
Exploring the Help-Seeking Attitudes of Graduate Students at an Off-Campus Site

Explorer les attitudes des étudiants des cycles supérieurs sollicitant le counseling dans un centre hors-campus

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ABSTRACT

This study examined the help-seeking attitudes of graduate students enrolled in an off-campus professional centre. The sample consisted of 217 participants enrolled in 10 graduate programs (130 women [60%], 37 men [17%], 50 unspecified [23%]). Analyses (descriptive statistics and t-tests) indicated that women possessed more favourable attitudes toward seeking counselling than men. Furthermore, an overwhelming majority of graduate students would not travel to the main campus to utilize counselling services. Many participants identified potential obstacles, including lack of time, affordability, and lack of insurance coverage, as important obstacles to help-seeking. Several factors were also found to be significant predictors of help-seeking attitudes. University counselling centre professionals are encouraged to be available and sensitive to the counselling needs of off-campus graduate students.

RESUME

Cette étude a examiné les attitudes des étudiants des cycles supérieurs cherchant le counseling inscrits à un centre professionnel hors-campus. L'échantillon était composé de 217 participants inscrits à 10 programmes d'études supérieures (130 femmes [60 %], 37 hommes [17 %], 50 non spécifié [23 %]). Les analyses (statistique descriptive et t-tests) ont indiqué que les femmes avaient une attitude plus ouverte à la demande d'aide que les hommes. En outre, une majorité écrasante d'étudiants des cycles supérieurs ne se déplacerait pas au campus principal pour utiliser les services de counseling. Beaucoup de participants ont identifié des facteurs potentiels, incluant le manque de temps, le coût, et le manque de couverture assurance, comme obstacles importants à chercher le counseling. Plusieurs facteurs sont également avérés prédicteurs significatifs des attitudes envers la recherche du counseling. Les professionnels aux centres de counseling dans les universités sont encouragés à être disponibles et sensibles aux besoins de counseling des étudiants des cycles supérieurs hors-campus.

A recent trend in higher education is the establishment of off-campus centres, often designed for adult learners interested in advancing their education. Such centres are frequently located a considerable distance from the main campus, leading to challenges in how to best provide student services to these off-campus

students. Though students enrolled in main campus programs possess relatively easy access to such services, students at the satellite centres may not have them at their site or may have to travel to the main campus to utilize them. One such service is access to professional counselling services, most frequently provided by a university counselling centre on the main campus. This study investigated the attitudes and predictors of professional help-seeking of students enrolled in graduate programs at an off-campus professional centre.

In the counselling profession, the need to understand the help-seeking process is important, particularly in a time when significant demands exist for counselling services. In a U.S. national survey, Kessler et al. (1994) found that nearly 50% of respondents had at least one psychiatric disorder in their lifetime. Nearly 30% reported at least one disorder in the past year. They concluded that such disorders were much more prevalent than previous research had found. However, what is also clear from the literature is that many individuals who could benefit from professional counselling services fail to receive them. Kessler et al. found that, among participants with a disorder in the past 12 months, only one in five obtained any professional assistance in the past year. Furthermore, their findings regarding the low rates of help-seeking behaviours were “broadly consistent” with similar investigations that reflected “the vast majority of people with recent disorders have not had recent treatment” (p. 12).

More recently, Sareen, Cox, Afifi, Yu, and Stein (2005) found a 12-month help-seeking rate of 8.3% among Canadian residents seeking assistance for emotional symptoms. Another 0.6% of individuals indicated that they needed, but did not seek, mental health treatment. Among those who did utilize help, nearly 20% had at least 12 outpatient visits. The characteristics that were most strongly correlated to seeking help included (a) having an episode of major depression in the past year; (b) being female; (c) being widowed, separated, or divorced; (d) possessing at least two chronic physical health conditions; (e) having high rates of perceived stress; (f) possessing a long-term disability arising from emotional or physical difficulties; and (g) being 30–49 years of age.

Despite these findings, a significant number of people who could benefit from counselling services are not seeking such assistance. Corrigan (2004) offered a salient point: While the overall quality and effectiveness of treatments have vastly improved over the past 50 years, many people simply are choosing not to obtain services or are not fully adhering to such regimens. One possible reason for these decisions is stigma, which can lead to labelling, stereotypes, prejudice, and discrimination that can damage one’s self-esteem (Corrigan, 2004). A recent study of undergraduate and graduate students found higher rates of perceived stigma among males, older students, Asian and Pacific Islanders, students from families with lower socioeconomic status, and students with current mental health problems (Golberstein, Eisenberg, & Gollust, 2008).

Similarly, Teachman, Wilson, and Komarovskaya (2006) found that people with a history of mental health problems are more likely to harbour negative feelings toward mental illness than toward physical illness. The degree of stigma, however,

may be decreasing: In a telephone survey among 650 Houston-area residents, only 5% indicated that mental illness was due to a character flaw, while 86% expressed a belief that insurance companies should cover mental health issues as they do for physical illnesses (Klineberg, 2004).

