1985

Factors which influence the seeking of professional psychological help by college students who seriously consider suicide.

Peter Spencer
University of Massachusetts Amherst

Follow this and additional works at: https://scholarworks.umass.edu/theses

Retrieved from https://scholarworks.umass.edu/theses/2219

This thesis is brought to you for free and open access by ScholarWorks@UMass Amherst. It has been accepted for inclusion in Masters Theses 1911 - February 2014 by an authorized administrator of ScholarWorks@UMass Amherst. For more information, please contact scholarworks@library.umass.edu.
FACTORS WHICH INFLUENCE THE SEEKING OF PROFESSIONAL PSYCHOLOGICAL HELP BY COLLEGE STUDENTS WHO SERIOUSLY CONSIDER SUICIDE

A Master's Thesis Presented
By
PETER GRIGGS SPENCER

Submitted to the Graduate School of the University of Massachusetts in partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE

February 1985

Department of Psychology
FACTORS WHICH INFLUENCE THE SEEKING OF PROFESSIONAL PSYCHOLOGICAL HELP BY COLLEGE STUDENTS WHO SERIOUSLY CONSIDER SUICIDE

A Thesis Presented
by
PETER GRIGGS SPENCER

Approved as to style and content by:

Richard P. Halgin, Ph.D., Chairperson of Committee

Icek Ajzen, Ph.D., Member

Stephen Blane, Ed.D., Member

Seymour Berger, Ph.D., Department Chairperson
Department of Psychology
ACKNOWLEDGEMENTS

I would like to thank the members of my committee for their help with this thesis: my Chairperson, Richard Halgin, for his consistent support and encouragement though all stages of the project; Steve Blane for his useful and practical advice; and Icek Aizen, for his indispensable methodological and conceptual expertise. Sigma Xi, The Scientific Research Society contributed a generous Grant-in-Aid of Research to cover the costs of the project, for which I am most grateful.

Thanks are also due to Chris McCarthy, Mary-Jo Porcello, and Sue Smith for their assistance in collecting and coding the data. Finally, I want to express my sincere appreciation to my wife and children for their supportive tolerance of my months' long pre-occupation with the study.
# TABLE OF CONTENTS

**ACKNOWLEDGEMENTS** ................................................................. iii

**Chapter**

I. INTRODUCTION ................................................................. 1

Adolescent Suicide ............................................................... 2
Suicide Ideation ................................................................. 7
Help Seeking Behavior .......................................................... 9
Degree of Psychological Distress ........................................... 10
Demographic Factors ........................................................... 11
Attitudes ................................................................................ 13
Aims and Organization of the Present Study ......................... 14

II. METHOD ................................................................. 18

Pilot Study ............................................................................. 18
Main Study ............................................................................. 20
Respondents and Procedure ................................................... 20
Measures ................................................................................ 22
Help Seeking Attitudes Questionnaire ..................................... 22
Intention ................................................................................ 22
Attitude Measure ................................................................... 22
Subjective Norm Measure ...................................................... 23
Perceived Control .................................................................... 25
History of Suicidal Ideation and Help Seeking Questionnaire .... 25
Student Problem Inventory ...................................................... 26
Scale for Suicide Ideation ....................................................... 26

III. RESULTS AND DISCUSSION ............................................. 28

Identification of Groups ......................................................... 28
Internal Reliability of the Measures ....................................... 31
Correlates of Intention ........................................................... 32
The Influence of Suicidal Ideation ........................................... 35
Predicting Intention: The Four Factor Model ......................... 37
The Influence of Subject Characteristics ............................... 40
Beliefs About Seeking Professional Psychological Help ............ 44
Normative Beliefs ................................................................. 44
Outcome Beliefs ................................................................... 46
Analysis of Outcome Beliefs by Category ............................... 47
The Influence of Suicide Ideation on Outcome Beliefs for the Recent Ideators ......................................................... 54
Summary of Outcome Beliefs Results ..................................... 56
LIST OF TABLES

1. Incidence of Suicidal Ideation and Behavior ...... 73
2. Means, Medians, and Standard Deviations of Predictor Variables for Whole Sample and Each Group ........................................ 74
3. Correlations Between the Predictor Variables and Measure of Suicide Ideation for Each Group .... 75
4. Partial Correlations Between the Predictor Variables and Distress and Suicide Ideation ... 76
5. Regression Summary Table for Criterion of Intention to Seek Professional Psychological Help for Total Sample and Each Group ........... 77
6. Significant F Values for Subject Variables on Intention and the Predictor Variables ........... 78
7. Correlations Between Help Seeking Intention and Normative Beliefs with Means for Each Normative Belief, Norm Probability, and Motivation to Comply ........................................... 79
8. Correlations Between Help Seeking Intention and Outcome Beliefs with Means for Each Outcome Belief, Outcome Evaluation and Outcome Probability ........................................... 80
CHAPTER I
INTRODUCTION

Suicide is the second leading cause of death among college students (U.S. Bureau of the Census, 1982). Moreover, during the last 25 years, the rate of suicide in the 15 to 25 year old age group has more than doubled. Most of the research on suicide has been devoted to the study of the etiology of suicide and the personality characteristics of suicidal individuals. Research done in the interest of suicide prevention has focused primarily on the development of screening methods for individuals at high risk for suicide (Beck, Resnick, and Lettieri, 1974; Litman and Farberow, 1961).

Despite the obvious fact that the effectiveness of suicide prevention programs depends upon distressed individuals making contact with the treatment agency, the act of seeking professional help has not been a topic of empirical research. The main purpose of the present study was to identify the attitudinal factors that influence the intention of suicidal college students to seek professional help. The method employed is based on a theory of attitudes, intention, and behavior proposed by Ajzen and Fishbein (1980). The study also examined how
the degree of suicidal intent, degree of general psychological distress, history of suicidal behavior, help seeking behavior, and demographic characteristics influence individual attitudes and intention to seek help.

In the following sections, several topics are addressed. First, the extent of adolescent and college student suicide and attempted suicide is considered. Second, the prevalence and significance of suicidal ideation among college students is discussed. In the next section, the research on psychiatric service utilization and research on suicidal behaviors is examined for contributions to the understanding of help-seeking for suicide related distress. In conclusion, there is a statement of the particular questions to be addressed in this study, together with a brief description of the proposed means of answering those questions.

**Adolescent Suicide**

Suicide is ranked as the second or third leading cause of death in the 15 to 25 year old age group. According to recent statistics compiled by the Bureau of Census (1982), the leading causes of adolescent death were, in order of magnitude: accidents, suicide, and physical diseases. In 1960, the adolescent suicide rate
was about 5.0 per 100,000 (Seiden, 1969). In 1970 this figure rose to 8.1 per 100,000. The current figure is 12.6 per 100,000 (U.S. Bureau of Census, 1982). This represents an increase in adolescent suicide by a factor of 2.5 during the last twenty years. At present there are about 42 million 15 to 24 year olds in the United States. According to these statistics, approximately 5,300 of these adolescents commit suicide per year.

There is considerable debate about the question of how the rate of college student suicide compares to the rate of non-college student suicide. Studies of suicide rates at English universities and at the University of California at Berkeley indicate that the rate of college student suicide is at least double that of their non-college peers (Seiden, 1966). In contrast, a study of the suicide rate in the 15 to 29 year old age group in Los Angeles County, by Peck and Schrutz (1971), found the college student rate to be about half the suicide rate of the non-college group in the same age category.

The resolution of such inconsistencies is made more difficult by questionable statistics. Many investigators (Dublin, 1963; Farberow and Schneidman, 1961; Klagsbrun, 1976) have pointed out that official statistics about suicide are under-representative; that the true rate may be from two to seven times this number. The stigma
attached to suicide results in considerable social pressure against the certification of a death as suicidal. It has been suggested, for example, that a significant number of deaths listed as single driver car accidents and drug overdoses may actually be suicides.

At the University of Massachusetts, Amherst, the site of the present study, the student suicide rate between the years 1959 and 1979 was reported by Kraft (1980). The average annual rate for the period was 5.6 per 100,000. The yearly figures ranged from a high of 34.0 per 100,000 in 1963-64 to no suicides in nine of the twenty years studied. The average figure is somewhat lower than the statewide rate in Massachusetts for the late seventies, which was 8.9 per 100,000 (U.S. Bureau of the Census, 1982).

The rate of attempted suicides has been estimated in systematic epidemiological studies in Great Britain and the United States to be ten to fifteen times that of the rate of suicide (Stengel, 1968). On the basis of these figures it could be estimated that approximately one percent of the adult general population has attempted suicide during adolescence. Again, official studies probably underestimate the true rate because they depend upon data available at medical facilities, and have no access to non-reported attempts.
Recent studies suggest that the prevalence of attempted suicide is markedly higher than indicated by epidemiological findings. Linehan and colleagues found that from 10% to 16% of the adult population in Seattle reported attempting suicide at some point in their lifetime (Lineham, Goodstein, Nielsen and Chiles, 1983). The data available on college students, although based on small and selected samples, are nevertheless consistent with the findings of Linehan and her colleagues, when the age factor is taken into account. Canton (1976) found that 10% of a "random sample of 199 female students at Boston University" (P. 325) reported having attempted suicide. Mishara (1982) handed out questionnaires to all the members (n=250) of two undergraduate psychology classes at the University of Massachusetts, Boston. Of those who responded (n=140), 13.6% reported having attempted suicide. Bernard and Bernard (1982) surveyed 935 undergraduate volunteer subjects in various departments and found that 20% reported threats of, or attempts at, suicide or both. These results indicate that suicide and attempted suicide represent a sizeable and serious mental health problem for college students.

There are substantial demographic differences between the population of suicide attempters and suicide completers. Schneidman and Farberow (1961), in reference
to an adult population, noted that the modal committer is male, over 40 years old, and uses a gun. The modal attempter, on the other hand, is female, between 20 and 30 years old, and uses barbituates. The gender differences were particularly striking. In Peck and Schrut's (1971) study of suicidal college students, it was found that more than five times as many males than females committed suicide, while more than five times as many females as males attempted suicide.

In contrast to these demographic differences, Peck and Schrut (1971) found few differences between threateners, attempters, and committers as compared to normal controls on indices of social isolation, sexual inadequacy, and history of psychiatric treatment. Schneidman and Farberow (1961) noted that in a general population, suicide attempters and committers appeared to have similar problems, i.e., marital difficulties and depression.
Suicide Ideation

Suicidal ideation (after Beck, Kovacs and Weissman, 1979) is defined as the wishes and plans to commit suicide by individuals who have not made any recent overt attempts. The term does not include non-serious fantasies or thoughts about suicide. Beck and his colleagues (1979) describe suicidal intent as a multi-faceted concept, encompassing such factors as the intensity, pervasiveness and duration of the individual's wish to die, the relative strength of the wish to die vs. the wish to live, and the degree to which a free-floating suicidal desire has been transformed into a concrete plan of action.

It is important to note that suicidal ideation is but one component of the degree to which the individual is at risk for committing suicide. Other important factors include the individual's knowledge of lethal means, the accessibility of the lethal method, and environmental social supports.

