

## Recognition of Mental Health Problems and Attitudes toward Seeking Professional Psychological Help in Nursing Students

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### Abstract

*The objectives of this study were to survey nursing students' ability of identifying mental health problems and their attitude toward seeking professional help; and to examine differences in attitude toward seeking professional help according to the ability of identifying mental health problems. Data collected from 301 nursing students from October to November 2012 were analyzed with descriptive statistics and independent t-test using the SPSS WIN 22.0 program. Of the 301 subjects, 39 (13.0%) could identify schizophrenia, 140 (46.5%) could identify depression, and 104 (34.6%) could identify post-traumatic stress disorder. Those who could identify schizophrenia ( $t = 2.164$ ,  $p = 0.031$ ) and post-traumatic stress disorder ( $t = 3.354$ ,  $p = 0.001$ ) had a more positive attitude toward seeking professional help. However, no difference was observed in the attitude toward seeking professional help between those who could and could not identify depressive symptoms. These findings could help in designing nursing education to enhance nurses' mental health literacy. This study also suggests that it is necessary to develop strategies to promote integrated thinking by applying theoretical knowledge to real situations in nursing education.*

**Keywords:** mental health literacy, attitude toward seeking professional psychological help, nursing students

### 1. Introduction

In a rapidly changing socio-cultural environment, people experience stress, including confusion of self-identity and adaptation to developmental stages. This can lead to or exacerbate mental health problems. Maintaining mental stability has a significant effect on the quality of life. According to the Epidemiological Survey of Mental Disorders in Korea in 2011 [1], 27.6% of the Korean population experience one or more mental health problems throughout their lifetime, while 16.0% have experienced one or more mental health problems during the previous year. The incidence of mental health problems has increased by 14.3% in Korea compared to 2006. The rate of increase was particularly high in psychotic disorders, including schizophrenia (33.3%) and mood disorders (16.7%), and both are a steadily increasing mental health problem. However, only 15.3% of Koreans with mental health problems used mental health services in 2011 [1]. This level is very

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low compared to that in other countries. The low use of mental health services means that untreated mental health problems will be aggravated, increasing the functional disorders further. Such functional disorders have social costs. Therefore, it is extremely important to detect mental health problems as early as possible and apply appropriate interventions to high-risk groups [2].

A newly emerging concept related to this issue is mental health literacy, which is an individual's general ability in solving mental health problems, recognizing mental diseases, but being capable of conceptualizing problems, understanding the causes, believing in the usefulness of solutions, and having knowledge about the sources of information on mental health [3] [4]. Different from physical health problems, mental health problems have the characteristic that the acquisition of knowledge about mental disorders or the recognition of problems is not immediately linked to the use of mental health service systems. Thus, mental health literacy will facilitate early diagnosis and early intervention because it consists of not knowledge about mental disorders and various elements that can promote adequate help-seeking behaviors [3].

The first approach to enhance mental health literacy is recognize the symptoms of mental health problems. Existing approaches of early diagnosis and intervention for preventing and reducing mental health problems usually include providing related knowledge through education and screening out high-risk subjects. However, even if one has acquired the knowledge, identifying mental health problems and applying the knowledge in the real world is another matter. In addition, it is not easy to identify mental health problems accurately. Therefore, the first step toward higher mental health literacy is to enhance the ability to recognize symptoms of mental health problems.

Like other chronic diseases, the anguish of mental health problems that are treated adequately by mental health professionals at an early stage can have a favorable prognosis before they become chronic. However, most people usually seek help from non-specialized health care workers, counselors, family, or friends rather than from mental health professionals. The negative opinions concerning antipsychotic drugs and recommendations to deal with the problems can involve stress control methods like exercise, meditation, and moderate drinking. It is important to survey people's attitudes and behaviors toward seeking help from professionals [5] [6] [7].

Among various groups of health care workers, nurses spend the longest time with patients. Particularly in community mental health, nurses have significant roles in early detection and treatment of diseases, patient recovery, and other issues. Thus, nursing students who will perform such roles after graduation need to be educated so that they are equipped with the ability to identify mental health problems accurately and guide patients to professional treatment. The first critical step to the end is gaining knowledge of nursing students' ability to identify depression and their attitude toward seeking professional help.