Other possible barriers are the cost of mental health care, ignorance about finding professional help, and issues of confidentiality. According to the 2006 U.S. study, *National Survey on Drug Use and Health* (Substance Abuse and Mental Health Services Administration, 2007), 41.5% of those who perceived an unmet need for mental health treatment cited the inability to afford such help as a detriment. Approximately 16% were unaware of where to go for receipt of services, and about 17.1% expressed that not having time for treatment served as a barrier. These results are similar to those from community telephone surveys that found that the top three barriers were cost of services (27.9%), being unaware of the location of services (13.8%), and being unaware of availability of services (13.4%). Vogel, Wester, and Larson (2007) also discussed several avoidance factors drawn from the literature: social stigma, treatment fears, fear of emotion, anticipated utility and risk, self-disclosure, social norms, and self-esteem.

The aforementioned studies have contributed to the knowledge base on professional help-seeking. However, in reviewing many of these studies, one limitation is apparent: Many investigations have involved only undergraduate college students as participants (Cepeda-Benito & Short, 1998; Hinson & Swanson, 1993; Kelly & Achter, 1995; Komiya, Good, & Sherrod, 2000; Lin, 2001; Lopez, Melendez, Sauer, Berger, & Wyssmann, 1998; Maniar, Curry, Sommers-Flanagan, & Walsh, 2001; Masuda, Suzumura, Beauchamp, Howells, & Clay, 2005; Oliver, Reed, Katz, & Haugh, 1999). Few studies on help-seeking have included graduate students as participants, thereby making the findings of studies with undergraduate participants not entirely relevant to this population.

Of the 188 participants who reported student status in Morgan, Ness, and Robinson's (2003) investigation on help-seeking behaviour, about 37% were graduate students. Similarly, in Komiya and Eells' (2001) work on help-seeking attitudes, 40% of their sample of international students represented graduate students. Golberstein et al. (2008) included undergraduate and graduate students but did not segregate the results of these distinct groups in their results. While age may play a role in the help-seeking process (Sareen et al., 2005), it is possible that being a graduate student plays a salient role, regardless of age. Finally, other studies related to help-seeking and graduate students have focused on specific disciplines. For instance, Kligfeld and Hoffman (1979) examined the help-seeking attitudes of medical students, while Dearing, Maddux, and Tangney (2005) looked at predictors of help-seeking in clinical and counselling psychology students. McCarthy, Pfohl, and Bruno (2009) also offered an examination of help-seeking attitudes and behaviours of students in a counselling program.

In what could be the first article specific to graduate students' help-seeking, Kirk (1959) postulated that faculty members and administrators viewed them as being "directed and purposeful," and, therefore, not in need of counselling (p. 284). In her analysis of those graduate students presenting at a university counselling centre,

individuals most often sought assistance related to academic and career direction. Kirk concluded that graduate students' need for counselling was less than that of undergraduate students and that graduate students were reluctant to seek such help "without the reinforcement of outer suggestion" (p. 287).

Since Kirk's (1959) early article, more is known about the counselling issues of graduate students, and one such issue is suicidality. Fogg (2009b) referenced a study conducted at the University of California at Berkeley that found that nearly 10% of graduate students reported that they had considered suicide and 54% reported that they experienced depressive symptoms that made it hard to function. In a 10-year study of the Big Ten University campuses, many of which are large rural institutions in the midwestern U.S., the overall suicide rates at these schools were lower than comparable national statistics, even when matched for age and sex (Silverman, Meyer, Sloane, Raffel, & Pratt, 1997). Their data also suggested a higher (compared to national statistics) suicide rate for female students in their mid- to late-20s and older, compared to the 18–23-year-old women. Because of this finding, Silverman et al. (1997, p. 301) concluded that university counselling services should target the female graduate student population and that "attention should be paid to older returning ... graduate students who must make major life transitions and accommodations" in their readjustment to campus life.

It is evident that a graduate school experience can be filled with many stressors, both academic and personal. In discussing the psychological effects of the experience, Fogg (2009b) indicated, "Graduate school is not a particularly healthy place" (p. 1). Yet, in this experience, another layer of stress may be evident: Some institutions now offer a branch campus or, smaller yet, a professional centre located at an off-campus site that often caters to graduate students only. Students at such centres also encounter similar difficulties in utilizing various on-campus services. The challenge for such distance students attending an off-campus site is one of connection.

In addressing students' experiences at one specific branch campus in Pennsylvania, Sitler (2000) described the 30 miles between it and the main campus as a "geographic gulf," adding that the off-campus site and its students "drift out of our university's consciousness" (p. 3). Mail service between the two campuses did not exist, and the campus newspaper was not available to students at the off-campus site. In general, a distance student must travel to the main campus to take advantage of many services and resources, such as a career centre and its corresponding programs.

The present exploratory study examines part of this topic. More specifically, it investigates the attitudes toward counselling services among distance graduate students at an off-campus professional centre of an institution in the northeastern United States. For distance graduate students attending such professional centres, the availability of counselling services at an on-campus counselling centre comes into question, even though such services are often offered at little or no cost. Possible barriers to seeking counselling may include the time to travel between the main campus and the off-campus site as well as scheduling conflicts between students working during the day and the limited evening hours of a counselling centre.

