cultural factors in help-seeking for child behavior problems: Value orientation, affective responding, and severity appraisals among Chinese-American parents. *Journal of Community Psychology, 29*(6), 675-692. doi: 10.1002/jcop.1042

- Lee, B.-O. (2007). Symptom attribution and preferred sources of help for psychiatric symptoms of university students in Singapore. *Asian Journal of Counselling, 14*, 49-90.
- Lee, B.-O. (2009). Relationships between adolescents' preferred sources of help and emotional distress, ambivalence over emotional expression, and causal attribution of symptoms: A Singapore study. *British Journal of Guidance & Counselling, 37*(4), 435-457. doi: 10.1080/03069880903161393
- Lee, B.-O., & Bishop, G. D. (2001). Chinese clients' belief systems about psychological problems in Singapore. *Counselling Psychology Quarterly, 14*(3), 219-240. doi: 10.1080/09515070110088834
- Leech, N. L., & Onwuegbuzie, A. J. (2007). A typology of mixed methods research designs. *Quality & Quantity, 43*(2), 265-275. doi: 10.1007/s11135-007-9105-3
- Leong, F. T. L., Kim, H. H. W., & Gupta, A. (2011). Attitudes toward professional counseling among Asian-American college students: Acculturation, conceptions of mental illness, and loss of face. *Asian American Journal of Psychology, 2*(2), 140-153. doi: 10.1037/a0024172
- Leong, F. T. L., & Lau, A. S. L. (2001). Barrier to providing effective mental health services to Asian Americans. *Mental Health Services Research, 3*(4), 201-214. doi: 10.1023/a:1013177014788
- Leong, J. (1991). *A study of the relationship between self-esteem and academic achievement and students' attitudes to counselling*. (Unpublished thesis), University of Keele, Staffordshire.
- Leung, P., Cheung, M., & Tsui, V. (2012). Help-seeking behaviors among Chinese Americans with depressive symptoms. *Social Work, 57*(1), 61-71. doi: 10.1093/sw/swr009

- Levant, R. F., Stefanov, D. G., Rankin, T. J., Halter, M. J., Mellinger, C., & Williams, C. M. (2013). Moderated path analysis of the relationships between masculinity and men's attitudes toward seeking psychological help. *Journal of Counseling Psychology, 60*(3), 392-406. doi: 10.1037/a0033014.1037/a0033014.supp (Supplemental)
- Liao, H., Round, J., & Klein, A. G. (2005). A test of Cramer's (1999) help-seeking model and acculturation effects with Asian and Asian American college students. *Journal of Counseling Psychology, 52*(3), 400-411.
- Lim, L., & Goh, C. L. (2013, March 7). Panellists lock horns over impact of foreigners, *The Straits Times*.
- Lin, Y. N. (2002). Taiwanese university students' perspectives on helping. *Counseling Psychology Quarter, 15*, 47-58.
- Link, B. G., Cullen, F. T., Struening, E., Shrout, P. E., & Dohrenwend, B. P. (1989). A modified labeling theory approach to mental disorders: An empirical assessment. *American Sociological Review, 54*(3), 400. doi: 10.2307/2095613
- Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology, 27*, 363-385.
- Link, B. G., Struening, E. L., Neese-Todd, S., Asmussen, S., & Phelan, J. (2001). Stigma as a barrier to recovery: The consequences of stigma for the self-esteem of people with mental illness. *Psychiatric Services, 52*, 1621-1626.
- Links, B. G., Struening, E. L., Neese-Todd, S., Asmussen, S., & Phelan, J. C. (2002). On describing and seeking to change the experience and stigma. *Psychiatric Rehabilitation Skills, 6*(2), 201-231.
- Luoma, J. B., Twohig, M. P., Waltz, T., Hayes, S. C., Roget, N., Padilla, M., & Fisher, G. (2007). An investigation of stigma in individuals receiving treatment for substance abuse. *Addictive Behaviors, 32*, 1331-1346.

- Mackenzie, C. S., Gekoski, W. L., & Knox, V. J. (2006). Age, gender, and the underutilization of mental health services: The influence of help-seeking attitudes. *Aging and Mental Health* 10(6), 574-582. doi: 10.1080/13607860600641200
- Mackenzie, C. S., Knox, V. J., Gekoski, W. L., & Macaulay, H. L. (2004). An adaptation and extension of the attitude towards seeking professional psychological help scale. *Journal of Applied Social Psychology*, 34, 2410-2435.
- Macnaghten, P., & Myers, G. (2006). Focus groups. *Qualitative Research Practice: Concise Paperback Edition*, SAGE Publications Ltd, London, 65-79.
- Mahalik, J. R., Good, G. E., & Englar-Carlson, M. (2003). Masculinity scripts, presenting concerns, and help-seeking: Implications for practice and training. *Professional Psychology: Research and Practice*, 34(2), 123-131. doi: 10.1037/0735-7028.34.2.123
- Mak, W. W., & Cheung, R. Y. (2010). Self-stigma among concealable minorities in Hong Kong: Conceptualization and unified measurement. *American Journal of Orthopsychiatry*, 80(2), 267-281. doi: 10.1111/j.1939-0025.2010.01030.x
- Mak, W. W. S., Chong, E. S. K., & Wong, C. C. Y. (2014). Beyond attributions: Understanding public stigma of mental illness with the common sense model. *American Journal of Orthopsychiatry*, 84(2), 173-181.
- Mansfield, A. K., Addis, M. E., & Mahalik, J. R. (2003). Why won't he go to the doctor?": The psychology of men's help-seeking. *International Journal of Men's Health*, 2(2), 93-117.
- Martin, D. J., Garske, J. P., & Davis, M. K. (2000). Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 68(3), 438-450.
- Martire, L. M., Stephens, M. A. P., Druey, J. A., Berthoff, M. A., Fleisher, C. L., & Wojno,

- W. C. (1998). *Spousal assistance, self-efficacy, and depressive symptoms in older women with osteoarthritis*. Paper presented at the Poster presented at the 51st Annual Meeting of the Gerontological Society of America., Philadelphia, PA.
- Masuda, A., Suzumura, K., Beauchamp, K. L., Howells, G. N., & Clay, C. (2005). United States and Japanese college students' attitudes towards seeking professional psychological help. *International Journal of Psychology, 40*, 303-313.
- Matlock-Hetzel, S. G. (2004). *Perceived relationships with god as predictor of attitudes towards seeking mental health services*. (Doctoral dissertation), Texas A & M University Texas.
- Maxwell, G. M., & Coebergh, B. (1986). Patterns of loneliness in a New Zealand population. *Community Mental Health in New Zealand, 2*(2), 48-61.
- Mayers, C., Leavey, G., Vallianatou, C., & Baker, C. (2007). How clients with religious or spiritual beliefs experience psychological help-seeking and therapy: A qualitative analysis. *Clinical Psychology and Psychotherapy, 14*, 317-327.
- Maynard, D. C., Joseph, T. A., & Maynard, A. M. (2006). Underemployment, job attitudes, and turnover intentions. *Journal of Organizational Behavior, 27*(4), 509-536. doi: 10.1002/job.389
- McCarthy, J., & Holliday, E. L. (2004). Help-seeking and counselling within a traditional gender role: An examination from a multicultural perspective. *Journal of Counseling Psychology, 82*, 25-30.
- McCarthy, J., Pfohl, A. H., & Bruno, M. (2010). Help-seeking among counseling trainees: An exploratory study. *Journal of Counseling Research and Practice, 1*(1), 53-63.
- McGowan, J. C., & Midlarsky, E. (2012). Religiosity, authoritarianism, and attitudes towards psychotherapy in later life. *Aging and Mental Health, 16*(5), 659-665.
- McMahon, T. J., Winkel, J. D., Suchman, N. E., & Luthar, S. S. (2002). Drug dependence,

- parenting responsibilities, and treatment history: Why doesn't mom go for help? *Drug Alcohol Dependency*, 65(2), 105-114.
- Meltzer, H., Bebbington, P., Brugha, T., Farrell, M., Jenkins, R., & Lewis, G. (2003). The reluctance to seek treatment for neurotic disorders. *International Review of Psychiatry*, 15(1-2), 123-128. doi: 10.1080/0954026021000046038
- Mikulincer, M., Shaver, P. R., Bar-On, N., & Sahdra, B. K. (2014). Security enhancement, self-esteem threat, and mental depletion affect provision of a safe haven and secure base to a romantic partner. *Journal of Social and Personal Relationships*, 31(5), 630-650. doi: 10.1177/0265407514525887
- Millar, A. (2003). Men's experience of considering counselling: Entering the unknown. *Counselling and Psychotherapy Research*, 3(1), 16-24.
- Miller, C. H., Lane, L. T., Deatrick, L. M., Young, A. M., & Potts, K. A. (2007). Psychological reactance and promotional health messages: The effects of controlling language, lexical concreteness, and the restoration of freedom. *Human Communication Research*, 33, 219-240.
- Miller, J. G. (1984). Culture and the development of everyday social explanation. *Journal of Personality and Social Psychology*, 46(5), 961-978.
- Millers, J. P., & Eells, G. T. (1998). The effects of degree of religiosity on attitudes toward seeking professional counseling. *Journal of Psychology and Christianity*, 17, 248-256.
- Ministry of Education. (2009). Moe launches web-based education and career guidance portal for students. Retrieved November 20, 2012, from <http://www.moe.gov.sg/media/press/2009/02/moe-launches-web-based-educati.php>
- Ministry of Manpower. (2011). Report on labour force in Singapore, 2011.
- Ministry of Manpower. (2012). Labour force in Singapore, 2012.

- Minkel, J. D., Banks, S., Htaik, O., Moreta, M. C., Jones, C. W., McGlinchey, E. L., Elaenor, L., Simpson, N. S., Dinges, D. F. (2012). Sleep deprivation and stressors: Evidence for elevated negative affect in response to mild stressors when sleep deprived. *Emotion, 12*(5), 1015.
- Miville, M. L., & Constantine, M. G. (2007). Cultural value, counseling stigma, and intentions to seek counseling among Asian American college women. *Counseling and Values, 52*(1), 2-11.
- Mo, P. K., & Mak, W. W. (2009). Help-seeking for mental health problems among Chinese: The application and extension of the theory of planned behavior. *Soc Psychiatry Psychiatr Epidemiol, 44*(8), 675-684. doi: 10.1007/s00127-008-0484-0
- MOE. (2014a). Retrieved August 2015, from Ministry of Education  
<http://www.moe.gov.sg/education/secondary/>
- MOE. (2014b). Retrieved August 2015, from Ministry of Education  
<http://www.moe.gov.sg/education/pre-u/>
- Moller-Leimkuhler, A. (2002). Barriers to help-seeking by men: A review of socio-cultural and clinical literature with particular reference to depression. *Journal of Affective Disorders, 71*, 1-9.
- MOM. (2015). Retrieved August 2015, from Ministry of Manpower  
<http://www.mom.gov.sg/aboutus/Pages/vision-mission-values.aspx>
- Morgan, T., Ness, D., & Robinson, M. (2003). Students' help-seeking behaviours by gender, racial background, and student status. *Canadian Journal of Counselling, 37*, 151-166.
- Moses, T. (2009). Stigma and self-concept among adolescents receiving mental health treatment. *American Journal of Orthopsychiatry, 79*(2), 261-274. doi: 0.1037/a0015696
- MSF. (2014). Retrieved August 2015, from Ministry of Social and Family Development

<http://app.msf.gov.sg/Policies/Strong-and-Stable-Families/Supporting-Families/Family-Service-Centres>

- Nadeem, E., Lange, J. M., Edge, D., Fongwa, M., Belin, T., & Miranda, J. (2007). Does stigma keep poor young immigrant and U.S.-born black and Latina women from seeking mental health care? *Psychiatric Service, 58*(12), 1547-1554. doi: 10.1176/appi.ps.58.12.1547
- Nadler, A. (1987). Determinants of help-seeking behaviour: The effect of helper's similarity, task centrality and recipient's self-esteem. *European Journal of Social Psychology, 17*(1), 57-67.
- Nadler, A., Jazwinski, C., Lau, S., & Miller, C. (1980). The cold cow of success: Responses to social rejection as affected by attitude similarity between chosen and rejected individuals. *European Journal of Social Psychology, 10*, 279-289.
- 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 of Health, 59*(2), 110-116. doi: 10.1080/07448481.2010.483714
- National Council of Social Service. (2010). Retrieved November 20, 2012, from <http://www.ncss.org.sg>
- Neighbors, H. W., Caldwell, C., Williams, D. R., Nesse, R., Taylor, R. J., & Bullard, K. M. (2007). Race, ethnicity, and the use of services for mental disorders. *Archives of General Psychiatry, 64*, 485-494.
- Newsom, J. T., & Schulz, R. (1996). Social support as a mediator in the relation between functional status and quality of life in older adults. *Psychology and Aging, 11*, 34-44.
- Newsom, J. T., & Schulz, R. (1998). Caregiving from the recipient's perspective: Negative reactions to being helped. *Health Psychology, 17*, 172-181.

- Ng, M. (2012, August 12). How to fund your child's education, *The Straits Times*, pp. 29, 30.
- Ng, T. P., Fones, C. S., & Kua, E. H. (2003). Preference, need and utilization of mental health services, Singapore national mental health survey. *Australian and New Zealand Journal of Psychiatry*, 37(5), 613-619.
- Ng, T. P., Jin, A. Z., Ho, R., Chua, H. C., Fones, C. S. L., & Lim, L. (2008). Health beliefs and help-seeking for depressive and anxiety disorders among urban Singaporean adults. *Psychiatric Services*, 59(1), 105-109.
- Nghe, L. T., Mahalik, J. R., & Lowe, S. M. (2003). Influences on Vietnamese men: Examining traditional gender roles, the refugee experience, acculturation, and racism in the United States. *Journal Of Multicultural Counseling & Development*, 31(4), 245-261.
- NIE. (2015). Retrieved August 2015, from National Institute of Education  
<http://www.nie.edu.sg/about-nie/general-information/welcome-to-nie>
- Norman, P., Conner, M., & Bell, R. (1999). The theory of planned behavior and smoking cessation. *Health Psychology*, 18(1), 89-94. doi: 10.1037/0278-6133.18.1.89
- NTUC. (2015). Retrieved August 2015, from National Trades Union Congress  
<http://www.ntuc.org.sg/wps/portal/up2/home/aboutntuc/>
- O'Neil, J. M., Helms, B., Gable, R., David, L., & Wrightsman, L. (1986). Gender-role conflict scale: College men's fear of feminiity. *Sex Roles*, 14, 335-350.
- Obasi, E. M., & Leong, F. T. L. (2009). Psychological distress, acculturation, and mental health-seeking attitudes among people of African descent in the United States: A preliminary investigation. *Journal of Counseling Psychology*, 56(2), 227-238. doi: 10.1037/a0014865
- OECD. (2014). Pisa 2012 results in focus: What 15-year-olds know and what they can do

with what they know. Retrieved 24 November 2014

<http://www.oecd.org/pisa/keyfindings/pisa-2012-results-overview.pdf>

- Ojeda, V. D., & Bergstressor, S. M. (2008). Gender, race-ethnicity, and psychosocial barriers to mental health care: An examination of perceptions and attitudes among adults reporting unmet need. *Journal of Health and Social Behavior, 49*, 317-334.
- Omizo, M. M., Kim, B. S. K., & Abel, N. R. (2008). Asian and European American cultural values, bicultural competence, and attitudes toward seeking professional psychological help among Asian American adolescents. *Journal of Multicultural Counseling and Development, 36*, 15-28.
- Ono, Y., Yoshimura, K., Yamauchi, K., Asai, M., Young, J., Fujihara, S., & Kitamura, T. (2000). Somatoform symptoms in a Japanese community population: Prevalence and association with personality characteristics. *Transcultural Psychiatry, 37*, 219-228.
- Pallant, J. (2010). *SPSS survival manual* (4th ed.). Australia: Allen & Unwin Publishers.
- Panganamala, N. R., & Plummer, D. L. (1998). Attitudes toward counseling among Asian Indians in the United States. *Cultural Diversity and Ethnic Minority Psychology, 4*(1), 55-63.
- Park, K. S., & Reisinger, Y. (2009). Cultural differences in shopping for luxury goods: Western, Asian, and hispanic tourists. *Journal of Travel & Tourism Marketing, 26*(8), 762-777.
- Paul, K. I., & Moser, K. (2009). Unemployment impairs mental health: Meta-analyses. *Journal of Vocational Behavior, 74*(3), 264-282. doi: 10.1016/j.jvb.2009.01.001
- Peat, J., Mellis, C., Williams, K., & Xuan, W. (2002). *Health science research: A handbook of quantitative methods*. London: Sage.
- Pederson, E. L., & Vogel, D. L. (2007). Male gender role conflict and willingness to seek

- counseling: Testing a mediation model on college-aged men. *Journal of Counseling Psychology*, 54(4), 373-384. doi: 10.1037/0022-0167.54.4.373
- Pescosolido, B. A., & Boyer, C. A. (1999). How do people come to use mental health services? Current knowledge and changing perspective *In Horwitz, A. V., & Scheid, T. L. (Eds). A handbook for the study of mental illness. Social contexts, theories and systems (pp. 392-411)*. New York, NY, USA: Cambridge University Press.
- Pescosolido, B. A., & Boyer, C. A. (2010). *Understanding the context and dynamic social processes of mental health treatment* (2nd ed.). New York: Cambridge University Press.
- Pistrang, N., & Barker, C. (1992). Client's beliefs about psychological problems. *Counseling Psychology Quarterly*, 5, 325-336.
- Ponterotto, J., Baluch, S., & Carielli, D. (1998). The Suinn-Lew Asian self-identity acculturation scale (SL-Asia): Critique and research recommendations. *Measurement and Evaluation in Counseling and Development*, 31, 109-124. doi: 10.1177/0013164492052004028
- Pridmore, S., & Pasha, M. I. (2004). Psychiatry and Islam. *Australasian Psychiatry*, 12(4), 380-385. doi: 10.1111/j.1440-1665.2004.02131.x
- Professionals, A. o. M. (2014). The next decade: Strengthening our community's architecture. from [http://www.amp.org.sg/edisi/data/Publications/3rd Convention Journal/Section 4 - Social.pdf](http://www.amp.org.sg/edisi/data/Publications/3rd%20Convention%20Journal/Section%204%20-%20Social.pdf)
- Pullen, E., Perry, B., & Oser, C. (2014). African American women's preventative care usage: The role of social support and racial experiences and attitudes. *Sociology of Health and Illness*, 36(7), 1037-1053. doi: 10.1111/1467-9566.12141
- Quach, A. S., & Hall, D. H. (2013). Chinese American attitudes toward therapy: Effects of

- gender, shame, and acculturation. *International Journal of Humanities and Social Science*, 3(12), 209-222.
- Quinn, P., & Chan, S. (2009). Secondary school students' preferences for location, format of counselling and gender of counsellor: A replication study based in Northern Ireland. *Counselling and Psychotherapy Research*, 9(3), 204-209. doi: 10.1080/14733140903031119
- Rabiee, F. (2004). Focus-group interview and data analysis. *Proceedings of the nutrition society*, 63(4), 655.
- Raviv, A., Raviv, A., Propper, A., & Fink, A. S. (2003). Mothers' attitudes toward seeking help for their children from school and private psychologists. *Professional Psychology: Research and Practice*, 34(1), 95-101. doi: 10.1037/0735-7028.34.1.95
- Razali, S. M., & Najib, M. A. M. (2000). Help-seeking pathways among Malay psychiatric patients. *International Journal of Social Psychiatry*, 46(4), 281-289. doi: 10.1177/002076400004600405
- Reavley, N. J., Yap, M. B., Wright, A., & Jorm, A. F. (2011). Actions taken by young people to deal with mental disorders: Findings from an Australian national survey of youth. *Early Intervention Psychiatry*, 5(4), 335-342. doi: 10.1111/j.1751-7893.2011.00292.x
- Reynolds, L. K., O'Koon, J. H., Papademetriou, E., Szczygiel, S., & Grant, K. E. (2001). Stress and somatic complaints in low-income urban adolescents. *Journal of Youth and Adolescence*, 30(4), 499-514.
- Rickwood, D. (2005). Supporting young people at school with high mental health needs. *Australian Journal of Guidance and Counselling*, 15(2), 137-155.
- Rickwood, D., Deane, F. P., Wilson, C. J., & Ciarrochi, J. (2005). Young people's help-seeking for mental health problems. *Australian e-Journal for the Advancement of Mental Health*, 4(3).

- Rickwood, D. J., & Braithwaite, V. A. (1994). Social psychological factors affecting seeking help for emotional problems. *Social Science and Medicine*, *39*, 563-572.
- 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*, S35-S39.
- 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 Ment Health*, *7*(2), 142-152. doi: 10.1080/1360786031000072321
- Rochlen, A. B., Whilde, M. R., & Hoyer, W. D. . (2005). The real men real depression campaign: Overview, theoretical implications, and research considerations. *Psychology of Men and Masculinity*, *6*(3), 186-194.
- Rosenstock, I. M. (2005). Why people use health services. *The Milbank Quarterly*, *83*(4), Online-only. doi: 10.1111/j.1468-0009.2005.00425.x
- Sadow, D., Ryder, M., & Webster, D. (2002). Is education of health professionals encouraging stigma towards the mentally ill? *Journal of Mental Health*, *11*, 657-665.
- Samaritans of Singapore. (2010). Annual reports, Apr 09 - Mar 2010. Retrieved August 19, 2010, from <http://www.samaritans.org.sg/annualreport.pdf>
- Sarason, I. G., Sarason, B. R., Shearin, E. N., & Pierce, G. R. (1987). A brief measure of social support: Practical and theoretical implications. *Journal of Social and Personal Relationships*, *4*, 497-510.
- Saunders, S. S. (2000). Examining the relationship between the therapeutic bond and the phases of treatment outcome. *Psychotherapy*, *37*, 206-218.
- SEAB. (2015). Retrieved August 2015, from Singapore Examinations and Assessment Board <http://www.seab.gov.sg/psle/generalInfo.html>
- Segal, D. L., Mincic, M. S., Coolidge, F. L., & O'Riley, A. (2005). Beliefs about mental

- illness and willingness to seek help: A cross-sectional study. *Aging and Mental Health*, 9, 363-367.
- Segelken, R. (2008). Putting research into practice: Cornell tries the “Bandura model”. *Human Ecology*, 36(1), 9-10.
- Setiawan, J. L. (2006). Willingness to seek counselling, and factors that facilitate and inhibit the seeking of counselling in Indonesian undergraduate students. *British Journal of Guidance and Counselling*, 34, 403-419.
- Shea, M., & Yeh, C. J. (2008). Asian American students' cultural values, stigma, and relational self-construal: Correlates of attitudes toward professional help-seeking. *Journal of Mental Health Counseling*, 30(2), 157-172.
- Sheffield, J. K., Fiorenza, E., & Sofronoff, K. (2004). Adolescents' willingness to seek psychological help: Promoting and preventing factors. *Journal of Youth and Adolescence*, 33, 495-507.
- Sheikh, S., & Furnham, A. (2000). A cross-cultural study of mental health beliefs and attitudes towards seeking professional help. *Social Psychiatry and Psychiatric Epidemiology*, 35(7), 326-334. doi: 10.1007/s001270050246
- Shek, D. T. L. (1999). The development of counseling in four Asian communities: A critical review of the review papers. *Asian Journal of Counseling*, 6(2), 97-114.
- Sheu, H., & Sedlacek, W. E. (2004). An exploratory study of help-seeking attitudes and coping strategies among college students by race and gender. *Measurement and Evaluation in Counseling and Development*, 37(3), 130-143.
- Sim, T. (1999). Development of counselling service in Singapore. *Asian Journal of Counseling*, 6(2), 49-74.
- Simoni, J. M., & Adelman, H. S. (1991). Perceived control, causality, expectations and help-seeking behaviour. *Counseling Psychology Quarterly*, 4, 37-44.