The objectives of this study were to survey nursing students' ability to identify mental health problems and their attitude toward seeking professional help; and to determine differences in attitude toward seeking professional help according to the ability of identifying mental health problems. This will provide basic information for setting the directions for education and strategies to prevent mental health problems and apply early interventions in the future.

## **2. Methods**

### **2.1. Study Design**

This study was conducted as a descriptive survey with the aforementioned goals.

### **2.2. Data Collection and Participants**

Participants were nursing students from a university in South Korea. All were informed

about the purposes and methods of the study. They gave written consent to participate. Considering the possibility of dropouts, 330 questionnaires were distributed to participants. A total of 313 questionnaires were returned (94.8% response rate). Of these, 12 were inadequately answered and were excluded. Therefore, 301 questionnaires were used in data analyses. Data were collected from October to November, 2012.

### 2.3. Measurements

**2.3.1. Recognition of Disorders:** Three vignettes used in this study were based on pre-established vignettes [5]. The vignettes presented a person who either met the diagnostic criteria for schizophrenia as case I, or for major depression as case II, or for post-traumatic stress disorder as case III according to DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, 4th Edition) and ICD (International Classification of Diseases)-10. Following the three vignettes, participants were given questions to determine their ability in recognizing mental disorder. After being presented with those vignettes, respondents were asked two questions: "Do you think there is a problem?" and "If your answer is yes, what is the problem?" The first question was answered 'yes' or 'no'. The following question was an open-ended question. It was asked only when the answer to the first question was 'yes'. For the second question, if the respondent answered 'schizophrenia' for the first case, 'depression' for the second case, and 'post-traumatic stress disorder (PTSD)' for the third case, the respondent was considered to have answered the questions correct. Three vignettes' contents were as described subsequently.

#### Depression vignette:

Minjun/Seoyeon is a 21 year old who has been feeling unusually sad and miserable for the last few weeks. He is tired all the time and has trouble sleeping at night. John doesn't feel like eating and has lost weight. He can't keep his mind on his studies and his marks have dropped. He puts off making any decisions and even day-to-day tasks seem too much for him. His parents and friends are very concerned about him.

#### Psychosis/early schizophrenia vignette:

Minjun/Seoyeon is a 21 year old who lives at home with his parents. He has been attending his course irregularly over the past year and has recently stopped attending altogether. Over the past six months he has stopped seeing his friends and begun locking himself in his bedroom and refusing to eat with the family or to have a bath. His parents also hear him walking about in his bedroom at night while they are in bed. Even though they know he is alone, they have heard him shouting and arguing as if someone else is there. When they try to encourage him to do more things, he whispers that he won't leave home because he is being spied upon by the neighbor. They realize he is not taking drugs because he never sees anyone or goes anywhere.

#### PTSD vignette:

Minjun/Seoyeon is a 21-year-old living at home with his parents. Recently his sleep has been disturbed and he has been having vivid nightmares. He has been increasingly irritable, and can't understand why. He has also been jumpy, on edge and tending to avoid going out, even to see friends. Previously he had been highly sociable. These things started happening around two months ago. John has a part-time job in a newsagent shop and has found work difficult since a man armed with a knife attempted to rob the cash register while he was working four months ago. He sees the intruder's face clearly in his nightmares. He refuses to talk about what happened and his family says they that he is shutting them out.

**2.3.2. Attitudes toward Seeking Professional Psychological Help:** Attitude toward seeking professional help was measured with the Attitudes toward Seeking Professional Psychological Help Scale (ATSPPHS) [8]. This scale consists of 29 questions, including eight on the recognition of the need of help, five on tolerance of stigma, seven on interpersonal relationships (open-ended questions), and nine on confidence in mental health professionals. Each answer was ranked using a 4-point Likert scale, with point 1 representing 'Not at all' and point 4 representing 'Absolutely yes'. Higher score indicated a positive attitude toward seeking professional help for mental and psychological problems. The reliability (Cronbach's  $\alpha$ ) of the scale was 0.78 in this study.

## 2.4. Procedures

All participants agreed to participate in the study and signed a written consent form that assured confidentiality before the study began. Data were collected with a self-report questionnaire.

