Self -Stigma and Attitudes towards Seeking Counselling Services among University Students

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Abstract
Counselling services are fundamental services provided by the university to aid students in their learning process. Even so, student acceptance of counselling services remains moderate. Stigma, negative experiences, concerns about confidentiality, and the availability of alternative sources of support all contribute to many students' refusal to seek counselling to address personal and academic challenges. The purpose of this study was to investigate the relationship between stigma and attitudes toward counselling among university students at Malaysia's National University (UKM). This study enrolled a total of 196 students. This quantitative study collects data via questionnaires. The Self-Stigma of Seeking Help Scale (SSOSH) is used to assess self-stigma, and the Attitudes Towards Seeking Professional Psychological Help Scale-Short Form (ATSPPHS-SF) is used to assess attitudes toward counselling. The study's findings indicated a significant negative correlation between self-stigma and willingness to seek counselling among the study subjects (r (196) = -.404, k.01). Self-stigma differences between male and female students were not significant (t = 2.459, df = 194, p.05). However, when attitudes toward counselling services were compared between genders, it was discovered that female students were more positive toward counselling services than male students (t = 2.459, df = 194, p.05). However, when self-stigma and attitudes toward counselling services were compared across fields of study, namely psychology and non-psychology, significant differences emerged. Students in psychology demonstrated lower self-stigma than students in other fields (t = 3.908, df = 194, p.05), as well as a more favourable attitude toward counselling than non-psychology students (t = 4.551, df = 194, p.05). There is also a discussion of the implications and strategies for expanding counselling services to university students.
Keywords: Self-Stigma, Attitude toward Seeking Professional Help, Counselling, Counsellor, Therapy

Introduction
Counselling services were first introduced in Malaysia's Public Institutions of Higher Learning (IPTA) in the late 1970s. Counselling centres are established in the majority of institutions of higher learning to provide student-centred services that assist students with personal, academic, career, and personal development, as well as the prevention and promotion of

mental health. Nonetheless, many students continue to believe that personal issues do not necessitate the assistance of a counsellor (Tinsley, Aubin & Brown, 1982). Previous research among university students has revealed that issues and challenges such as career development, exams, learning, student assignments, self-efficacy, interpersonal problems, health, finance, adjustment problems, and time management are frequently reported (Lin, Pan & Ching, 2015; Fook & Sidhu, 2015). Along with university-related stressors, mental health problems are on the rise (Latiff et al., 2014; Mohammed et al., 2016; Islam et al., 2018). Among the identified mental health issues among students were stress, anxiety, and depression.

However, students do not seek counselling due to self-stigma, negative experiences with previous counselling, concerns about confidentiality, and other sources of support (Nen & Ibrahim, 2018; Kamunyu & Ndungo, 2016). For instance, stigma has long been recognised as a substantial impediment to seeking counselling/therapy services (Corrigan, 2004). In mental health, stigma is classified into two broad categories: general stigma and self-stigma. Both of these stigmas can discourage individuals from seeking critical mental health care. Self-stigma is more influential than general stigma in determining an individual's decision to seek professional psychological services. Stigma in general refers to negative attitudes or beliefs about mental health services that can result in behaviours or feelings such as fear, rejection, or discrimination (Parcesepe & Cabassa, 2013). While self-stigma occurs when individuals internalise public stigma associated with mental health services and individuals who have mental health problems (Corrigan & Rao, 2012). As a result, individuals who suffer from this self-stigma face a variety of psychological difficulties, including low self-esteem, self-blame, and social isolation. Individuals are willing to refuse or seek necessary mental health care in order to avoid stigma. According to studies conducted among university students, students who have a high sense of self-stigma are more likely to avoid seeking mental health assistance (Nam et al., 2013; Vogel et al., 2007). Cheng et al (2015) discovered that college students who have a high level of self-stigma are also at risk of developing anxiety and depression.

Past studies using samples of the public and college students have shown consistency in which women have a more positive attitude toward seeking mental health services than men (Gonzales, Alegria & Prihoda, 2015; Rusch et al., 2014). These gender differences in attitudes to access mental health services are linked to the theory of gender roles in a society where men are more applied to the value of masculinity than women. Openness in expressing problems and seeking help instead is a characteristic that is indeed associated with women (Mackenzie, Gekoski & Knox, 2006). Even so, students were found to be more dependent on social support from family members and friends than counsellors, although they acknowledged there were many benefits available with counselling services (Abuhamdah 2021; Nen & Ibrahim, 2018). Past researchers have proven the existence of a correlation between past experiences and attitudes to seeking mental health services today among college students (Fischer & Farina, 1995). This positive attitude is associated with positive experiences with the counselling process undergone and improved students' psychological well-being (Kim et al., 2015). Thus, this study wants to measure the strength of the relationship between self-stigma and attitudes toward seeking counselling services among university students. Is there a significant relationship between self-stigma and attitudes toward counselling services? In addition, this study also wanted to look at differences in self-

stigma and attitudes toward seeking counselling service among students according to gender and field of study.