PURPOSE AND RESEARCH QUESTIONS

The purpose of this study was to explore help-seeking attitudes of graduate students attending a branch campus in the Northeastern U.S. Consequently, this study explored the following research questions:

1. What are the help-seeking attitudes, as measured by the *Attitudes toward Seeking Professional Psychological Help Scale* (Fischer & Farina, 1995), of graduate students enrolled in programs at a branch campus?
2. Do graduate students identify stigma and cost of services as being obstacles to seeking counselling services?
3. What factors predict help-seeking attitudes, as measured by the abbreviated *Attitudes toward Seeking Professional Psychological Help Scale* (Fischer & Farina, 1995)?
4. Is there a significant difference in the likelihood of participants seeking counselling at the main campus versus the branch campus?

METHOD

Participants

The pool of potential participants included graduate students of various academic programs enrolled in courses at a satellite professional centre in the northeastern United States. The professional centre is affiliated with a university and is located approximately 50 miles from the main campus. No counselling services were available at that site. In total, 234 graduate students were given the instrument. Of these, 17 (7.26%) were deemed to be incomplete or invalid, which reduced the sample to 217 participants (92.73% response rate). Of the 217 participants, 50 (23%) did not indicate whether they were male or female. Of those who did indicate gender, 150 (78%) were women and 37 (22%) were men.

Eleven age ranges spanning ages 19–75 were included on the instrument. The largest grouping of students by age was the “25–30” category (38.0%), and 47% of participants were age 30 and under. There were no participants over the age of 65. A majority of participants (55%) reported being married/partnered, and 37% of participants were single. Other participants were either divorced or marked “other” on the survey.

Students from each of the 10 academic programs (community counselling, school counselling, business administration [MBA], criminology, adult and community education, elementary education with certification, nursing education, nursing administration, curriculum and instruction, and education) were represented in the study. Five participants (2.3%) indicated that they were enrolled in programs other than those offered at the satellite campus, which suggests that they may have been enrolled in programs at the main campus. Those participants were excluded from the analyses as they would likely have more access to services than students enrolled at the satellite campus.

A significant segment of participants (42%) were enrolled in one of the two counselling programs (community or school) offered at the professional centre.

Most students (76.5%) attended part-time instead of full-time (76.5% and 23.5%, respectively). Most students (58%) had completed nine or fewer credits at the time of data collection. Due to the small numbers of students enrolled in some programs (independent variable), composite variables of general types of graduate programs were established. The new categories were education (i.e., adult education, community education, elementary education, and curriculum and instruction), counselling (i.e., school counselling and community counselling), nursing (i.e., nursing education and nursing administration), MBA (i.e., executive track), and other. Of these groupings, counselling had the highest number of students ($n = 90$), followed by education ($n = 70$).

Procedure

Following approval by the institutional review board, the principal investigator sent e-mail invitations for study participation to course instructors teaching (across 10 programs) at the professional centre, which enrolled about 275 students at the time of data collection. The principal investigator and two other researchers (one faculty member and one graduate student) collected the data, most frequently at either the beginning or the end of the class. Faculty members did not collect data from classes in their own programs. Because many of the academic programs at the professional centre are cohort-based, classes for which permission was granted were then chosen so that data were collected from only one class in each cohort. For non-cohort programs, attempts were made to collect data from as many students in each program as possible. Final decisions on which of these classes to attend were made based on the data collectors' availability, the class instructors' preferences, and the number of additional participants each class would potentially produce.

Measures

Demographic variables, including gender, age range, relationship status, graduate program, enrolment status (full- or part-time), and range of completed credits, were the initial items on the instrument. Participants were asked to individually rate potential obstacles to seeking mental health services on a scale from 1 to 10 (1 = *very minor obstacle*, 10 = *major obstacle*). Obstacles in the instrument included time, stigma (friends/family, other students, and professors), accessibility of services, cost of services, and discomfort with disclosure (see Table 1). The final topic on the survey included items to assess likelihood that participants would travel to the main campus for counselling services and the likelihood that participants would use services if provided in the vicinity of the professional centre. Respondents rated the likelihood on a 5-point scale, with lower scores indicating more likelihood.

The final portion of the instrument was the *Attitudes toward Seeking Professional Psychological Help Scale – Shortened Form* (ATSPPH-SF) (Fischer & Farina, 1995), which measures attitudes toward seeking professional mental health services. The version used in the present study was a 10-item shortened version of Fischer and Turner's (1970) 29-item instrument (ATSPPH-SF), which was also used in Morgan et al. (2003). Using the shortened version, participants rated each of the

10 items on a scale of 0 to 3 (0 = *disagree*, 3 = *agree*). Five of the items are reverse scored, and higher overall scores are reflective of more favourable attitudes. The possible range of scores varies from 0 to 30. Fischer and Farina (1995) reported psychometric properties of the shortened version including a correlation of .87 between scores from this instrument and the original form. The one-month test-retest reliability coefficient was .80 and the coefficient alpha was .84.