## 2.5. Data analysis

Data were analyzed with SPSS for Windows version 22.0 (IBM Corporation, Armonk, NY, USA). Subjects' general characteristics were subjected to frequency and descriptive statistical analysis. The ability to identify mental health problems was analyzed through frequency analysis. For attitude toward seeking professional help, descriptive statistical analysis was conducted. Difference in attitude toward seeking professional help according to the ability of identifying mental health problems was analyzed through independent-sample t-test. Statistical significance was considered when the p-value was < 0.05.

## 3. Results

### 3.1. Socio-demographic Characteristics

Most participants were female ( $n=273$ , 90.7%). The average age of participants was 21 years. Of the 301 subjects used for the final analysis, 71 (23.6%) were freshmen, 79 (26.2%) were sophomores, 80 (26.6%) were juniors, and 71 (23.6%) were seniors. A total of 169 (56.1%) participants professed religious belief, while 132 (43.9%) did not. A total of 223 (74.1%) subjects were satisfied or very satisfied with their economic status (Table 1).

**Table 1. Socio-demographic characteristics (N=301)**

Characteristics	Categories	n (%)	Mean $\pm$ SD
Age (years)	<23	273 (90.7)	20.97 $\pm$ 2.53
	$\geq$ 23	28 (9.3)	
Gender	Female	270 (89.7)	
	Male	31 (10.3)	
Grade	1	71 (23.6)	
	2	79 (26.2)	
	3	80 (26.6)	
	4	71 (23.6)	
Religion	Yes	169 (56.1)	
	No	132 (43.9)	

Perceived economic status	Very unsatisfied	4 (1.3)
	Unsatisfied	74 (24.6)
	Satisfied	209 (69.4)
	Very satisfied	14 (4.7)

### 3.2. Ability of Identifying Mental Health Problems

Concerning schizophrenic symptoms, 270 (89.7%) subjects perceived problems. However, only 39 (13.0%) had the ability to identify schizophrenia. Concerning depression, 259 (86.0%) perceived problems. Only 140 (46.5%) had the ability to identify depression. Concerning PTSD, 254 (84.4%) subjects perceived problems. Only 104 (34.6%) correctly identified it as PTSD (Table 2).

**Table 2. Recognition of Disorder Status (N=301)**

Characteristics		Categories	n (%)
Schizophrenia	Has a problem	Yes	270 (89.7)
		No	31 (10.3)
	Recognition of the disorder	Yes	39 (13.0)
		No	262 (87.0)
Depressive Disorder	Has a problem	Yes	259 (86.0)
		No	42 (14.0)
	Recognition of the disorder	Yes	140 (46.5)
		No	161 (53.5)
PTSD	Has a problem	Yes	254 (84.4)
		No	47 (15.6)
	Recognition of the disorder	Yes	104 (34.6)
		No	197 (65.4)

### 3.3. Attitude toward seeking Professional Help

Subjects' attitude toward seeking professional psychological help and its sub-factors are summarized in Table 3. The average score of attitude toward seeking professional psychological help was 2.81, ranging from 2.17 to 3.69. The mean scores of sub-factors recognition of personal need for professional psychological help, tolerance of stigma associated with psychiatric help, interpersonal openness regarding one's problems, and confidence in the mental health professionals were 2.70, 2.63, 2.71, and 3.08, respectively.

**Table 3. Attitude toward Seeking Professional Psychological Help (N=301)**

	Mean $\pm$ SD	Min.	Max.
Mean	2.81 $\pm$ 0.28	2.17	3.69
Recognition of personal need for professional psychological help	2.70 $\pm$ 0.36	1.88	3.75
Tolerance of stigma associated with psychiatric help	2.63 $\pm$ 0.38	1.60	3.80
Interpersonal openness regarding one's problems	2.71 $\pm$ 0.41	1.57	3.71
Confidence in mental health professionals	3.08 $\pm$ 0.39	2.00	4.00

### 3.4. Difference in Attitude toward Seeking Professional Help According to the Ability to Identify Mental Health Problems

Data concerning difference in attitudes toward seeking professional help according to the ability of identifying mental health problems are shown in Table 4. Attitude toward seeking professional help was significantly different between those subjects who had the ability of identifying schizophrenia ( $t = 2.164$ ,  $p = 0.031$ ) or PTSD ( $t = 3.354$ ,  $p = 0.001$ ) and those who did not have the ability. However, the difference in attitude toward seeking professional help between those who had the ability of identifying depressive symptoms and those who did not have that ability was not significant ( $t = 1.771$ ,  $p = 0.078$ , Table 4). Therefore, those who had the ability to identify schizophrenia and PTSD had a more positive attitude toward seeking professional help than those who did not have that ability.