- Singapore Department of Statistics. (2010). *Yearbook of Statistics: Singapore 2010*. Singapore.
- Singapore Department of Statistics. (2012). *Yearbook of statistics*,: Singapore 2012.
- Singapore Department of Statistics. (2013). *Population trend 2013* (9th ed.).
- Skogstad, P., Deane, F. P., & Spicer, J. (2006). Social-cognitive determinants of help-seeking for mental health problems among prison inmates. *Criminal Behaviour and Mental Health, 16*(1), 43-59. doi: 10.1002/cbm.54
- Smith, J. M. (2004). Adolescent males' view on the use of mental health counseling services. *Adolescences, 39*(153), 77-82.
- Smith, J. P., Tran, G. Q., & Thompson, R. D. (2008). Can the theory of planned behavior help explain men's psychological help-seeking? Evidence for a mediation effect and clinical implications. *Psychology of Men and Masculinity, 9*(3), 179-192. doi: 10.1037/a0012158
- Soong, F. H. (1997). *Adaptation of western counseling approaches to an Asian multicultural context*. Unpublished doctoral dissertation National Institute of Education, Nanyang Technological University. Singapore.
- Sorkin, D. H., Pham, E., & Ngo-Metzger, Q. (2009). Racial and ethnic differences in the mental health needs and access to care of older adults in California. *Journal of American Geriatric Society, 57*(12), 2311-2317. doi: 10.1111/j.1532-5415.2009.02573.x
- SOS. (2014). Retrieved August 2015, from Samaritans of Singapore  
<https://http://www.sos.org.sg/who-we-are>
- Sparks, P., & Guthrie, C. A. (1998). Self-identity and the theory of planned behavior: A useful addition or an unhelpful artifice? *Journal of Applied Social Psychology, 28*(15), 1393-1410. doi: 10.1111/j.1559-1816.1998.tb01683.x

- Spurgeon, P., Hicks, C., Barwell, F., Walton, I., & Spurgeon, T. (2005). Counselling in primary care: A study of the psychological impact and cost benefits for four chronic conditions. *European Journal of Psychotherapy & Counselling*, 7(4), 269-290. doi: 10.1080/13642530500367753
- Stuart, H., & Arboleda-Florez, J. (2001). Community attitudes toward people with schizophrenia. *Canadian Journal of Psychiatry*, 46(3), 245-252.
- Sturm, R., & Sherbourne, C. D. (2001). Are barriers to mental health and substance abuse care still rising? *Journal of Behavioral Health Services & Research*, 28, 81-88.
- Suinn, R. M., Richard-Figueroa, K., Lew, S., & Vigil, P. . (1987). The Suinn-Lew Asian self-identity acculturation scale: An initial report. *Educational and Psychological Measurement*, 47, 401-407.
- Sullivan, K., Marshall, S. K., & Schonert-Reichi, K. A. (2002). Do expectancies influence choice of help-giver? Adolescents' criteria for selecting an informal helper. *Journal of Adolescent Research*, 17, 509-531.
- Sullivan, K. T., Ramos-Sanchez, L., & McIver, S. D. (2007). Predicting the use of campus counseling services for Asian/Pacific islander, Latino/Hispanic, and White students: Problem severity, gender, and generational status. *Journal of College Counseling*, 10(2), 103-116.
- Swinyard, W. R., Kau, A.-K., & Phua, H.-Y. (2001). Happiness, materialism, and religious experience in the U.S. and Singapore. *Journal of Happiness Studies*, 2(1), 13-32.
- Tabachnick, B. G., & Fidell, L. S. (2007). *Using multivariate statistics* (5th ed.). Boston: Pearson Education.
- Tan, E. (1995). The development of a computer-assisted career guidance programme for Singapore schools. *Asia Pacific Journal of Education*, 15, 81-86.
- Tan, E. (2002). Career guidance in Singapore schools. *The Career Development Quarterly*,

50, 257-263.

Teh, J. L. (2012, January 17). Big hdb flat means big trouble in retirement, *The New Paper*, p. 6.

ten Have, M., de Graaf, R., Ormel, J., Vilagut, G., Kovess, V., & Alonso, J. (2010). Are attitudes towards mental health help-seeking associated to service use? Results from the European study of epidemiology of mental disorders. *Social Psychiatry and Psychiatric Epidemiology*, 45(2), 153-163.

Terry, D. J., Hogg, M. A., & White, K. M. (1999). The theory of planned behaviour: Self-identity, social identity and group norms. *British Journal of Social Psychology*, 38(3), 225-244. doi: 10.1348/014466699164149

Thangavelu, S. M. (2012). Economic growth and foreign workers in ASEAN and Singapore Asian Economic Papers, *The Earth Institute at Columbia University, MIT*, 11(3), 114-136.

The Senate. (2009). *The senate, select committee on men's health*. Canberra.

Thoits, P. A. (2005). Differential labeling of mental illness by social status: A new look at an old problem. *Journal of Health and Social Behavior*, 46, 102-119.

Thompson, V. L., Bazile, A., & Akbar, M. (2004). African Americans' perceptions of psychotherapy and psychotherapists. *Professional Psychology: Research and Practice*, 35(1), 19-26.

Timlin-Scalera, R. M., Ponterotto, J. G., Blumberg, F. C., & Jackson, M. A. (2003). A grounded theory study of help-seeking behaviors among white male high school students. *Journal of Counseling Psychology*, 50(3), 339-350. doi: 10.1037/0022-0167.50.3.339

Tisbhy, O., Turel, M., Gumpel, O., Pinus, U., Lavy, S. B., Winokour, M., & Sznajderman, S. (2001). Help-seeking attitudes among Israeli students. *Adolescences*, 36, 249-264.

Toh, Y. C. (2012, February 3). 7 things holding back the Singapore stork, *The Straits Times*,

pp. A35, A36.

Tucker, J. R., Hammer, J. H., Vogel, D. L., Bitman, R. L., Wade, N. G., & Maier, E. J.

(2013). Disentangling self-stigma: Are mental illness and help-seeking self-stigmas different? *Journal of Counseling Psychology, 60*(4), 520-531. doi: 10.1037/a0033555

Turkum, A. S. (2004). Developing a scale of attitudes toward seeking psychological help:

Validity and reliability analyses. *International Journal for the Advancement of Counselling, 26*(3), 321-329.

Turner, A. L., & Quinn, K. F. (1999). College students' perceptions of the value of

psychological services: A comparison with APA's public education research.

*Professional Psychology: Research and Practice, 30*(4), 368-371.

Van Teijlingen, E. R., Rennie, A. M., Hundley, V., & Graham, W. (2001). The importance of

conducting and reporting pilot studies: The example of the Scottish births survey. *J*

*Advanced Nursing, 34*(3), 289-295.

Verhaak, P. F. M. (2009). Determinants of the help-seeking process: Goldberg and Huxley's

first level and first filter. *Psychological Medicine, 25*(1), 95. doi:

10.1017/s0033291700028129

Vogel, D. L., Armstrong, P. I., Tsai, P. C., Wade, N. G., Hammer, J. H., Efstathiou, G., . . .

Topkaya, N. (2013). Cross-cultural validity of the self-stigma of seeking help (ssosh)

scale: Examination across six nations. *Journal of Counseling Psychology, 60*(2), 303-

310. doi: 10.1037/a0032055

Vogel, D. L., Shechtman, Z., & Wade, N. G. (2010). The role of public and self-stigma in

predicting attitudes toward group counseling. *The Counseling Psychologist, 38*(7),

904-922. doi: 10.1177/0011000010368297

Vogel, D. L., Wade, N. G., & Ascheman, P. L. (2009). Measuring perceptions of

- stigmatization by others for seeking psychological help: Reliability and validity of a new stigma scale with college students. [miscellaneous]. *Journal of Counseling Psychology April, 56(2)*, 301-308.
- Vogel, D. L., Wade, N. G., & Haake, S. (2006). Measuring the self-stigma associated with seeking psychological help. *Journal of Counseling Psychology, 53(3)*, 325-337. doi: 10.1037/0022-0167.53.3.325
- Vogel, D. L., Wade, N. G., & Hackler, A. H. (2007). Perceived public stigma and the willingness to seek counseling: The mediating roles of self-stigma and attitudes toward counseling. [miscellaneous article]. *Journal of Counseling Psychology January, 54(1)*, 40-50.
- Vogel, D. L., Wade, N. G., Wester, S. R., Larson, L., & Hackler, A. H. (2007). Seeking help from a mental health professional: The influence of one's social network. *Journal of Clinical Psychology, 63(3)*, 233-245. doi: 10.1002/jclp.20345
- Vogel, D. L., & Wei, M. (2005). Adult attachment and help-seeking intent: The mediating roles of psychological distress and perceived social support. *Journal of Counseling Psychology, 52(3)*, 347-357.
- Vogel, D. L., & Wester, S. R. (2003). To seek help or not to seek help: The risks of self-disclosure. [article]. *Journal of Counseling Psychology July, 50(3)*, 351-361.
- Vogel, D. L., Wester, S. R., & Larson, L. M. (2007). Avoidance of counseling: Psychological factors that inhibit seeking help. *Journal of Counseling and Development, 85*, 410-422.
- Vogel, D. L., Wester, S. R., Larson, L. M., & Wade, N. G. (2006). An information-processing model of the decision to seek professional help. *Professional Psychology: Research and Practice, 37(4)*, 398-406. doi: 10.1037/0735-7028.37.4.398
- Vogel, D. L., Wester, S. R., Wei, M., & Boysen, G. A. (2005). The role of outcome

- expectations and attitudes on decisions to seek professional help. *Journal of Counseling Psychology*, 52(4), 459-470. doi: 10.1037/0022-0167.52.4.459
- Wade, N. G., Post, B. C., Cornish, M. A., Vogel, D. L., & Tucker, J. R. (2011). Predictors of the change in self-stigma following a single session of group counseling. *Journal of Counseling Psychology*, 58(2), 170-182. doi: 10.1037/a0022630
- Walker, D. F., Tokar, D. M., & Fischer, A. R. (2000). What are eight popular masculinity-related instruments measuring? Underlying dimensions and their relations to sociosexuality. *Psychology of Men and Masculinity*, 1(2), 98-108.
- Wall, T., & Hayes, J. (2000). Depressed clients' attributions of responsibility for the causes of and solutions to their problems. *Journal of Counseling and Development*, 78(1), 81-86.
- Walter, F., Webster, A., Scott, S., & Emery, J. (2012). The Andersen model of total patient delay: A systematic review of its application in cancer diagnosis. *Journal of Health Services Research and Policy*, 17(2), 110-118. doi: 10.1258/jhsrp.2011.010113
- Wang, P. S., Berglund, P., Olfson, M., Pincus, H. A., Wells, K. B., & Kessler, R. C. (2005). Failure and delay in initial treatment contact after first onset of mental disorders in the national comorbidity survey replication. *Archives of General Psychiatry*, 62(6), 603-613. doi: 10.1001/archpsyc.62.6.603
- Wang, P. S., Berglund, P. A., & Kessler, R. C. (2003). Patterns and correlates of contacting clergy for mental disorders in the United States. *Health Services Research Journal*, 38(2), 647-673.
- Watson, J. E. (2001). Religious affiliation and help-seeking: Does denominational membership make a difference. *Social Work and Christianity*, 28(1), 27-46.
- Weathers, F. W., Litz, B. T., Herman, D. S., Huska, J. A., & Keane, T. M. (1993). *The ptsd*

- checklist (pcl): Reliability, validity, and diagnostic utility.* Paper presented at the meeting of the international Society for Traumatic Stress Studies, San Antonio, TX.
- Weiner, B. (1985). An attribution theory of achievement and motivation. *Psychological Review*, 92, 548-573.
- Westmarland, N., & Alderson, S. (2013). The health, mental health, and well-being benefits of rape crisis counseling. *Journal of Interpersonal Violence*, 28(17), 3265-3282. doi: 10.1177/0886260513496899
- Wilkinson, R., & Pickett, K. (2010). *The spirit level: Why equality is better for everyone.* London: Penguin.
- Williams, G. C., McGregor, H. A., Sharp, D., Levesque, C., Kouides, R. W., Ryan, R. M., & Deci, E. L. (2006). Testing a self-determination theory intervention for motivating tobacco cessation: Supporting autonomy and competence in a clinical trial. *Health Psychology*, 25(1), 91-101. doi: 10.1037/0278-6133.25.1.91
- Wilson, C. J., & Deane, F. P. (2001). Adolescent opinions about reducing help-seeking barriers and increasing appropriate help engagement. *Journal of Educational and Psychological Consultation*, 12(4), 345-364.
- Wilson, C. J., Deane, F. P., Ciarrochi, J., & Rickwood, D. (2005). Measuring help-seeking intentions: Properties of the general help-seeking questionnaire. *Canadian Journal of Counselling*, 39(1), 15-28.
- Wirtz, D., & Scollon, C. N. (2012). Culture, visual perspective, and the effect of material success on perceived life quality. *Journal of Cross-Cultural Psychology*, 43(3), 367-372. doi: 10.1177/0022022111432292
- Wu, L. T., & Ringwalt, C. L. (2004). Alcohol dependence and use of treatment services among women in the community. *American Journal of Psychiatry*, 161(10), 1790-1797. doi: 10.1176/appi.ajp.161.10.1790

- Yap, E., & Ong, C. (2013, January 20). Home sweet loan, *The Straits Times*, p. 8.
- Yeap, R., & Low, W. Y. (2009). Mental health knowledge, attitude and help-seeking tendency: A Malaysian context. *Singapore Medical Journal*, 50(12), 1169-1176.
- Yeh, C. J. (2002). Taiwanese students' gender, age, interdependent and independent self-construal, and collective self-esteem as predictors of professional psychological help-seeking attitudes. *Cultural Diversity and Ethnic Minority Psychology*, 8(1), 19-29.
- Yeo, A. (1993). *Counselling: A problem-solving approach*. Singapore: Armour Publishing.
- Yeo, L. S., Tan, S. Y., & Neihart, M. F. (2012). Counseling in Singapore. *Journal of Counseling and Development*, 90(2), 243-248. doi: 10.1111/j.1556-6676.2012.00031.x
- Yoo, S. K., & Skovholt, T. M. (2001). Cross-cultural examination of depression expression and help-seeking behavior: A comparative study of American and Korean college students. *Journal of College Counseling*, 4, 10-19.
- Yoon, E., & Jepsen, D. A. (2008). Expectations of and attitudes toward counseling: A comparison of Asian international and U. S. Graduate students. *International Journal for the Advancement of Counselling*, 30(2), 116-127.
- Yow, T. S., & Mehta, K. (2010). Perceived stigma and coping strategies among Asians with schizophrenia: The Singapore case. *International Social Work*, 53(3), 379-392. doi: 10.1177/0020872809359866
- Zainab, I., Wan-Ibrahim, W. A., & Asyraf, H. A. R. (2014). Counseling services in Muslim communal life in Malaysia. *Middle - East Journal of Scientific Research*, 20(11), 1445-1448.
- Zartaloudi, A., & Madianos, M. G. (2010). Mental health treatment fearfulness and help-seeking. *Issues in Mental Health Nursing*, 31(10), 662-669. doi: 10.3109/01612840.2010.490929

Zhang, N., & Dixon, D. N. (2003). Acculturation and attitudes of Asian international students toward seeking psychological help. *Journal of Multicultural Counseling and Development, 31*(3), 205-222.

Zou, X., Tam, K.-P., Morris, M. W., Lee, S.-l., Lau, I. Y.-M., & Chiu, C.-Y. (2009). Culture as common sense: Perceived consensus versus personal beliefs as mechanisms of cultural influence. *Journal of Personality and Social Psychology, 97*(4), 579.

## APPENDIX A: KEY FINDINGS OF THE INTER AND INTRA-INDIVIDUAL VARIABLES

Table 3.1(a) : *Key Findings for Inter-Individual Variables and Help Seeking Behaviour*

Inter-Individual Variables	Help Seeking Behaviour
1. Gender	Mixed results, but men were less likely to seek professional counselling than women.
2. Age	Younger were less likely to seek professional counselling.
3. Ethnicity	On its own was not a good predictor, seems to be linked to communication and language ability.
4. Religious affiliation	Individuals more likely to seek help from a counsellor of the same religion.
5. Education level	Mixed results from a small set of studies, difficult to draw a conclusion about this variable.
6. Marital Status	Those who are married were more likely to seek counselling.
7. Dependent Status	Most studies focused on drug addicted mothers so difficult to draw conclusions.
8. Residential location	Insufficient number of studies to draw any firm conclusions.
9. Income level	Typically not a variable investigated on its own.
10. Prior experience with counselling	Those who had been to counselling on a previous occasion were more likely to seek counselling again.
11. Acculturation	The more acculturated towards western values the more likely an individual was to seek counselling.

Table 3.1(b) : *Key Findings for Intra-Individual Variables and Help Seeking Behaviour*

Intra-Individual Variables	Help Seeking Behaviour
1. Attitude	A strong link was evident between attitude towards counselling and help seeking.
2. Social Stigma	This variable was a common factor linked to the avoidance of help seeking from a counsellor.
3. Self-stigma	Those with high levels of self-stigma were more likely to avoid counselling.

## APPENDIX B: INTERVIEW QUESTIONS (FOCUS GROUP)

- 1) What do you do when you have a personal problem?
- 2) What do you do if you cannot solve your interpersonal problems in your own ability or through friends and family members?
- 3) How helpful were your friends and family members in helping you solved your interpersonal problems as compared to seeking professional counselling?
- 4) What do you think about approaching professional counsellors for your problems?  
Why?
- 5) What is that makes you go or not go for professional counselling?
- 6) Do you think you are positive or negative about seeking professional counselling?
- 7) Would you seek professional counselling in the future? And Why?

APPENDIX C: HUMAN ETHICS CERTIFICATE OF APPROVAL

**Human Ethics Certificate of Approval**

**Date:** 1 November 2011  
**Project Number:** CF11/2617 – 2011001531  
**Project Title:** Attitudes to Seeking Professional Counselling among Singaporeans  
**Chief Investigator:** Dr Nicky Jacobs  
**Approved:** From: 1 November 2011 To: 1 November 2016

**Terms of approval**

1. The Chief investigator is responsible for ensuring that permission letters are obtained, if relevant, and a copy forwarded to MUHREC before any data collection can occur at the specified organisation. **Failure to provide permission letters to MUHREC before data collection commences is in breach of the National Statement on Ethical Conduct in Human Research and the Australian Code for the Responsible Conduct of Research.**
2. Approval is only valid whilst you hold a position at Monash University.
3. It is the responsibility of the Chief Investigator to ensure that all investigators are aware of the terms of approval and to ensure the project is conducted as approved by MUHREC.
4. You should notify MUHREC immediately of any serious or unexpected adverse effects on participants or unforeseen events affecting the ethical acceptability of the project.
5. The Explanatory Statement must be on Monash University letterhead and the Monash University complaints clause must contain your project number.
6. **Amendments to the approved project (including changes in personnel):** Requires the submission of a Request for Amendment form to MUHREC and must not begin without written approval from MUHREC. Substantial variations may require a new application.
7. **Future correspondence:** Please quote the project number and project title above in any further correspondence.
8. **Annual reports:** Continued approval of this project is dependent on the submission of an Annual Report. This is determined by the date of your letter of approval.
9. **Final report:** A Final Report should be provided at the conclusion of the project. MUHREC should be notified if the project is discontinued before the expected date of completion.
10. **Monitoring:** Projects may be subject to an audit or any other form of monitoring by MUHREC at any time.
11. **Retention and storage of data:** The Chief Investigator is responsible for the storage and retention of original data pertaining to a project for a minimum period of five years.



Professor Ben Canny  
Chair, MUHREC

cc: Dr Brett Furlonger, Ms Goh Siew Khim

## APPENDIX D: RECRUITMENT ADVERTISEMENT FOR FOCUS GROUP



PARTICIPANTS NEEDED FOR  
A PhD RESEARCH PROJECT

Researcher is looking for volunteers to take part in a focus group discussion about people everyday problems and how to resolve them.

The focus group discussion will be treated in strictest confidence and will take approximately 45 minutes. No identifying information will be gathered about you and pseudonyms will be used to maintain confidentiality and anonymity. The discussion will be audio recorded and transcribed.

For more information about this study, or to volunteer for this study,

please contact the researcher **before 21 November 2011**

Goh Siew Khim

at

8444 2666 or [skgoh3@student.monash.edu](mailto:skgoh3@student.monash.edu)

This study has received approval from the Monash University Human Research & Ethics Committee (Project no. CF11/2617 – 2011001531).