Table 1
Mean Scores and Standard Deviations of Obstacles to Seeking Professional Help

	Descriptive Statistics				
	<i>N</i>	Minimum	Maximum	Mean	Standard Deviation
Obstacle: Time in schedule	217	1	10	6.55	3.079
Obstacle: Cannot afford services	216	1	10	4.77	3.444
Obstacle: Insurance will not pay for services	208	1	10	4.62	3.810
Obstacle: Limited access to services	215	1	10	2.47	2.283
Obstacle: Discomfort with disclosure	209	1	10	3.39	2.787
Obstacle: Stigma from family/friends	217	1	10	3.24	2.724
Obstacle: Stigma from students	217	1	10	3.07	2.576
Obstacle: Stigma from professors	217	1	10	2.84	2.572
Valid <i>N</i> (list-wise)	198				

In this study, the wording of items in the ATSPPHS-SF was changed to be specific to the counselling profession. “Counselor” replaced “psychologist,” and “counseling” replaced “psychotherapy,” “psychological counseling,” and “psychological help.” This modification was made because many participants were enrolled in counselling programs and because this study was concerned specifically with attitudes toward seeking counselling services. Similar changes in previous studies (Atkinson & Gim, 1989; Atkinson, Ponterotto, & Sanchez, 1984; Gloria, Hird, & Navarro, 2001; Komiya & Eells, 2001; McCarthy et al., 2009) to both the long and short versions of the ATSPPHS have not appeared to affect the instrument’s validity, and it was assumed that the same held true for this study.

RESULTS

Preliminary Analyses

Prior to examining our research questions, the data were examined for multivariate normality (Norusis, 2004). No violations of linearity or homoscedasticity were identified; however, slight violations existed in the test of normality for the independent variables sex and graduate program type. Specifically, female participants outnumbered male participants and there was overrepresentation of students attending education and counselling programs as opposed to MBA, nursing, and other programs. Despite the slight departure from normality, multiple regression is considered a robust test and “moderate departure from assumptions usually results in little error of reference” (Cohen, Cohen, West, & Aiken, 2003, p. 41).

Results

Our central research question attempted to gain information on attitudes toward professional help-seeking held by graduate students attending a branch campus. The help-seeking scale ranges from 0 to 30, with higher scores indicating more favourable help-seeking attitudes. Descriptive statistics indicate that graduate students attending a branch campus report a moderately favourable stance ($M = 21.52$, $SD = 5.28$) toward seeking professional help, as measured by the ATSPPHS-SF. A closer examination of the data ($N = 164$) using an independent t -test analysis revealed statistically significant differences ($p < .05$) between female participants ($M = 21.81$, $SD = 5.26$) and male participants ($M = 19.31$, $SD = 5.26$, $t(162) = .30$, $p = .01$). A medium effect size (.47) was determined using Cohen's d .

In addition to exploring overall attitudes, we expected that participants would identify some obstacles (i.e., stigma and cost) to help-seeking (research question 2). All obstacles were rated on a 10-point scale, with higher scores indicating more of an obstacle. Descriptive statistics indicate that neither affordability ($M = 4.77$, $SD = 3.44$) nor stigma ($M = 3.05$, $SD = 2.3$) were rated as major or substantial obstacles. However, in reviewing frequencies, nearly 40% rated lack of insurance coverage and affordability as being substantial obstacles (defined as scores ≥ 6) to help-seeking. Stigma from family/friends were rated as substantial obstacles by 20.8% of participants. Stigma from other students and professors were rated as substantial obstacles by 17% and 16.1%, respectively. Participants rated time in schedule ($M = 6.55$, $SD = 3.08$) and lack of insurance coverage ($M = 4.62$, $SD = 3.81$) as the largest obstacles. Reviewing the frequency of responses revealed that time was rated as a substantial obstacle by over 60% of participants. See Table 1 for mean ratings of all obstacles.

To examine the influence of these obstacles as well as demographic factors on help-seeking attitudes (research question 3), simultaneous hierarchical multiple regression analyses were used to determine which independent variables were significant predictors of attitudes toward help-seeking using the ATSPPHS-SF (dependent variable). Prior to conducting analyses, Pearson correlation coefficients were examined (see Table 2) to determine potential multicollinearity in the

analysis. No violations were found. Following the correlational analysis, multiple regression was performed to assess the impact of the predictor variables on help-seeking attitudes. Hierarchical regression was chosen because there is evidence in the literature that sex, particularly being female, is associated with more help-seeking attitudes (Chang, 2007; Fischer & Farina, 1995; Morgan et al., 2003; Price & McNeill, 1992) and increases the likelihood of seeking help for emotional issues (Moller-Leimkuhler, 2002). Some literature also reports more perceived stigma (self and public) by men than women (Vogel, Wade, & Hackler, 2007).