In most studies of college student suicidal behaviors, investigators have used relatively simple measures of the strength of suicidal ideation, such as having respondents rate past or present suicidal thoughts on scales of frequency and seriousness. Using these measures, investigators have found that about three times
the number of individuals who attempt suicide seriously consider suicide. Linehan and Laflaw (1983) found that 30% of the Seattle adult sample reported seriously considering suicide at some point in their lifetime. Canton (1976) found that 35% of her undergraduate female sample reported that under "extreme stress" they considered suicide at least once a month. A total of 47% of Mishara's (1982) undergraduate respondents reported having considered suicide.

These findings indicate that serious ideation is only marginally predictive of attempted suicide and even less predictive of completing suicide. In light of this fact, it is important to question the significance of serious suicidal ideation in terms of an individual's general level of mental health — Are individuals who seriously consider suicide (but who never act on these considerations) in need of professional psychological help?

Although this question has never been the focus of any investigation, two studies reported findings that bear on the issue of mental health of suicidal ideators. Cantor (1976) found that high suicidal ideators reported interpersonal problems and conflicts. As compared to non-ideators, high ideators reported higher needs for interpersonal nurturance and affiliation and less comfort
in approaching others. In addition, high ideators reported more conflict with parents than did non-ideators. Schotte and Clum (1982), using a specially constructed scale for suicide ideation, found that high ideators scored significantly higher on measures of life stress, depression and helplessness than did non-ideators. These findings suggest that serious suicidal ideators may be in particular need of professional help, because they suffer from interpersonal inadequacy and distress to a greater extent than do their non-suicidal peers.

**Help-Seeking Behavior**

In the previous sections, it has been shown that suicide, attempted suicide, and suicidal ideation are serious and prevalent problems among college students. Previous research was cited to point out that although suicidal ideation was not necessarily predictive of suicide, it may be an indicator of psychological distress and disability. The question to be considered next concerns the previously reported factors that might influence a suicide ideator to seek professional psychological help in order to alleviate distress.
In a study of college students' use of professional psychological counseling services, Greenley and Mechanic (1976) found that severity of psychological distress was the single most important influence on help seeking. They tested a number of methods for determining psychological distress and found, as had other investigators, that simple counting of symptoms or problems gave results comparable to more complex methods.

Although there has been no systematic study of professional help seeking by suicide ideators, evidence from studies of suicidal college students suggests that highly suicidal students might not seek help. For example, in Cantor's (1976) study of female undergraduates, she found that only five percent of the suicide attempt group reported being able to ask for help from others when they felt they needed it, as compared to 96% of the low ideation group. In Bernard and Bernard's (1982) study of college undergraduates, 80% of the students who had felt seriously suicidal or attempted suicide at school had no idea of how they might have received help in the university context. This was in marked contrast to the many suggestions from non-suicidal students about the helping resources potentially available to suicidally distressed individuals. These findings are
consistent with the popular notion of suicide as a cry for help -- a desperate act by troubled individuals to obtain help that they are otherwise unable to find.

It has been shown that there is a direct relationship between psychological distress and suicidal ideation, as well as between psychological distress and help seeking. In light of the previous discussion, however, it is not clear that there is a direct relationship between severity of suicidal ideation and the intention to seek help. Perhaps individuals consider suicide instead of seeking help because they do not believe that obtaining help is possible. The nature of the relationship between severity of suicidal ideation and the intention to seek help is an open question to be addressed in the present study.

**Demographic Factors**

Much of the sociological research on mental health service utilization has been devoted to determining the effect of demographic factors. In general, it has been found that such characteristics as female gender, high level of education, a high socioeconomic status, and generally non-religious or Jewish religious orientation are positively related to the incidence of help seeking (Mechanic, 1975; Kessler, 1981; Kulka, Veroff and Douvan, 1979).
Greenley and Mechanic (1976), examining the effects of these variables in a college population, found that socio-cultural factors had a relatively small influence on the decision to seek help, but had significant influence over the choice of help-provider (psychiatrist, counselor, religious-counselor, etc.). The one notable exception to this was gender. They found that females consistently reported both higher levels of distress and, independent of distress level, a higher rate of help seeking. In light of the consistency of this finding in previous research, it is expected that females will report stronger intentions to seek professional help for suicidal ideation.

There is some evidence to support the claim that Roman Catholics have less favorable attitudes toward seeking professional help than do Protestants or Jews (Fischer and Cohen, 1972). In addition, the Roman Catholic church takes a definite position against suicide, embodied in the Canonic Code (Ferracuti, 1957). It may be that religious values influence Catholics to deny suicidal ideation. On the other hand, some Catholics may think it particularly important to receive help for suicidal preoccupations. Although the exact nature of the religious influence cannot be predicted, it is expected
that religion will have some effect on help seeking for suicidal ideation.

**Attitudes**

In their study of the factors affecting college students' use of various sources of help for psychological problems, Greenley and Mechanic (1976) investigated the influence of global attitudinal factors. Respondents were asked how likely they would be to use professional help if they were experiencing certain phenomena such as loneliness, anxiety, and hearing voices. In addition, respondents indicated the attitude about seeking professional psychological help of family members. These attitudinal measures were significantly correlated with help seeking.

To date, only one group of investigators has substantially researched attitudes about seeking professional psychological help per se. Fischer and Turner (1970) developed an attitude scale about help seeking. Their initial item pool was composed of short statements, written by a group of clinicians, which reflected typical client attitudes about seeking professional psychological help. After screening and pilot testing, twenty-nine of these statements, cast in a Likert-type format, were selected for inclusion in the
"Attitudes Towards Seeking Professional Psychological Help" scale. A factor analysis revealed that the scale tapped four dimensions of the overall attitude: (1) recognition of the personal need for professional psychological help, (2) tolerance of the stigma associated with seeking such help, (3) interpersonal openness, and (4) confidence in the mental health practitioner. Attitude scores were positively related to prior contact with mental health service providers, as well as with expected demographic characteristics, e.g., gender, education, and religious orientation (Fischer and Turner, 1970; Fischer and Cohen, 1972).

**Aims and Organization of the Present Study**

The first aim of the present study was to assess the relative influence of attitudes and beliefs, psychological distress, suicidal intention, past help-seeking behavior, and demographic characteristics on the intention of college students to seek professional psychological help. The second and most clinically relevant aim of the study was to identify the particular beliefs about seeking professional psychological help which are significant determinants of suicidal college students' intentions to seek or not seek professional psychological help.
The present study employed a method of predicting social behavior (Ajzen and Fishbein, 1980; Ajzen, in press) in order to identify the content of students' beliefs about seeking professional psychological help and to assess the influence of those beliefs on their intention to seek such help. The method, based on the Theory of Reasoned Action (Ajzen and Fishbein, 1980), has been applied successfully in the prediction of a wide variety of health-related behaviors. The theory's major proposition is that most social actions are primarily determined by a person's intention to engage in the action. According to the theory, a student's intention to seek professional psychological help is largely determined by two factors. One factor is the student's attitude towards the behavior: i.e. the degree to which the student has a favorable or unfavorable evaluation of the supposed consequences of seeking professional psychological help. The second factor is the student's subjective norm regarding the behavior: i.e. the student's perception of the degree to which significant individuals or groups approve or disapprove of the student's seeking professional psychological help.

Recent research (Ajzen and Timko, in press) has shown that a person's belief about the degree to which a behavior is under his/her volitional control, perceived
control, influences the person's intention to engage in the behavior independently of attitude and subjective norm. For example, a student may believe that s/he could benefit from professional help (positive attitude). The same student might believe that significant others would be supportive of his or her efforts to seek professional psychological help (positive subjective norm). However, the student's intention to seek professional psychological help might be negative if the student believes that s/he does not have sufficient time, money or energy to seek professional psychological help (low perceived control).

Ajzen (in press) proposed the Theory of Planned Behavior to account for the interacting influences of attitude, subjective norm and perceived control on intention and behavior.

According Ajzen (in press), a student's attitude, subjective norm, and degree of perceived control are the major determinants of the student's intention to seek professional psychological help. Such factors as student demographic characteristics, personality traits, and prior behavior are assumed to influence intention by means of their effect on attitude, subjective norm, and perceived control. In other words, subject characteristics determine beliefs and attitudes which, in turn, determine intentions.
In light of the findings of previous research on student help seeking and the present study's focus on suicidal college students, several factors were examined for their effect on college students' attitudes, subjective norms, perceived control, and intentions about seeking professional psychological help. These factors were: (a) level of current psychological distress, (b) strength of suicidal intention, (c) incidence of past help-seeking, (d) sex, and (e) religion.
A pool of salient beliefs about the outcomes of seeking professional psychological help and about individuals or groups who might be concerned about a student's seeking professional psychological help for suicidal feelings and thoughts was generated by means of a survey questionnaire (see Appendix B). The questionnaire was administered to the members of two undergraduate psychology courses at the University of Massachusetts at Amherst. After a brief explanation of the purpose and nature of the study, questionnaires were passed out to interested students. They were instructed to return completed questionnaires during the following class meeting. Participants received extra credit. Respondents were instructed to take the point of view of a student who was feeling suicidal. They were asked to list several outcomes of seeking professional psychological help which they believed were advantages and several which they believed to be disadvantages of seeking professional psychological help. Participants were also instructed to
list individuals or groups who might favor or oppose their seeking professional psychological help. Finally, respondents answered several questions about their experiences of suicidal thoughts and feelings, and to specify whether they had sought professional psychological help.

A total of 164 students returned completed questionnaires \((m = 63, f = 101)\). Forty-two of the respondents (26%) indicated that they had either attempted suicide or seriously considered suicide. The responses of these subjects were used to identify a group of 20 outcomes which were frequently listed as advantages or disadvantages of seeking professional psychological help (see Table 7). Examples of the outcome statements include: (a) having the opportunity to talk to someone about my problems, (b) feeling better about myself, (c) coping better with my problems, and (d) making my family and friends feel better. Nine frequently listed social referents were used to form the measure of subjective norm. These referents were: (a) mother, (b) father, (c) grandparents, (d) siblings, (e) boyfriend, girlfriend, or partner, (f) friends, (g) acquaintances, (h) mental health professionals, and (i) members of my religious group.
Main Study

Respondents and Procedure

Participants in the study were recruited from undergraduate classes in psychology. During a class period a brief announcement was made about the purpose of the study and the nature of the survey questionnaire. Immediately following the class period, interested students were given the survey questionnaire (Appendix B), which contained (a) an informed consent form, (b) a Help Seeking Attitudes Questionnaire constructed by the present author according to the method of Ajzen and Fishbein (1980), (c) a History of Suicide and Help Seeking Questionnaire developed by the present author, (d) a Student Problem Inventory (Scheff, 1966), (e) the Scale for Suicide Ideation (Beck, Kovacs and Weissman, 1979) in a self-report form developed by Schotte and Clum (1982), (f) a questionnaire to assess respondents' reactions to their participation in the study, and (g) a debriefing form containing further information about the study and about the mental-health services available to students on campus. The questionnaires were returned to the experimenter during the following class meeting, at which time questions about the study were answered.
A total of 1200 questionnaires were handed out in this manner. The number of returned questionnaires was 771. The pool of returned questionnaires was divided into two groups. The non-suicidal group consisted of questionnaires from those students who indicated that they had never considered suicide or had considered suicide only briefly and non-seriously. The suicidal group consisted of questionnaires from students who indicated having seriously considered suicide or having attempted suicide. The sample of questionnaires analyzed in the study included a random selection of 150 questionnaires from non-suicidal students (males = 69, females = 79, unspecified = 2) and all the 119 questionnaires from suicidal students (males = 39, females = 79, unspecified = 1). Thus, a total of 269 respondents were included in the study (108 males and 158 females and 3 unspecified). The average age of the sample was 20.06 years. Approximately one-fourth of the sample were social science majors, one-fourth majored in business, sciences, or arts, and one-half the sample had not decided upon or did not list a major.
Measures

Help Seeking Attitudes Questionnaire

Respondents were instructed to answer the questionnaire in terms of their present psychological condition. Items on the questionnaire measured the factors stipulated in the Theory of Reasoned Action (Ajzen and Fishbein, 1980) and the factor of perceived control:

Intention. This item was worded as follows. "I intend to seek professional psychological help within the next month" (unlikely [-3] to likely [+3]).