**Table 4. Identification of Psychiatric Mental Health Problems (N=301)**

	Identification	Attitude toward seeking professional help		
		Mean $\pm$ SD	t	p
Schizophrenia	Yes	2.90 $\pm$ 0.25	2.164	.031
	No	2.79 $\pm$ 0.28		
Depression disorder	Yes	2.84 $\pm$ 0.29	1.771	.078
	No	2.78 $\pm$ 0.27		
PTSD	Yes	2.88 $\pm$ 0.27	3.354	.001
	No	2.77 $\pm$ 0.28		

## 4. Discussion

This study surveyed nursing students' ability of identifying health problems and their attitude toward seeking professional help in order to get basic information for developing programs to prevent mental health problems in the future. Based on the results of this study, 13.0% of our participants recognized schizophrenic symptoms, while 46.5% recognized depressive symptoms. In a study on Australian and Japanese ordinary people [6], 41.2% and 65.3% of Australian participants recognized schizophrenia and depression, respectively, while 17.2% and 22.6% of Japanese recognized schizophrenia and depression, respectively. In a study with ordinary Koreans [9], 33.5% and 35.2% of participants recognized schizophrenia and depression, respectively. Our results revealed

that subjects' ability of identifying depression was higher than that of identifying schizophrenia, which was similar to results of previous reports. On the other hand, 34.6% of participants in this study recognized PTSD symptoms, which was similar to the 37.5% reported in the study with Australians and New Zealanders [10].

The percentage of those who failed to identify the exact diagnosis but perceived the existence of mental health problems was 89.7% for schizophrenia, 86.0% for depression, and 84.4% for PTSD. Compared to previous studies [6] [9], the participants of this study showed a higher level of program recognition probably because the participants in this study were nursing students.

Although more than 80% subjects recognized the existence of mental health problem for the three disorders, only 13.0%, 46.5% and 34.6% of subjects had the ability to identify schizophrenia, depression, and PTSD, respectively, suggesting that they were still poor in the ability of identifying major disorders for accurate diagnosis based on integrated signs of abnormal behavior. Accurate diagnosis of psychiatric disorder is the first step to help treat those disorders. To enhance nursing students' mental health literacy, it is very important to help them understand the signs of psychiatric disorders [11]. After providing basic knowledge about the signs and symptoms of mental health problems, teachers should educate their students to develop abilities to integrate what they know effectively and apply the knowledge appropriately [12].

This study assessed participants' attitude toward seeking professional help and revealed that subjects' mean score of attitude toward seeking professional help was  $2.81 \pm 0.28$ , which was above the average. Specifically, the mean score of sub-factor confidence in professionals was the highest at  $3.08 \pm 0.39$  while the mean score of sub-factor tolerance of stigma was the lowest at  $2.63 \pm 0.38$ . It has been reported that those who see professionals for mental health problems are more afraid of stigma than those who seek help from family or friends [12]. Therefore, it is important to educate nursing students and patients so that they can understand the causes of mental disorders in order to reduce stigma.

Those who recognized schizophrenia and PTSD showed a statistically significant positive attitude toward seeking professional help than those who did not. However, the attitude toward seeking professional help between those who had the ability of identifying depression and those who did not have that ability was not significantly different. According to a study on Korean people's mental health literacy, those who have depression prefer friends and family rather than mental health professionals for their depression, while those who have schizophrenia or PTSD prefer mental health professionals and counseling to solve their problems [9]. This suggests that the tendency that those subjects might consider depression symptoms as emotional changes rather than mental health problems, emphasizing the necessity of mental health education for the public.

## 5. Conclusions

The objectives of this study were to survey nursing students' ability of identifying mental health problems and their attitude toward seeking professional help and to examine differences in attitude toward seeking professional help according to the ability of identifying mental health problems.

Thirteen percent of our participants recognized schizophrenic symptoms, while 46.5% recognized depressive symptoms and 34.6% recognized PTSD symptoms. Specifically, participants in this study were still poor in the ability of identifying major disorders for accurate diagnosis based on integrated signs of abnormal behavior. This study assessed participants' attitude toward seeking professional help and revealed that subjects' mean score of attitude toward seeking professional help was  $2.81 \pm 0.28$ , which was above the average. Those who recognized schizophrenia and PTSD showed a statistically significant

positive attitude toward seeking professional help than those who did not. However, the attitude toward seeking professional help between those who had the ability of identifying depression and those who did not have that ability was not significantly different.