Table 2
Correlations of Study Variable and Help-Seeking

Variable		Variable	
Sex	-.194*	Stigma from professors	-.310**
Prior counselling	-.393**	Limit access to providers	.036
Relationship status	.130	Discomfort with self-disclosure	-.429**
Time in schedule	-.109	Education program	-.183**
Stigma from family/friends	-.391**	Counselling program	.275**
Affordability	.146*	Nursing program	-.008
Lack of insurance coverage	.095	MBA program	-.311**
Stigma from students	-.320**	Other program	-.061

*Correlation is significant at the 0.05 level (2-tailed). **Correlation is significant at the 0.01 level (2-tailed).

The researchers in this study believed that graduate students training to become professional community or school counsellors harbour more favourable attitudes toward help-seeking than those in other types of training programs. Based on this rationale, sex was entered in the first block of the regression. Prior counselling experience and membership in a counselling program were entered in the second and third blocks and the remaining predictor variables—relationship status (dummy coded), age (dummy coded by age ranges), the obstacle of self-disclosure, time, limited access to services, insurance coverage, affordability, and stigma (family/friends, other students, and professors)—were entered in the final block.

Findings (see Table 2) indicated significant correlations between ATSPPH-SF scores and sex ($r = .19, p < .05$) and prior counselling experience ($r = -.39, p < .01$). Help-seeking attitude was also correlated with membership in educational graduate programs ($r = -.18, p < .01$) and the MBA graduate program ($r = -.31, p < .01$). Several obstacles to counselling (stigma from family/friends, students, professors, affordability, and discomfort with self-disclosure) were also significantly related to help-seeking attitudes.

Hierarchical linear regression analyses were performed to examine the impact of demographic and other predictor variables on help-seeking attitudes. Results can be found in Table 3.

Table 3
Regression Model Results for Help-Seeking Attitude

Model Summary									
Model	R	R Square	Adjusted R Square	Standard Error of the Estimate	Change Status				
					R Square Change	F Change	df 1	df 2	Sig. F Change
1	.298 ^a	.089	.076	5.139	.089	7.159	2	14	.001
2	.644 ^b	.414	.339	4.348	.326	4.892	15	13	.000
								2	
Coefficients ^a									
Model	Unstandardized coefficients			Standardized coefficients					
	B	Std. Error		Beta	t	Sig.			
1 (Constant)		17.058	1.858		9.183	.000			
Sex	1.790	1.021	.139	1.753	.082				
Enrollment in a counselling program	2.636	.850	.246	3.101	.002				
2 (Constant)		28.712	3.366		8.530	.000			
Sex	.345	.935	.027	.369	.713				
Enrollment in a counselling program	1.127	.809	.105	1.392	.166				
Age group	-.502	.441	-.092	-1.137	.258				
Insurance status	-1.455	.556	-.198	-2.619	.010				
Prior counselling experience	-2.586	.828	-.236	-3.123	.002				
Limited time (obstacle)	-.225	.131	-.130	-1.715	.089				
Affordability (obstacle)	.246	.167	.158	1.479	.142				
No insurance coverage (obstacle)	-.070	.152	-.050	-.458	.647				
Limited accessibility (obstacle)	-.211	.173	-.087	-1.218	.225				
Discomfort with disclosure	-.432	.143	-.223	-3.026	.003				
Travel to main campus	.982	.430	.184	2.284	.024				
Travel to branch campus	-.594	.363	-.133	-1.637	.104				
Relationship status	.098	.709	.011	.139	.890				
New groupings to reduce number of programs	-.213	.336	-.046	-.634	.527				
Stigma from family/friends	-.161	.193	-.082	-.835	.405				
Stigma from students	-.579	.320	-.281	-1.806	.073				
Stigma from professors	.417	.265	.204	1.573	.118				

Note. ^aPredictors: (Constant), counselling program, 2 Sex. ^bPredictors: (Constant), counselling program, 2 Sex, 4-Relationship Status, 23 OBS Stigma Professors, 8 Insurance-Coverage, 18 OBS Time In Schedule, 24 OBS Limited Access, 33 Travel To Main Campus, 25 OBS Self-Disclosure, new groupings to reduce number of programs, 10 Previous Counseling, 21 OBS Insurance Will Not Pay, 34 Monroeville Area, Age categories with reduced number of categories, 19 OBS Stigma Family, 20 OBS Cannot Afford, 22 OBS Stigma Students.

The model, with sex entered as the first step, was statistically significant $F(1, 148) = 4.44, p < .04$ and accounted for 17.1% of the variance ($\Delta R^2 = .02$). Analysis from Step 2 of the regression equation indicated that the prior counseling variable was statistically significant $F(1, 147) = 23.08, p < .001$, accounting for 16.1% of variance ($\Delta R^2 = .15$). Once previous counselling experience was included, the effect of sex was no longer significant. Analysis from Step 3 of the regression equation indicated that membership in a counselling program was also statistically significant $F(1, 146) = 6.87, p < .01$ and accounted for 3.8% of the variance in attitudes toward help-seeking ($\Delta R^2 = .18$).