Attitude measure. The attitude measure used in the analyses was a composite of two scores. First, a global attitude toward the behavior score was determined by asking the respondent to rate the possibility of seeking professional psychological help within the next month on six bipolar (-3 to +3) adjective scales: good-bad, wise-foolish, beneficial-harmful, pleasant-unpleasant, interesting-uninteresting, rewarding-unrewarding. Scale ratings were averaged in computing a single global attitude score.

Second, an outcome beliefs score was determined in the following manner. Each of the 20 salient outcomes of seeking professional psychological help obtained in the pilot study was rated for the outcome's value.
(outcome evaluation) and for the probability that the outcome would result from seeking professional psychological help (outcome probability). An example of an outcome probability is: "Seeking professional psychological help within the next month will help me to cope better with my problems," (likely [+3] to unlikely [-3]). An example of a corresponding outcome evaluation is: "Coping better with my problems is" (good [+3] to bad [-3]). Corresponding outcome probabilities and outcome evaluation ratings were multiplied to form a measure termed outcome belief, which reflected the degree to which the subject believed the particular outcome was an advantage or disadvantage of seeking professional psychological help. The outcome beliefs were summed to form the outcome beliefs score. The global attitude score and the outcome beliefs score were standardized and added together to form the attitude measure.

Subjective norms measure. This measure was derived in a manner equivalent to that of the attitude measure. The subjective norms measure was a composite of two scores. First, a global norms score was determined by means of a single item which asked respondents to indicate the degree to which significant others believed that the respondent should seek professional psychological help within the next month: "The individuals or groups who are
important to me feel that I should seek professional psychological help within the next month," (likely [+3] to unlikely [-3]). Second, a normative beliefs score was determined in the following manner. Each of the nine normative belief items obtained in the pilot study was used to form a pair of items; a norm probability item and a motivation to comply item. Each norm probability item consisted of a rating of the likelihood of the belief on a seven point scale. For example: "My mother thinks I should seek professional psychological help within the next month," (likely [+3] to unlikely [-3]). Each motivation to comply item consisted of a unipolar rating of the respondent's motivation to comply with the individual or group specified in the normative belief item. For example, "Generally speaking I want to do what my mother thinks I should do," (likely [7] to unlikely [1]). Corresponding normative belief and motivation to comply ratings were multiplied to form a normative belief, which reflects the degree to which the particular referent influences the subject to seek professional psychological help. The individual normative belief measures were summed to form the normative beliefs score. The global subjective norm score and the normative beliefs score were standardized and added together to form the subjective norms measure.
**Perceived control.** The measure of perceived control over seeking professional psychological help was computed by averaging scores of three items. One item was a rating of seeking professional psychological help within the next month on a scale of difficult (1) to easy (7). Two items referred to having sufficient time or energy (likely [7] to unlikely [1]) to seek professional psychological help within the next month.

**History of Suicidal Behavior and Help Seeking Questionnaire**

This instrument, developed by the author for the present study, contained questions about the nature and incidence of suicidal behaviors and professional psychological help seeking. Respondents were asked to indicate whether they had: (a) never considered suicide, (b) briefly and non-seriously considered suicide, (c) seriously considered suicide, (d) made a suicide attempt but had not hoped to die, or (e) had attempted suicide and had hoped to die. In the case of the latter three alternatives, respondents were asked to indicate their age(s) at the time of the suicidal behavior(s) and when the most recent incident had occurred: (a) within the past month, (b) the past three months, (c) the past six months, (d) the past year, or (e) previous to the past year. In
regard to professional psychological help seeking, respondents were asked to indicate how many times they had sought professional help, the duration and date(s) of the treatment(s), and whether suicidal issues were brought up in the therapy. The questionnaire also included demographic items: age, sex, religious preference, and student status.

**Student Problem Inventory (SPI)**

This checklist was developed by Scheff (1966) to include the common presenting problems of students seeking services at a university counseling center. It includes 65 items which cover such areas as physiological symptoms, social and family problems, academic difficulties and financial pressures. The measure of psychological distress used in the present study was a simple count of the SPI problems checked by the respondent. Mechanic and Greenley (1976) found that this simple method of computing a distress score for college students gave comparable results to more complex methods.

**Scale for Suicidal Ideation (SSI)**

The SSI is a 19-item clinical research instrument developed by Beck, Kovacs and Weissman (1979) to measure the degree of an individual's suicidal intention. It
measures suicidal intention along several dimensions, such as the extent of an active and passive wish to die, the degree of planning, and the influence of values that act as deterrents to an actual attempt. Psychometric data on the scale are reported in Beck et al (1979). Schotte and Clum (1982) constructed a self-report adaptation of the SSI in an investigation of suicidal ideation in a college population. The self-report form correlated highly ($r = .90$) with the original interview form. The self-report form was employed in the present study. Scores on the scale range from 0 (low suicidal intention) to 38 (high suicidal intention).
CHAPTER III
RESULTS AND DISCUSSION

Identification of Groups

Subjects were divided into three groups on the basis of the self-reported recency of suicidal ideation or behavior. The purpose of this procedure was to distinguish subjects for whom suicidal ideation and behaviors had been a recent and salient concern (recent ideators) from those for whom suicidal ideation and behaviors had not been a recent concern (past ideators), or for those whom suicidal ideas were not perceived as a serious concern (controls). The recent_ideator_group consisted of 47 subjects who reported having seriously considered suicide (males = 13, females = 23) or attempted suicide (males = 4, females = 7) within the past six months. The past_ideator_group consisted of 72 subjects who reported having seriously considered suicide (males = 17, females = 24, unspecified = 1) or attempted suicide (males = 5, females = 25) prior to the past six months. The control_group consisted of 150 subjects (males = 69, females = 79, unspecified = 2) who reported having never considered suicide or having considered suicide briefly and not seriously. There was a
significantly greater percentage of females in the two ideator groups combined (ideators) than in the control group (Chi Square (1, N = 266) = 5.0, p<.001). Table 1 shows the incidence of suicidal ideation and behaviors observed in the student sample (all tables have been placed in Appendix A).

Insert Table 1 about here

These groups were clearly distinguished from one another on measures of suicidal intention and current psychological distress, as indicated in Table 2. Two methods were used to obtain an estimate of the clinical significance of these scores for the recent ideator group. First, the scores of the ideator groups were compared to scores of the entire sample which had been corrected to reflect the observed prevalence of the ideator groups observed in the entire set (N = 771) of returned questionnaires (past ideator = 9.3%, recent ideator = 6.1%). The means of the corrected sample served as the best estimate of the levels of current psychological distress and suicide ideation in the population of college students studied. Second, the scores of the ideator group were compared to data obtained on clinical populations.
These comparisons showed that the SSI scores for the recent ideator group were clearly indicative of serious suicide intention. The average recent ideator ranked approximately in the 98th percentile when compared to the scores of the corrected student sample ($M = 3.52$, $SD = 3.30$). The scores of the recent ideator group were slightly higher than those reported by Beck, Kovacs and Weissman (1979) for a group of 90 individuals who had been hospitalized for suicidal ideation ($M = 9.4$, $SD = 8.4$). Comparisons on the measure of current psychological distress showed that the recent ideators were a highly distressed group relative to their peers. For example, the distress score of the average recent ideator ranked approximately in the 92nd percentile of the corrected student sample ($M = 13.27$, $SD = 6.4$). In addition, the distress level of the recent ideator was equivalent to that of students who had recently (within the past three months) sought professional psychological help ($N = 22$, $M = 19.54$). In sum, the subjects in the recent ideator group experienced an extremely high level of suicide ideation and current psychological distress relative to their peers.
Internal Reliability of the Measures

Estimates of the internal consistency of the scales measuring attitude, subjective norm, and perceived control were obtained by calculating the Cronbach alpha statistic for each of the scales and their components.

As discussed in the method section, the measure of attitude was computed by adding together two scores: the global attitude score and the outcome beliefs score. The global attitude score, derived from the ratings of seeking professional psychological help on six bipolar adjective scales, had a Cronbach alpha of .81 for the entire sample and ranged from .84 for the control group to .70 for the past ideator group. The outcome beliefs score, derived from ratings of the value and likelihood of 20 outcomes of seeking professional psychological help had a Cronbach alpha of .84 for the whole sample, ranging from .84 for the recent ideator group to .78 for the control group. These two measures were highly correlated with one another $r = .64$, $p<.001$. When the items in the global attitude score and the outcome beliefs score were combined to form the measure of attitude used in the following analyses, the Cronbach alpha was .83 for the whole sample, ranging from .86 for the recent ideator group to .83 for the control group.
The subjective norm was also derived from two scores, the global norm score and the normative beliefs score. The normative beliefs score was computed from the sum of nine normative beliefs. The Cronbach alpha for this measure was .92 for the entire sample, ranging from .94 for the control group to .87 for the recent ideator group. The global norm score, which was derived from a single item was strongly correlated with the normative beliefs score, \( r = .52, p<.001 \).

The perceived control measure, which was derived from only three items on the questionnaire, had a relatively low degree of internal consistency, with an alpha of .59, ranging from .61 for the control group to .55 for the recent ideator group.

**Correlates of Intention**

Subjects' ratings of their intention to seek professional psychological help within the month were extremely low. As shown in Table 2 the median intention for all subjects was -2.55 on a scale that ranged from -3 to 3. In fact, 43% of the subjects in the ideator groups rated their intention as a -3, the lowest possible rating. Seventy-three percent of the ideators gave an intention rating of -1 or less. This skew in the measure of
intention limited the degree of correlation possible with the other factors whose scores were distributed more normally.

Table 3 shows the intercorrelations among the measures of help seeking intention, attitude, subjective norm, perceived control, current psychological distress and suicide ideation. Considering the degree of skew in the measure of intention, the correlations between intention and the predictor variables were reasonably strong. The correlations between the measure of attitude and subjective norm with intention, for the whole sample, were $r = .53$, $p<.001$ and $r = .52$, $p<.001$ respectively. For the whole sample, the correlation coefficient between the intention rating and the measure of perceived control was $r = .25$, $p<.001$; intention with the measure of distress was $r = .35$, $p<.001$.