Afternoon tea and refreshments will be served

APPENDIX E: TRANSCRIPTS (FOCUS GROUP)

Name	Comments
Researcher	Thank you for taking time here to participate in the focus group discussion. Please help yourself to the coffee, tea and refreshments on the table.
Researcher	Shall we begin?
Participant 1	Yes
Participant 5	Yes
Participant 6	Yes
Participant 4	Yes
Participant 2	Yes
Participant 3	Yes
Researcher	What do you do when you have a personal problem?
Participant 4	Depends on what kind of problems, Researcher. If you are talking about computer faulty then seek a technician. If you are talking about health problem then seek a doctor. If you talking about study problem then seek the teachers. So what sort of problems are you referring here? You have to be specific, Researcher.
Researcher	Sure, Participant 4. I am referring to interpersonal problems. For example, relationship problems, addiction, stress, depression, academic or career problems.
Participant 3	I will think of the fastest ways to solve it as soon as possible by myself first and if I still cannot solve it then I will seek my family members. And if my family members still can't help me then I will seek my friends for help.
Participant 1	I would use my own abilities to solve it first too, if I still cannot solve then I will look for my friends. If my friends still cannot help me then I will look for external sources, such as internet or seek professional counselling.
Participant 2	Most Singaporeans would go and drink first and solve their interpersonal problems later. As for me, I will look for friends or try to solve these

	interpersonal problems by myself first. I will not seek my family members for help because I do not want them to worry about me. And if the problems become very serious then I will seek professional counsellors.
Participant 5	I will understand the problem first then find ways to solve it myself. If not, I will seek my friends for second or third opinions. I think my family members cannot help me unless I have a wise senior who can lead.
Participant 4	Yes, I agree too. I will try to see what I can do in own ability first too.
Participant 6	Usually what I would do is attempt to distance myself from the emotions that I would encounter if I were having problems. I personally feel that I am able to better assess the situation and deal with it if I were calmer and more relaxed. I would then attempt to find the proper time, that is when the other party is also calmer and to sit down with them to resolve whatever problems is plaguing us. I also feel that it helps both myself and the other party to see things from a different perspective in the hopes of understanding each other's needs and concerns.
Researcher	Besides Participant 2 and Participant 1, what do the rest of you do if you cannot solve your interpersonal problems in your own ability or through friends and family members?
Participant 5	Then I will seek the internet for information on my interpersonal problems, or I seek my friends for advices or read self-help books.
Participant 3	My first choice will be seeking my family members for help because they are closest to me. If they still cannot help me then I will seek my friends for help, and if my family members and friends cannot help then I will seek external sources, such as professional counsellors.
Participant 6	Thankfully, such a thing has not occurred yet and I hope it does not for the foreseeable future. However, should I not be able to solve these problems in my own ability or through family and friends, I definitely feel that a professional

	counsellor may be needed.
Participant 4	I do not think any problems cannot be solved. Even interpersonal problems can be solved personally.
Researcher	How helpful were your friends and family members in helping you solved your interpersonal problems as compared to seeking professional counselling?
Participant 6	Family and friends may be helpful in providing different perspectives to the problems that we may be facing. These may even be recollections of their own experiences.
Participant 1	Seeking professional counsellors will be my last resort as they are external source and they are not considered within my circle of friends. Thus, professional counsellors might not be able to fully and clearly understand my interpersonal problems. However, as they are trained and academically qualified they might be able to resolve my interpersonal problems in a professional manner.
Participant 3	Frankly, seeking professional counselling would be my last resort too if friends and family members are not helpful.
Participant 6	Seek help from professional counsellors will be my last option if I still cannot solve the issue myself or with the help of friends and family.
Participant 2	Me too. I will consult professional counsellors for advice or consult a doctor to refer me to a professional counsellor.
Participant 4	I find that when a person is in emotional problem, any words, which suit their ears, will be good. We all been through ups and downs but ask yourself, “do you really listen to friends, family members or even professional counsellors’ advices?” or “do you usually hear what you want and finally sort things out yourself?”
Participant 5	But a lot of friends and family are not trained and they themselves might not be able to judge well too. Sometimes I think they can mislead us. So if we have any interpersonal problems, then go ask ourselves what went wrong and do the

	treatment ourselves appropriately. Believing in we can solve our own interpersonal problems can win half the battle.
Participant 6	Family and friends can help us understand different viewpoints of the problem as well as sometimes being able to help us "put ourselves in another's shoes" for some time, ultimately, the decision towards how to solve the issues lay with us.
Participant 2	If we cannot solve our interpersonal problem ourselves and our friends also cannot help us, then we need to seek professional counsellors for help right?
Participant 4	Unless you are talking about technical problems, such as TV spoilt. Then I will look for external sources, such as an expert in TV repair for help. I do not see the usefulness to seek any professional counselling for interpersonal problems because family members and friends' supports are most important factor to solve interpersonal problems. There are really no other sources, such as professional counsellors can help us in solving our interpersonal problems.
Participant 2	I think it is beneficial to seek professional counselling, especially if my interpersonal problems is really getting very serious or I cannot consult my friends and family members due to privacy or shame or worrying them.
Participant 3	Yes, I will seek professional counselling for interpersonal problems if no one can help me. Similarly, if I am physically sick then I will go see a doctor for medication
Participant 4	If I were physically sick, then I would agree that seeing a doctor is useful. As I said, others, such as family members or friends or professional counsellors cannot help us if it is emotional problems or interpersonal problems. But they can only be there for support purposes only. We still need to solve emotional problems ourselves.
Participant 6	The part of the professional counsellors may be better able to bring together conflicting ideas and thoughts. Also, an impartial professional counsellor suggesting changes in to the way things work in a logical, both parties may better

	accept non-threatening way.
Participant 1	Agree, I would most probably seek professional counsellors too
Participant 5	Actually, I believe in seeking help within myself. Sometimes even professional counselling cannot help
Participant 4	Yes, do you know that there are also many cases that patients commit suicide even after seeking professional counselling?
Participant 2	Most Singaporeans have problems, tensions and stress. And that is why a lot of my friends and family members face difficulty in communication. I think it is a better choice to seek professional counsellors who are trained to solve mentally and emotional issues and the bad interpersonal problems. Even doctors cannot help; they usually prescribe us with sleeping pills only.
Participant 6	Without proper trained guidance, even with such assistance from family and friends, we may still choose a method to solve the issue in a manner that does not address it at all.
Participant 4	Friends, family members or professional counsellors are there to cheer you up, spend time with you, and give you some advice. It is finally up to you to decide when you want to wake up to your problems.
Participant 5	I believe the roots of any problems have to start from ourselves to find resolution
Participant 1	I think seeking professional counselling for mental or emotional problems will be better as compared to friends or other sources because professional counsellors are trained to handle these kinds of issues. You do not go to your friends for treatment when you catch a cold or cough, right? You will look for a medical doctor. Same logic.
Participant 3	Quoting my boss, if money can solve any problem then it is no longer a problem
Participant 4	Seeking professional counselling is only for those weak-minded people and need others to lead them. Don't you agree that if a person is strong-minded that means that person is able to control his distorted thoughts and emotions?

Researcher	What do you mean “weak minded people or strong minded people?”
Participant 5	Weak minded people are people who do not have a mind of their own so they seek professional counselling to help them build up their mind again
Participant 4	Yes, and strong minded people can control their distorted thoughts and emotion well
Researcher	I see, in your opinion, what do you think about approaching professional counsellors for your problems? Why?
Participant 2	All we can do is face our mental and emotional problems and seeking friends when needed. But my advice is to seek professional and trained counsellors than seek friends or family members. I myself seek professional counselling more than seeking friends or family members because I do not wish to be misled or given the wrong judgment from untrained sources.
Participant 6	I feel seeking professional counselling does help to give more insight and a different perspective from an impartial lens to further pinpoint what exactly it is that is the root cause of the issue or issues that I may be facing.
Researcher	What is that makes you go or not go for professional counselling?
Participant 3	If I got money I would seek professional counsellor and I believe money can solve many problems
Participant 5	This is an open opinion. When a person seek professional counselling, it is similar to seeking an assurance for solving their interpersonal problems
Participant 2	Professional counsellors are professional and well trained. I expected professional counsellors to understand human emotions and mental problems
Participant 3	Yes, and it is expensive to consult a professional counsellor right? I need assurance too and I expect professional counsellors to give me assurance to solve my problems.
Participant 1	You do not go to friends or family members if you want a surgery for any illness right? If you want to buy investment, then who do you look for? If you want to

	buy insurance plans then who do you look for? You look for specialists. Same logic for seeking professional counselling.
Participant 4	I think people who seek professional counselling have money to spend, and they do not want friends or family members to know about their interpersonal problem and they are insecure.
Researcher	Who are those people who have money to spend?
Participant 1	Those rich Singaporeans living in the private condominium or landed properties, or earning high income?
Participant 3	No, I do not think so.
Participant 2	Most of us live in HDB and earn good income. So are you saying most Singaporeans will not seek professional counselling? No, it does not make sense to me.
Participant 4	I disagree too. I have many rich friends live in HDB. I do not think housing type, earnings, and money would affect us in seeking professional counselling.
Participant 3	Maybe highly educated people that are employed with money and more exposed to professional counselling or those that have sought professional counselling before will lead them to seek professional counselling.
Participant 4	I suppose education and standard of living play a part in seeking professional counselling.
Participant 5	I am thinking of divorce and married couples especially those with children would seek professional counselling. They definitely have complicated interpersonal problems that even friends and family members cannot help them or they may feel shameful to share their interpersonal problems with people they know.
Participant 6	I seek professional counselling to help clear breakdown in communication. Particularly of the different expectations between two or more people. This all however depends on how much we would want to make the relationship work in

	their favor.
Participant 5	I never been to a professional counsellor so I would wonder do the professional counsellors know how to solve the patients' problems. It seems to me that they also do not know what was wrong and may even give the wrong indication to the clients because they are too into theory. Professional counsellors do not know the patients in depth so they may base on theories or use personality tests to check out the patients.
Participant 1	Professional counsellors must know what they are doing even though they are into theories and tests. As theories and tests are researches done so it can be reliable.
Participant 4	I do not seek professional counselling because I do not believe professional counselling is useful and helpful in resolving interpersonal problems
Participant 3	Ignorance. I do not know where to seek for one and have no knowledge what professional counselling is. Also, especially those older aunties and uncles and the lower educated ones, I don't think they would know where and how to seek professional counselling too.
Participant 2	Agree. I think most of us do not know anything about professional counselling
Participant 1	Agree, maybe we do not seek professional counselling because a lot of us do not even know of such resources available and most if us do not have past experience meeting a professional counsellor
Participant 4	I think our age affect whether we would seek or not seek professional counselling
Participant 5	When one is born good, all internal is intact and as times goes by, the older we are, we lose the nutrients. Thus, we may need to take supplement, maybe seek professional counsellor. But sometimes, this can be rejected or ineffective, then how? Well, we can only depend on ourselves for healing
Participant 3	Maybe the younger generations might be more open and receptive to seeking professional counselling because they are more westernized, more expose to

	counselling at school and they have the knowledge about seeking professional counselling
Participant 4	I am thinking the opposite. I think we will seek professional counselling as we grow older
Participant 1	I do not think age will affect a person's decision to seek professional counselling because it all depends on a person's exposure and awareness to professional counselling. For example, you can be young but never heard of professional counselling or you can be old but never heard of professional counselling
Participant 3	I think men will not seek professional counselling because I suppose men are weaker. You see "do you think men can tolerate child birth?" I do not think they can take pain.
Participant 2	Even though I am a woman, I think it is women that are weaker and will not seek professional counselling. I am thinking after pregnancy, women may suffer postnatal depression. And also when a woman cannot solve a problem, she will cry and attempt suicide.
Participant 6	May be the sense that seeking the help of a professional counsellor may mean that they have failed in their relationship, which may be a sign of weakness on their part.
Participant 4	Not that woman is weaker. Just that the one who has a weak mind happens to be a woman
Participant 3	Post natal depression and attempt suicide for women are extreme cases
Participant 1	I think it does not matter because there is gender equality in Singapore. Men can be tailors or chefs in Singapore and women can also be leaders or taxi driver so I do not think gender is an issue in seeking professional counselling. Personally, I will seek professional counselling and I am fine with it,
Participant 5	I also think that there are no differences in gender in seeking professional counselling.

Researcher	If there is no differences between men and women in their attitudes to seeking professional counselling, then what else could it be?
Participant 5	Could it be ego or shame that stops us from seeking professional counselling?
Participant 2	I do not think it is ego issue
Participant 3	Both men and women will feel embarrass right? If people get to know my spouse and I have sought professional counselling, We will feel a loss of “face”
Participant 6	I think, the main factor that may hinder us from seeking professional counselling is the stigma that we feel we might face. The fear of being labeled as something wrong about our mindset or behaviour.
Participant 1	Stigma will definitely stop me from seeking professional counselling. It can be embarrassing if my friends or family know that I have problem and see me as a weakness.
Participant 4	If I choose to go professional counselling, then I will make sure others will not find out. Otherwise, I would have seek family members or friends for help and discard the idea of seeking professional counselling
Participant 5	I think we Asians are “face” people, unlike the westerners
Researcher	Participant 5, you mentioned Asian and Westerner. How different do you think Singaporeans are to those in other countries in their attitude to seeking professional counsellors?
Participant 5	I think it is Asians’ nature to be shy to seek professional counselling, especially we are Asians not Westerners
Participant 1	I know some of my friends studying overseas in Australia and London and they told me that the local students are more readily to seek professional counselling provided by their universities than Asians students.
Participant 2	I think it has nothing to do with Asians or Westerners. It is either you seek professional counselling or you deny yourself you have a problem that require professional counselling help

Participant 4	I do not think so too that Asians or Westerners will affect seeking professional counselling
Participant 3	I do not think so too because I think we are open-minded people as compared to other Asians in general. I think other Asians in general are really conservative and shy people but not for us Singaporeans.
Participant 3	I have many friends from Hong Kong; they seek spiritual religious help for their interpersonal problems. I go to religion and god for help, just like my spouse who would do the same.
Participant 6	I have conversed with various religious leaders too with regards to some of my own conflicts in the past.
Participant 1	I would not seek religious help as I have my own resources to reach out to professional counselling
Participant 5	Maybe culture is why we are so different in seeking professional counselling. We have so many varieties of races in Singapore, such as Chinese, Malay, Indians, Eurasians and others
Participant 6	Agree, cultural factors may also prevent us from seeking professional counselling as Asian culture, in general, do not look too fondly upon those who share their problems with others outside of the family, the "airing of dirty laundry" so to speak. In such a definition, a professional counsellor does fit the role of an outsider.
Participant 4	Yes, different countries have different culture. So I believe, we should be different to other countries in seeking professional counselling
Participant 2	I do not think so. I know my professional counsellor attend to Malay, Indians, Chinese, Eurasians and even foreigners.
Researcher	Do you think you are positive or negative about seeking professional counselling?
Participant 3	50/50

Participant 1	Positive
Participant 4	Negative
Participant 2	Positive
Participant 5	Positive
Participant 6	I am more towards the positive
Researcher	If so, would you seek professional counselling in the future? And why?
Participant 4	No. I still believe in myself in solving my own interpersonal problem and nobody can help me. I must help myself.
Participant 5	Yes, if only there is a need to. If I need a professional second opinion to consolidate my thoughts and problems to make my own opinions in life in some aspects then I will seek professional counselling in future
Participant 6	I would personally seek professional counselling in the future should a situation or issue be beyond my abilities to assess and resolve and should the different perspectives of my friends and family not be of any assistance either. I personally feel that through professional counselling I may be able to discover things that I may not even realize about myself and how I truly feel about the issue and may lead to resolving it.
Participant 2	Yes, I will seek professional counselling. I always seek professional counselling when I have interpersonal problems as I mentioned earlier
Participant 1	I am not sure yet
Participant 3	If I have to, then seeking professional counselling will be my last resort but I hope not
Researcher	Are there any other comments or questions that you would like to add on?
Participant 1	No
Participant 6	No other comments
Participant 3	Not that I can think of now
Participant 4	No, I think we talk a lot today already

Participant 2	No, and I have to rush off for my next appointment
Participant 5	Nothing from me too
Researcher	Thank you for your participation. I would like to remind you that you would be ensured of your confidentiality in the study. A pseudonym will be assigned to your opinions thus you are not known to anyone.
Participant 1	Bye, Researcher
Participant 2	Bye
Participant 4	Bye
Participant 6	Bye
Participant 5	Good bye, Researcher
Participant 3	Bye, Researcher
Researcher	Good-bye. And thank you

## APPENDIX F: THEMATIC ANALYSIS (FOCUS GROUP)

THEMES	CODES	REFERENCES
Demographics	Gender	<p><u>Participant 1</u></p> <p>“I think it does not matter because there is gender equality in Singapore. Men can be tailors or chefs in Singapore and women can also be leaders or taxi driver so I do not think gender is an issue in seeking professional counselling. Personally, I will seek professional counselling and I am fine with it.”</p> <p><u>Participant 2</u></p> <p>“Even though I am a woman, I think it is women that are weaker and will not seek professional counselling. I am thinking after pregnancy, women may suffer postnatal depression. And also when a woman cannot solve a problem, she will cry and attempt suicide.”</p> <p><u>Participant 3</u></p> <p>“I think men will not seek professional counselling because I suppose men are weaker. You see “do you think men can tolerate child birth?” I do not think they can take pain.”</p> <p>“Both men and women will feel embarrass right?”</p> <p><u>Participant 4</u></p> <p>“Not that woman is weaker. Just that the one who has a weak mind happens to be a woman”</p>
	Ethnicity	<p><u>Participant 5</u></p> <p>“Maybe culture is why we are so different in seeking professional counselling. We have so many varieties of races in Singapore, such as Chinese, Malay,</p>

		Indians, Eurasians and others.”
	Religion	<p><u>Participant 1</u></p> <p>“I would not seek religious help as I have my own resources to reach out to professional counselling.”</p> <p><u>Participant 3</u></p> <p>“I go to religion and god for help, just like my spouse who would do the same.”</p> <p><u>Participant 6</u></p> <p>“I have conversed with various religious leaders too with regards to some of my own conflicts in the past.”</p>
	Age	<p><u>Participant 1</u></p> <p>“I do not think age will affect a person’s decision to seek professional counselling because it all depends on a person’s exposure and awareness to professional counselling. For example, you can be young but never heard of professional counselling or you can be old but never heard of professional counselling.”</p> <p><u>Participant 3</u></p> <p>“Especially those older aunties and uncles and the lower educated ones, I don’t think they would know where and how to seek professional counselling too.”</p> <p>“Maybe the younger generations might be more open and receptive to seeking professional counselling because they are more westernized, more expose to counselling at school and they have the knowledge about seeking professional counselling.”</p> <p><u>Participant 4</u></p>

		<p>“I think our age affect whether we would seek or not seek professional counselling.”</p> <p>“I am thinking the opposite. I think we will seek professional counselling as we grow older.”</p>
	Educational level	<p><u>Participant 3</u></p> <p>“Maybe highly educated people that are employed with money and more exposed to professional counselling or those that have sought professional counselling before will lead them to seek professional counselling.”</p> <p><u>Participant 4</u></p> <p>“I suppose education and standard of living play a part in seeking professional counselling.”</p>
	Marital Status	<p><u>Participant 5</u></p> <p>“I am thinking of divorce and married couples especially those with children would seek professional counselling. They definitely have complicated interpersonal problems that even friends and family members cannot help them.”</p>
	Dependent Status	<p><u>Participant 5</u></p> <p>“I am thinking of divorce and married couples especially those with children would seek professional counselling.”</p>
	Residential Type	<p><u>Participant 1</u></p> <p>“Those rich Singaporeans living in the private condominium or landed properties, or earning high income</p>

		<p><u>Participant 2</u></p> <p>“Most of us live in HDB and earn good income.”</p>
	<p>Income Level</p>	<p><u>Participant 1</u></p> <p>“Those rich Singaporeans living in the private condominium or landed properties, or earning high income?”</p> <p><u>Participant 2</u></p> <p>“Most of the us live in HDB and earn good income.”</p> <p><u>Participant 3</u></p> <p>“Quoting my boss, if money can solve any problem then it is no longer a problem.”</p> <p>“If I got money I would seek professional counsellor and I believe money can solve many problems”</p> <p><u>Participant 4</u></p> <p>“I think people who seek professional counselling have money to spend.”</p>

Prior Experience	Been to	<p><u>Participant 2</u></p> <p>“Yes, I will seek professional counselling. I always seek professional counselling when I have interpersonal problems as I mentioned earlier.”</p> <p><u>Participant 3</u></p> <p>“more exposed to professional counselling or those that have sought professional counselling before will lead them to seek professional counselling.”</p> <p>“... more expose to counselling at school and they have the knowledge about seeking professional counselling.”</p>
	Never been to	<p><u>Participant 1</u></p> <p>“maybe we do not seek professional counselling because a lot of us do not even know of such resources available and most if us do not have past experience meeting a professional counsellor.”</p> <p><u>Participant 5</u></p> <p>“I never been to a professional counsellor so I would wonder do the professional counsellors know how to solve the patients’ problems.</p>

<p>Acculturation</p>	<p>Asian</p>	<p><u>Participant 5</u></p> <p>“I think we Asians are “face” people, unlike the westerners.”</p> <p>“I think it is Asians’ nature to be shy to seek professional counselling, especially we are Asians not Westerners.”</p> <p><u>Participant 6</u></p> <p>“Agree, cultural factors may also prevent us from seeking professional counselling as Asian culture, in general, do not look too fondly upon those who share their problems with others outside of the family, the "airing of dirty laundry" so to speak.”</p>
	<p>Westernised</p>	<p><u>Participant 1</u></p> <p>“I know some of my friends studying overseas in Australia and London and they told me that the local students are more readily to seek professional counselling provided by their universities than Asians students.”</p> <p><u>Participant 3</u></p> <p>“Maybe the younger generations might be more open and receptive to seeking professional counselling because they are more westernized, more expose to counselling at school and they have the knowledge about seeking professional counselling.”</p>
<p>Attitude</p>	<p>Positive</p>	<p><u>Participant 1</u></p> <p>“However, as they are trained and academically qualified they might be able to resolve my interpersonal problems in a professional manner.”</p> <p>“I think seeking professional counselling for mental or emotional problems will be better as compared to friends or other sources because professional</p>

counsellors are trained to handle these kinds of issues.”

Participant 2

“I think it is a better choice to seek professional counsellors who are trained to solve mentally and emotional issues and the bad interpersonal problems. Even doctors cannot help; they usually prescribe us with sleeping pills only.”

“I myself seek professional counselling more than seeking friends or family members because I do not wish to be misled or given the wrong judgment from untrained sources.”

“Professional counsellors are professional and well trained. I expected professional counsellors to understand human emotions and mental problems.”

“All we can do is face our mental and emotional problems and seeking friends when needed. But my advice is to seek professional and trained counsellors than seek friends or family members.”

“I think it is beneficial to seek professional counselling, especially if my interpersonal problems is really getting very serious or I cannot consult my friends and family members due to privacy or shame or worrying them.”

Participant 3

“I need assurance too and I expect professional counsellors to give me assurance to solve my problems.”

Participant 5

“If I need a professional second opinion to consolidate my thoughts and problems to make my own opinions in life in some aspects then I will seek professional counselling in future.”

		<p><u>Participant 6</u></p> <p>“I feel seeking professional counselling does help to give more insight and a different perspective from an impartial lens to further pinpoint what exactly it is that is the root cause of the issue or issues that I may be facing.”</p> <p>“I personally feel that through professional counselling I may be able to discover things that I may not even realize about myself and how I truly feel about the issue and may lead to resolving it.”</p> <p>“Also, an impartial professional counsellor suggesting changes in to the way things work in a logical, non-threatening way may be better accepted by both parties.”</p> <p>“I seek professional counselling to help clear breakdown in communication. Particularly of the different expectations between two or more people. This all however depends on how much we would want to make the relationship work in their favour.”</p> <p>“The part of the professional counsellors may be better able to bring together conflicting ideas and thoughts.”</p>
	Negative	<p><u>Participant 1</u></p> <p>“professional counsellors might not be able to fully and clearly understand my interpersonal problems.”</p> <p><u>Participant 3</u></p> <p>I would use my own abilities to solve it first too, if I still cannot solve then I will look for my friends. If my friends still cannot help me then I will look for external sources, such as internet or seek professional counselling.”</p>

	<p>“Seeking professional counsellors will be my last resort as they are external source and they are not considered within my circle of friends.”</p> <p>“My first choice will be seeking my family members for help because they are closest to me. If they still cannot help me then I will seek my friends for help, and if my family members and friends cannot help then I will seek external sources, such as professional counsellors.”</p> <p>“Frankly, seeking professional counselling would be my last resort too if friends and family members are not helpful.”</p> <p>“Yes, I will seek professional counselling for interpersonal problems if no one can help me.”</p> <p>“If I have to, then seeking professional counselling will be my last resort but I hope not.”</p> <p><u>Participant 4</u></p> <p>“I find that when a person is in emotional problem, any words which suit their ears will be good. We all been through ups and downs but ask yourself, “do you really listen to friends, family members or even professional counsellors’ advices?” or “do you usually hear what you want and finally sort things out yourself?”</p> <p>“I do not see the usefulness to seek any professional counselling for interpersonal problems because family members and friends’ supports are most important factor to solve interpersonal problems. There are really no other sources, such as professional counsellors can help us in solving our interpersonal problems.”</p> <p>“If I am physically sick, then I would agree that seeing a doctor is useful. As I</p>
--	---

		<p>said, others, such as family members or friends or professional counsellors cannot help us if it is emotional problems or interpersonal problems. But they can only be there for support purposes only. We still need to solve emotional problems ourselves.”</p> <p>“Yes, do you know that there are also many cases that patients commit suicide even after seeking professional counselling?”</p> <p>“Friends, family members or professional counsellors are there to cheer you up, spend time with you, and give you some advice. It is finally up to you to decide when you want to wake up to your problems.”</p> <p>“I do not seek professional counselling because I do not believe professional counselling is useful and helpful in resolving interpersonal problems.”</p> <p><u>Participant 5</u></p> <p>“Actually, I believe in seeking help within myself. Sometimes even professional counselling cannot help.”</p> <p>“It seems to me that they also do not know what was wrong and may even give the wrong indication to the clients because they are too into theory. Professional counsellors do not know the patients in depth so they may base on theories or use personality tests to check out the patients.”</p> <p><u>Participant 6</u></p> <p>“Seek help from professional counsellors will be my last option if I still cannot solve the issue myself or with the help of friends and family.”</p>
Stigma	Social  Stigma	<p><u>Participant 1</u></p> <p>“Stigma will definitely stop me from seeking professional counselling. It can be</p>

	<p>embarrassing if my friends or family know that I have problem and see me as a weakness.”</p> <p><u>Participant 2</u></p> <p>“I will not seek my family members for help because I do not want them to worry about me.”</p> <p>“especially if my interpersonal problems is really getting very serious or I cannot consult my friends and family members due to privacy or shame or worrying them.”</p> <p><u>Participant 3</u></p> <p>“If people get to know my spouse and I have sought professional counselling, We will feel a loss of “face”</p> <p><u>Participant 4</u></p> <p>“they do not want friends or family members to know about their interpersonal problem”</p> <p>“If I choose to go professional counselling, then I will make sure others will not find out.”</p> <p>“Seeking professional counselling is only for those weak minded people and need others to lead them. Don’t you agree that if a person is strong minded that means that person is able to control his distorted thoughts and emotions?”</p> <p><u>Participant 5</u></p> <p>“Weak minded people are people who do not have a mind of their own so they seek professional counselling to help them build up their mind again”</p>
--	--

		<p><u>Participant 6</u></p> <p>“I think, the main factor that may hinder us from seeking professional counselling is the stigma that we feel we might face. The fear of being labelled as something wrong about our mindset or behaviour.”</p>
	<p>Self stigma</p>	<p><u>Participant 4</u></p> <p>“they are insecure.”</p> <p><u>Participant 5</u></p> <p>“even friends and family members cannot help them or they may feel shameful to share their interpersonal problems with people they know.”</p> <p><u>Participant 6</u></p> <p>“May be the sense that seeking the help of a professional counsellor may mean that they have failed in their relationship which may be a sign of weakness on their part.”</p>

Intention	Likely	<p><u>Participant 1</u></p> <p>“Positive”</p> <p><u>Participant 3</u></p> <p>“If I have to, then seeking professional counselling will be my last resort but I hope not”</p> <p><u>Participant 5</u></p> <p>“Yes, if only there is a need to. If I need a professional second opinion to consolidate my thoughts and problems to make my own opinions in life in some aspects then I will seek professional counselling in future”</p> <p><u>Participant 6</u></p> <p>“I would personally seek professional counselling in the future should a situation or issue be beyond my abilities to assess and resolve and should the different perspectives of my friends and family not be of any assistance either. I personally feel that through professional counselling I may be able to discover things that I may not even realize about myself and how I truly feel about the issue and may lead to resolving it.”</p>
	Unlikely	<p><u>Participant 4</u></p> <p>“No. I still believe in myself in solving my own interpersonal problem and nobody can help me. I must help myself.”</p>

APPENDIX G: EXPLANATORY STATEMENT



Explanatory Statement

1 August 2011

Attitudes to Seeking Professional Counselling among Singaporeans

This information sheet is for you to keep.