The final step of the regression model, using the remaining predictor variables, indicated significance $F(13, 133) = 2.73, p < .01$. This model was the strongest, accounting for 36.7% of the variance in attitudes toward help-seeking ($\Delta R^2 = .29$). Results showed that having prior experience in counselling ($\beta = -.32, p = .001$) and having discomfort with self-disclosure ($\beta = -.22, p = .001$) also significantly predicted help-seeking attitudes. Insurance status did significantly predict help-seeking ($\beta = -.19, p = .01$). Once all these variables were included, sex and prior counselling experience ceased to be statistically significant predictors of help-seeking attitudes.

The regression results indicated that demographic variables (e.g., relationship status and age) did not predict help-seeking attitudes. Further, obstacles including time in schedule, limited access to services, cost of services, and stigma from family/friends, students, and professors did not predict help-seeking attitudes in the current study.

To augment the information provided on the ATSPPH-SF, we wanted to learn about any potential differences in help-seeking based on location of services (research question 4). To this end, participants were asked two questions (one for each location) using a 5-point Likert scale from *very likely* to *very unlikely*. Overall, 47% of participants reported the likelihood (14.3% very likely and 32.7% likely) of their seeking services at the professional centre versus 7.4% of participants who reported likelihood (2.3% very likely and 5.1% likely) of seeking services at the main campus. See Figure 1.

Finally, the researchers conducted a paired samples *t*-test and found a significant difference between the likelihood of seeking services at the main campus ($M = 4.36, SD = .99$) versus at the professional centre ($M = 2.74, SD = 1.20$), $t(216) = 17.70, p < .01$. Note that the questions were worded in such a way that higher scores indicate less likelihood of seeking services. Results indicated that if respondents believed that they needed counselling, they were more likely to utilize counselling services at the branch campus ($M = 3.26, SD = 1.20$) than at the main campus ($M = 1.64, SD = .99$). Since this Likert scale included an option of "unsure," higher scores on these items can be misleading. To address this shortcoming, the researchers conducted a probability analysis that investigated the likelihood of these participants seeking services at either location.

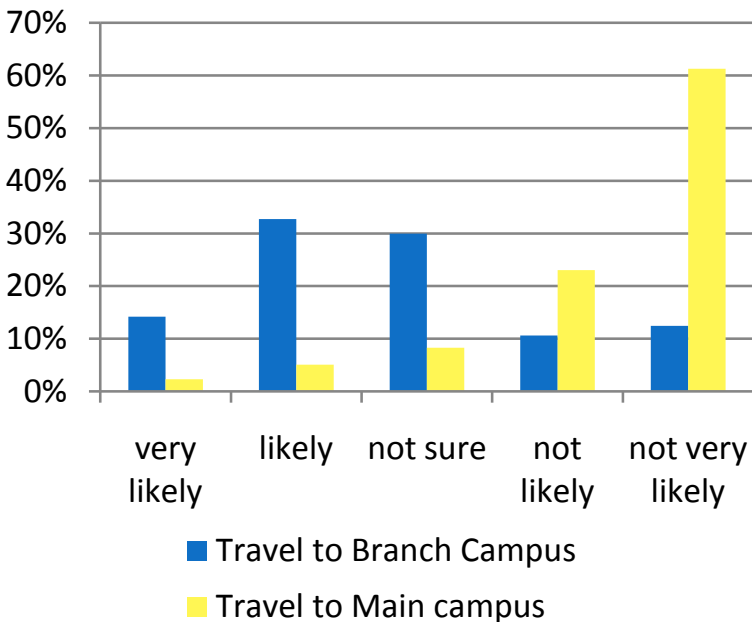
In an effort to be more conservative, respondents who endorsed "unsure" were combined with the "unlikely" group. Results indicate that the majority of

students in this study were unlikely to obtain counselling services by visiting the main campus ($z = 10.09, p > .05$) and also unlikely to obtain counselling services at the professional centre ($z = -.88, p > .05$). It is worth noting that the researchers did not collect data on proximity of participants' residences in relation to either campus. Such information could be additive as well as learning about the availability of transportation (public or otherwise).

DISCUSSION

This exploratory study sought to better understand the attitudes toward professional help-seeking of graduate students enrolled at an off-campus professional centre. The data served to answer the four research questions. First, graduate students' mean score on the abbreviated help-seeking attitude scale (ATSPPHS-SF) reflected a moderately favourable stance toward seeking professional help. Second, participants identified time, affordability, and lack of insurance coverage as obstacles that would impede their help-seeking process. Third, several factors explored in this study significantly predicted help-seeking attitudes. These predictors included discomfort with self-disclosure; insurance status; prior counselling experience; membership in a graduate counselling program; and the obstacle of stigma. Interestingly, although participants rated time as an obstacle to help-seeking, this factor did not serve as a significant predictor of help-seeking attitudes. Further, stigma

Figure 1
Likelihood of Help-Seeking at Main Campus and Professional Centre



did not emerge as either a substantial obstacle to help-seeking or as a predictor. Fourth, disparities emerged regarding the likelihood of seeking help on the main campus versus seeking help at the professional centre, assuming help was available. Participants reported more likelihood in seeking help at the professional centre.