Insert Table 3 about here

There were interesting between group differences in the pattern of correlations of the predictor variables with the measure of intention. The correlation coefficients between the measure of subjective norm and the measure of help seeking intention were fairly strong for the controls and past ideators ($r = .58$, $p<.001$ and
correlation was low, ($r = .24, p<.05$). This suggests that subjects in the recent ideator group are less influenced by the opinions of others than are members of the other two groups.

A similar pattern can be observed for the correlation between the measure of current psychological distress and the help seeking intention. For the controls, $r = .29, p<.001$; for the past ideators, $r = .40, p<.001$. In contrast, for the recent ideators, the correlation between the level of distress and the help seeking intention was non-significant ($r = .19$). This finding suggests that recent ideators tend to ignore the severity of their problems in regard to deciding whether or not to seek professional psychological help.

The correlation between intention and perceived control for the recent ideators ($r = .39, p<.01$) was higher than for the controls and the past ideators (for both, $r = .26, p<.001$). This finding suggests that perceived control is somewhat more of a salient concern for the recent ideators than for the members of the other two groups.
The Influence of Suicidal Ideation

Table 3 indicates the simple correlations between the measure of suicide ideation (SSI) with the measure of help seeking intention and the four model factors for the whole sample and for each group. The influence of SSI on intention was not particularly strong. SSI was positively correlated with intention for the controls ($r = .33$, $p<.001$), and had a weak negative correlation with intention for the recent ideators, ($r = -.15$, n.s.).

For the control group, the correlations of the measure of suicidal ideation with the measures of intention to seek help, attitude, subjective norm, and perceived control paralleled those of the distress measure. That is, higher levels of distress and of suicide ideation were associated with more positive intentions, attitudes and subjective norms, and lower levels of perceived control.

For the two ideator groups, however, there were markedly different patterns of correlations for suicide ideation versus distress with intention and with attitude. In the ideator groups (past and recent, respectively) distress was correlated positively with intention ($r = .40$, $p<.001$ and $r = .19$, n.s.) and with attitude ($r = .40$, $p<.001$ and $r = .18$, n.s.). In contrast, SSI
scores were generally correlated negatively with intention ($r = .02, n.s.$ and $r = -.15, n.s.$) and with attitude ($r = -.03, n.s.$ and $r = -.16, n.s.$).

This pattern was made more pronounced when the first order partial correlations were calculated controlling for the level of distress and suicide ideation (see Table 4). When suicide ideation was controlled for, the respective correlations (past and recent) of distress with intention ($r = .42, p<.001$ and $r = .29, p<.05$) and attitude ($r = .46, p<.001$ and $r = .29, p<.05$) became more positive. When distress was controlled for the respective (past and recent) correlations of suicide ideation with intention ($r = -.19, n.s.$ and $r = -.27, p<.05$) and suicide ideation with attitude ($r = -.25, p<.05$ and $r = -.27, p<.05$) became more negative.

Insert Table 4 about here

These findings suggest most obviously that the influence of suicidal ideation on the intention to seek professional psychological help is different for the controls than for the ideator groups. For the control group the presence of suicidal ideation appears to have the same positive influence as the level of current psychological distress. For the ideator groups, on the
other hand, suicidal ideation, in contrast to distress, has a slightly negative influence on help-seeking intentions, primarily because it has a negative influence on attitudes towards seeking help.

**Predicting Intention: The Four Factor Model**

A hierarchical multiple regression with listwise deletion was performed on the entire data set in order to assess the importance of the measures of attitude, subjective norm, and perceived control relative to the measures of distress, suicidal ideation and the subject variables in predicting students' intention to seek professional psychological help. The factors were entered into the equation in an order dictated by the theoretical assumption that attitude, subjective norm, and perceived control mediate the influence of other subject characteristics. The order of inclusion was: Step 1. Attitude and Subjective Norm; Step 2. Perceived Control; Step 3. Current Psychological Distress; Step 4. Sex and Incidence of past help seeking behavior. (Religion was not included in the regression analysis because data on religious orientation had been obtained on a relatively small group of subjects). The criterion for inclusion of a factor in the equation was that it increased intention
variance explained by the equation (multiple R squared) by at least one percent.

The results of the regression procedure, as indicated in Table 5, showed that four factors accounted for approximately half of the variance of intention for the entire sample. The measure of attitude was the best predictor of the help-seeking intention, $F(4, 228) = 50.7$, $p < .001$, accounting for 28% of the variance. The measure of subjective norm, $F(4, 228) = 51.1$, $p < .001$, accounted for an additional 12% of the variance. The measure of perceived control, $F(4, 228) = 20.3$, $p < .001$, accounted for 6% of the variance. Finally, the measure of current psychological distress, $F(4, 228) = 10.8$, $p < .001$, accounted for an additional 2% of the variance in the intention to seek professional psychological help.

Equivalent results were obtained in a cross-validation procedure using half-sized random samples. The demonstrated significance of the attitude, subjective norm, and perceived control measures in predicting intention confirmed the validity of the Ajzen-Fishbein model (Ajzen and Fishbein, 1980; Ajzen, in press) for the intention to seek professional psychological help.

Insert Table 5 about here
Table 5 shows the fit of the four factor model when applied to the separate groups. In general, the four factor model accounted for about half of the intention variance for each group. The attitude measure proved the strongest predictor of the help-seeking intention in the three groups, especially for the recent ideator group, where it accounted for 35% of the variance in intention. The measure of subjective norm was the second strongest predictor for the control group (R squared change = .20) and past ideator group (R squared change = .22). However, it was not a significant predictor for the recent ideator group. The measure of perceived control accounted for more variance in the ideator groups (R squared change for both was approximately .075) than in the control group (R squared change = .02). The measure of current psychological distress accounted for an additional 6% of the variance in intention for the past ideator group. In contrast, for the control group and the current ideator group, its predictive strength was negligible, accounting for an additional 2% or less of the intention variance.

Most of the between group differences in the predictive strength of the four factors on intention can be attributed to the between group differences in the correlations of the four factors with intention that have been discussed above. The pattern of beta weights clearly
reflects the pattern of correlation coefficients for the relative influence of attitude versus subjective norm as well for the role of current psychological distress in the results obtained with the different groups.

The pattern of regression weights for the measure of perceived control on intention paralleled the corresponding correlation coefficients only for the controls and the recent ideators. The beta weight for perceived control was higher for the past ideators than for the controls, although the corresponding correlation coefficients are equal ($r = .26$). This was due to the fact that the covariance between perceived control with attitude and subjective norm was greater for the control group than the past ideator group (see Table 3).

**The Influence of Subject Characteristics**

The four factor model of intention derived from the regression procedure is useful in understanding the influence of the subject variables on intention (see Table 6). Although they were not significant predictors, the factors of religion and the incidence of past help seeking were significantly associated with the help-seeking intention. In contrast to findings of previous research,
(Fischer and Cohen, 1972; Mechanic, 1975) sex was not significantly associated with the help seeking intention.

Insert Table 6 about here

Questions about the religious orientation of the subjects were included in only half of the questionnaires. Most students indicated that they had no religious preferences. Only two groups with sample sizes adequate for analysis could be identified: Catholics (N = 43) and Jews (N = 28). As found in previous research (Greenley and Mechanic, 1976) Jews, whose mean intention rating was -0.8, were more likely to seek professional psychological help than Catholics (M = -0.1.8), F(1, 112) = 7.7, p < .01. In terms of the four significant predictors, significant differences between Catholics and Jews were obtained only on the factor of distress, Jews reporting a higher level of distress (M = 21.9) than Catholics (M = 16.0), F(1, 112) = 12.9, p < .001. This finding, which is also consistent with the prior research cited above as well as general studies of ethnic differences in response to illness (e.g. McGoldrick, 1982) suggests that in comparison to Catholics, Jews have a higher intention to seek professional psychological help largely because of higher levels of subjective distress.
The 78 students (males = 28, females = 50) who had sought help in the past had a significantly higher help seeking intention ($M = -1.1$) than did the 188 students who had not sought help in the past ($M = -2.1$), $F(1, 264) = 24.5$, $p < .001$. The difference on the help seeking intention was paralleled by differences on all four of the predictor variables: on the attitude measure the mean score for past help seekers was $-0.9$ versus $-1.6$ for those who had never sought help, $F(1, 242) = 15.7$, $p < .001$; on the measure of subjective norm, the respective means were $-0.9$ versus $-1.5$, $F(1, 266) = 18.7$, $p < .001$; on the perceived control measure the means were $5.0$ versus $4.5$, $F(1, 267) = 3.9$, $p < .05$; finally, the respective means on the measure of distress were $17.4$ versus $13.8$ $F(1, 268) = 13.2$, $p < .001$. These results indicate that having obtained professional psychological help in the past is associated with more positive attitudes about help seeking, greater approval from others for seeking professional psychological help, more control over obtaining professional help, and a higher degree of current psychological distress.

Table 6 also indicates the significant between groups differences for subject variables on intention and the predictor variables for each group separately. For the control group the differences paralleled that of the whole
sample. For the ideator groups, on the other hand, only the incidence of past help seeking had a significant effect on intention and influenced the other factors as shown.

Compared to the control group, the ideator groups combined had a significantly greater percentage of subjects who had sought professional psychological help in the past, Chi square(1, N = 269) = 14.3, p < .001. In order to determine if the reported ideator versus control group differences for the measures of intention, the four predictor variables, and the outcome ratings (reported below) were a result of the percentages of past help seekers in each group, two-way ANOVA's were conducted on those variables with the two factors: (1) control vs. ideator and (2) the incidence of past help seeking (no vs. yes). This procedure permitted the control group versus the ideator group differences to be assessed while controlling for the the confounding effects of past professional help seeking. The results showed almost all of the control vs. ideator contrasts were unaffected by controlling for the influence of past professional help seeking. Those contrasts that were affected have been noted in the appropriate tables.
Beliefs About Seeking Professional Psychological Help

Normative Beliefs

The normative beliefs ratings indicated the degree to which nine important social referents approve of the subject's seeking of professional psychological help (norm probability) and the degree to which the subject is motivated to comply with the particular referent (motivation to comply). The nine social referents included in the questionnaire were: (a) mother, (b) father, (c) grandparents, (d) siblings, (e) romantic partner, (f) close friends, (g) acquaintances, (h) mental health professionals, and (i) members of the subject's religious group.

Between group differences on the norm probability and the motivation to comply were tested by means of the paired comparisons between the control group versus the ideator groups combined, (see Table 7). There were no between group differences on the motivations to comply with any of the referents. For all but two of the referents (father and grandparents) the norm probability was higher for the ideator groups combined than for the control group. This finding simply shows that, in comparison to the controls, the ideators believe that important others in their lives are less opposed to their
seeking professional help. It is important to note, however, that for all groups the mean subjective norm and the mean of each normative belief are negative. This suggests that few students, even those who are highly distressed, feel motivated to seek help because of the opinions of important others in their lives. Instead, students are much more likely to feel that the social pressure to seek help is negative.

Insert Table 7 about here

Correlation coefficients were computed between the measure of the help seeking intention and each normative belief, and are shown in Table 7. The results of these analyses closely paralleled between group pattern for the correlation between intention and subjective norm (Table 3). For the control group and past ideator group, each correlation was low to moderate and significant; the mean correlation for each of the two groups was $r = .40$, ranging between $r = .54$ and $r = .29$. For the recent ideators, on the other hand, only one of the normative beliefs (romantic partner) was marginally correlated with intention, $r = .25$, $p < .05$. The mean correlation for the recent ideator group was a non-significant $r = .10$, with the lowest correlation being $r = -.05$. The interpretation
of these results is the same as the interpretation of the results for the subjective norm measure: recent ideators are not influenced by the opinions of others when it comes to deciding whether or not to seek professional psychological help.