My name is Goh Siew Khim and I am conducting a research project with Dr Nicky Jacobs and Dr Brett Furlonger, lecturers in the Department of Faculty of Education towards a PhD Thesis at Monash University. This means that I will be writing a thesis which is the equivalent of a 300 page book.

The aim of this study is to identify and explore Singaporeans' attitudes to seeking professional counselling. The purpose of this study is twofold: (1) To explore Singaporeans' demographics variables, prior experience to seeking professional counselling, the level of acculturation, and stigmas that have impact on Singaporean's attitudes to seeking professional counselling and, (2) To identify the intention of Singaporeans actively seeking and not seeking professional counselling.

The study involves filling out an anonymous survey at approximately 10 minutes and return the completed questionnaire in the stamped, addressed envelope provided within two weeks. However, you are requested to sign the consent form, provide your name and contact number if you wish to be selected for the 45 minutes audio/video tape, face to face, single-subject interview on a later date schedule at your convenience. In the first interview you will be asked about your opinions about professional counselling. The second interview will provide you a transcript of the first interview to check the accuracy of the transcript.

**Being in this study is voluntary and you are under no obligation to consent to participation. However, if you do consent to participate, you may only withdraw prior the questionnaire being submitted and/or having approved the interview transcript.**

The surveys and interviews will be treated in strictest confidence and will be used for the purpose of the study. All questionnaires and audio/video materials will be available only to the researcher and the supervisors. The questionnaires and tapes will be locked securely and only the researcher will have access to it. Your anonymity will be protected by using pseudonyms. The findings are accessible for a period of two years.

Storage of the data collected will adhere to the University regulations and kept on University premises in a locked cupboard/filing cabinet for 5 years. A report of the study may be submitted for publication, but individual participants will not be identifiable in such a report.

In the case that the anonymous data may be used for other purposes, nobody will be named and they will not be identified in any way. Please keep in mind that it is sometimes impossible to make an absolute guarantee of confidentiality/anonymity.

If you would like to be informed of the aggregate research finding and/or experience discomfort after completing the survey and required free counselling, please contact Goh Siew Khim  
 skgoh3@monash.student.edu.au

<p>If you would like to contact the researchers about any aspect of this study, please contact the Chief Investigator:</p>	<p>If you have a complaint concerning the manner in which this research &lt;Attitudes to Seeking Professional Counselling among Singaporeans&gt; is being conducted, please contact:</p>
<p>Dr Nicky Jacobs          Faculty of Education          Education Clayton Campus          Clayton, building 5, room 105  <b>Email: <a href="mailto:Nicky.Jacobs@monash.edu">Nicky.Jacobs@monash.edu</a></b>          Tel: +61 3 990 51648</p> <p>Dr Brett Furlonger          Faculty of Education          Education Clayton Campus          Clayton, building 5, room G12  <b>Email: <a href="mailto:Brett.Furlonger@monash.edu">Brett.Furlonger@monash.edu</a></b>          Tel: +61 3 990 59173</p>	<p>Executive Officer          Monash University Human Research Ethics Committee (MUHREC)          Building 3e Room 111          Research Office          Monash University VIC 3800</p> <p>Tel: +61 3 9905 2052      Fax: +61 3 9905 3831          Email: <a href="mailto:muhrec@monash.edu">muhrec@monash.edu</a></p> <p><b>IMPORTANT:</b> For projects in non-English speaking countries, a local person who is also fluent in English must be nominated to receive complaints and pass them onto MUHREC. Please replace above section (in blue) with the details of that person.</p>

Thank you.



Goh Siew Khim

## APPENDIX H: SURVEY FORM



## Survey Form

### **Title: Attitudes to Seeking Professional Counselling among Singaporeans**

You are requested to contact the researcher GOH SIEW KHIM through her email skgoh3@student.monash.edu if you wish to be selected for a face to face, individual interview on a later date schedule at your convenience.

**ONLY SINGAPOREANS AND PERMANENT RESIDENTS OVER 18 YEARS OF AGE CAN COMPLETE THIS QUESTIONNAIRE.**

Your responses to the survey will remain **ABSOLUTELY ANONYMOUS AND CONFIDENTIAL.**

### **PART 1 – BACKGROUND INFORMATION**

Instructions: Please **tick** the most appropriate answers that apply to you.

1. Are you...
  - Singaporean/Permanent Resident
  - Foreigner
  
2. Are you...
  - Female
  - Male
  
3. Are you...
  - Chinese
  - Malay
  - Indian
  - EurAsian
  - Others, please specify \_\_\_\_\_
  
4. Your religion is...
  - Buddhism
  - Taoism
  - Christianity
  - Catholic
  - Islam
  - Hinduism
  - Free thinker
  - Others, please specify \_\_\_\_\_

**Please turn over...**

5. Are you...
- 18-20 years old
  - 21-34 years old
  - 35-54 years old
  - 55 years old and over
6. Your highest of education attained is...
- No formal education
  - Primary School Leaving Examination (PSLE)
  - Institute of Technical Education (ITE)
  - 'O' Level
  - Diploma
  - 'A' Level
  - Degree
  - Master
  - Doctorate
7. Your current marital status is...
- Single
  - Married
  - Separated
  - Divorced
  - Widowed
8. Do you have any children?
- Yes
  - No
9. Your current residential type is...
- Housing Development Board (HDB)
  - Housing and Urban Development Corporation (HUDC)
  - Executive Condominium
  - Private Condominium
  - Terrace
  - Semi-detached
  - Bungalow
  - Others, please specify \_\_\_\_\_
10. You are \_\_\_\_\_ years old.
11. Your current annual income is...
- Unemployed
  - Below \$30,000
  - \$30,000 - \$50,000
  - \$51,000 - \$120,000
  - Over \$120,000

**Please turn over...**

## PART 2 – INSTRUMENTS

### 1) Prior Experience in Seeking Professional Counselling

**Professional counselling is defined as “face to face with a trained counsellor to explore your difficulties.”**

12) Have you ever been for professional counselling?

- Yes
- No

### 2) Acculturation

Suinn-Lew Asian Self-Identify Acculturation Scale (SL-ASIA) – Modified

Instructions: **Tick** one answer which best describes your cultural identity.

13. What language do you frequently speak?

- Mother Tongue only (for example, Chinese, Malay, Tamil, etc.)
- Mostly Mother Tongue, some English
- Mother tongue and English about equally well (Bilingual)
- Mostly English, some Mother Tongue
- Only English

14. What language do you prefer?

- Mother Tongue only (for example, Chinese, Malay, Tamil, etc.)
- Mostly Mother Tongue, some English
- Mother Tongue and English about equally well (bilingual)
- Mostly English, some Mother Tongue
- Only English

15. How do you identify yourself?

- Exclusively Asian
- Mostly Asian
- About equally Asian and Westerner
- Mostly Westerner
- Exclusively Westerner

16. Which identification does (did) your mother use?

- Exclusively Asian
- Mostly Asian
- About equally Asian and Westerner
- Mostly Westerner
- Exclusively Westerner

17. Which identification does (did) your father use?

- Exclusively Asian
- Mostly Asian
- About equally Asian and Westerner
- Mostly Westerner
- Exclusively Westerner

**Please turn over...**

18. What was the ethnic origin of the friends and peers you have, as a child up to age 18?

- Exclusively Asian
- Mostly Asian
- About equally Asian and Westerner
- Mostly Westerner
- Exclusively Westerner

19. Whom do you now associate with in the community?

- Exclusively Asian
- Mostly Asian
- About equally Asian and Westerner
- Mostly Westerner
- Exclusively Westerner

20. If you could pick, whom would you prefer to associate with in the community?

- Exclusively Asian
- Mostly Asian
- About equally Asian and Westerner
- Mostly Westerner
- Exclusively Westerner

21. What is your music preference?

- Only Asian music (For example, Chinese, Tamil, Malay, etc.)
- Mostly Asian music
- Equally Asian and English music
- Mostly English music
- English music only

22. What is your movie preference?

- Only Asian-language movies (For example, Chinese, Malay, Tamil, etc)
- Mostly Asian-language movies
- Equally Asian and English-language movies
- Mostly English-language movies only
- English-language movies only

23. Where were you living, as a child up to now?

- In Asia only
- Mostly in Asia, some in Western countries.
- Equally in Asia and Western countries.
- Mostly in Western countries, some in Asia
- In Western countries only

**Please turn over ....**

24. What are the exposures and communications have you had with Asia, as a child up to now?
- Lived in or communicate (letters, phone calls, etc.) with people in Asia only
  - Mostly lived in or communicate (letters, phone calls, etc.) with people in Asia
  - Occasional visits to Asia
  - Occasional communications (letters, phone calls, etc.) with people in Asia
  - No exposure or communications with people in Asia
25. What is your food preference at home?
- Exclusively Asian food
  - Mostly Asian food, some Western
  - About equally Asian and Western food
  - Mostly Western food, some Asian
  - Exclusively Western food
26. What is your food preference in restaurants?
- Exclusively Asian food
  - Mostly Asian food, some Western
  - About equally Asian and Western food
  - Mostly Western food, some Asian
  - Exclusively Western food
27. Do you prefer to read in
- Mother Tongue only? (For example, Chinese, Tamil, Malay, etc)
  - Mother Tongue than English?
  - Both Mother Tongue and English equally?
  - English than Mother Tongue?
  - English only?
28. Do you prefer to write in
- Mother Tongue only? (For example, Chinese, Tamil, Malay, etc)
  - Mother Tongue than English?
  - Both Mother Tongue and English equally?
  - English than Mother Tongue?
  - English only?
29. How much pride do you have in being an Asian (Chinese, Malay, Indian, etc.)?
- Extremely proud
  - Moderately proud
  - Little pride
  - No pride but do not feel negative toward group
  - No pride but do feel negative toward group
30. How would you rate yourself?
- Exclusively Asian
  - Mostly Asian
  - Equally Asian and Westernized (Bicultural)
  - Mostly Westernized
  - Exclusively Westernized

**Please turn over...**

31. Do you participate in Asian occasions, festivals, traditions, etc.?

- All of them
- Most of them
- Some of them
- A few of them
- None at all

**Please turn over...**

3) Attitudes To Seeking Professional Counselling

Attitude Towards Seeking Professional Psychological Help Scale – Shortened version (ATSPPHS-S) - Modified

Instructions: Please **circle** your opinions in rating the statements.

		Disagree	Partly Disagree	Partly Agree	Agree
32.	If I believed I was having a problem, my first preference would be to seek professional counselling	1	2	3	4
33.	The idea of talking about problems with a professional counsellor strikes me as a poor way to get rid of conflicts.	1	2	3	4
34.	If I were experiencing a serious crisis at this point in my life, I would be confident that I could find relief in professional counselling.	1	2	3	4
35.	There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional counselling.	1	2	3	4
36.	I would want to get professional counselling if I were worried or upset for a long period of time.	1	2	3	4
37.	I might want to have professional counselling in the future if I have problems.	1	2	3	4

38.	A person with a problem is not likely to solve it alone; he or she is likely to solve it with professional counselling.	1	2	3	4
39.	Considering the time and expense involved in professional counselling, it would have doubtful value for a person like me.	1	2	3	4
40.	A person should work out his or her own problems; getting professional counselling would be a last resort.	1	2	3	4
41.	Personal troubles, like many things, tend to work out by themselves.	1	2	3	4

**Please turn over...**

4) Social Stigma For Seeking Professional Counselling

Stigma Scale for Receiving Professional Psychological Help (SSRPPH) – Modified

**Social stigma is defined as “others will see me as being shameful for seeking professional counselling.”**

Instructions: Please **circle** your opinions in rating the statements.

		Strongly Disagree	Disagree	Agree	Strongly Agree
42.	Seeking professional counselling for interpersonal problems carries social stigma.	1	2	3	4
43.	It is a sign of personal weakness to seek professional counselling for interpersonal problems.	1	2	3	4
44.	People will see a person in a less favourable way if they come to know that he/she has sought professional counselling.	1	2	3	4
45.	It is advisable for a person to hide from people that he/she has sought professional counselling.	1	2	3	4
46.	People tend to like less those who are receiving professional counselling.	1	2	3	4

**Please turn over...**

5) Self-stigma For Seeking Professional Counselling

Self-stigma of Seeking Psychological Help Scale (SSSPHS) - Modified

**Self-stigma is defined as “I see myself as being shameful for seeking professional counselling.”**

Instructions: Please **circle** your opinions in rating the statements.

		Strongly Disagree	Disagree	Agree and Disagree Equally	Agree	Strongly Agree
47.	I would feel imperfect if I went to seek professional counselling.	1	2	3	4	5
48.	My self-confidence would NOT be threatened if I sought professional counselling.	1	2	3	4	5
49.	Seeking professional counselling would make me feel less intelligent.	1	2	3	4	5
50.	My self-esteem would increase if I sought professional counselling.	1	2	3	4	5
51.	My view of myself would not change just because I made a choice to seek professional counselling.	1	2	3	4	5
52.	It would make me feel inferior to seek professional counselling.	1	2	3	4	5

53.	I would feel okay about myself if I made the choice to seek professional counselling.	1	2	3	4	5
54.	If I sought professional counselling, I would be less satisfied with myself.	1	2	3	4	5
55.	My self-confidence would remain the same if I sought professional counselling for a problem I could not solve.	1	2	3	4	5
56.	I would feel worse about myself if I could not solve my own problem.	1	2	3	4	5

**Please turn over...**

6) Intention of individuals seeking professional counselling  
Intention to Seek Counselling Inventory (ISCI) - Modified

**How likely would you seek professional counselling if you were experiencing these problems for at least 6 months?**

Instructions: Please **circle** your opinion in rating the statements.

		Very Unlikely	Unlikely	Likely	Very Likely
57.	Weight control	1	2	3	4
58.	Excessive alcohol or drug use	1	2	3	4
59.	Divorce or marital separation	1	2	3	4
60.	Sex difficulties	1	2	3	4
61.	Depression	1	2	3	4
62.	Conflict with parents, siblings, spouse, children or in-laws	1	2	3	4
63.	Conflict with employers or employees	1	2	3	4
64.	Difficulty in dating	1	2	3	4
65.	Choosing a career path	1	2	3	4
66.	Difficulty in sleeping	1	2	3	4

67.	Excessive gambling	1	2	3	4
68.	Inferiority feeling	1	2	3	4
69.	Test and examination anxiety	1	2	3	4
70.	Difficulty with friends	1	2	3	4
71.	Difficulty coping with school work	1	2	3	4
72.	Self understanding	1	2	3	4
73.	Loneliness	1	2	3	4

**Thank you for your time and effort.**

**Please rest assured that all information will be kept confidential**

APPENDIX I: INTERVIEW QUESTIONS (INDIVIDUAL INTERVIEWS)

### Semi-structured Open Ended Questions

*Instructions:* Please take a few minutes to tell us what you think about Singaporeans' attitudes to seeking professional counselling. There are no right or wrong responses; we are merely interested in your personal opinions. In response to the questions below, please list the thoughts that come immediately to mind. (You may write as much as you like)

For the purpose of this study, professional counselling is defined as “face to face with a trained counsellor to explore the difficulties an individual encounter in a private and confidential setting.”

#### Behavioural beliefs

- (1) What do you see as the advantages of seeking professional counselling?
- (2) What do you see as the disadvantages of seeking professional counselling?
- (3) What else comes to mind when you think about seeking professional counselling?

#### Normative beliefs

When it comes to seeking professional counselling, there might be individuals or groups who would think you should or should not perform this behaviour.

- (1) Please list the individuals or groups who would approve or think you should seek professional counselling.
- (2) Please list the individuals or groups who would disapprove or think you should not seek professional counselling.
- (3) Sometimes, when we are not sure what to do, we look to see what others are doing. Please list the individuals or groups who, after experiencing a difficult problem, are most likely to seek professional counselling.
- (4) Please list the individuals or groups who, after experiencing a difficult problem, are least likely to seek professional counselling.

#### Control beliefs

- (1) Please list any factors or circumstances that would make it easy or enable you to seek professional counselling.
- (2) Please list any factors or circumstances that would make it difficult or prevent you from seeking professional counselling.

#### Intentions

- (1) Would you seek professional counselling in the future?
- (2) Why?

APPENDIX J: TRANSCRIPTS (INDIVIDUAL INTERVIEWS)

Pseudo name: Participant 1

Age: 22 years old

Gender: Female

Religion: Islam

Race: Malay

Employment status: Employed

Income: Below \$30,000

Highest education attained: Diploma

Marital Status: Married

Children: Yes

NO PRIOR COUNSELLING EXPERIENCE

Instructions:

There are no right or wrong responses; we are merely interested in your personal opinions.

Professional counselling is defined as “face to face with a trained counsellor to explore the difficulties an individual encounter in a private and confidential setting.”

Question 1: Behavioural beliefs

Researcher

What do you see as the advantages of seeking professional counselling?

Participant 1

Allow people to speak their piece of mind out to the professional counsellors without fear of being judge or laugh at, hopefully the 'affected' patients will feel there is someone like the professional counsellor who can feel the same way as them

Researcher

What do you see as the disadvantages of seeking professional counselling?

Participant 1

There is a need to break through the initial 'trust barrier' before the patient will feel comfortable sharing. There should be this mutual friendship involved.

Researcher

Can you provide any suggestions to break through the initial trust barrier?

Participant 1

The counsellor will need to be experience and witty in handling the patients. Counsellors need to do their homework on the patients to understand them more. And most importantly, communication is the only way to break through these barriers.

Researcher

What else comes to mind when you think about seeking professional counselling?

Participant 1

Level of comfort, judgements and opinions are definitely factors.

Researcher

What do you mean by level of comfort, judgements and opinions?

Participant 1

I mean these are generally the factors determining if people will seek professional counselling or not. For example, level of comfort means people will go for professional counsellors if they feel comfortable about the idea of seeking professional counselling. Judgements and opinions mean that the society does not judge patients seeking professional counselling as 'crazy' or psychotic just because they go for professional counselling.

Question 2: Normative beliefs

Researcher

When it comes to seeking professional counselling, there might be individuals or groups who would think you should or should not perform this behaviour. Please list the individuals or groups who would approve or think you should seek professional counselling.

Participant 1

Local authorities who think you have a problem. Our family members on occasions will approve us to seek professional counselling where they feel there is a need to because they think it will be for our good. And our friends who suspect we are emotionally unstable and beyond their means of trying to help us.

Researcher

Who are local authorities that you are referring to?

Participant 1

Local authorities might be police, Central Narcotic Bureau who finds out you have the need for professional counselling, especially if you're involve in some minor crimes? For example, smoking joints of weeds, etc. I think those crimes minor enough is good for seeking professional counselling that you may have a good probability that you will turn good after seeking professional counselling.

Researcher

Please list the individuals or groups who would disapprove or think you should not seek professional counselling.

Participant 1

Parents who are more conservatives and maybe some of the religions

Researcher

Earlier you mentioned that family members would approve you seeking and here you mentioned parents who are conservatives would not approve. Please explain

Participant 1

What I mean is those parents that are less conservative will allow and parents that are less conservative are not afraid of judgements make by their friends and other family members if their children were seen going for professional counselling.

Researcher

Why religions would disapprove?

Participant 1

As for religion, I am just saying, I am unsure but just listing. I am unsure if there are any hat disapproves.

Researcher

Sometimes, when we are not sure what to do, we look to see what others are doing. Please list the individuals or groups who, after experiencing a difficult problem, are most likely to seek professional counselling.

Participant 1

Drug addicts, Teens with disciplinary problems, such as gangsters, people who are unsure of their sexual orientations, people who are coping with depression, alcohol problems, sex offenders, gambling addicts, other problems like stress

Researcher

Why them?

Participant 1

Because seeking professional counselling becomes like a common technique used to re-divert these patients into living a normal lives when more and more people in the same plight are using professional counselling. There are some successful stories I heard of that patients whose conditions improved after seeking professional counselling will serve as motivating factors for the patients.

Researcher

Please list the individuals or groups who, after experiencing a difficult problem, are least likely to seek professional counselling.

Participant 1

People with friendship problems, romance problems, and family problems.

Researcher

Why them?

Participant 1

All these people with friendship, romance and family problems, I believe are problems that require a greater amount of trust, so it would be a bit more difficult for people to open up to share with others, especially strangers such as professional counsellors. I do not know what to say. Just that some things you will keep to yourself and not let it out especially family and relationships matters.

#### Question 3: Control beliefs

Researcher

Please list any factors or circumstances that would make it easy or enable you to seek professional counselling.

Participant 1

When I am facing any problems that could not be solved even when I have tried in various avenues to solve the problem and yet still cannot solved then I would seek professional counselling. Another factor is the awareness of the counselling centres around. It gets a little hard if you decide to go for professional counselling and you do not know where to start and how to go about looking for one. Also, I believe when the society no longer judge each other then this would definitely enable us to seek professional counselling more readily and easily because most of us are afraid that people may judge us as "crazy" or psychotic" having gone for professional counselling.

Researcher

Please list any factors or circumstances that would make it difficult or prevent you from seeking professional counselling.

Participant 1

Definitely, the society is judging one another for seeking professional counselling, just like what I have mentioned earlier.

#### Question 4: Intentions

Researcher

Would you seek professional counselling in the future?

Participant 1

Yes, but I prefer not to if possible.

Researcher

Why?

Participant 1

I will seek professional counselling in future if proven that my conditions and problems are serious enough. But naturally I think there will be this tendency to reject professional counselling. Maybe because I am from a more conservative family or maybe because I am rather independent so I will prefer having myself to solve the problem rather than seeking professional counselling help.