In the present study, participants reported a moderately favourable stance toward professional help-seeking. This finding is consistent with other research using the abbreviated version of this instrument with a university population. Morgan et al. (2003) investigated help-seeking among a university student sample, of which about one-third of the participants were graduate students. They reported an overall mean for the ATSPPHS-SF that was lower than that found in the present study.

Komiya and Eells (2001) examined help-seeking attitudes among international students, 40% of whom were graduate students. It is noteworthy that graduate students in the present study did not appear to be as favourable in their attitudes in seeking help as were the international students in Komiya and Eells.

In the present study, nationality was not specifically included in the demographic portion of the instrument, so it was not possible to determine how many, if any, of the participants were international in status. Nonetheless, the difference in the means is rather surprising, as participants in the present study have had far greater exposure to the mental health system in the U.S. As a result, it might be suspected that their views toward seeking professional help would be higher than a sample of international students. However, full-scale comparisons to either study are limited, given the fact that neither Morgan et al. (2003) nor Komiya and Eells (2001) used solely graduate students in their samples.

Although the current study did not examine international status or culture, results suggest that select demographic variables affect help-seeking attitudes. Specifically, female participants reported more favourable help-seeking attitudes than their male counterparts, an outcome that is consistent with prior research (Chang, 2007; Fischer & Farina, 1995; Morgan et al., 2003; Price & McNeill, 1992). Given that female graduate students may be at risk for higher levels of distress (Silverman et al., 1997), this finding may bode positively for their mental health.

Interestingly, sex did not significantly predict help-seeking attitudes, and neither age nor relationship status emerged as a predictor of help-seeking. This is noteworthy as it contradicts previous findings among similar age groupings (Komiya & Eells, 2001; Morgan et al., 2003; Sareen et al., 2005). It may be that being a graduate student is developmentally different from being an undergraduate student. Perhaps the challenges that often accompany advanced training, such as social isolation and difficulties balancing responsibilities (Fogg, 2009a), are more influential than age on help-seeking attitudes. Sex was a significant predictor only when it was the sole variable entered in the regression; once additional variables were included, sex was no longer a strong predictor. This finding may be due to the disparities among men and women in this study, but is worthy of additional exploration.

Additional information related to help-seeking attitudes was sought to better explain what factors pose barriers to seeking help. Some support was found for the research question pertaining to cost and stigma. Contrary to expectations, cost (i.e., affordability) did not emerge as a predictor to help-seeking, although many participants rated this variable as a substantial obstacle.

To a moderate number of graduate student participants, the cost factor may inhibit help-seeking. Individuals in graduate school in the U.S. may be employed part- or full-time in lower-paying entry-level positions and unable to afford the cost of counselling. Furthermore, these positions may not include health insurance benefits, or, if they do, mental health coverage may be minimal. While the professional centre in the current study is located approximately 50 miles from the main campus counselling centre, all students—regardless of where they are enrolled—are provided free counselling services. Thus, the relevance of cost may be lessened. This finding warrants additional study.

More favourable help-seeking attitudes were associated with both prior experience in counselling and membership in a counselling graduate program, although results for the former weakened when other variables were considered in the regression. It may be that personal experience with counselling dispels myths or stigmas about its utility. This finding may also depend on whether a previous encounter with counselling was viewed positively or negatively by the participant. Our findings are congruent with research literature that examined the implicit and explicit stigmas of mental health issues (Peris, Teachman, & Nosek, 2008) and found that mental health professionals and counselling trainees report more favourable attitudes toward help-seeking than those in other professions.

It is plausible that counselling trainees are more open to receiving professional help so that they can bolster their own effectiveness in managing personal issues that can impede professional development. In addition, many counselling programs emphasize the salutary effects of counselling; some may even require personal counselling as part of the training (Council for Accreditation of Counseling and Related Educational Programs, 2009). Further, some students may report favourable attitudes in hopes of appearing socially desirable by program faculty and staff. Counselling training programs may be staffed by faculty who openly encourage the utilization of counselling to their students. The finding of more favourable attitudes among counselling trainees was not unexpected. However, it does point to various degrees of help-seeking attitudes among distance students from multiple programs.

Interestingly, students in the graduate business (MBA) program had less favourable attitudes toward help-seeking than students in all other graduate programs. Conceivably, distance graduate students in such non-counselling programs may be relatively unaware of counselling services in general, thereby affecting less favourable attitudes. Though data from main campus students were not collected, they may have greater exposure to information and services provided by the university's counselling centre, perhaps elevating help-seeking attitudes among this group. An-

other potential explanation is competitiveness in some graduate programs (Fogg, 2009b), making help-seeking unlikely. Some professional training programs are also composed of significantly unequal numbers of males and females, which may mediate help-seeking because of factors such as stigma.

In any case, this finding urges university personnel to consider conducting more intentional outreach efforts to distance students from various graduate programs. Outreach efforts could increase awareness of problems such as depression or anxiety, improve time management, and/or assist in identification of a support network (Fogg, 2009a). Efforts at outreach to counselling trainees may have a different focus. Thus, rather than emphasizing awareness of services, efforts should aim at encouraging self-care to avoid becoming an impaired helper.