**Outcome Beliefs**

The regression calculations discussed above demonstrate the importance of attitudes towards seeking professional psychological help in determining the intention to do so. This is particularly true for the recent ideator group, for whom the attitude measure accounted for 75% of the variance in intention explained by the four factor model.

Ratings of the likelihood and value of the outcome items, which made up the outcome beliefs score, were categorized according to content and are included in Table 8. Subjects rated the value of each outcome on a scale of "good" (3) to "bad" (-3). These ratings are labeled outcome evaluations (eval) on the table. Respondents also rated the likelihood that the outcome would be attained by seeking professional psychological help, on a scale of "unlikely" (-3) to "likely" (3), which are labeled outcome probabilities (prob) in the table. The product of the two ratings for each outcome, termed a
outcome belief (bel), represents a belief about the degree to which the outcomes are considered advantages or disadvantages of seeking professional psychological help. For the entire sample and each group, the mean and standard deviations of outcome evaluations, probabilities, and beliefs are shown. For each belief, evaluation, and probability rating, orthogonal contrasts (paired comparisons) were performed for differences between the control group versus the two ideator groups together and differences between the past ideator group versus the recent ideator group. The correlation between each outcome belief and the measure of intention are also shown to indicate the relative importance of the outcome items in determining the intention to seek professional psychological help.

Insert Table 8 about here

Analysis of Outcome Beliefs by Category. The first category of outcomes are related to the process of self-disclosure: (1), "Having the opportunity to talk to someone about my problems," (2), "Discussing painful feelings and thoughts and," (3), "Releasing my built-up feelings." The correlation coefficients between the outcome indices and the intention measure reveal that
these beliefs had a weak influence on intention for the controls and past ideators but had a strong influence on intention for the recent ideators.

Subjects in all three groups felt that having the opportunity to talk to someone about their problems and releasing their built up feelings were good outcomes. The evaluation of discussing painful feelings and thoughts was generally less positive for all groups. The recent ideator group gave a lower evaluation of this outcome than did the other two groups, which suggests that the recent ideators are more ambivalent about the prospect of revealing their distress than are members of the other groups.

In comparison to the controls, the ideators believed that all three outcomes were more likely to be the result of seeking professional psychological help. Interestingly, the value of each of these probability ratings is between 0 (neither likely nor unlikely), and 1 (slightly likely). It appears that subjects have a somewhat skeptical attitude about what most clinicians believe to be a basic outcome of seeking professional help, that of clients' being able to discuss their problems and the feelings and thoughts which are troubling them.
The second group of beliefs consisted of outcomes about feeling better: (4), "Feeling better about myself," and (5), "Feeling better about my life." In general, these beliefs were moderately important in influencing subjects' help seeking intentions. The evaluations of these outcomes were uniformly high for all groups. In fact, feeling better about oneself and life were given the highest evaluations of all the outcomes on the questionnaire. When compared to the control group, the ideators believed that these outcomes were more likely to result from seeking professional psychological help. However, as with the self-disclosure outcomes, the value of the probability ratings indicated that subjects did not feel much confidence that seeking professional psychological help would make them feel better.

The third group of beliefs consisted of two items about what a therapist might be able to provide or not provide for a client: (6), "Obtaining objective and professional advice about my problems," and (7), "Seeing a therapist who does not understand me." The outcome belief concerning obtaining professional advice was strongly correlated with the help seeking intention for members of all groups. Obtaining professional advice was given a higher evaluation and a higher probability rating by the ideators than by the controls.
In contrast, item 7 was not significantly correlated with the intention measure. Apparently, the concern about seeing a therapist who might not be understanding does not influence students' intentions to seek help. The ideators believed this outcome was more negative than did the controls. In general, subjects in all groups felt that such an occurrence was somewhat unlikely.

The fourth category of beliefs consisted of two statements about the relief of interpersonal isolation: (8), "Feeling that people care about me," and (9), "Feeling less lonely." These beliefs had a moderate influence on subjects' intentions to seek professional help. Both outcomes were given relatively high evaluations by subjects in all groups. Ideators gave a higher evaluation for the outcome of feeling less lonely than did the controls. The ideators also believed that both outcomes were more likely to result from seeking professional psychological help than did the controls. It should be noted however, that the mean outcome probability rating for each outcome was slightly negative.

The fifth category of items consisted of three statements about attaining mastery or insight: (10), "Coping better with my problems," (11), "Feeling I cannot handle my problems on my own and," (12), "Understanding my problems." The beliefs about coping and understanding had
a moderate influence on the intention to seek help. Both outcomes were given highly positive ratings by all groups. Both outcomes were rated as somewhat likely to occur as a result of seeking professional psychological help. The ideators believed that they would be more likely to improve their coping abilities as a result of seeking help than did the controls.

The belief that seeking help would result in a feeling of the loss of self-efficacy did not appear to influence the intention to seek help. The outcome was given a fairly negative evaluation by all subjects. Interestingly, the recent ideators believed that a sense of lost self-efficacy was more likely to occur as a result of seeking help than did the past ideators and controls.

The sixth category of beliefs consisted of four outcomes that referred to being stigmatized as a result of seeking professional psychological help: (13), "People finding out that I have sought professional help," (14), "Having other people know that I have been feeling suicidal," (15), "Being labeled as sick or crazy," and, (16), "Jeopardizing my future goals." In light of the frequent emphasis in the clinical literature (e. g. Fischer and Turner, 1970), that stigma related concerns are important determinents of help seeking behavior, it is surprising that these outcome indices were not strongly
correlated with the intention measure. The results indicated that only two of these concerns (being labeled and jeopardizing future goals) had a very weak but statistically significant correlation with intention for the entire sample.

All of these outcomes were given negative evaluations. Jeopardizing future goals and being labeled as sick or crazy were, not surprisingly, rated as particularly negative outcomes. Significant evaluation differences between the groups occurred on items 13 and 14. When compared to past ideators, recent ideators gave more negative evaluations for the outcomes of having others know about their seeking professional help and having others know that they were feeling suicidal. The probability ratings for these outcomes, particularly the latter three, were fairly negative. In keeping with the salience of suicidal concerns for the ideator groups, the ideators, in contrast to the controls, believed it more likely that seeking professional help would result in others knowing they felt suicidal.

The seventh category of beliefs consisted of two outcomes that referred to having one's overt behavior controlled. One of the outcomes, (17), "My being committed to a mental institution," was rated as an extremely negative outcome and as a highly unlikely outcome of
seeking professional psychological help. The ideators rated this outcome as more negative than did the controls. The other outcome, (18), "My being prevented from committing suicide," was rated as a highly positive outcome that was considered to be neither likely nor unlikely to happen as a result of seeking professional psychological help. In comparison to the controls, the ideators rated this outcome as both more positive and more likely to happen.

The questionnaire contained two additional belief items. The outcome belief for item 19, "Making my family and friends feel better," was significantly correlated with the intention measure for the control group ($r = .35$, $p < .001$) and the past ideator group ($r = .20$, $p < .05$), but not for the recent ideator group. These findings are consistent with the interpretation of the relationship between subjective norm and the help seeking intention. Subjects in each group rated it as a highly positive outcome but one that was slightly unlikely to occur.

The final outcome belief examined was (20), "Having to spend money for professional help." The outcome belief did not correlate with the intention measure. Its outcome evaluations and outcome probabilities were slightly negative for all groups.
The Influence of Suicide Ideation on Outcome Beliefs for The Recent Ideators. In order to obtain a understanding the particular influence of suicidal intent on particular beliefs about the outcomes of seeking professional psychological help for the recent ideators, correlation coefficients were computed between the measure of suicide ideation (SSI) and the measure of each outcome evaluation and outcome probability. Correlations between SSI and outcome evaluations showed that increased suicide intent was associated with a devaluing of outcomes of (a) releasing built feelings ($r = -0.30, p<.05$), and (b) coping better with my problems ($r = -0.26, p<.05$). The evaluation of being comitted to a mental institution was also negatively correlated with SSI ($r = -0.37, p<.01$), suggesting that highly suicidal recent ideators find the prospect of being hospitalized more aversive than do recent ideators whose suicidal intentions are less serious. Interestingly, the only positive correlation between SSI and an outcome evaluation occured for the outcome of "feeling that other people care about me," ($r = 0.35, p<.01$).

The correlations between SSI and outcome probabilities suggest that as suicidal intention increases, recent ideators are increasingly pessimistic about obtaining possible benefits of seeking professional
psychological help. SSI scores were negatively correlated with outcome probability ratings for three positive outcomes at the .05 significance level: (a) "release my built-up feelings," $r = -.35$, $p < .01$, (b) "cope better with my problems," $r = -.23$, $p < .05$, and (c) "obtain objective and professional advice," $r = -.40$, $p < .01$. Negative correlations of marginal significance were obtained for the important outcome probabilities of (a) "feeling that other people care about me," $r = -.23$, $p < .06$, and (b) "being prevented from committing suicide," $r = -.23$, $p < .06$. In addition, SSI scores were correlated positively with outcome probability ratings for two negative outcomes: (a) "seeing a therapist who does not understand me," $r = .25$, $p < .05$, and, importantly, (b) "my being committed to a mental institution," $r = .56$, $p < .001$. These results suggest that high levels of suicidal intention are associated with considerable mistrust of and some fear about the consequences of seeking professional psychological help.

Interestingly, only one of the outcome probability ratings that was significantly correlated with SSI scores was significantly correlated with the measure of distress. The outcome probability of being committed to a mental institution was correlated with the measure of distress at $r = .33$, $p < .05$. The absence of significant
correlations with the distress measure suggests that, for the recent ideators, suicidal ideation has an influence on outcome beliefs which is relatively independent of the general psychological distress which accompanies suicidal ideation.

**Summary of Outcome BELIEFS Results.** In summary, the beliefs about possible outcomes of seeking professional psychological help which have the strongest influence on subjects' intentions to seek help have to do with self-disclosure, the possibility of improving self-esteem and feelings about life, relieving the sense of interpersonal isolation, obtaining a better self-understanding and coping skills, and obtaining professional advice about personal problems. Beliefs about being stigmatized by seeking professional psychological help, of losing a sense of self-efficacy, of seeing a therapist who might not understand, and of making family and friends feel better by seeking help do not appear to have much influence on subjects' help seeking intentions.

There are few group differences in the strength of the outcome beliefs' influence on the intention to seek help. Interestingly, the beliefs about the opportunity to talk about personal problems and discuss painful feelings and thoughts have more influence for the recent ideators than for the subjects of the other two groups. Recent
ideators believe that having the opportunity to talk about personal problems is beneficial, but indicate that they have doubts about whether it is possible to do this by seeking professional psychological help. They are slightly more confident that seeking professional psychological help will result in the discussion of their painful feelings and thoughts but indicate that they feel ambivalent about the value of such a discussion. Not surprisingly, the help seeking intentions of the recent ideators are positively influenced by beliefs about the possibility of being prevented from committing suicide. Most of the recent ideators feel that being prevented from committing suicide is a positive outcome. However, they are not at all certain that seeking professional psychological help will prevent their suicide.