Researcher

Thank you, madam! Very insightful opinions and the clarification! You are free to add on anything else that come to your mind. You will be ensured of your confidentiality in the study. A pseudonym will be assigned to your opinions thus you are not known to anyone.

Pseudo name: Participant 2

Age: 30 years old

Gender: Male

Religion: Buddhist

Race: Chinese

Employment status: Employed

Income: \$51,000-\$120,000

Highest education attained: Degree

Marital Status: Married

Children: None

NO PRIOR COUNSELLING EXPERIENCE

Instructions:

There is no right or wrong responses; we are merely interested in your personal opinions.

Professional counselling is defined as “face to face with a trained counsellor to explore the difficulties an individual encounter in a private and confidential setting.”

Question 1: Behavioral Beliefs

Researcher

What do you see as the advantages of seeking professional counselling?

Participant 2

Professional advices, second opinion, different perspectives of the situations/issues from external parties, professional counsellors may propose alternate solutions which may be more useful, clearer understanding with more technical and scientific explanations

Researcher

Why did you see these as advantages of seeking professional counseling?

Participant 2

Firstly, I think professional counseling advices, technical and scientific explanations allow clients to better understand the problems based on academic researches and findings. Take for instance, there are several types of flu, but a doctor will know specifically which type of treatment is useful based on the different symptoms.

And it always good to have second opinion from an external person, such as professional counsellor because at times they are more neutral and I assume professional counsellors do not take sides, and I believe professional counsellors will have different perspectives of the situation that individuals might not be able to see it or may possess biasness.

Researcher

What do you see as the disadvantages of seeking professional counselling?

Participant 2

I might be uncomfortable as the counsellor is a total stranger. I am also concerned that the counsellor might not fully understand the client's situation as some counsellors may not have similar experience as mine. And counsellors maybe using textbook answers which might not be as relevant or useful for real life experiences and problems.

Researcher

How do you know professional counsellors would provide textbook answers?

Participant 2

I do not know, I am guessing.

Researcher

What else comes to mind when you think about seeking professional counselling?

Participant 2

Social stigma because I am afraid how other people may perceive me as abnormal. And I might be seen as weak as unable to resolve my own problem which may affect me feeling low self-esteem or no confidence

Question 2: Normative beliefs

Researcher

When it comes to seeking professional counselling, there might be individuals or groups who would think you should or should not perform this behavior. Please list the individuals or groups who would approve or think you should seek professional counselling.

Participant 2

Singapore Armed Forces personnels, Professionals that are highly educated, Educators, and Government agencies, such as Ministry Of Manpower. It is compulsory in the Singapore Armed Forces personnel to seek professional counseling if we need one.

Researcher

You also mentioned professionals that are highly educated individuals, why do you think they are more likely to seek professional counselling?

Participant 2

I think because professionals that are highly educated people are more likely to have the money to pay for professional counselling charges and may prefer a fellow professional to discuss their problems

Researcher

What about educators?

Participant 2

Most educators may think that it is most appropriate for people to approach professional counseling because they also encourage their students to approach professional counselling

Researcher

Why do you think Government agencies, such as Ministry of Manpower would also approve seeking professional counseling?

Participant 2

In my opinion, professional counselling to them is similar to mediating which is necessary in their work scope. So, I assume seeking professional counselling should be familiar to them.

Researcher

Please list the individuals or groups who would disapprove or think you should not seek professional counselling.

Participant 2

Spouse, family members, relatives, close friends, religious people and lowly educated people

Researcher

Why do you think these groups of people would disapprove you of seeking professional counselling?

Participant 2

I think my spouse, family members, relatives and close friends are supposed to be the persons who know me best and they will feel that outsiders, such as professional counsellors are not able to handle internal family and personal issues and problems. I also think religious people would disapprove me to seek professional counsellors because normally my religious friends will advise me to seek help from their gods or their religion leaders.

Researcher

What about lowly educated people that you have mentioned?

Participant 2

To me, lowly educated people are those that have less than 12 years of education in Singapore. Lowly educated people might not be able to relate to the counsellors because of the lack of knowledge about what professional counselling truly is all about. Therefore, I do not think they will approve me of seeking professional counselling.

Researcher

Sometimes, when we are not sure what to do, we look to see what others are doing. Please list the individuals or groups who, after experiencing a difficult problem, are most likely to seek professional counselling.

Participant 2

Students, Middle-aged executives, National Service Forces Personnels, and drugs addict or alcoholic

Researcher

Why do you think that students are most likely to seek professional counselling?

Participant 2

Maybe the students will need professional counselling for their study stress or career prospecting and seeking professional counselling is easily available in their school. Almost every school in Singapore provides counselling for their students. And it is free of charge.

Researcher

Why do you think middle-aged executives are also more likely to seek professional counseling?

Participant 2

Because I know some middle-aged executives, and they seems like that they may need professional counselling for their career switch issues, and some of them are experiencing their middle life crisis

Researcher

What about National Service Forces Personnel?

Participant 2

I had been through National Service during my teens and it was difficult to get used to Singapore army lifestyle and I encourage those National Service Forces personnels to seek professional counseling which is provided by the army free of charge

Researcher

And the drug addicts and alcoholic are most likely to seek professional counseling? Why?

Participant 2

They really need professional counseling, especially when they are determine to quit the addiction, otherwise, I do not think that they can do it on their own or with untrained personnels

Researcher

Please list the individuals or groups who, after experiencing a difficult problem, are least likely to seek professional counselling.

Participant 2

Professionals that are highly educated individuals, politically exposed people and celebrities, religious people, low educated people, and the elderly people

Researcher

Why do you think these groups of people are least likely to seek professional counseling?

Participant 2

I think professionals that are highly educated might be too prideful to seek professional counselling as they feel that they can find answers through their own research, so why do they need a professional counsellor. As for politically exposed people and celebrities, they are afraid of getting exposed of their problems and seeking professional counseling will threatened their status, reputation and livelihood. Religious people usually believe in their religious leaders than professional counsellors. And for the lowly educated people, I think they might not have the idea that there is such a thing call professional counselling available in Singapore. Elderly people that are more than 50 years old and above are also least likely to seek professional counseling because I think they may feel that professional counselling is only for mentally ill people, like my parents.

### Question 3: Control beliefs

Researcher

Please list any factors or circumstances that would make it easy or enable you to seek professional counselling.

Participant 2

More public awareness, more education and knowledge on counselling, Pros & cons of it, Accreditation and licenses, Professional governing associations in this area, higher government encouragement or involvement, and government subsidiaries

Researcher

Please provide an example for more public awareness?

Participant 2

Professional counsellors can educated the public through advertisements or seminars or events or campaigns

Researcher

How can the professional counsellors encourage you through more education and knowledge on their counseling services?

Participant 2

Maybe through engaging working adults or professionals or students in seminars or talks on professional counselling, such as where, how, what is professional counseling all about in depth.

Researcher

What do you mean by pros and cons of it?

Participant 2

That means professional counsellors should relate the benefits and difficulties of seeking professional counselling to the public more clearly.

Researcher

Can you provide examples for accreditation and licenses, and professional governing association in this area?

Participant 2

If the government encourages or gets involve in promoting professional counselling, it will increase the public's confidence in professional counselling and maybe slowly seeking professional counselling will become a norm. For example, when you are physically sick you will see a doctor

Researcher

How much is the government subsidiaries are you referring to?

Participant 2

At least 50% of the professional counselling charges. Or set up more professional counselling clinics in polyclinics at a very low rate. And set up professional counselling in government hospitals as a specialist clinic will be even more encouraging for the public.

Researcher

Please list any factors or circumstances that would make it difficult or prevent you from seeking professional counselling.

Participant 2

No knowledge on it, unable to differentiate the qualified and unqualified counsellors, little or no encouragement from the government, no professional bodies governing or supervising, and little public awareness

Researcher

Why these factors would discourage you from seeking professional counselling?

Participant 2

If I have totally no knowledge about professional counselling and no support or subsidiaries from the government, and where and how, and what should I do about professional counselling. So I just forget about seeking professional counselling.

Question 4: Intentions

Researcher

Would you seek professional counselling in the future?

Participant 2

Yes

Researcher

Why?

Participant 2

Because I am agreeable of seeking second opinions or solutions from a fully qualified professional counsellor. And I trust that professional counsellors are fully trained to analyze and provide alternative solutions to help the clients to overcome problems.

Researcher

Thank you, sir! Very insightful opinions and the clarification! You are free to add on anything else that come to your mind. You will be ensured of your confidentiality in the study. A pseudonym will be assigned to your opinions thus you are not known to anyone.

Pseudo name: Participant 3

Age: 32 years old

Gender: Male

Religion: Islam

Race: Malay

Employment status: \$30,000-\$50,000

Highest education attained: Diploma

Marital Status: Married

Children: Yes

#### HAD PRIOR COUNSELLING EXPERIENCE

Instructions:

There are no right or wrong responses; we are merely interested in your personal opinions.

Professional counselling is defined as “face to face with a trained counsellor to explore the difficulties an individual encounter in a private and confidential setting.”

#### Question 1: Behavioural beliefs

Researcher

What do you see as the advantages of seeking professional counselling?

Participant 3

The advantages are feeling confident that my problems will be solved in the most effective way given that they are professional counsellors. To add on, I will feel confident because they are qualified to counsel me as they possess the necessary skills that are required. Professional counsellors can also help me to manage negative feelings such as sadness. This is based on my experience being counselled by my secondary school teachers who were trained and were equipped with counselling skills on how to counsel students.

Researcher

That's great! Would you seek professional counsellors in future if you face a difficult situation?

Participant 3

In the near future, I am willing to seek professional counselling if there is a need.

Researcher

What do you see as the disadvantages of seeking professional counselling?

Participant 3

The disadvantages would be the cost of the counselling sessions and the possibility of my personal information being used by professional counsellors to counsel other individuals. Regarding the possibility of personal information leakage, what I am referring to is that they might use an individual's case as an example when counselling others. For instance, A seek for professional counselling before B and the counsellor might use A's case as an example to B as both individuals are facing similar problems.

Researcher

How much do you think is comfortable rate to charge for professional counselling so that the cost of counselling session is not a disadvantage?

Participant 3

In my opinion, S\$100 per counselling session is the maximum price. Of course, the lower the counselling fees the better.

Researcher

What else comes to mind when you think about seeking professional counselling?

Participant 3

Desperate which means that an individual is facing such a difficulty and they could not face it alone anymore. Thus, they would seek for professional counselling. I mean seeking professional counselling as the last resort.

Question 2: Normative beliefs

Researcher

When it comes to seeking professional counselling, there might be individuals or groups who would think you should or should not perform this behaviour. Please list the individuals or groups who would approve or think you should seek professional counselling.

Participant 3

Friends and contacts that are in the same generation as us as having similar mindset.

Researcher

Please tell me more what do you mean similar mindset and same generation approve you seeking professional counselling?

Participant 3

To add on, when an individual have a same mindset as you, they would understand you and more likely to agree with what you are doing, such as seeking professional counselling. Usually individual that have a same mindset are in the same generation

Researcher

Please list the individuals or groups who would disapprove or think you should not seek professional counselling.

Participant 3

Family members, elderly people who are like 50 years old and above, and religious leaders. This group of people would prefer their own flesh and blood or their own religious group members to approach them for religious counselling instead of professional counsellors.

Researcher

Why do you think so?

Participant 3

In my opinion, family members, elderly people and religious leaders believe that they understand the troubled individuals better than outsiders; so why must the individual approach strangers for help?

Researcher

Sometimes, when we are not sure what to do, we look to see what others are doing. Please list the individuals or groups who, after experiencing a difficult problem, are most likely to seek professional counselling.

Participant 3

In my opinion, Modern working adults and troubled teenagers are most likely to seek professional counselling. I think both working adults and teenagers of this era have a modern mindset, open-minded and thus are more willing to seek professional counselling.

Researcher

Please list the individuals or groups who, after experiencing a difficult problem, are least likely to seek professional counselling.

Participant 3

Elderly and parents are least likely to seek professional counselling. Due to their era, which is like 1980's and before that they were born, they tend to be conservative and narrow-minded. Thus they are not keen to share personal data with outsiders. This is based on what I saw on television programmes, reality shows, whereby some celebrities or ordinary people trying to help people in difficulties like the elderly. When they try to ask more about the elderly people's life and experience, these elderly people would hesitate to share and avoid.

### Question 3: Control beliefs

Researcher

Please list any factors or circumstances that would make it easy or enable you to seek professional counselling.

Participant 3

The counsellor is of the same gender as me. In my opinion, if both parties are of the same gender, they can understand each other better as there is a high possibility that they might have the same mindset and traits given their same gender. Another factor would be that the counselling firm is located not far from where I am staying, so that I can cut travelling time and the cost of the services is affordable to me which is not more than \$100 per counselling session.

Researcher

I wonder why you think that counsellor of the same gender would enable you to seek professional counselling.

Participant 3

For instance, a male individual can understand why male individual love soccer so much but it is difficult for a female individual to understand.

Researcher

Please list any factors or circumstances that would make it difficult or prevent you from seeking professional counselling.

Participant 3

The counsellors have different beliefs than me.

Researcher

Any examples or experiences to share on your opinions how different beliefs make it difficult for you to seek professional counselling?

Participant 3

I can't think of any right now

#### Question 4: Intentions

Researcher

Would you seek professional counselling in the future?

Participant 3

Yes, I would seek professional counselling in the future

Researcher

Why?

Participant 3

Because I am that type of person who wants to get things done fast, in this case, if I am facing a problem, I will try to find the solution as quickly as I could. I will get irritated and frustrated if I am still stuck with the same problem for such a long time.

Researcher

Thank you, sir! Very insightful opinions and the clarification! You are free to add on anything else that come to your mind. You will be ensured of your confidentiality in the study. A pseudonym will be assigned to your opinions thus you are not known to anyone.

Pseudo name: Participant 4

Age: 58 years old

Gender: Female

Race: Indian

Religion: Hinduism

Highest Education attained: Master

Employment Status: Employed

Income: \$51,000 - \$120,000

Marital Status: Divorced

Children: Yes

#### HAD PRIOR COUNSELLING EXPERIENCE

*Instructions:* Please take a few minutes to tell us what you think about Singaporeans' attitudes to seeking professional counselling. There are no right or wrong responses; we are merely interested in your personal opinions. In response to the questions below, please list the thoughts that come immediately to mind. (You may write as much as you like)

For the purpose of this study, professional counselling is defined as "face to face with a trained counsellor to explore the difficulties an individual encounter in a private and confidential setting."

#### Question 1: Behavioural beliefs

Researcher

What do you see as the advantages of seeking professional counselling?

Participant 4

I think it is good to have someone to talk to when we are troubled, especially a professional counsellor. It useful to pour out troubles and I find pouring it to a professional counsellor is good because a professional counsellor most likely would not gossip it to my friends and he or she may also give me some suggestions to solve my trouble or at least lend me a listening ear..

Researcher

Why are you so concerned about the professional counsellor gossiping your problems to others?

Participant 4

The professional counsellor can gossip among her colleagues but not gossip my problems to my friends and family members. I do not feel comfortable to let my friends or family members know about my problem. I think stranger can know about my problems because the stranger most likely does not know my friends and family members so harder for the stranger to gossip my problem to my closed ones. Thus, I feel safer confiding to a stranger than to someone I know.

Researcher

What do you see as the disadvantages of seeking professional counselling?

Participant 4

I think it is very troublesome and time consuming to seek professional counsellor

Researcher

What do you mean troublesome?

Participant 4

Of course, troublesome mean looking for a professional counsellor, making appointments, getting ready to meet the professional counsellor and relating to the professional counsellor about our problem. All these can be time consuming, as you know Singapore is a highly competitive place to live in where everything is expensive here, so we are mostly busy working earning a living and where to find extra time to seek professional counselling

Researcher

What else comes to mind when you think about seeking professional counselling?

Participant 4

These so called "professional counsellor" are they really trained? Are they really experienced? Or they are scammers too, just making a living only.

Researcher

Why did you say that?

Participant 4

About 10 years ago, I went for professional counselling. I find it expensive. It's about \$80 per session per hour per week for eight weeks. It is such a waste of my time and until today my problem is still not solved. I am still thinking this professional counsellor know what he is talking or not and does he have the skills and knowledge to counsel people. I suggest those who do not have the skills and knowledge,

please do not even try to counsel anyone because you get people into trouble instead of helping people. And if those new counsellors want to gain experience, skills, and knowledge, then please attached new counsellors to experienced skilful counsellors for at least some years before release them out to counsel people.

Question 2: Normative beliefs

Researcher

When it comes to seeking professional counselling, there might be individuals or groups who would think you should or should not perform this behaviour. Please list the individuals or groups who would approve or think you should seek professional counselling.

Participant 4

My family members and friends

Researcher

Why?

Participant 4

If my family members and friends know I have a problem and seeking professional counselling can help me better, I am sure they would approve. After all, if I were better psychological and physically, I believe my family and friends would be happy too because I will not give them troubles and worries.

Researcher

Please list the individuals or groups who would disapprove or think you should not seek professional counselling.

Participant 4

I do not think anyone that I know would disapprove me seeking professional counselling

Researcher

Why is that so?

Participant 4

Who would bother to disapprove me for seeking professional counselling? Anyhow, I am seeking professional counselling which is not a bad activity. I am also not committing any crimes or doing anything unethical, so I cannot think of anyone who would disapprove me for seeking professional counselling

Researcher

Sometimes, when we are not sure what to do, we look to see what others are doing. Please list the individuals or groups who, after experiencing a difficult problem, are most likely to seek professional counselling.

Participant 4

I guess maybe the more westernize people, the more educated ones, the mentally ill ones, and maybe also the criminals.

Researcher

Why did you list these groups of people as most likely to seek professional counselling?

Participant 4

I think the more westernise people are, the more open-minded and more receptive to the idea of seeking professional counselling they should be. As for the more educated ones, I think maybe they know how to go about seeking for a professional counsellor and also as they are more educated, they can research themselves about what is expected during professional counselling and the benefits in seeking professional counselling.

Researcher

What about the mentally ill people and criminals that you have mentioned earlier that is also most likely to seek professional counselling?

Participant 4

I believe family members of the mentally ill people will “push” them to seek professional counselling even if the mentally ill persons do not want to. I also believe even if the family members feel ashamed or embarrass that the mentally ill persons need to seek professional counselling, they will still “push” them to seek professional counselling because it will be for the good of the mentally ill person to recover. Maybe, the family members will still hide and not tell others because of shame that the mentally ill people seek professional counselling, but I still think the family members will still “push” the mentally ill people to seek professional counselling. And for criminals, I assume it is mandatory by the judge or prison officers to push the criminals to go for professional counselling so as to help them to overcome their faults.

Researcher

Please list the individuals or groups who, after experiencing a difficult problem, are least likely to seek professional counselling.

Participant 4

I think it should those unemployed people, uneducated ones, the religious people, those “face value” people and those Asians with the traditional mindset.

Researcher

Please explain why these groups of people are least likely to seek professional counselling

Participant 4

If you are unemployed then where are you going to get the money to see a professional counsellor? Seeking professional counsellors are not free of charge. Even a minimal fee of \$20 is a lot of money for an unemployed person. Singapore living standard is so high, housing is expensive, cars is expensive, education is expensive, food price is rising, etc., if I am unemployed, then I rather not waste money on seeking professional counselling, I rather spend that kind of money on paying my basic necessities, such as food and housing bills.

Researcher

What about the uneducated ones that you mentioned earlier that are least likely to seek professional counselling?

Participant 4

Uneducated ones mean that they have no knowledge about professional counselling. Where to seek, how to seek, and why to seek professional counselling may not be known to them at all. Maybe the uneducated one will just blindly listen to their family members and friends for advices, regardless it is right or wrong.

Researcher

What about the religious people, those “face value” people and those Asians with traditional mindset?

Participant 4

I know many religious friends of mine go to their religious leaders for counselling and they reported that it is effective in solving their problem. So I guess, if religious leaders provide free of charge and effective counselling then why take the hassle to seek professional counselling. As for “face value” people, they must be feeling very shameful to seek professional counselling as if they are weak or they are problematic. And worst of all, what if their friends, or people they know come to know about them seeking professional counselling, they will feel very “no face” and that might affect their pride and ego which I do not think these “face-value” people can swallow. Lastly, there are many Asians with traditional mindset that might not seek professional counselling. After all, seeking professional counselling is not popular in Singapore so maybe the Asians still cannot adopt the mindset that it is normal or necessary to seek professional counselling.

Question 4: Control beliefs

Researcher

Please list any factors or circumstances that would make it easy or enable you to seek professional counselling.

Participant 4

If I know of a very ethical, skilful, experienced and older professional counsellor who is well known for effectively solving people’s problem, then I will seek him or her. Otherwise, I think forget about it because I seek two professional counsellors before, and it is not effective in solving my problems and wasted my travelling time and time spent talking to them and money too! Until today, I am still thinking how they become qualified trained counsellors.

Researcher

Why did you mention older professional counsellors?

Participant 4

I prefer older professional counsellor because I am in my middle-age now. My first professional counsellor was a newly graduated early twenties woman. I spoke with her about my marital problems and children problem and it seems to me that she was completely blank because she told me she was single and childless and I pity her trying very hard to imagine what I went through. Then I gave up and went for another professional counsellor.

Researcher

Please list any factors or circumstances that would make it difficult or prevent you from seeking professional counselling.

Participant 4

I dislike professional counsellor revealing our problems to their colleagues and bosses. I suspect my problems were revealed when I seek professional counselling last time because when I went for follow up visits I could see the expressions of the receptionist, other counsellors and their bosses looking at me at a very weird way. This was extremely uncomfortable. Also, those newly graduate or inexperienced counsellors pissed me off; I do not think they know what they are counselling at all. They are so young or even those inexperienced ones have not experienced much about life. I doubt they can understand marriage problems, children problems, and society problems in real life. Maybe they got textbooks knowledge, but textbook and real life is two different things. I also doubt these young or inexperienced counsellors can solve their own personal problems. One more factor I think is important to mentioned too before I forget. The opposite gender of the counsellor also will prevent me from seeking professional counselling. Because I have experienced an opposite sex gender professional counsellor before, we just cannot connect and relate. I felt embarrassed and weird to share certain issues, such as sex issues, or women's topics with him.

Question 4: Intentions

Researcher

Would you seek professional counselling in the future?

Participant 4

No. I will not go for any form of counselling, be it religious counselling or professional counselling or others.

Researcher

Why?

Participant 4

I think it is a waste of time and money. I think I just let my problem be as it is better than seeking any form of counselling. Look at my past experiences. The first professional counsellor I seek, charge me \$20 which I consider cheap, near my house, same gender but young and inexperienced so cannot solve my problem. And the second professional counsellor I seek is more expensive which is \$80 per session, he is older, slightly more experienced, but not ethical by revealing my problems to his receptionist, colleagues, and bosses, and also he is of opposite gender which makes it hard for me to relate to him. Anyhow, I think it is very hard to find affordable, ethical, well-trained, qualified, and experienced professional counsellors. Also, no other forms of counselling too as I have always been wondering who these “professional” counsellors are. Are they really qualified and trained as what they claim they are? And for religious counselling, it is a no for me too because I do not want my religious friends or leaders to know about my problems and leak it out.

Researcher

Thank you, madam! Very insightful opinions and the clarification! You are free to add on anything else that come to your mind. You will be ensured of your confidentiality in the study. A pseudonym will be assigned to your opinions thus you are not known to anyone.

Pseudo Name: Participant 5

Age: 45 years old

Gender: Male

Religion: Christianity

Race: Chinese

Employment status: Employed

Income: \$30,000 - \$50,000

Highest education attained: Degree

Marital Status: Single

Children: None

#### HAD PRIOR COUNSELLING EXPERIENCE

Instructions:

There are no right or wrong responses; we are merely interested in your personal opinions.