Methodology

Research Objective

The main objectives of this study were to: The study's primary objectives are (1) to quantify the relationship between self-stigma and attitudes toward counselling services, (2) to identify differences in self-stigma by gender, (3) to identify differences in attitudes toward counselling services by gender, (4) to identify differences in attitudes toward counselling services by field of study, and (5) to identify differences in attitudes toward counselling services by study.

Research Design

The study hypotheses were tested using a cross-sectional design. A cross-sectional study design is an appropriate first step for establishing the possibility of a relationship between variables, which can then be confirmed through long-term studies or experiments (Heppner, Wampold & Kivlighan, 2008). The Statistical Package for the Social Sciences for Windows was used to analyse the data in this study (SPPS). The study's findings were analysed using descriptive and inferential statistics. The following are the study's primary instruments:

1. Self-stigma was quantified using Vogel's (2006) Self-Stigma Instrument of Seeking Help Scale (SSOSH). This instrument consists of ten questions and an answer scale based on the Likert five-point scale (strongly disagree to agree strongly). The SSOSH instrument has a validity value of 0.72.

2. To assess attitudes toward seeking counselling services, Fischer and Farina (1970) developed the Attitudes Towards Seeking Professional Psychological Help Scale-Short Form (ATSPPHS-SF). This instrument includes ten question items and an answer scale based on the Likert four-point scale (disagree to agree). The ATSPPHS-SF instrument has a validity coefficient of.83.

Subjects

The subjects for this study were undergraduate students from the Bangi campus of the National University of Malaysia (UKM). Students were chosen using a simple random sampling technique. Throughout the semester, questionnaires were distributed to students on the Bangi campus. These students are chosen from prominent campus locations such as the cafeteria, faculty foyer, and library. The study is open to anyone who meets the study's eligibility criteria, regardless of race, age, year of study, or field of study. A total of 250 questionnaires were distributed successfully. Despite this, only 196 forms were collected successfully in this study. 158 (80.6 percent) of the 196 study subjects were female students, while 38 (19.4 percent) were male students.

Results and Discussion

Subjects' Profile

The study enrolled a total of 196 subjects, with 158 (80.6%) female students and 38 (19.4%) male students. There were 155 Malays in the study, while 22 (11.2 %) were Chinese, 8 (4.1 %) were Indians, 7 (3.6 %) were Bumiputera, and 4 (2 %) were of other races. According to demographic analysis, 161 people (82.1%) identified as Muslims, 18 (9.2%) as Buddhists, 9 (4.6%) as Christians, and 8 (4.1%) as Hindus. The study's analysis of the subjects revealed that 78 (39.8%) were psychology students, while 118 (60.2 %) were from a variety of other fields,

including social work (12.2%), TESL (11.7%), law (14.8%), engineering (15.3%), and Islamic Studies (18.4%). For more information, see Table 1.

Table 1: Subjects' Demographic Profile

Demographic	Number	Percentage
Gender		
Male	38	80.
Female	158	19.4
Total	196	100
Race		
Malay	155	79.1
Chinese	22	11.2
Indian	8	4.1
Bumiputera	7	3.6
Other	4	2
Total	196	100
Religion		
Islam	161	82.1
Buddha	18	9.2
Kristian	9	4.6
Hindu	8	4.1
Total	196	100
Course		
Psychology	78	39.8
Social Work	24	12.2
TESL	23	11.7
Law	29	14.8
Engineering	30	15.3
Islamic Studies	36	18.4
Total	196	100

Primary Analysis

To begin, an analysis of the relationship between self-stigma and the attitude toward counselling services among students revealed a statistically significant negative relationship between the two variables, r = -.404, n = 196, p<0.01. This analysis revealed that a high level of self-stigma was associated with a negative attitude toward seeking counselling services. Second, t-test analysis was used to compare male and female students' self-stigma scores. Male and female students scored similarly (t = 1.743, df = 194, p>.05). In other words, the magnitude of the male-female mean difference is small. There was no difference in terms of self-stigma between the study subjects' genders. Third, t-test analysis was used to compare male and female students' attitudes toward seeking counselling services. The analysis of the data revealed a statistically significant difference between male and female students (t = 2.459, df = 194, p<05). These data indicate a sizable difference in mean between males and females. In other words, the analysis indicates that female students are more likely than male students to seek counselling services. See Table 2, 3 and 4 for details.