The ideators differ from the control group in several ways. The most consistent difference is that the ideators have more confidence that seeking professional psychological help is likely to result in many of the most positive outcomes than do the controls. There is only one significant difference between the recent and past ideators on the outcome probability ratings: recent ideators believe that seeking professional psychological help is more likely to result in decreased self-efficacy than did the past ideators.
An examination of the differences on outcome evaluations among the groups reveals that the ideators place higher value on certain of the possible advantages of seeking help and give a more negative rating to certain disadvantages. Ideators place a greater value on the outcomes of feeling better about life, feeling less lonely, and obtaining professional advice than do the controls. Ideators, especially the recent ideators, place a more negative value on talking about painful feelings and thoughts, on being misunderstood by a therapist, and on having others know about their seeking of professional help than do the controls. Compared to the past ideators, recent ideators believe that having others find out about their suicidal thoughts and feelings is a more negative event.

For the resent ideators, suicide ideation, per se, is associated with pessimistic and mistrusful beliefs about seeking professional psychological help. High suicide ideators tend to believe that help seeking will not result in positive outcomes and that it will result in negative outcomes. The results suggest a rather poignant dilemma for those whose suicidal intentions are especially severe. On the one hand, feeling that others care about them is a particularly important issue in their lives. On the other hand, they expect to be misunderstood by
professional helpers and, worse still, fear that seeking help will result in being committed to an institution.
The results of the present study indicate that a substantial number of college students have seriously considered suicide. More than a few of these students have attempted suicide (about 5% of those surveyed in the present study). Those students who have recently experienced a crisis which involved suicidal ideation or attempts (recent ideators) see themselves as beset by problems in many areas of their lives. Recent ideators have serious suicidal intentions and report levels of psychological distress which are far higher than their peers.

Recent ideators, like most college students, are very unlikely to seek professional psychological help. In contrast to other students, student ideators' decisions to seek professional psychological help are not influenced by the degree of psychological distress they experience. Nor are their decisions to seek professional help influenced by the opinions of important others. This, too, is not typical of most college students. For most college students, the opinions of important others are a major determinant of help-seeking intentions.
The most important influence on the decisions of recent ideators to seek professional psychological help is their attitude toward seeking help. This attitude toward seeking help is based on beliefs about the possible outcomes of help seeking, beliefs about the value of the outcomes, and the beliefs about the likelihood that seeking help will result in the outcomes. The reluctance of student ideators to seek professional psychological help appears to be due to the fact that student ideators have little confidence that seeking professional psychological help would result in important outcomes such as improving self-understanding and self-esteem, improving their feelings about life, and relieving a sense of interpersonal isolation. In fact, many of these students indicate that they doubt that seeking help will provide the opportunity to talk about their personal problems, an outcome which most clinicians believe is the most likely experience that therapy or counseling can provide. Recent ideators are somewhat confident that seeking professional psychological help will allow them to talk about painful feelings and thoughts. However, compared to other students, the recent ideators are more ambivalent about the value of this outcome.

The other factor which has a significant influence on recent ideators' intentions to seek professional
psychological help is the degree to which they feel they have sufficient time and energy to seek help if they want to do so, i.e. the degree of perceived control.

The fact that attitudes and perceived control are major determinants of recent ideators' help seeking behavior has implications for the planning of interventions to encourage these students to seek professional psychological help. The results suggest that an important way of influencing student intentions to seek professional psychological help would be to alter certain salient beliefs that students have about help seeking. In particular, it would be important to increase students' confidence that seeking help would result in certain important outcomes. Examples of these outcomes include (a) being able to talk about personal problems, (b) obtaining objective and professional advice, (c) higher self-esteem, (d) more positive feelings about life, i.e. hope, (e) the feeling that others are concerned, (f) being able to cope with life's challenges, (g) increased self-understanding, and (h) being prevented from committing suicide.

If recent ideators could be persuaded that some, if not all of these outcomes were likely to result from seeking professional psychological help, they would be more likely to do so. Research on attitude change by
Ajzen and Fishbein (1980) suggests that student attitudes could be influenced by means of a persuasive communication, such as in a pamphlet or lecture, which is targeted towards altering the outcome beliefs that are most influential in determining the help seeking intention. The importance of perceived control for recent ideators suggests that they will be more likely to seek help if they feel that it is relatively easy to do so. With this in mind, telephone hotlines and walk-in clinics which cater to the pressing needs of recent ideators might encourage more of them to seek help.

The influence of outcome beliefs on the decision to seek help is likely to remain strong during the initial stages of therapy. Therapists who treat students with recent suicidal preoccupations might help prevent early termination of therapy by attending to the importance that these students place on obtaining the outcomes mentioned above. One important therapeutic issue for recent ideators is that they feel they have the opportunity to talk about the complex and overwhelming problems that confront them. Therapists should give these clients plenty of time to express themselves. At the same time, recent ideators want to obtain professional advice about their problems, which suggests that the therapist's receptivity be balanced with a degree of active
intervention. The fear that self-disclosure will lead to an upsetting discussion of painful feelings and thoughts is particularly salient for recent ideators. This suggests that it is particularly important to go slowly with the exploration of emotionally painful issues in the initial stages of therapy with recent ideators.

The results of the present study provide a foundation for further productive research on the help seeking behavior of suicidal individuals. Several crucial issues which were ignored in the present study need to be addressed in the future. First of all, the assumption that the intention to seek professional psychological help is the best predictor of seeking professional psychological help should be tested empirically.

Second, improvements in the method should be implemented. One puzzling finding in the present study was that the help seeking intention of most college students, including suicidal college students, was extremely negative. In light of the relatively high levels of psychological distress experienced by the recent ideators, as well the fact that their attitudes towards seeking help are somewhat positive, it is surprising that their intentions to seek help are decidedly negative. Perhaps social desirability factors biased subject's reporting of the degree of their help seeking intention.
The degree of this influence should be determined. It may be that the intention measure was not sensitive to different degrees of committment to help seeking, as might be reflected by gathering information about available agencies and/or finding out about the experiences of peers who consulted mental health professionals. In future studies better results might be obtained if the intention measure is derived from statements in which the act of seeking professional psychological help is operationalized in greater detail and which taps student inclinations towards actions that reflect varying degrees of committment to help seeking. In addition to including intention statements about making informal and formal inquiries about mental health services questions might address the degree to which subjects have thought of a plan to make contact with an agency and make the actual appointment. It would also be important to investigate the intention to seek help in terms of the particular service agency available to the students. According to Ajzen and Fishbein (1980), if the action (help seeking behaviors) and object of the action (agency) were specified in greater detail, it would be more possible to answer the important question of why student help seeking intentions are so decidedly negative.
Another important issue that deserves further study is the best way to influence students at high risk for suicide or psychological impairment to seek professional psychological help. This task will be easier after the refinements suggested above have been made in the attitude instrument. However, the results of the present study clearly delineate important general influences on the help seeking intentions of students who seriously consider suicide. In so doing, the present results suggest that to test the efficacy of the intervention mentioned above would be an important step towards ameliorating the disturbing and serious problem of adolescent suicide.
REFERENCES


APPENDIX A

TABLES
Table 1. Incidence of Suicidal Ideation and Behavior

Total sample N = 771  
males = 354 (45.9%)  
females = 417 (54.1%)

<table>
<thead>
<tr>
<th></th>
<th>Recent (past 6 months)</th>
<th>Past (before 6 months)</th>
<th>Recent and Past</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% (n)</td>
<td>% (n)</td>
<td>% (n)</td>
</tr>
<tr>
<td><strong>Idiators</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m</td>
<td>3.8 (13)</td>
<td>4.8 (14)</td>
<td>8.5 (30)</td>
</tr>
<tr>
<td>f</td>
<td>5.5 (23)</td>
<td>5.7 (24)</td>
<td>11.3 (47)</td>
</tr>
<tr>
<td>m + f</td>
<td>4.7 (36)</td>
<td>5.3 (41)</td>
<td>10.0 (77)</td>
</tr>
<tr>
<td><strong>Attempters</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>w/Non-lethal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m</td>
<td>0.6 (2)</td>
<td>1.1 (4)</td>
<td>1.7 (6)</td>
</tr>
<tr>
<td>f</td>
<td>0.5 (4)</td>
<td>3.1 (13)</td>
<td>4.1 (17)</td>
</tr>
<tr>
<td>m + f</td>
<td>1.7 (6)</td>
<td>2.2 (17)</td>
<td>3.0 (23)</td>
</tr>
<tr>
<td>w/Lethal intention</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m</td>
<td>0</td>
<td>0.8 (3)</td>
<td>0.8 (3)</td>
</tr>
<tr>
<td>f</td>
<td>0.7 (3)</td>
<td>2.9 (12)</td>
<td>3.6 (15)</td>
</tr>
<tr>
<td>m + f</td>
<td>0.4 (3)</td>
<td>1.9 (15)</td>
<td>2.3 (18)</td>
</tr>
</tbody>
</table>


Table 2. Means, Medians and Standard Deviations of Predictor Variables for Whole Sample and Each Group.

<table>
<thead>
<tr>
<th>Variable (range)</th>
<th>Whole Sample (n=269)</th>
<th>Control Group (n=150)</th>
<th>Past Ideators (n=72)</th>
<th>Recent Ideators (n=47)</th>
<th>Significant Contrasts:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>a: C vs. P+R</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>b: P vs. R</td>
</tr>
<tr>
<td>Intention (-3,3)</td>
<td>mean -1.83</td>
<td>-2.11</td>
<td>-1.50</td>
<td>-1.43</td>
<td>a. 5.1**</td>
</tr>
<tr>
<td></td>
<td>median -2.55</td>
<td>-2.67</td>
<td>-2.19</td>
<td>-2.11</td>
<td></td>
</tr>
<tr>
<td></td>
<td>s.d. 1.67</td>
<td>1.45</td>
<td>1.85</td>
<td>1.87</td>
<td></td>
</tr>
<tr>
<td>Attitude (-3,3)</td>
<td>mean 0.59</td>
<td>0.44</td>
<td>0.80</td>
<td>0.72</td>
<td>a. 3.7**</td>
</tr>
<tr>
<td></td>
<td>median 0.60</td>
<td>0.47</td>
<td>0.73</td>
<td>0.48</td>
<td></td>
</tr>
<tr>
<td></td>
<td>s.d. 0.69</td>
<td>0.68</td>
<td>0.58</td>
<td>0.75</td>
<td></td>
</tr>
<tr>
<td>Subjective (-3,3)</td>
<td>mean -1.31</td>
<td>-1.54</td>
<td>-1.30</td>
<td>-0.63</td>
<td>a. 4.9**</td>
</tr>
<tr>
<td></td>
<td>median -1.77</td>
<td>-1.91</td>
<td>-1.67</td>
<td>-0.48</td>
<td>b. 3.4**</td>
</tr>
<tr>
<td></td>
<td>s.d. 1.10</td>
<td>1.03</td>
<td>1.01</td>
<td>1.18</td>
<td></td>
</tr>
<tr>
<td>Perceived (1,7)</td>
<td>mean 4.79</td>
<td>4.96</td>
<td>4.74</td>
<td>4.35</td>
<td>a. 2.5*</td>
</tr>
<tr>
<td></td>
<td>median 4.91</td>
<td>5.10</td>
<td>4.75</td>
<td>4.56</td>
<td></td>
</tr>
<tr>
<td></td>
<td>s.d. 1.31</td>
<td>1.24</td>
<td>1.31</td>
<td>1.44</td>
<td></td>
</tr>
<tr>
<td>Current (1,65)</td>
<td>mean 14.92</td>
<td>12.39</td>
<td>16.36</td>
<td>20.79</td>
<td>a. 7.21***</td>
</tr>
<tr>
<td></td>
<td>median 13.75</td>
<td>11.81</td>
<td>15.50</td>
<td>18.87</td>
<td>b. 3.4 **</td>
</tr>
<tr>
<td>Distress (1,65)</td>
<td>mean 7.57</td>
<td>6.14</td>
<td>7.96</td>
<td>7.80</td>
<td></td>
</tr>
<tr>
<td>Suicide (1,38)</td>
<td>mean 5.28</td>
<td>2.59</td>
<td>6.94</td>
<td>11.30</td>
<td>a. 10.9***</td>
</tr>
<tr>
<td></td>
<td>median 3.59</td>
<td>1.79</td>
<td>6.00</td>
<td>10.63</td>
<td>b. 4.0***</td>
</tr>
<tr>
<td>Ideation (1,38)</td>
<td>mean 5.49</td>
<td>2.86</td>
<td>5.57</td>
<td>6.03</td>
<td></td>
</tr>
</tbody>
</table>