Professional counselling is defined as “face to face with a trained counsellor to explore the difficulties an individual encounter in a private and confidential setting.”

Question 1: Behavioural beliefs

Researcher

What do you see as the advantages of seeking professional counselling?

Participant 5

Another third party, such as a professional counsellor might offer insights that are not conformed to our present group of friends as often those close friends might have similar thinking

Researcher

Ok, so what's the big deal?

Participant 5

At least, biases opinions will be greatly reduced.

Researcher

What are the bias opinions that you are referring to?

Participant 5

Example of bias opinions, a woman contemplating a divorce seeks the opinion of her friends, however, her friends had previously only heard of her complaints regarding her husband and her friends might view the husband in bad light and thus encourages her to proceed to divorce which otherwise can be a salvageable marriage, if the couple had gone for professional counselling. I believe that counsellors are often trained to be objective while close friends tend to want to provide support even against good judgement.

Researcher

So what if these biases opinions are reduced?

Participant 5

With the reduction in bias opinions, the counselled client is able to make a better judgement on the situation, a lessen possibility of conforming due to pressure from relatives, friends and even the society which might not be the best option available. I also see another advantage which is the professionals counsellors are perceived as intelligent, experienced and knowledgeable in their field making their suggested solutions more viable for acceptance.

Researcher

How do you know that professional counsellors are perceived as intelligent, experienced and knowledgeable in their field?

Participant 5

I don't know. That is why I said perceived. Similarly, when a banker recommending a portfolio of investments carry more influence than other non investment professionals.

Researcher

What do you see as the disadvantages of seeking professional counselling?

Participant 5

Fear of leakage of private "feelings" to the public. Fear that problem might be kept in record which can affect present livelihood or relationship etc. if it's leak out.

Researcher

I am wondering how the problem kept in records if it's leak out might affect your livelihood or relationships?

Participant 5

For example, discussion of adultery caused guilty feelings and it is worse if it is leaked out to wife. Or counsellor might have suggested psychiatric treatment which might create doubt at work by supervisors on our mental health. And also, another disadvantage is the cost of seeking professional counselling, as compared to zero cost when speaking to a close friend.

Researcher

What kind of cost are you referring to?

Participant 5

When seeking specialist for professional counselling, cost is always involved. Whether it's a minimal transportation cost or cost of service rendered by the counselling specialist.

Researcher

How does this travelling cost or cost of service might be affecting you?

Participant 5

No, it does not cost much to travel, however, seeking professional counselling help has often been considered as not as important of needing attention as physical sickness. Making the effort to travel and even paying for professional counselling is like asking to pay one cent everyday for the air that you breath which you have had for free since the beginning. The cost is not much, yet it will cause an upheaval if we were ever needed to pay for everyday air.

Researcher

What else comes to mind when you think about seeking professional counselling?

Participant 5

Impersonal

Researcher

What do you mean by impersonal?

Participant 5

Counsellor will not be influenced by personal feelings

Researcher

How come you consider counsellors will not be influenced by personal feeling as impersonal?

Participant 5

The feeling of lethargy sets in after professional counsellors hear the same or similar stories again and again. They become less affected by your pitiful situation. Like solving a difficult maths problem, the feeling of euphoria of having solved the problem diminishes if you are asked to solve the same problem again and again. However, a diminished enthusiasm does not affect one's ability to solve the problem.

Question 2: Normative beliefs

Researcher

When it comes to seeking professional counselling, there might be individuals or groups who would think you should or should not perform this behaviour. Please list the individuals or groups who would approve or think you should seek professional counselling.

Participant 5

Close friends, family, doctors like General Practitioner

Researcher

Why them?

Participant 5

Friends, family and doctors carries more clout and ability in convincing me that I might need professional counselling as opposed to colleagues or bosses or acquaintances.

Researcher

Why close friends and family and doctors seem to influence you that much?

Participant 5

I see doctors as having the expertise on determining the correct or best path to recovery. Much faith is placed on them on giving me the best "medicine" for my problems. And as for close friends and family, they are seen as people who would want the best for me. With lesser scepticism, I would be more willing to accept that their suggestions are there for my good.

Researcher

Please list the individuals or groups who would disapprove or think you should not seek professional counselling.

Participant 5

Colleagues and Boss.

Researcher

Why them?

Participant 5

I do not feel that these groups of people have the influences and rights to advise me in seeking professional counselling. Gossip of a colleague or subordinate needing professional counselling does not sit well with work motivation and productivity.

Researcher

Sometimes, when we are not sure what to do, we look to see what others are doing. Please list the individuals or groups who, after experiencing a difficult problem, are most likely to seek professional counselling.

Participant 5

Teachers, Police, mothers, husband and wife.

Researcher

Why these groups of people are most likely to seek professional counselling?

Participant 5

Because they work in a highly stressed environment and difficult problems that have arisen might not be suitable to be shared with friends and family.

Researcher

What is highly stressed environment? Any examples?

Participant 5

The easiest would be a police's responsibilities are heavy where sometimes in a split second decision might be the difference between life and death. Teachers need to uphold an image of superiority, where they are "supposed" to know all and understand all that they teach. A student that does not do well causes pressure from all areas onto the teacher. Parents are more likely to blame teacher for the bad result, principal or Head of department questions why the drop in results etc. Mothers, husbands and wives are another group because Asians tend not to share when problems arises. The husband keeps the problem from the family and wanting to solve it himself without burdening the family. The wife and mother of modern ages need to juggle between work and family which is like twice the workload of "ancient" women. They need to perform as well at home, in bed as well as in the office. These are definitely stressful environments.

Researcher

Please list the individuals or groups who, after experiencing a difficult problem, are least likely to seek professional counselling.

Participant 5

Man, lawyers, Parliament members

Researcher

Why them?

Participant 5

The egoistic man might deem seeking professional counselling as a weakness. Parliament members are often perceived as top quality parliament candidates, any possible weakness shown might be used by the opposition parties thus they might resist seeking professional counselling help.

Researcher

What is an "egoistic man"?

Participant 5

Egoistic men are those that think with their smaller head, they are those that are scared "lose face" man. For example, those man that won't carry women's handbag, where they want their wife or girlfriends to think of them as heavenly beings whose perfect in bed, where embarrassment is worse than a dead man. Unfortunately, a lot of Asians, in particular, Singaporeans still view members of the public that seek professional counselling as possible mentally unstable people.

Researcher

Why do you think so? Any experience to share?

Participant 5

I once needed to be counselled in the Institute of Mental Health for depression on a regularly weekly visit. However, when I told my friends that I was being counselled in Institute of Mental Health, they immediately thought I was "crazy" or mentally unsound until I explained the purpose of my visits to them. Perception is a very powerful tool, just like how most women think of a \$15,000 Hermes branded handbag which most women would think it is worth the cost because its handmade and high class.

Question 3: Control beliefs

Researcher

Please list any factors or circumstances that would make it easy or enable you to seek professional counselling.

Participant 5

Allow online chatting when not willing to meet or talk on the phone. Easy access to counselling and bigger presence in all media

Researcher

What you mean by easy access?

Participant 5

Other than the traditional face to face counselling or counselling through the phone, internet chat is now the preferred mode of communication. I prefer to sms, or internet chat than face to face or talk on the phone with the professional counsellor

Researcher

Why do you prefer sms or internet chat with professional counsellor than other means?

Participant 5

Just like how when a person is ashamed or shy, they will not look into the eyes of the other party. Sms and internet chat allows the clients to hide in their own domain or comfort zone. I find sms and internet chat more comfortable which allows me to open up more and easily.

Researcher

What do you mean bigger presence in all media?

Participant 5

Increasing the number of avenues available to the public

Researcher

You pointed out a very important issue to address in seeking professional counselling. But I can't think of any suggestions on how to increase number of avenues available to the public so as to educate the uninformed about the benefits of professional counselling; help reduces the bias and inaccurate perception of the public towards those needing professional counselling? Could you please advise me?

Participant 5

An example is how the recent Ministry Of Education advertisement on TV has shown a student from a needy family needing to work while studying and was even put to a home or prison but finally succeeded and remembered his teacher who was there to support him from the beginning. A co-operation with Ministry Of Education of its future advertisements showing more of the benefits of seeking professional counselling could help to shape the perception that seeking professional counselling is very common, helpful and accepted by people and organizations. Of course, chances to co-operate with the Ministry of Education on creating awareness for professional counselling are not very high and the advertisements cost is very high.

A simpler yet still needing plenty of commitment is to create an application in iphone or facebook, etc., where technically efficient users are able to access or chat with professional counsellors on their iphone applications. Similarly, a counselling phone number could be made available where those without iphone could still sms that counselling phone number and messages will be sent to the computer where a professional counsellor on duty could reply using that computer which then sends a reply thru sms to the user. Once trust is built-up, the user could possibly agree to call or even meet up the professional face to face for more professional counselling help.

Yellow ribbon for ex-inmates, pink ribbon for breast cancer. A group could also be created where information on professional counselling could be passed thru word of mouth. Activities could be organised that does not concern counselling yet using that event to spread the benefits of professional counselling. Or even jumping on the wagon of marathon events, liaising with event organisers to promote the usage of professional counselling. Health events are especially helpful cause a healthy body needs a healthy mind too.

Counsellors are already a common sight in schools, however these counsellors are not given a bigger role to play. If they could be allowed to take one lesson per class per week, it might allow students to become closer to the counsellors and thus have a better understanding of professional counselling. Children are our future, educating them now might prove a more important affair than educating the "older" generation.

A bigger public presence will educate the uninformed about the benefits of professional counselling; this will help reduce the bias and inaccurate perception of the public towards those needing professional counselling.

Researcher

Please list any factors or circumstances that would make it difficult or prevent you from seeking professional counselling.

Participant 5

The need for identification, distance, persistency of counsellors to take certain action

Researcher

Can you give me an example for the need of identification?

Participant 5

Asking for Identity Card, telephone number, or email etc. and I feel uncomfortable

Researcher

Why are you not comfortable in giving your identification to a professional counsellor?

Participant 5

I just felt that seeking professional counselling is like looking for help to overcome a weakness in you. Once over, you want to become stronger and not remember nor have anyone remember your previous weakness. Any form of records would mean the discomfort of your past being dug up again.

Researcher

What do you mean when you mentioned distance prevent you from seeking professional counselling

Participant 5

Counsellors wanting to meet me at their centers would mean travelling cost and time.

Researcher

Why is travelling cost and time seems to discourage you to seek professional counselling?

Participant 5

Because in this modern age, everything is connected and distance have shortened. If I can download Microsoft Office at home I won't want to drive down to Sim Lim Square Computer mart to buy. Similarly, I felt that seeking professional counselling help could easily be available online or thru the phone and would not want to spend time and money travelling.

Researcher

Also, you mentioned persistency of counsellors to take certain action. Can you give me an example?

Participant 5

Counsellors may get authorities, such as police involved if a drug or human trafficker seeking professional counselling help for his mental anguish, thus the fear of involvement of law.

#### Question 4: Intentions

Researcher

Would you seek professional counselling in the future?

Participant 5

No

Researcher

Why?

Participant 5

No, I have gone thru professional counselling once, and I felt it all boils down to the individual to overcome the problem. My counsellor did not seem to have helped much. To me, professional counselling is only the conscience looking for reassurance.

Researcher

Thank you, sir! Very insightful opinions and the clarification! You are free to add on anything else that come to your mind. You will be ensured of your confidentiality in the study. A pseudonym will be assigned to your opinions thus you are not known to anyone.

Pseudo name: Participant 6

Gender: Female

Age: 38 years old

Religion: Buddhism

Ethnicity: Chinese

Education: Degree

Marital Status: Married

Children: Yes

Employment status: Unemployed

NO PRIOR COUNSELLING EXPERIENCE

Instructions:

There are no right or wrong responses; we are merely interested in your personal opinions.

Professional counselling is defined as “face to face with a trained counsellor to explore the difficulties an individual encounter in a private and confidential setting.”

Question 1: Behavioural beliefs

Researcher

What do you see as the advantages of seeking professional counselling?

Participant 6

To be able to hear different views or solutions for problems from a different perspectives.

Researcher

So what if you are able to hear different views from a different perspective?

Participant 6

No big deal really but if someone who is keen in looking for alternative solutions; they might search for more possible sources which might be useful to them. With the studies and data collected by professional counsellors, it is possible to understand what the majorities and minorities behaves in the similar problem one face.

Researcher

How do you know whether the studies and data collected by the professional counsellors are reliable and relevant?

Participant 6

When the word "professional" is being used, I assume that there is a better possibility that relevant data are collected and studied. But it is still up to the individual to decide if it is relevant.

Researcher

What do you see as the disadvantages of seeking professional counselling?

Participant 6

The individual seeking professional counselling might be too dependent on professional counsellors to get a solution for them.

Researcher

What is the effect of this that you see as a disadvantage?

Participant 6

If one is limited in knowing that professional counsellors can provide useful resources that can help them in their problem, one might depend heavily on the professional counsellor. Of course, there is a possibility that one may find a previous case from a professional counsellor who is close to their problem and adopt the solution, and it may not work out for them.

Researcher

What else comes to mind when you think about seeking professional counselling?

Participant 6

Will the cost be too high? And will I be able to share the details openly with the counsellor?

Researcher

What cost do you mean here? And what cost is considered high for you? And also how long will the professional counselling sessions take in order to see the results and improvement of the problem?

Participant 6

Affordability for the counselling charges in this case. It depends on individual. Perhaps it is possible to have senior counsellors and junior counsellors with two tiers of counselling charges.

Researcher

What do you mean when you mentioned "Will I be able to share the details openly with the counsellor?"

Participant 6

To discuss with someone whom one is unknown of, it takes time to break the ice. If one is uncomfortable with the assigned counsellor, it probably will be difficult to open up and discuss.

Question 2: Normative beliefs

Researcher

When it comes to seeking professional counselling, there might be individuals or groups who would think you should or should not perform this behaviour. Please list the individuals or groups who would approve or think you should seek professional counselling.

Participant 6

Close friends, Family members, and relatives.

Researcher

Why these groups of people would approve you seeking professional counselling?

Participant 6

Probably my close friends, family members and relatives interact with me more frequently and will notice the changes in my behaviour or bad habits and would advise or suggest me to seek professional counselling for my good.

Researcher

Please list the individuals or groups who would disapprove or think you should not seek professional counselling.

Participant 6

Elderly family members.

Researcher

What is elderly? What age range is considered elderly? And why do you think your elderly family members would disapprove you seeking professional counselling?

Participant 6

Elderly to me means 70 year and above. Currently, I have some of these elderly family members that are probably not exposed to professional counselling and they would suggest to me other forms of methods for my problem, such as getting advice from religion.

Researcher

Sometimes, when we are not sure what to do, we look to see what others are doing. Please list the individuals or groups who, after experiencing a difficult problem, are most likely to seek professional counselling.

Participant 6

Again, I would say family members and close friends of the individuals or groups, who experience difficult problem, are most likely to seek professional counselling.

Researcher

Why?

Participant 6

Presumably more time is spending with the above people who get to notice the changes of the affected one. And these people will probably help in finding possible method like professional counselling to the affected one. If the one sees close friends or family members who undergo professional counselling and it helps, the confidence level of one seeking the same route is higher.

Researcher

Please list the individuals or groups who, after experiencing a difficult problem, are least likely to seek professional counselling.

Participant 6

Stubborn person, Church goers and Temple goers

Researcher

What is a stubborn person?

Participant 6

A person who believes their religion can help them.

Researcher

Why do you think so?

Participant 6

Stubborn person usually does not listen or believe in others advice. Shut their ears and live in their own world.

Researcher

Why do you think that Church goers would not seek professional counselling?

Participant 6

Church goers most probably will approach their religious leaders for advice because they trust them.

Researcher

Why do think Temple goers would disapprove seeking professional counselling?

Participant 6

Probably it is their preference to believe in gods, spirits and traditional Chinese mediums rather than professional counselling

Question 3: Control beliefs

Researcher

Please list any factors or circumstances that would make it easy or enable you to seek professional counselling.

Participant 6

Having the knowledge and some guidelines what will be expected when meeting the professional counsellors beforehand would make it easy for me to seek professional counselling. And how much time will be spent on each counselling session and how many sessions are expected. If we can access to some case studies and testimonials of how professional counselling can help, it will give me a stronger boost to seek professional counselling.

Researcher

Please list any factors or circumstances that would make it difficult or prevent you from seeking professional counselling.

Participant 6

Uncertainties, such as “What will the counsellor ask?” “Will I be comfortable to share my secrets?” and “Can I choose a professional counsellor that is the same race, and same gender from me?”

Researcher

What are the concerns of a professional counsellor that is of different race and gender from you?

Participant 6

What if I cannot understand the professional counsellor's way of speaking and expression due to different race and culture? What if I disagree with the counsellor's view or advice, what's next for me? If I am talking with a professional counsellor who comes from different country and do not share the same living environment, I might feel it is difficult to communicate with the professional counsellor because there are possibilities that the local terms use might not be understood easily and requires additional explanation, which might frustrate me in the counselling process. In addition, though the language used might be the same, but the slang and terms used in different countries are still different and when it comes to discussion, ease of understanding and communication is important to make me feel comfortable and open up for discussion with a professional counsellor whom is a total stranger. I might also find that discussion with same gender is more comfortable and at ease especially if the topic is an embarrassing one.

Question 4: Intentions

Researcher

Would you seek professional counselling in the future?

Participant 6

Probably Yes.

Researcher

Why?

Participant 6

It depends on the complexity of the problem encountered and if I can find a satisfactory solution from my surroundings. And if all possible solution fails to solve my problem, I will consider going for professional counselling as my last resort.

Researcher

Thank you, madam! Very insightful opinions and the clarification! You are free to add on anything else that come to your mind. You will be ensured of your confidentiality in the study. A pseudonym will be assigned to your opinions thus you are not known to anyone.

Pseudo name: Participant 7

Age: 48 years old

Gender: Female

Religion: No Religion

Race: Chinese

Employment status: \$30,000 – \$50,000

Highest education attained: 'A' Level

Marital Status: Single

Children: None

NO PRIOR COUNSELLING EXPERIENCE

Instructions:

There are no right or wrong responses; we are merely interested in your personal opinions.

Professional counselling is defined as “face to face with a trained counsellor to explore the difficulties an individual encounter in a private and confidential setting.”

Question 1: Behavioural beliefs

Researcher

What do you see as the advantages of seeking professional counselling?

Participant 7

Objective viewpoint and professional help

Researcher

What do you mean by objective viewpoint? I don't understand. Please explain or give an example.

Participant 7

Viewpoint not clouded by personal interest.

Researcher

What is personal interest? Please clarify.

Participant 7

Client seek professional counselling help from professional counsellor is better as compared to seeking help from friends so as to have an objective viewpoint from the counsellors because professional counsellors' viewpoints are not clouded by personal interests, such as feelings and emotions.

Researcher

Also you mentioned professional help. Please elaborate what you mean by professional help as an advantage.

Participant 7

Counsellors have had training, therefore, they would be better able to help clients, as counsellors may have had experienced helping people deal with similar problems before.

Researcher

What do you see as the disadvantages of seeking professional counselling?

Participant 7

Stigma and cost

Researcher

What is stigma to you? Give example or share your personal experience or explain.

Participant 7

Seeking professional counselling may be seen as a sign of personal weakness. Also, seeking professional counselling is still not that common in Singapore, and openly accepted by many people.

Researcher

Also, you mentioned cost. What do you mean cost?

Participant 7

Cost per counselling session

Researcher

How do you define cost as a problem for stopping you seeking professional counselling?

Participant 7

Because seeking professional counselling is not a basic necessity, such as food, and housing, so people might feel it is not a necessity to spend on, then they can save money on it

Researcher

What else comes to mind when you think about seeking professional counselling?

Participant 7

Increasing acceptance

Researcher

What do you mean by increasing acceptance?

Participant 7

As people start seeking a professional counsellor more, this probably has increasing acceptance towards seeking professional counselling as time passes. Thus, the more people are more willing to accept seeking professional counselling help, the lesser the stigma.

Question 2: Normative beliefs

Researcher

When it comes to seeking professional counselling, there might be individuals or groups who would think you should or should not perform this behaviour. Please list the individuals or groups who would approve or think you should seek professional counselling.

Participant 7

People with depression and people with poor life functioning

Researcher

Why people with depression should seek professional counselling?

Participant 7

Depression is common enough, and it is hard for people to get out of depression by themselves.

Researcher

How do you know about this?

Participant 7

I read somewhere that 1 out of 5 people get depressed sometimes in their lifetime, and it should be easier and faster for depressed people to work through their problems with a professional counsellor, rather than by themselves.

Researcher

Also, you mentioned people with poor life functioning. What is poor life functioning? And why particularly them?

Participant 7

People who cannot manage their life properly, such as those families that Ministry of Community, Youth and Sport helped to counselled.

Researcher

What are the families you mentioned that Ministry of Community, Youth and Sport are counselling?

Participant 7

Low salary families, broken families, families that cannot take care of basic needs such as housing, education, and cannot take proper care of their children.

Researcher

Please list the individuals or groups who would disapprove or think you should not seek professional counselling.

Participant 7

People with mental illness and people with low IQ

Researcher

Why do you think that people with mental illness would disapprove seeking professional counselling?

Participant 7

People with mental illness require medication should go to a psychiatrist first, and not seek professional counselling first.

Researcher

What about people with low IQ?

Participant 7

I heard from a friend it is very hard to counsel people with really low IQ as they cannot understand each other or others.

Researcher

Sometimes, when we are not sure what to do, we look to see what others are doing. Please list the individuals or groups who, after experiencing a difficult problem, are most likely to seek professional counselling.

Participant 7

People who admit they have a problem

Researcher

How come this group of people? How do you know those admit they have problem would seek professional counselling?

Participant 7

If people admit they have a problem that means it is an indicative of willingness to change so more likely they will seek professional counselling.

Researcher

Please list the individuals or groups who, after experiencing a difficult problem, are least likely to seek professional counselling.

Participant 7

Suicidal clients

Researcher

Why them?

Participant 7

Those who have made up their minds to commit suicide will probably not seek professional counselling as they have already made up their minds, or they think that suicide is the only way out, so they will not seek any other solution.

Question 3: Control beliefs

Researcher

Please list any factors or circumstances that would make it easy or enable you to seek professional counselling.

Participant 7

Knowledge of services, assurance of privacy, and confidence in efficacy of professional counselling

Researcher

What is knowledge of service?

Participant 7

Having the knowledge of how to call for a professional counsellor, how to make appointment, where to locate a professional counsellor can make it easy for me to seek professional counselling.

Researcher

How about assurance of privacy?

Participant 7

If I know others will not find out I went for professional counselling unless necessary then this will enable me to seek professional counselling more readily

Researcher

What do you mean by confidence in efficacy of professional counselling?

Participant 7

That means I find seeking professional counselling is helpful that would encourage me to seek professional counselling.

Researcher

Please list any factors or circumstances that would make it difficult or prevent you from seeking professional counselling.

Participant 7

I have fear that people will find out and judge me if I seek professional counselling. And the long term cost involved for seeking professional counselling.

Researcher

What is the long term cost?? Can you give me an example?

Participant 7

If I have to attend 1 counselling session every week for a year, the cost will end up very expensive. Also dependent on the person's financial background, most Singaporeans general population seems to be of middle class income, so we may not be able to afford it over time. Also, professional counsellor wanting to meet me at their center would mean travelling cost for me too.

Researcher

How do you know seeking professional counselling will end up one session every week for a year?

Participant 7

If a person is dependent on professional counselling or the problems are very serious or deep, then it will need many counselling sessions to resolved, thus this may add up counselling cost over time.

#### Question 4: Intentions

Researcher

Would you seek professional counselling in the future?

Participant 7

Yes

Researcher

Why?