Outreach to all students may also serve to dispel stigma toward help-seeking. Our study found that, although participants did not rate stigma as a substantial obstacle, scores on this item indicated a significant relationship to help-seeking attitudes. Results indicated that the higher participants rated stigma, the less favourable their help-seeking attitudes were. The issues of stigma and mental health have been identified as critical issues to be addressed (Corrigan, 2004; U.S. Department of Health and Human Services, 1999). This finding is another that can be addressed by university counselling centres.

Conducting additional research on the campus climate, the professional centre climate, and the perceived connection (or lack thereof) between distance students and the university may provide important data on overall attitudes toward seeking counselling. Because many professional centres exist in condensed spaces (as opposed to full university campuses), students may feel less sense of community (Sitler, 2000). Professional centres may have limited office space for faculty and students, thereby decreasing the opportunities for students to interact with one another and faculty. As many such centres cater to working professionals, students themselves may spend significantly less time with classmates and peers. Such an environment can make it difficult to ascertain how others may perceive someone in need of assistance.

Conversely, there may be competitive attitudes among students, making them feel it is unsafe to disclose personal struggles that would warrant help-seeking. Whatever the case, university personnel have a responsibility to provide community resources and supportive environments where the students feel safer to seek professional help. Addressing the campus or centre's climate may help address stigma, both real and perceived, regarding help-seeking.

In addition to assessing help-seeking attitudes and obstacles that might impede the process, the likelihood of seeking professional help through the university was also examined. Participants in the current study reported mixed results regarding the likelihood of seeking help if they believed they were in need. Not surprisingly, participants stated that they were either unlikely or very unlikely to travel to the main campus to receive counselling. They also reported a higher likelihood of utilizing such services if they were to be available at the professional centre. It is difficult to discern whether results are confounded by an unwillingness to obtain

services at all. This outcome is worthy of further exploration, as the overall skills on help-seeking indicated a moderately favourable attitude toward help-seeking on the ATSPPH-SF. It may be that students in this sample did not believe they would be in need of help, thereby affecting their responses on the two questions about obtaining help at either campus location.

With the trend of universities providing branch campuses and satellite professional centres, student services should more carefully assess the academic, career, and counselling needs of students enrolled in credit-bearing degree programs who have limited access to the main campus of their institution. In doing so, equity in the availability of counselling services at main campuses as well as professional centres should be considered.

Limitations were clearly evident in this exploratory study. First, no data from graduate students enrolled in programs on the main campus were collected, thereby preventing comparisons on help-seeking attitudes and behaviours. Second, the study included a small (and unequal) number of male participants, a feature that is characteristic of many counselling programs in the U.S. Third, a convenience sample was utilized in this study and thus limited external validity. Fourth, the modified instrument that was utilized in the present study was not formally validated. In addition, the topic of this study is potentially sensitive, which may have influenced students' responses. Finally, the method of data collection in a "closed" classroom environment may have also affected responses, particularly in regard to utilizing counselling.

Future studies may consider adding an instrument to assess social desirability to help overcome this tendency. It is also noted that the applicability of the present study is somewhat limited in Canada, especially around the issues of insurance coverage and counselling costs. It is also recommended that future investigations utilize a multi-university pool that includes participants from main campuses and branch campuses, thereby increasing the overall sample size and allowing for comparisons between the two locations. Furthermore, such a design would increase the number of male participants as a way to increase generalizability and would allow for further examination of cultural variables.

Given our findings, it is recommended that on-campus university administrators carefully examine the extent to which student services are, or, perhaps more importantly, are not being offered on satellite campuses or professional centres. Ideally, the same counselling services for graduate students enrolled in main campus courses should be available to those graduate students at off-campus professional centres, particularly if both sets of students are paying for such services in their tuition or student fees. Furthermore, administrators are urged to be sensitive to graduate students' needs in this realm. Because many graduate students at the professional centre work full- or part-time, it may be critical to consider evening hours throughout much of the week.

In addition to individual counselling, administrators are encouraged to consider other counselling modalities, such as couples counselling and family counselling, that may be sought by graduate students. Furthermore, it is critical that outreach

campaigns reach all graduate students so that obstacles such as affordability and time are eliminated or greatly reduced.

This study offered a preliminary examination of the demographic profile and help-seeking attitudes of graduate students at an off-campus professional centre. Given the recent increase in off-campus professional sites geared toward graduate students, university counselling centre staff members are recommended to be sensitive to their mental health needs, particularly in the accessibility and location of such university services. More studies and research are needed to understand the needs of enrolled students outside the main campus of a university and how best to meet their counselling needs.

The literature suggests that many people experience mental health struggles, yet a limited proportion seeks help. Increasing access to services regarding location and cost may help overcome this discrepancy between need and usage. Exploring additional barriers and reasons that impede help-seeking can further improve our current understanding. Identification of barriers or obstacles can provide needed information to guide outreach, prevention, and intervention efforts.

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