Notes: 1. * p<.05
      ** p<.01
      *** p<.001
Table 3. Correlations Between the Predictor Variables and Measure of Suicide Ideation for Each Group

<table>
<thead>
<tr>
<th>Whole Sample:</th>
<th>Attitude</th>
<th>S. Norm</th>
<th>P. Control</th>
<th>Distress</th>
<th>Suicide Ideation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intention</td>
<td>.53***</td>
<td>.52***</td>
<td>.25***</td>
<td>.35***</td>
<td>.16**</td>
</tr>
<tr>
<td>Attitude</td>
<td>.36***</td>
<td>.12*</td>
<td>.30***</td>
<td>.40***</td>
<td>.40***</td>
</tr>
<tr>
<td>S. Norm</td>
<td>.00</td>
<td>.34***</td>
<td>.18**</td>
<td>.23***</td>
<td></td>
</tr>
<tr>
<td>P. Control</td>
<td></td>
<td></td>
<td>-1.18</td>
<td></td>
<td>.52***</td>
</tr>
<tr>
<td>Distress</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Control Group:       |          |         |            |          |                 |
| Intention            | .45***   | .58***  | .26***     | .29***   | .31***          |
| Attitude             | .36***   | .13     | .26**      | .24**    |                 |
| S. Norm              | .26*     | .20*    | .20*       | .03      | .06             |
| P. Control           |          |         |            |          |                 |
| Distress             |          |         |            |          |                 |

| Past Ideators:       |          |         |            |          |                 |
| Intention            | .54***   | .59***  | .26*       | .40***   | .02             |
| Attitude             | .26*     | .09     | .40***     | -.03     |                 |
| S. Norm              | -.09     | .21*    | .34***     | .24***   |                 |
| P. Control           |          |         | -.26*      | -.39***  |                 |
| Distress             |          |         |            |          | .42***          |

| Recent Ideators:     |          |         |            |          |                 |
| Intention            | .59***   | .24**   | .39**      | .19      | -.15            |
| Attitude             | .34*     | .24     | .18        | -.16     |                 |
| S. Norm              | -.14     | .35*    | .32*       |          |                 |
| P. Control           |          |         | -.26*      | -.25*    |                 |
| Distress             |          |         |            | .43***   |                 |

Notes: 1. * p<.05   ** p<.01   *** p<.001
Table 4. Partial Correlations Between the Predictor Variables with Distress and Suicide Ideation

<table>
<thead>
<tr>
<th>Variable: Controlling for:</th>
<th>Distress (suicide ideation)</th>
<th>Suicide Ideation (distress)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Whole Sample</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intention</td>
<td>.31***</td>
<td>-.02</td>
</tr>
<tr>
<td>Attitude</td>
<td>.27***</td>
<td>-.03</td>
</tr>
<tr>
<td>S. Norm</td>
<td>.16**</td>
<td>.27***</td>
</tr>
<tr>
<td>P. Control</td>
<td>.23**</td>
<td>-.16</td>
</tr>
<tr>
<td><strong>Control Group</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intention</td>
<td>.23**</td>
<td>.26**</td>
</tr>
<tr>
<td>Attitude</td>
<td>.15*</td>
<td>.12</td>
</tr>
<tr>
<td>S. Norm</td>
<td>.15*</td>
<td>.19*</td>
</tr>
<tr>
<td>P. Control</td>
<td>.01</td>
<td>.05</td>
</tr>
<tr>
<td><strong>Past Ideators</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intention</td>
<td>.42***</td>
<td>-.19</td>
</tr>
<tr>
<td>Attitude</td>
<td>.46***</td>
<td>-.25*</td>
</tr>
<tr>
<td>S. Norm</td>
<td>.08</td>
<td>.28*</td>
</tr>
<tr>
<td>P. Control</td>
<td>-.08</td>
<td>-.29*</td>
</tr>
<tr>
<td><strong>Recent Ideators</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intention</td>
<td>.29*</td>
<td>-.27*</td>
</tr>
<tr>
<td>Attitude</td>
<td>.29*</td>
<td>-.27*</td>
</tr>
<tr>
<td>S. Norm</td>
<td>.25*</td>
<td>.19</td>
</tr>
<tr>
<td>P. Control</td>
<td>-.16</td>
<td>-.16</td>
</tr>
</tbody>
</table>

Notes: 1. * p<.05  ** p<.01  *** p<.001
Table 5. Regression Summary Table for Criterion of Intention to Seek Professional Psychological Help for Total Sample and Each Group.

<table>
<thead>
<tr>
<th>Group</th>
<th>Variable</th>
<th>Beta</th>
<th>Multiple R</th>
<th>B Square</th>
<th>B Square Change</th>
<th>Simple R</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole</td>
<td>Attitude</td>
<td>.32***</td>
<td>.53</td>
<td>.28</td>
<td>.28</td>
<td>.53***</td>
</tr>
<tr>
<td>Sample</td>
<td>S. Norm</td>
<td>.34***</td>
<td>.63</td>
<td>.40</td>
<td>.12</td>
<td>.52***</td>
</tr>
<tr>
<td></td>
<td>P. Control</td>
<td>.25***</td>
<td>.67</td>
<td>.44</td>
<td>.04</td>
<td>.26***</td>
</tr>
<tr>
<td></td>
<td>Distress</td>
<td>.18***</td>
<td>.69</td>
<td>.47</td>
<td>.03</td>
<td>.35***</td>
</tr>
<tr>
<td>Control</td>
<td>Attitude</td>
<td>.23**</td>
<td>.45</td>
<td>.20</td>
<td>.20</td>
<td>.45***</td>
</tr>
<tr>
<td>Group</td>
<td>S. Norm</td>
<td>.44***</td>
<td>.63</td>
<td>.40</td>
<td>.20</td>
<td>.58***</td>
</tr>
<tr>
<td></td>
<td>P. Control</td>
<td>.14*</td>
<td>.65</td>
<td>.42</td>
<td>.02</td>
<td>.26***</td>
</tr>
<tr>
<td></td>
<td>Distress</td>
<td>.15*</td>
<td>.66</td>
<td>.44</td>
<td>.01</td>
<td>.29***</td>
</tr>
<tr>
<td>Past</td>
<td>Attitude</td>
<td>.27**</td>
<td>.54</td>
<td>.29</td>
<td>.29</td>
<td>.54***</td>
</tr>
<tr>
<td>Ideator</td>
<td>S. Norm</td>
<td>.45***</td>
<td>.71</td>
<td>.51</td>
<td>.22</td>
<td>.59***</td>
</tr>
<tr>
<td></td>
<td>P. Control</td>
<td>.36***</td>
<td>.76</td>
<td>.58</td>
<td>.07</td>
<td>.26*</td>
</tr>
<tr>
<td></td>
<td>Distress</td>
<td>.28**</td>
<td>.80</td>
<td>.64</td>
<td>.06</td>
<td>.40***</td>
</tr>
<tr>
<td>Recent</td>
<td>Attitude</td>
<td>.45***</td>
<td>.59</td>
<td>.35</td>
<td>.35</td>
<td>.59***</td>
</tr>
<tr>
<td>Ideator</td>
<td>S. Norm</td>
<td>.09 n.s.</td>
<td>.59</td>
<td>.35</td>
<td>.00</td>
<td>.24*</td>
</tr>
<tr>
<td></td>
<td>P. Control</td>
<td>.33*</td>
<td>.65</td>
<td>.43</td>
<td>.08</td>
<td>.39**</td>
</tr>
<tr>
<td></td>
<td>Distress</td>
<td>.16 n.s.</td>
<td>.67</td>
<td>.45</td>
<td>.02</td>
<td>.19 n.s.</td>
</tr>
</tbody>
</table>

Notes: 1. * p<.05  ** p<.01  *** p<.001
Table 6. Significant F Values for Subject Variables on Intention and the Predictor Variables.

<table>
<thead>
<tr>
<th>Group</th>
<th>S. Variable</th>
<th>Intention</th>
<th>Attitude</th>
<th>S.Norm</th>
<th>P/control</th>
<th>Distress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole Sample</td>
<td>Religion</td>
<td>7.7**</td>
<td></td>
<td></td>
<td></td>
<td>12.9***</td>
</tr>
<tr>
<td>m=105</td>
<td>Past Help</td>
<td>24.5***</td>
<td>15.7***</td>
<td>18.7***</td>
<td>3.9*</td>
<td>13.2***</td>
</tr>
<tr>
<td>f=158</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control Group</td>
<td>Religion</td>
<td>6.8*</td>
<td></td>
<td></td>
<td></td>
<td>6.9*</td>
</tr>
<tr>
<td>m=68</td>
<td>Past Help</td>
<td>5.5*</td>
<td>8.2*</td>
<td>12.6***</td>
<td>4.4*</td>
<td>4.5*</td>
</tr>
<tr>
<td>f=79</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Past Ideator</td>
<td>Past Help</td>
<td>6.7*</td>
<td></td>
<td></td>
<td></td>
<td>4.0*</td>
</tr>
<tr>
<td>m=20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f=49</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recent Ideator</td>
<td>Past Help</td>
<td>5.5*</td>
<td></td>
<td></td>
<td></td>
<td>8.8**</td>
</tr>
<tr>
<td>m=17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f=30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 7. Correlations Between Help Seeking Intention and Normative Beliefs with Means for Each Normative Belief, Norm Probability, and Motivation to Comply

Key:  
- prob = norm probability (unlikely = -3, likely = 3).
- mot = motivation to comply (unlikely = -3, likely = 3).
- bel = normative belief (prob x mot) scaled as negative influence = -3, positive influence = 3.