Participant 7

I will. I believe seeking professional counselling might help me feel better if I have issues I cannot answer

Researcher

Thank you, madam! Very insightful opinions and the clarification! You are free to add on anything else that come to your mind. You will be ensured of your confidentiality in the study. A pseudonym will be assigned to your opinions thus you are not known to anyone.

Pseudo name: Participant 8

Age: 18 years old

Gender: Female

Religion: Taoism

Race: Chinese

Employment status: Unemployed

Highest education attained: Diploma

Marital Status: Single

Children: None

#### HAD PRIOR COUNSELLING EXPERIENCE

Instructions:

There are no right or wrong responses; we are merely interested in your personal opinions.

Professional counselling is defined as “face to face with a trained counsellor to explore the difficulties an individual encounter in a private and confidential setting.”

#### Question 1: Behavioural beliefs

Researcher

What do you see as the advantages of seeking professional counselling?

Participant 8

Seeking professional counselling would enable one to talk and share about how he or she feels. Then, the counsellor can provide advices and this reduces the possibility of self-harming of the person who is seeking the professional counselling.

Researcher

How do you know?

Participant 8

Well, at least the person who is seeking professional counselling has someone trained in helping to turn and talk to, and this could possibly reduce any negativity or negative thoughts that they may have. Some people who are depressed may harm themselves. For example, cutting

their wrists. Thus, talking to a professional counsellor about their problem may allow the professional counsellor to give some advises so that the person who is seeking professional counselling may not feel as awful as before; therefore, reducing the possibility of self harming.

Researcher

What do you see as the disadvantages of seeking professional counselling?

Participant 8

Seeking professional counselling means that the person would have to relate his or her sorrows which he or she may not be too willing to think about it or even talk about it again. So basically, it is somehow like rubbing salt to the wound to seek professional counselling

Question 2: Normative beliefs

Researcher

Please list the individual or groups who would approve or think you should seek professional counselling.

Participant 8

Parents, teachers, friends, peers

Researcher

Why do you think parents would approve you seeking professional counselling?

Participant 8

For parents, I believe that all parents want the best for their children. If I need to seek professional counselling, my parents would most probably approve because I do not see any reason why they will not allow me if seeking professional counselling will help me.

Researcher

Also, why do you think teachers would approve you seeking professional counselling?

Participant 8

Teachers are similar to parents; I believe teachers also want the best for their students. Teachers, of course can give their own advises to their students but then again, a professional counsellor might do a better job than the teachers

Researcher

What about friends and peers, why do you think they would approve you seeking professional counselling?

Participant 8

Friends and peers – Yes, when it comes to some problems, such as academic issues, teenagers tend to talk to their friends and peers. Reason being is that we are of the same age so we can better understand each other's position and thoughts. However, when it comes to more

complicated problems, such as suicide thoughts, I think my friends may not be able to render their help in counselling for me. This is when my friends and peers might approve me seeking professional counselling. After all, I think most professional counsellors would have come across similar situations from other individuals; thus, professional counsellors would be able to give a better advice.

Researcher

Please list the individual or groups who would disapprove or think you should not seek professional counselling.

Participant 8

I am not sure who will disapprove but I guess would be people with traditional mindset

Researcher

What are people with traditional mindset?

Participant 8

Traditional mindset people are people who have thoughts thinking that those who seek professional counselling are people with mental illness

Researcher

So, why people who have thoughts thinking that those who seek professional counselling are people with mental illness would not approve in seeking professional counselling?

Participant 8

Perhaps I am using the wrong term "traditional mindset". What I am trying to say here is that there might be groups of people who might not be very positive and receptive towards the idea of seeking professional counselling so they might think that only those with mental illness should seek professional counselling.

Researcher

Sometimes, when we are not sure what to do, we look to see what others are doing. Please list the individuals or groups who, after experiencing a difficult problem, are most likely to seek professional counselling

Participant 8

People who are out of love and people with family problems

Researcher

Why do you think that people who are out of love are most likely to seek professional counselling?

Participant 8

These people tend to be vulnerable and emotional. This is the time when they need a listening ear and advices.

Researcher

Why do you think that people with family problems also more likely to seek professional counselling?

Participant 8

Some people may not be willing to talk to their friends or peers when they have family problems because maybe they are afraid that gossips will occur and also they may not want to air their dirty laundry in the public. Thus, they would most likely to seek professional counselling.

Researcher

Please list the individuals or groups who, after experiencing a difficult problem, are least likely to seek professional counselling.

Participant 8

Students who are under stress and are not coping well in school.

Researcher

Why?

Participant 8

Because students and teenagers may have problems coping with their school work but from my experience, I have never heard of any of my friend complaining or talking to me about how difficult school work is. So I guessed, even though there may be students who are experiencing difficulties in their academic, they would not seek professional counselling as it is like they do not even talk about problems to their friends, usually the case when they are unhappy, so what's more seeking a professional counsellor?

Question 3: Control beliefs

Researcher

Please list any factors or circumstances that would make it easy or enable you to seek professional counselling.

Participant 8

Support from family members and friends

Researcher

Why?

Participant 8

Encouragement from family members and friends would signal me that I made the correct choice to seek professional counselling and this will make me more willing to accept and seek professional counselling. I believe my family members and friends would want the best for me.

Researcher

Please list any factors or circumstances that would make it difficult or prevent you from seeking professional counselling.

Participant 8

If people look at me, thinking that I am a freak or someone with mental illness, then it would probably prevent me from seeking counselling from professionals. I do not want to feel embarrass or shameful because this will affect my self-esteem and self-confidence.

#### Question 4: Intentions

Researcher

Would you seek professional counselling in the future?

Participant 8

Yes.

Researcher

Why?

Participant 8

Well, it depends on the problem that I am facing. If I face minor problems, such as academic issues, I would seek counselling from the school counsellor and it is free of charge. For more serious issues, such as relationships, addiction, or depression then I would seek professional counselling because it is only sensible to spend money to seek professional counselling if the problem is serious enough

Researcher

Thank you, madam! Very insightful opinions and the clarification! You are free to add on anything else that come to your mind. You will be ensured of your confidentiality in the study. A pseudonym will be assigned to your opinions thus you are not known to anyone.

Pseudo name: Participant 9

Age: 26 years old

Gender: Male

Religion: Islam

Race: Indian

Employment status: Below \$30,000

Highest education attained: Pre-university

Marital Status: Married

Children: Yes

#### HAD PRIOR COUNSELLING EXPERIENCE

Instructions:

There are no right or wrong responses; we are merely interested in your personal opinions.

Professional counselling is defined as “face to face with a trained counsellor to explore the difficulties an individual encounter in a private and confidential setting.”

#### Question 1: Behavioural beliefs

Researcher

What do you see as the advantages of seeking professional counselling?

Participant 9

In *behavioural beliefs*, I would seek professional counselling as an advantage as there is a third party to view problems and offer his/her suggestions to get problems heard and solved.

Researcher

So what if you get a third party view?

Participant 9

At least, I get some suggestions and opinions offered by the counsellor to consider which I may not have thought of. And that can help me open up more ideas and advice for me to consider if it is workable.

Researcher

What do you see as the disadvantages of seeking professional counselling?

Participant 9

There are no disadvantages of seeking professional counselling that I can think of although the waiting time and allocation of appointments to see the counsellor can be a hassle.

Researcher

How do you know that waiting time and allocation of appointments to see the counsellor can be a hassle?

Participant 9

Due to my personal experience of seeking professional help, I had to wait for two weeks just to see the counsellor. This is very frustrating because I have to tolerate my problems for another two weeks.

Researcher

What else comes to mind when you think about seeking professional counselling?

Participant 9

To get third party's opinions comes to my mind when I think about seeking professional counselling.

Researcher

Why? You can get third opinion from anybody, not necessary professional counselling.

Participant 9

Friends and family might not be aware or understand what I am going through. Moreover, I am concerned that friends will tend to joke about the problems and make it worse. As for family, parents spend more time working, thus, they are not aware of the problem I am going through.

Question 2: Normative beliefs

Researcher

When it comes to seeking professional counselling, there might be individuals or groups who would think you should or should not perform this behaviour. Please list the individuals or groups who would approve or think you should seek professional counselling.

Participant 9

I have friends from my religious group who encouraged me to go for professional counselling.

Researcher

Why friends from religious group encouraged you to go for professional counselling?

Participant 9

Friends from my religious group believe that professional counselling will be able to offer a listening ear to solve my problems and to give alternatives suggestions to curb my problems faced, so they are supportive to seek professional counselling.

Researcher

Please list the individuals or groups who would disapprove or think you should not seek professional counselling.

Participant 9

There are some of my army friends who told me that professional counselling is a disadvantage as it is of no use.

Researcher

Why did your army friends say that?

Participant 9

My army friends whom I know told me that they experienced that seeking professional counselling does not help them to solve their problem at all but professional counsellors offer only a listening ear. Moreover, my army friends do not share their problems with a stranger as they are afraid that their problems might be leaked out and they may get into further troubles with family or the army forces.

Researcher

Sometimes, when we are not sure what to do, we look to see what others are doing. Please list the individuals or groups who, after experiencing a difficult problem, are most likely to seek professional counselling.

Participant 9

But I have friends who had problems like financial, relationship or even family problem, they will seek professional counselling. Most of them are from my religious group.

Researcher

Please list the individuals or groups who, after experiencing a difficult problem, are least likely to seek professional counselling.

Participant 9

Obviously, they are my army friends

Question 3: Control beliefs

Researcher

Please list any factors or circumstances that would make it easy or enable you to seek professional counselling.

Participant 9

Factors that encourage me to seek professional counselling are lack of family support and opinions. And, friends that come up with absurd suggestions that are useless to help me and if I really have no other options to solve my problems.

Researcher

Please list any factors or circumstances that would make it difficult or prevent you from seeking professional counselling.

Participant 9

There are factors which prevents me from seeking professional counselling which is will I be able to trust a stranger, such as the professional counsellor and convey my problem to the professional counsellor? And will the counsellor be able to keep my problems confidential? These are the questions that discourage me from seeking professional counselling.

#### Question 4: Intentions

Researcher

Would you seek professional counselling in the future?

Participant 9

No.

Researcher

Why?

Participant 9

As I mentioned earlier, I see more negative values than positive values in seeking professional counselling

Researcher

Thank you, Sir! Very insightful opinions and the clarification! You are free to add on anything else that come to your mind. You will be ensured of your confidentiality in the study. A pseudonym will be assigned to your opinions thus you are not known to anyone.

Pseudo name: Participant 10

Age: 61 years old

Gender: Male

Religion: Christianity

Race: Chinese

Employment status: Employed

Income: \$30,000 - \$50,000

Highest education attained: Diploma

Marital Status: Widowed

Children: Yes

#### HAD PRIOR COUNSELLING EXPERIENCE

Instructions:

There are no right or wrong responses; we are merely interested in your personal opinions.

Professional counselling is defined as “face to face with a trained counsellor to explore the difficulties an individual encounter in a private and confidential setting.”

#### Question 1: Behavioural beliefs

Researcher

What do you see as the advantages of seeking professional counselling?

Participant 10

You get a perspective that is different from yours when you are seeking professional counselling help. Normally a positive perspective and seeking professional counselling will be like confiding in a comfort zone.

Researcher

How do you know that it is normally a positive perspective?

Participant 10

People usually engage in professional counselling in order to improve themselves, recover from their "illnesses" normally for negative cerebral activities or norm. People would not go for something or engage in an activity that put their thinking down or refute it. That is how I concluded that it is normally a positive perspective because people would not pay to hear something they do not like or unhelpful.

Researcher

Why did you say it is like confiding in a comfort zone?

Participant 10

If there is a rapport built between the professional counsellor and the "patient" it is like a healthy relationship built between two parties and each counselling session will be like a date hoping to progress into a "marriage" which is full recovery. Each time a patient goes for professional counselling, it is like meeting your better half and it gets comfortable and you let your guards down and come clean every time.

Researcher

What do you see as the disadvantages of seeking professional counselling?

Participant 10

Not much disadvantages. I view seeking professional counselling as more of a positive than a negative thing to do as I do not see a problem in disclosing my problems to someone especially a professional counsellor who is trained to provide such counselling help.

Researcher

Why are you so positive about seeking professional counselling?

Participant 10

Basically, in my mind, seeking professional counselling is about resolving our problems or minimising the flaws that society sees in us. If I had a problem, and I went to seek professional counselling help for it, why would I shun the idea of professional counselling? It does not make sense to me to view seeking professional counselling as negative but rather, a self-improvement programme.

Researcher

What else comes to mind when you think about seeking professional counselling?

Participant 10

A therapeutic conversation between the trained professional counsellor and me.

Researcher

So what is a therapeutic conversation? How helpful for you realistically?

Participant 10

Personally, I do not think I am a mentally weak person. I do not think that any problem is too big for me to solve, perhaps I have not met with something so big that traumatizes my life but generally, problems that come my way are rather minute and not life-changing. I believe that life-changing experiences happen over time, and it does not happen all at once. As long as the problems come one at a time, it will be solved one at a time as well. A therapeutic conversation to me is one that is liberating in the sense where we can tell the professional counsellors our problems and allow ourselves to be vulnerable. The professional counsellor whom we confide in will not take advantage of our vulnerability but instead embrace it and give constructive advice to the problems we are facing. Enlightenment happens at the end of a therapeutic conversation and a clear vision of what needs to be done to our problems will be constructed in our head.

Question 2: *Normative beliefs*

Researcher

When it comes to seeking professional counselling, there might be individuals or groups who would think you should or should not perform this behaviour. Please list the individuals or groups who would approve or think you should seek professional counselling.

Participant 10

Parents, and Close friends.

Researcher

Why do you think they will approve you seeking professional counselling?

Participant 10

Because most of my friends and families that are close to me are open-minded and hence are receptive to the idea of improvement rather than any negative connotations attached to the idea of seeking professional counselling.

Researcher

Please list the individuals or groups who would disapprove or think you should not seek professional counselling.

Participant 10

Pessimistic individuals. Basically I am an optimist person so I would not bother much about other people's opinions and do what is right and is needed to be done. Maybe friends or people who are related to me that perceives seeking professional counselling as a form of defamation or something negative.

Researcher

What are pessimistic individuals to you?

Participant 10

I would say pessimistic individuals are those who feel that whatever situation they are in is out to make their lives difficult. They don't perceive their problem solvable but rather a cul-de-sac for them. It all boils down to the mindset that they foster since young.

Researcher

Any guess who are these people of yours that perceive seeking professional counselling as a form of defamation or negative?

Participant 10

Typical 1970s Aunties? Or perhaps relatives that are old-fashioned and "face" oriented.

Researcher

Sometimes, when we are not sure what to do, we look to see what others are doing. Please list the individuals or groups who, after experiencing a difficult problem, are most likely to seek professional counselling.

Participant 10

Low self-esteem, people who are less opinionated and who are easily swayed by negativities. Perhaps students or corporate workers who are constantly under stress

Researcher

Why low self-esteem people most likely to seek professional counselling?

Participant 10

Like I have said, it all boils down to the issue of mindsets. If they do have low self-esteem they will perceive problems as a one-way trip for them without any solutions. Maybe not low self-esteem people but those who are vulnerable but are still willing to seek professional counselling help. People with low self-esteem might just neglect their situations and let it get insidious, but rather those who faces problems and realise the gravity of the issue and takes corrective action to prevent that from happening again.

Researcher

Why people who are less opinionated are most likely to seek professional counselling?

Participant 10

People who are less-opinionated will find themselves to be less strong-headed. People who are less opinionated might be people who are passive as well and might be subjected to criticism easily from society as well. Therefore, seeking professional counselling will be their choice to help them.

Researcher

Why people who are swayed by negativities are also most likely to seek professional counselling?

Participant 10

These people are not strong-headed too. They are easily subjected to open criticism and easily affected by negative words. They also needed more professional counselling help.

Researcher

Why students or corporate workers who are constantly under stress them too?

Participant 10

Workloads might be immense for such people and it might be too much for them to handle. No other avenue to release their stress and they might feel too cooped up with work or studies.

Researcher

Please list the individuals or groups who, after experiencing a difficult problem, are least likely to seek professional counselling.

Participant 10

Positive people, people who takes matters into their own hands and solve it systematically. Groups of people perhaps leaders or people who are basically strong-headed to know that no problem is too big that cannot be solved.

Researcher

Why these groups of people least likely to seek professional counselling?

Participant 10

Because I believe that people of that calibre will be able to handle problems efficiently and effectively without the need for any professional counsellors. Besides, I am sure leaders of those sorts, perhaps political leaders, will have advisors around to guide them. Leaders that employs critical thinking will know what is best for them and what ideas should they refuse as well. Perhaps in a tricky situation, of when being subjected to criticism, I am sure people who are well-organized as systematically will be able to handle them with ease.

Question 3: Control beliefs

Researcher

Please list any factors or circumstances that would make it easy or enable you to seek professional counselling.

Participant 10

Low Prices, knowledge of such services, word-of-mouth, and contacts.

Researcher

How much is low price?

Participant 10

It is subjective, and I am not sure of the market rates. Perhaps one that meets the perception of such services? Given my situation, I would say \$60 per session is alright? I'm not sure and this might be an ignorant answer. But \$60 per counselling session.

Researcher

What do you mean by knowledge of such service?

Participant 10

People who do not know of such counselling services availability will never have the chance to have such encounters with the professional counsellors. People who know that such services exist will definitely employ their professional counselling services given the knowledge of the counselling service.

Researcher

What do you mean by word-of-mouth?

Participant 10

Word-of-mouth because perhaps your peers gives you the inkling that such services exists and you now know where I can go to go for such counselling.

Researcher

What you mean contact?

Participant 10

If you have friends that are in the relevant industry, you could ask them for certain advises or maybe you have a friend that is a professional counsellor, you can be able to look for professional counselling help instantaneously.

Researcher

Please list any factors or circumstances that would make it difficult or prevent you from seeking professional counselling.

Participant 10

High charges, ease of seeking other sources of help, magnitude of the problem, and the perception before receiving professional counselling.

Researcher

How much is high charges for you?

Participant 10

Perhaps \$200 per session? It's just a blind guess pardon me. But I know I shouldn't be making blind guesses so just ignore that and use \$200.

Researcher

What do you mean ease of seeking other sources of help?

Participant 10

Effectiveness of other means of help. For example, if I can get a solution from just merely speaking to my close friends, I would not have the need for professional counselling or even paying to seek any form of help. If I can receive any forms of help that solves my problems effectively, I would not even consider seeking professional counselling.

Researcher

What do you mean magnitude of the problem? Any example?

Participant 10

Perhaps handling millions of dollar or when I am in a tricky situation that I have never experienced before. I would not receive professional counselling for problems such as quitting smoking as I know that smoking has a negative effect on me but I choose to continue. It does not help. Take for instance, my past experience was when the school sent me for counselling when I was caught for under-aged smoking, I knew it was wrong and it would not change my perceptions as I see no point in going for counselling. It is a matter of choice to me instead. Seeking professional counselling should be used when the patient is in a foreign situation where he or she is clueless on what to do next.

Researcher

You mentioned the perception before receiving professional counselling will make it difficult for you to seek professional counselling. Please elaborate on what you mean here.

Participant 10

If I perceive seeking professional counselling to be useless, I would not want to engage in it. Needless to say if there is an extra fee for it, it will deter me more from engaging in such services

#### Question 4: Intentions

Researcher

Would you seek professional counselling in the future?

Participant 10

Yes. I would seek professional counselling in the future.

Researcher

Why?

Participant 10

Because I believe it is beneficial for me. If I am at a point where I see that there is a problem too big to solve, I will definitely require some form of aid and if seeking professional counselling can get me pass that problem, I will go for it undoubtedly. After that depends immensely on the effectiveness of seeking professional counselling already.

Researcher

Thank you, Sir! Very insightful opinions and the clarification! You are free to add on anything else that come to your mind. You will be ensured of your confidentiality in the study. A pseudonym will be assigned to your opinions thus you are not known to anyone.

## APPENDIX K: EXAMPLE OF A CODEBOOK

<b>Variable</b>	<b>SPSS variable name</b>	<b>Variable type</b>	<b>Coding instruction</b>
Identification number	ID	-	Number assigned to each survey
Gender	Gender	Nominal	1 = Female 2 = Male
Educational level	Education	Ordinal	1 = No formal education 2 = PSLE 3 = ITE 4 = O level 5 = Diploma 6 = A level 7 = Degree 8 = Master 9 = Doctorate
Social stigma scale Items 1 to 5	Social1 to Social5	Scale	Enter the number circled from 1 (strongly disagree) to 4 (strongly agree)