## 6. Suggestions

This study is meaningful in that suggests the directions for nursing education to enhance nursing students' mental health literacy. Particularly, this study found that nursing students' recognition of mental health problems was different from their ability of identifying those problems. Therefore, it is important to develop strategies to promote integrated thinking so that students can interpret and apply theoretical knowledge to appropriate situations. However, because the number subjects of this study was limited to nursing students of a university selected through convenience sampling, future research studies are needed to generalize our findings through replications with large sample size by including nursing students from diverse areas [13].

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## References

- [1] Ministry of Health & Welfare: The epidemiological survey of mental disorders in Korea, (2011). [http://www.mohw.go.kr/front\\_new/jb/sjb030301vw.jsp?PAR\\_MENU\\_ID=03&MENU\\_ID=0321&CON T\\_SEQ=274852&page=1](http://www.mohw.go.kr/front_new/jb/sjb030301vw.jsp?PAR_MENU_ID=03&MENU_ID=0321&CON T_SEQ=274852&page=1).
- [2] J. R. Burns and R. M. Rapee, "Adolescent mental health literacy: young people's knowledge of depression and help seeking", *J. Adolesc.*, vol. 29, no. 2, (2006), pp. 225-239.
- [3] S. H. Lee and J. H. Suh, "Korean Public's Ability to Recognize Depressive Symptoms and Beliefs on Helpfulness of Various Methods", *Mental Health & Social Work*, vol. 32, (2009), pp. 41-77.
- [4] A. F. Jorm, "Mental health literacy. public knowledge and beliefs about mental disorders.", *Br J. Psychiatry*, vol.177, (2000), pp.396-401.
- [5] A. F. Jorm, A. E. Korten, P. A. Jacomb, H. Christensen, B. Rodgers, and P. Pollitt, "Mental health literacy: a survey of the public's ability to recognize mental disorders and their beliefs about the effectiveness of treatment", *Med J Aust*, vol.166, no. 4, (1997), pp.182-186.
- [6] A. F. Jorm, Y. Nakane, H. Christensen, K. Yoshioka, K. M. Griffiths and Y. Wata, "Public beliefs about treatment and outcome of mental disorders; A comparison of Australia and Japan", *BMC Med*, vol. 3, no. 12, (2005), pp.1-14.
- [7] A. F. Jorm, A. Wright and A. J. Morgan, "Where to seek help for a mental disorder? National survey of the beliefs of Australian youth and their parents". *Med J Aust*, vol. 187, no. 10, (2007), pp. 556-560.
- [8] E. H. Fischer and J. L. Turner, "Orientations to seeking professional help: development and research utility of an attitude scale", *J Consult Clin Psychol*, vol. 35, no. 1, (1970), pp. 79-90.
- [9] S. H. Lee and J. H. Suh, "Mental health literacy of the Korean public: A comparison between depression and schizophrenia", *Korean J. Social Welfare Studies*, vol. 41, no. 2, (2010), pp.127-158.
- [10] N. J. Reavley and A. F. Jorm, "Recognition of mental disorders and beliefs about treatment and outcome: findings from an Australian National survey of mental health literacy and stigma", *Aus N Z J Psychiatry* (2011), Vol.45, pp.947-956.
- [11] A. Sayarifard, L. Ghadirian, A. Mohit, M. Eftekhari, M. Badpa and F. Rajabi, "Assessing mental health literacy: what medical sciences students' know about depression", *Med J Islam Repub Iran*, vol. 29, no. 161, (2015), pp.1-9.
- [12] S. A. Ambrose, M. W. Bridges, M. Dipietro, M. C. Lovett and M. K. Norman, "How learning works". John Wiley & Sons, (2010).
- [13] S. E Kim, E. J. Lim and J. H. Noh, "Ability of Identifying Mental Health Disorders and Attitudes toward Seeking Professional Psychological Help in Nursing Students", *Advanced Science and Technology Letters*, vol. 116 (Healthcare and Nursing 2015), pp. 46-50, <http://dx.doi.org/10.14257/astl.2015.116.10>.



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