Table 2: Correlations Between Self-Stigma and Attitude Toward Seeking Counselling Service

		Attitude Toward Seeking Counselling Service	
	r	N	Sig.
Self-stigma	-.404	196	.01

**k<0.01

Table 3: Self-stigma and Gender

	Gender	N	Min	SD	t
Self-stigma	Male	38	27.13	3.81	1.743
	Female	158	25.74	4.55	

Table 4: Attitude Toward Seeking Counselling Service and Gender

	Gender	N	Min	SD	t
Self-stigma	Male	38	14.84	4.24	2.459
	Female	158	16.58	3.84	

Fourth, self-stigma scores were compared between psychology and non-psychology students using t-test analysis. The data analysis revealed a significant difference in scores between those who studied psychology and those who did not (t = 3.908, df = 194, p.05). These findings indicate that there is a significant mean difference between psychology and non-psychology students. According to these findings, psychology students have a lower self-stigma toward counselling services than non-psychology students. Fifth, t-test analysis was used to examine students' attitudes toward counselling services, both psychological and non-psychological. The analysis of the data revealed a statistically significant difference in scores between psychology and non-psychology students (t = 4.551, df = 194, p<05). These findings indicate that psychology students have a more favourable attitude toward seeking counselling services than non-psychology students. See Table 5 and 6 for details.

Table 5: Self-stigma and Field of Study

	Field of Study	N	Min	SD	t
Self-stigma	Psychology	78	24.54	4.14	3.908
	Non-Psychology	118	26.98	4.38	

Table 6: Attitude Toward Seeking Counselling Service and Field of Study

	Gender	N	Min	SD	t
Attitude toward seeking counselling service	Psychology	38	17.76	3.45	4.551
	Non-Psychology	158	15.25	3.98	

The inferential analysis revealed a statistically significant negative association between self-stigma and the intention to seek counselling. The findings indicate that if a student has a high self-stigma against counselling, his or her likelihood of seeking counselling assistance is low.

Similarly, if a student has a low self-stigma about counselling, his or her likelihood of seeking treatment is increased. The study's findings were congruent with those of Stewart (2009), who discovered a negative link between self-stigma and the attitude toward getting help. Similarly, Tucker (2012) examined the stigma associated with mental illness and the stigma associated with seeking psychological care on a self-reported basis among 729 undergraduate students. Tucker's (2012) research demonstrates a high correlation between self-stigma and the attitude toward seeking help.

The inferential analysis revealed no difference in self-stigma between male and female students. These findings indicate that male and female subjects in this study experienced similar levels of self-stigma regarding counselling. The findings of this study contradict earlier research indicating that men experienced higher self-stigma when seeking mental health care than women (Stewart, 2008; Komiya, Good & Sherrod, 2000; Vogel et al., 2006; Stewart, 2008). The rather considerable discrepancy in the number of male and female individuals could account for the data findings being inconsequential. In comparison, this study supports a growing body of research indicating that women have a more favourable attitude toward mental health treatment and are more likely to utilise such services than men (Mojtabai, 2007; Rickwood et al., 2005; Eisenberg, 2009). Similarly, Boss et al (2009) discovered that female students' perceptions toward counselling services were more positive than male students.

There are considerable differences in self-stigma and attitudes toward counselling between psychology and non-psychology students. Self-stigma was shown to be lower among psychology students than among non-psychology students. Similarly, psychology students had a more favourable view toward counselling than non-psychology students. This could be because psychology students have a higher level of mental health knowledge than students from other majors. Students of psychology are more exposed to psychological and mental health issues. Mental health literacy refers to the capacity to distinguish a person's mental health state, which includes an understanding of the features of mental diseases, risk factors, and professional support (Jorm et al., 1997). Individuals with a high level of mental health literacy are more likely to seek and suggest psychological treatments to others (Coles & Coleman, 2010; Wright et al., 2007). Psychological problems, mental health assessment, and treatment are just a few of the in-depth topics covered in the psychology syllabus.

Before discussing the implications of this study's findings, some limitations should be acknowledged. To begin, this study relies on self-report data from a single university. As a result, the findings from these data may not be generalizable to students from a variety of different universities and geographic locations. Second, a disproportionate number of participants may diminish the importance of the results, for example, if the number of female subjects is greater than the number of male subjects. Thirdly, this study examined only two variables: self-stigma and attitudes toward counselling. Numerous other variables have been found as influencing attitudes about obtaining counselling services in the past. Future research should incorporate these relevant factors and examine their interactions and effects on attitudes toward obtaining counselling services. Additionally, future research may be able to undertake long-term research to validate the data from this study.

This study examines the effect of self-stigma on university students' decision to seek counselling services. Counsellors at universities must be more proactive in offering counselling services to students, particularly new students. Among the approaches that can be implemented are outreach initiatives at the beginning of the semester. Additionally, a series of faculty tours to promote counselling services, monthly webinars on mental health issues, and continuous social media promotion of counselling services might be adopted. These activities increase students' exposure to counselling activities and, as a result, their awareness of counselling and its benefits for students' self-development.

Conclusion

Mental health literacy should be stressed early on for university students. Mental health literacy can help students understand the value of personal well-being and how to care for and preserve it. Most importantly, mental health literacy can help eliminate stigma associated with mental illness and positively influence attitudes toward seeking treatment.

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