## APPENDIX L: ANALYSES OF NORMALITY

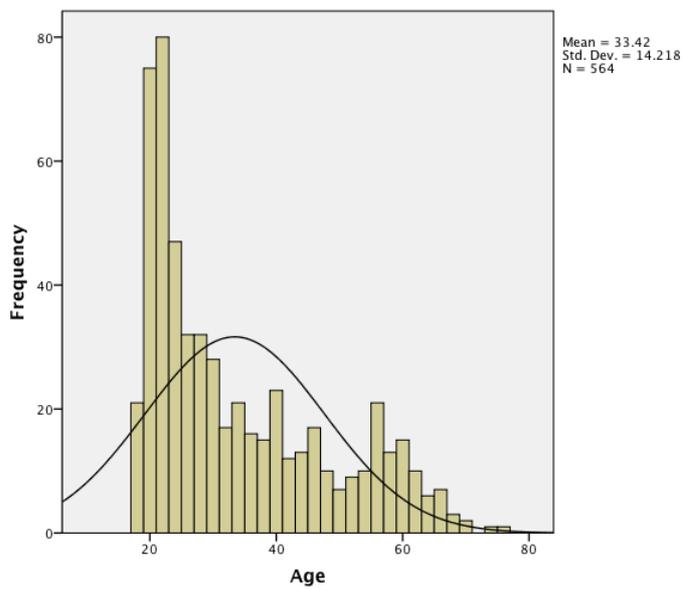


Figure 5.1. Histogram of participants' age

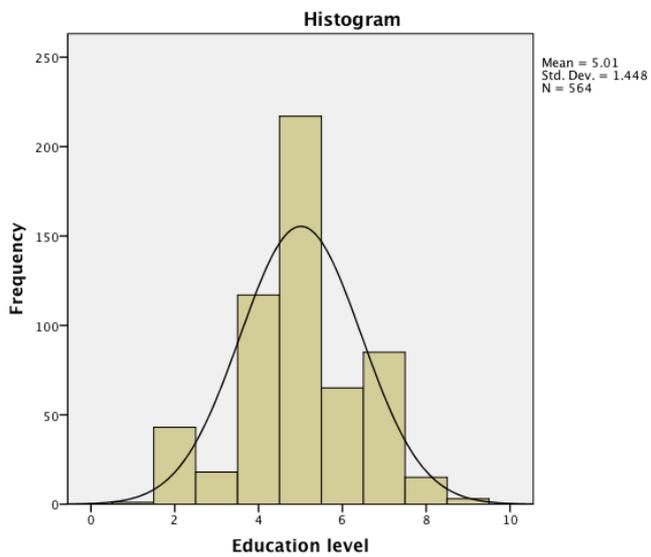


Figure 5.2. Histogram of participants' educational level

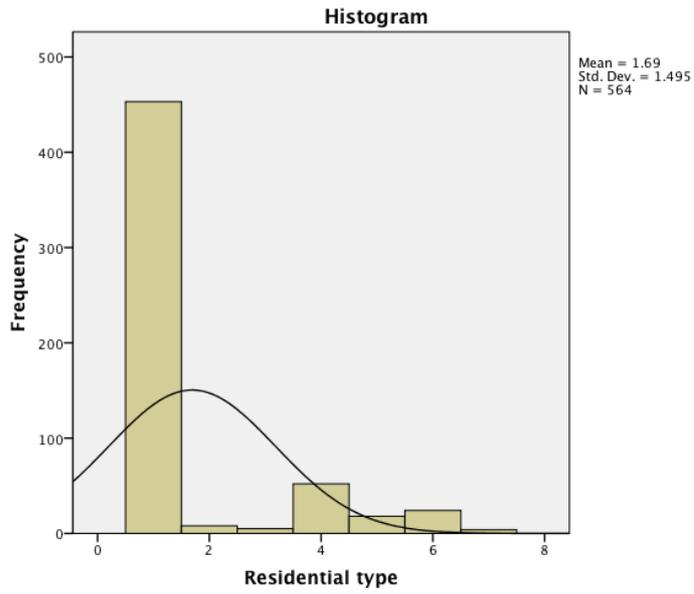


Figure 5.3. Histogram of participants' residential type

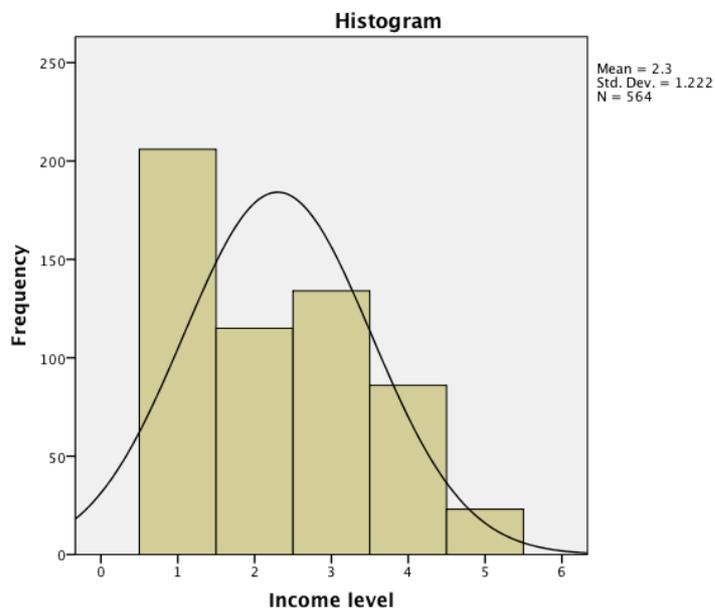


Figure 5.4. Histogram of participants' income level

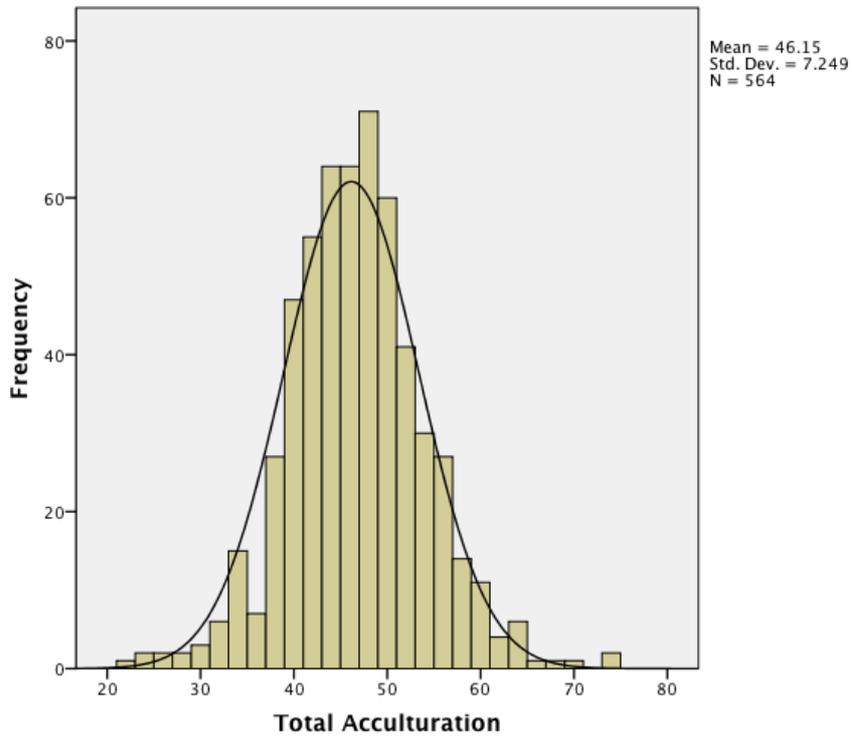


Figure 5.5. Histogram of acculturation scores

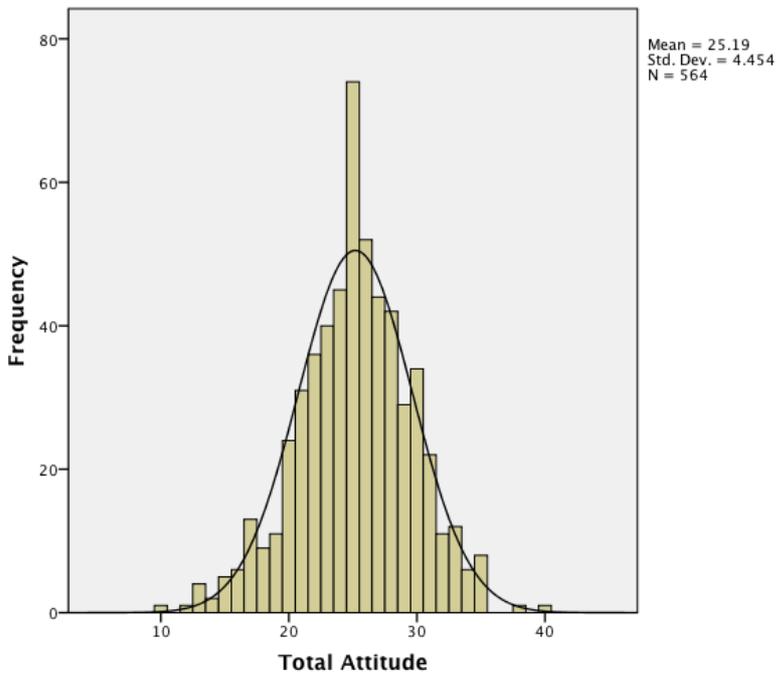


Figure 5.6. Histogram of attitude scores

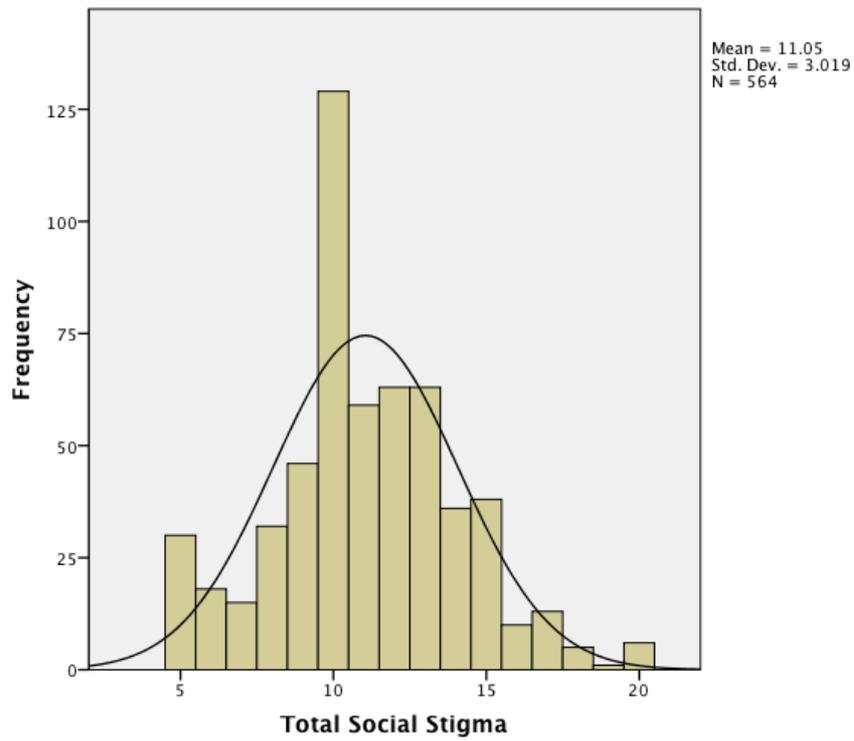


Figure 5.7. Histogram of social stigma scores

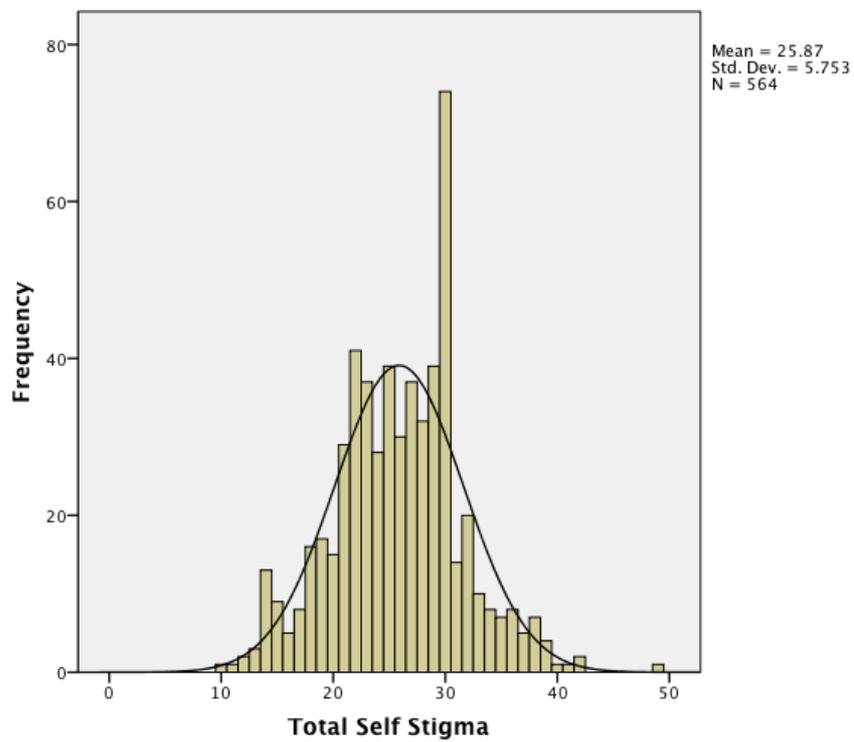


Figure 5.8. Histogram of self-stigma scores

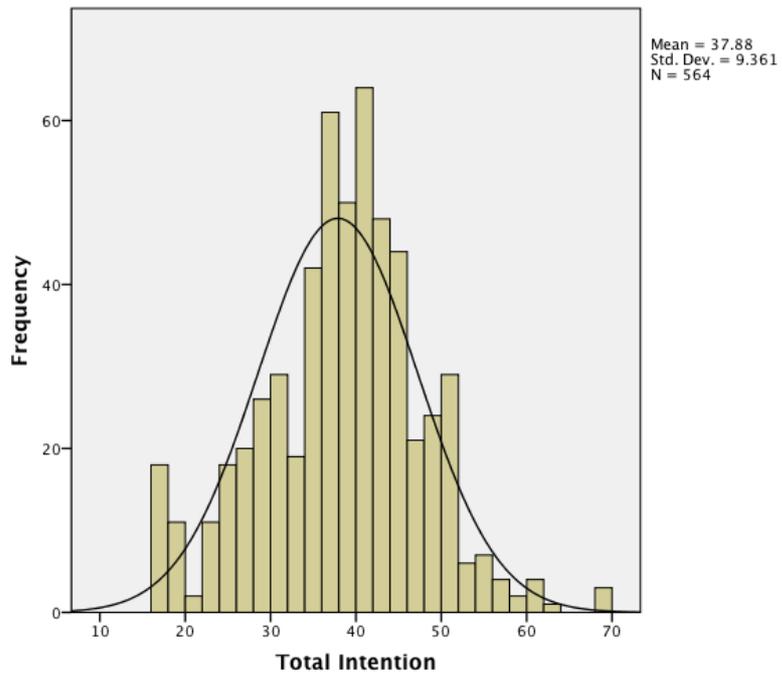
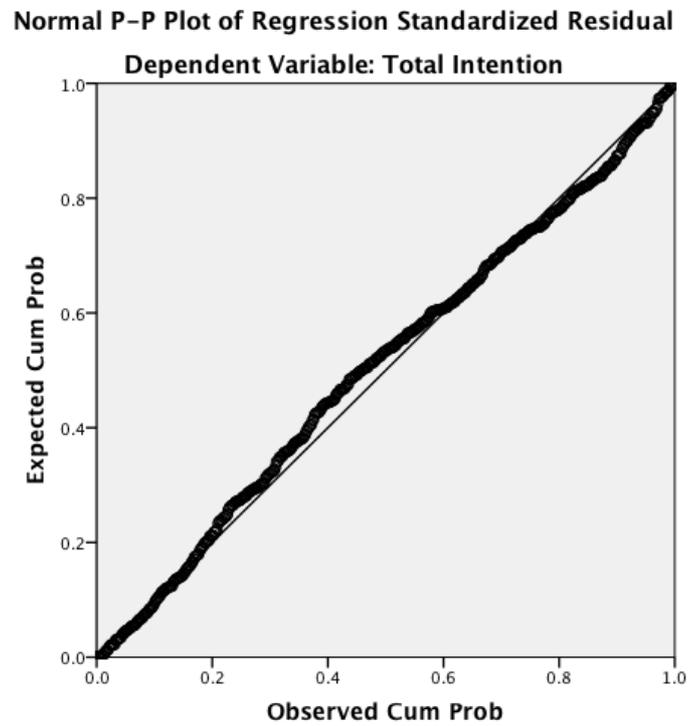


Figure 5.9. Histogram of intention scores

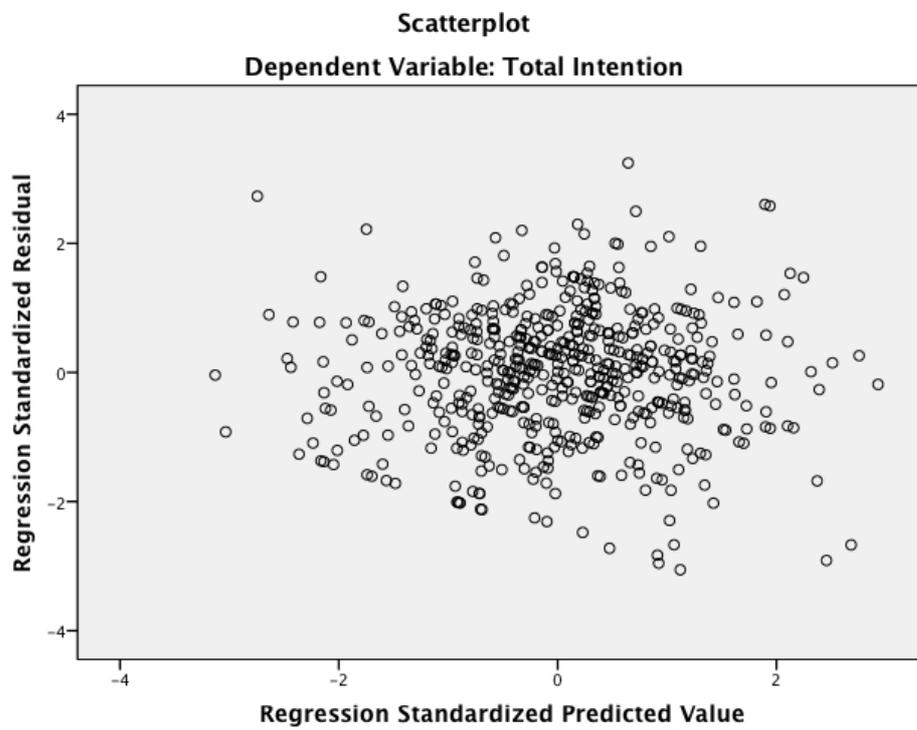
APPENDIX M: NORMAL P-P PLOT OF REGRESSION STANDARIZED RESIDUAL

DEPENDENT VARIABLE: TOTAL INTENTION



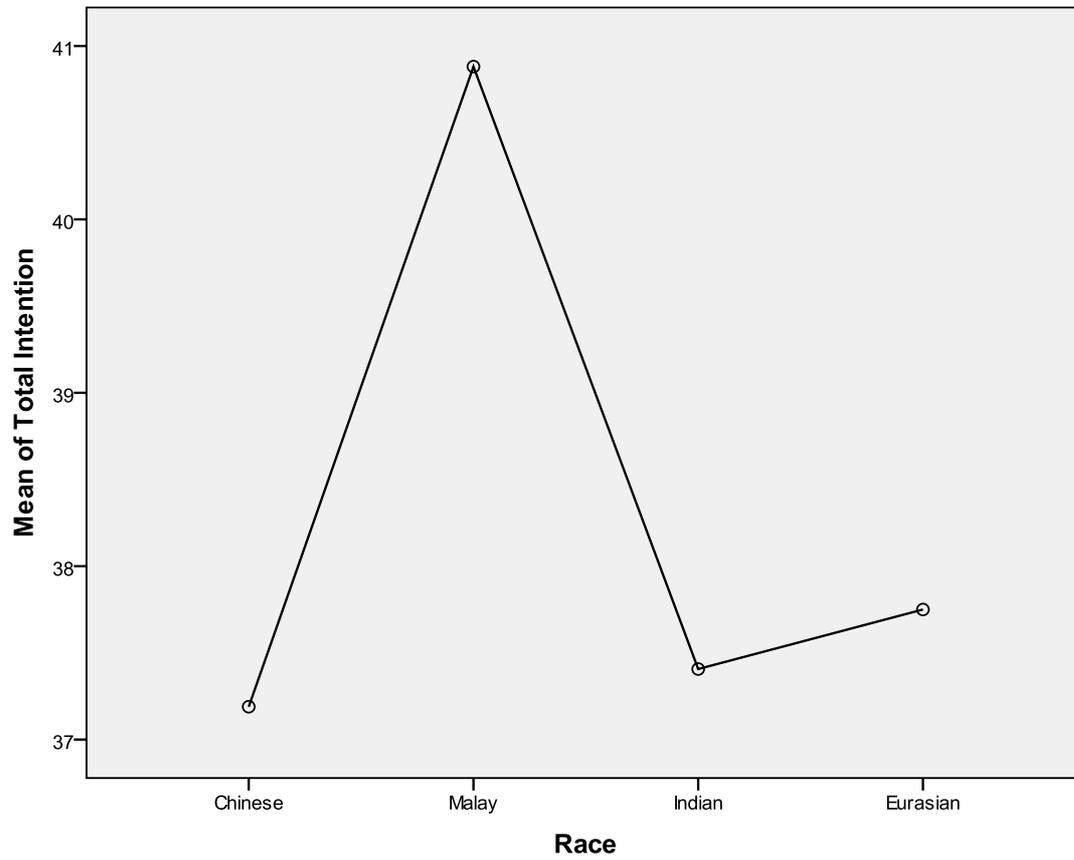
*Figure 5.10.* Normal probability plot (P-P) of the regression standardized residual of all the variables

APPENDIX N: SCATTERPLOT DEPENDENT VARIABLE: TOTAL INTENTION



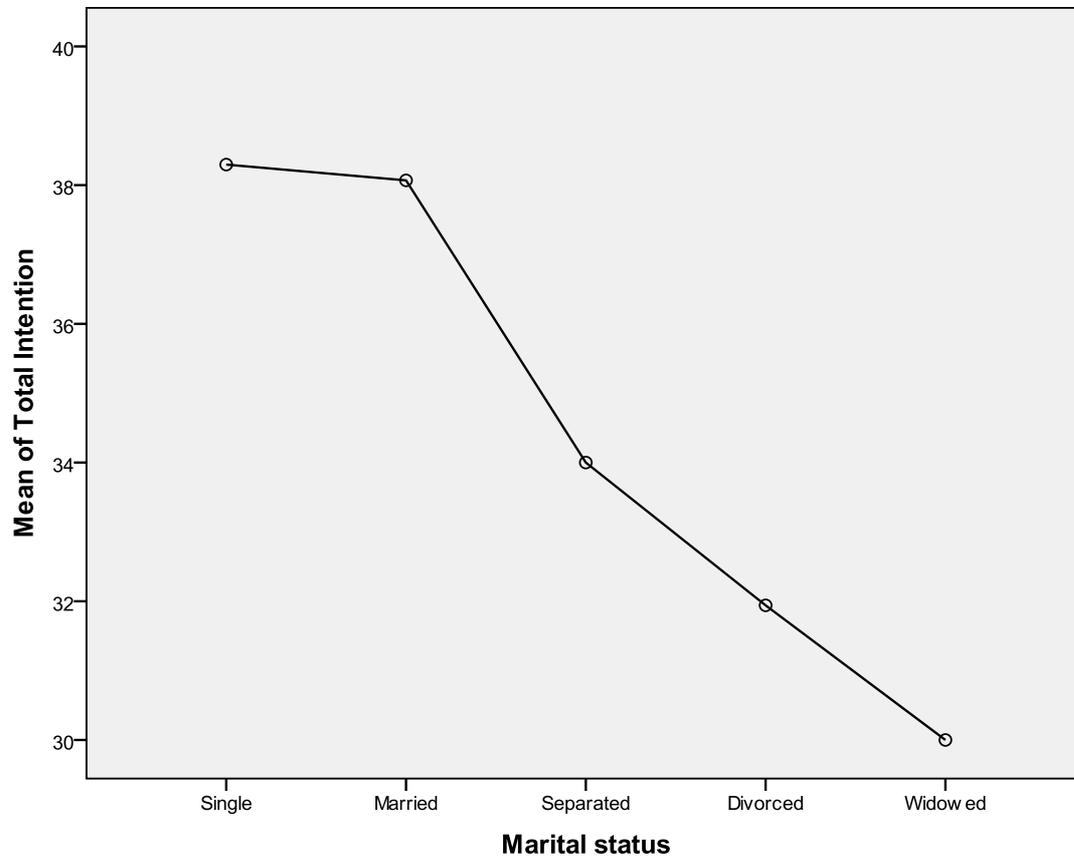
*Figure 5.11.* Scatterplot of all the variables

APPENDIX O: MEAN OF TOTAL INTENTION: RACE



*Figure 5.12.* Mean of total intention: Race

APPENDIX P: MEAN OF TOTAL INTENTION: MARITAL STATUS



*Figure 5.13.* Mean of total intention: Marital status

APPENDIX Q: TABLE OF MEANS COMPARING MEAN AND 5% TRIMMED MEAN

Table 5.1: *Table of Means Comparing Mean and 5% Trimmed Mean*

	Mean	5% Trimmed Mean
1. Gender	1.46	1.45
2. Ethnicity	1.43	1.35
3. Religion	1.81	1.84
4. Education level	1.18	1.15
5. Marital status	1.36	1.35
6. Dependent status	1.64	1.65
7. Residential type	1.17	1.14
8. Age	33.42	32.50
9. Employment status	1.63	1.65
10. Prior experience	1.82	1.85
11. Acculturation	46.15	46.12
12. Attitude	25.19	25.24
13. Social stigma	11.05	11.01
14. Self-stigma	25.87	25.85
15. Intention	37.88	37.95

APPENDIX R: COLLINEARITY STATISTICS FOR INDEPENDENT AND DEPENDENT  
VARIABLES

Table 5.2: *Collinearity statistics for independent and dependent variables*

Independent variables	Collinearity Tolerance	Statistics VIF
1. Gender	.95	1.05
2. Ethnicity	.86	1.17
3. Religion	.90	1.11
4. Education level	.84	1.19
5. Marital status	.36	2.79
6. Dependent status	.26	3.83
7. Residential type	.91	1.10
8. Age	.31	3.25
9. Employment status	.63	1.58
10. Prior experience	.96	1.05
11. Acculturation	.91	1.10
12. Attitude	.81	1.24
13. Social stigma	.71	1.40
14. Self-stigma	.63	1.58
Dependent variable = Intention		