<table>
<thead>
<tr>
<th>Referent</th>
<th>Whole Sample</th>
<th>Control Group</th>
<th>Past Ideator</th>
<th>Recent Ideator</th>
<th>Significant Contrasts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>r</td>
<td></td>
<td></td>
<td></td>
<td>a. C vs P+R</td>
</tr>
<tr>
<td>1) Mother</td>
<td>.40***</td>
<td>.48***</td>
<td>.46***</td>
<td>.16</td>
<td>b. P vs R</td>
</tr>
<tr>
<td></td>
<td>bel -1.1 (1.2)</td>
<td>-1.2 (1.2)</td>
<td>-1.1 (1.1)</td>
<td>-0.7 (1.4)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>prob -1.8 (1.8)</td>
<td>-1.9 (1.8)</td>
<td>-1.8 (1.6)</td>
<td>-1.1 (2.0)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>mot 4.4 (1.7)</td>
<td>4.4 (1.7)</td>
<td>4.3 (1.6)</td>
<td>4.5 (1.7)</td>
<td></td>
</tr>
<tr>
<td>2) Father</td>
<td>.33***</td>
<td>.35***</td>
<td>.50***</td>
<td>.04</td>
<td></td>
</tr>
<tr>
<td></td>
<td>bel -1.3 (1.1)</td>
<td>-1.4 (1.0)</td>
<td>-1.2 (1.1)</td>
<td>-1.0 (1.3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>prob -2.0 (1.5)</td>
<td>-2.2 (1.3)</td>
<td>-2.0 (1.5)</td>
<td>-1.6 (1.8)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>mot 4.3 (1.7)</td>
<td>4.3 (1.6)</td>
<td>4.3 (1.7)</td>
<td>4.3 (2.0)</td>
<td></td>
</tr>
<tr>
<td>3) Grandparents</td>
<td>.34***</td>
<td>.44***</td>
<td>.29***</td>
<td>.14</td>
<td></td>
</tr>
<tr>
<td></td>
<td>bel -1.2 (1.0)</td>
<td>-1.2 (1.0)</td>
<td>-1.1 (0.9)</td>
<td>-1.0 (1.0)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>prob -2.2 (1.4)</td>
<td>-2.3 (1.3)</td>
<td>-2.1 (1.3)</td>
<td>-1.8 (1.4)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>mot 3.8 (1.6)</td>
<td>3.8 (1.5)</td>
<td>3.7 (1.6)</td>
<td>3.7 (1.6)</td>
<td></td>
</tr>
<tr>
<td>4) Siblings</td>
<td>.33***</td>
<td>.32***</td>
<td>.43***</td>
<td>.11</td>
<td></td>
</tr>
<tr>
<td></td>
<td>bel -1.1 (1.0)</td>
<td>-1.3 (1.0)</td>
<td>-1.0 (1.0)</td>
<td>-0.8 (1.0)</td>
<td>a***</td>
</tr>
<tr>
<td></td>
<td>prob -2.0 (1.5)</td>
<td>-2.2 (1.4)</td>
<td>-1.9 (1.5)</td>
<td>-1.5 (1.6)</td>
<td>a.</td>
</tr>
<tr>
<td></td>
<td>mot 4.0 (1.6)</td>
<td>4.0 (1.4)</td>
<td>3.9 (1.7)</td>
<td>3.8 (1.7)</td>
<td></td>
</tr>
<tr>
<td>5) Romantic partner</td>
<td>.37***</td>
<td>.40***</td>
<td>.35***</td>
<td>.25*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>bel -1.0 (1.2)</td>
<td>-1.2 (1.1)</td>
<td>-0.8 (1.2)</td>
<td>-0.6 (1.5)</td>
<td>a***</td>
</tr>
<tr>
<td></td>
<td>prob -1.6 (1.7)</td>
<td>-2.0 (1.5)</td>
<td>-1.3 (1.8)</td>
<td>-0.8 (1.8)</td>
<td>a.</td>
</tr>
<tr>
<td></td>
<td>mot 4.4 (1.5)</td>
<td>4.4 (1.5)</td>
<td>4.3 (1.6)</td>
<td>4.7 (1.7)</td>
<td></td>
</tr>
<tr>
<td>6) Close friends</td>
<td>.48***</td>
<td>.47***</td>
<td>.43***</td>
<td>.13</td>
<td></td>
</tr>
<tr>
<td></td>
<td>bel -1.1 (1.2)</td>
<td>-1.3 (1.0)</td>
<td>-1.0 (1.3)</td>
<td>-0.6 (1.4)</td>
<td>a***</td>
</tr>
<tr>
<td></td>
<td>prob -1.8 (1.6)</td>
<td>-2.1 (1.4)</td>
<td>-1.7 (1.5)</td>
<td>-1.0 (1.8)</td>
<td>a.***</td>
</tr>
<tr>
<td></td>
<td>mot 4.5 (1.5)</td>
<td>4.4 (1.4)</td>
<td>4.5 (1.6)</td>
<td>4.7 (1.5)</td>
<td>b.</td>
</tr>
<tr>
<td>7) Acquaintances</td>
<td>.38***</td>
<td>.50***</td>
<td>.36***</td>
<td>.08</td>
<td></td>
</tr>
<tr>
<td></td>
<td>bel -0.9 (0.9)</td>
<td>-1.0 (0.9)</td>
<td>-0.7 (0.7)</td>
<td>-0.9 (0.9)</td>
<td>a.</td>
</tr>
<tr>
<td></td>
<td>prob -2.1 (0.9)</td>
<td>-2.2 (1.4)</td>
<td>-1.9 (1.4)</td>
<td>-1.9 (1.4)</td>
<td>a.</td>
</tr>
<tr>
<td></td>
<td>mot 3.3 (1.5)</td>
<td>3.4 (1.5)</td>
<td>3.0 (1.5)</td>
<td>3.5 (1.5)</td>
<td></td>
</tr>
<tr>
<td>8) Mental health pros.</td>
<td>.35***</td>
<td>.35**</td>
<td>.59***</td>
<td>.04</td>
<td></td>
</tr>
<tr>
<td></td>
<td>bel -0.9 (1.1)</td>
<td>-0.9 (1.0)</td>
<td>-0.8 (1.2)</td>
<td>-0.4 (1.2)</td>
<td>a.</td>
</tr>
<tr>
<td></td>
<td>prob -1.6 (1.7)</td>
<td>-1.8 (1.5)</td>
<td>-1.5 (1.8)</td>
<td>-0.8 (1.8)</td>
<td>a.***</td>
</tr>
<tr>
<td></td>
<td>mot 3.9 (1.5)</td>
<td>3.8 (1.5)</td>
<td>4.1 (1.6)</td>
<td>4.2 (1.4)</td>
<td>a.</td>
</tr>
<tr>
<td>9) Relig. group</td>
<td>.26*</td>
<td>.33***</td>
<td>.29**</td>
<td>.05</td>
<td></td>
</tr>
<tr>
<td></td>
<td>bel -0.7 (0.9)</td>
<td>-0.8 (0.9)</td>
<td>-0.6 (0.8)</td>
<td>-0.6 (0.8)</td>
<td>a.</td>
</tr>
<tr>
<td></td>
<td>prob -1.7 (1.5)</td>
<td>-1.9 (1.5)</td>
<td>-1.7 (1.7)</td>
<td>-1.3 (1.4)</td>
<td>a.</td>
</tr>
<tr>
<td></td>
<td>mot 3.3 (1.5)</td>
<td>3.4 (1.5)</td>
<td>2.9 (1.6)</td>
<td>3.5 (1.5)</td>
<td></td>
</tr>
</tbody>
</table>

Notes:  
1. If a. or b., indicated contrast is not significant when incidence of past help seeking is controlled for.  
2. * p<.05 ** p<.01 *** p<.001
Table 8. Correlations with Help Seeking Intention for Outcome Beliefs with Means and Standard Deviations for Each Belief and Its Components

Key: eval = outcome evaluation (good = 3, bad = -3).
prob = outcome probability (likely = 3, unlikely = -3).
bel = outcome belief (eval x prob), scaled as
disadvantage = -3, advantage = 3.

<table>
<thead>
<tr>
<th>Belief Statement</th>
<th>Whole Sample</th>
<th>Control Group</th>
<th>Past Ideator</th>
<th>Current Ideator</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Self-Disclosure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) Having the opportunity to</td>
<td>r bel 0.3 (1.5)</td>
<td>0.1 (1.4)</td>
<td>1.1 (1.4)</td>
<td>0.8 (1.4) a***</td>
</tr>
<tr>
<td>talk to someone about my</td>
<td>eval 2.2 (1.0)</td>
<td>2.2 (1.0)</td>
<td>2.2 (0.8)</td>
<td>2.0 (1.1)</td>
</tr>
<tr>
<td>problems.</td>
<td>prob 0.5 (1.9)</td>
<td>0.1 (1.8)</td>
<td>1.2 (1.8)</td>
<td>0.6 (2.0) a***</td>
</tr>
<tr>
<td>2) Discussing painful feelings</td>
<td>r bel 0.3 (0. )</td>
<td>0.1 (1.2)</td>
<td>0.6 (0.3)</td>
<td>0.4 (1.4) a*</td>
</tr>
<tr>
<td>and thoughts.</td>
<td>eval 1.3 (1.5)</td>
<td>1.4 (1.2)</td>
<td>1.4 (1.6)</td>
<td>0.6 (1.9) a,b**</td>
</tr>
<tr>
<td></td>
<td>prob 0.7 (1.7)</td>
<td>0.2 (1.7)</td>
<td>1.4 (1.4)</td>
<td>1.1 (1.7) a***</td>
</tr>
<tr>
<td>3) Releasing my built-up feelings</td>
<td>r bel 0.6 (1.4)</td>
<td>0.4 (1.3)</td>
<td>0.9 (1.4)</td>
<td>0.9 (1.5) a**</td>
</tr>
<tr>
<td></td>
<td>eval 2.2 (1.1)</td>
<td>2.1 (1.1)</td>
<td>2.1 (1.3)</td>
<td>2.3 (1.2)</td>
</tr>
<tr>
<td></td>
<td>prob 0.8 (1.6)</td>
<td>0.5 (1.6)</td>
<td>1.2 (1.4)</td>
<td>0.9 (1.7) a**</td>
</tr>
<tr>
<td>B. Feeling Better</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Feeling better about</td>
<td>r bel 0.4 (1.4)</td>
<td>0.2 (1.3)</td>
<td>0.7 (1.3)</td>
<td>0.8 (1.6) a**</td>
</tr>
<tr>
<td>myself.</td>
<td>eval 2.6 (0.8)</td>
<td>2.5 (0.7)</td>
<td>2.7 (0.6)</td>
<td>2.6 (1.1)</td>
</tr>
<tr>
<td></td>
<td>prob 0.5 (1.5)</td>
<td>0.2 (1.5)</td>
<td>0.7 (1.4)</td>
<td>0.9 (1.7) a***</td>
</tr>
<tr>
<td>5) Feeling better about</td>
<td>r bel 0.5 (1.3)</td>
<td>0.3 (1.3)</td>
<td>0.7 (1.3)</td>
<td>0.8 (1.4) a**</td>
</tr>
<tr>
<td>my life.</td>
<td>eval 2.6 (0.6)</td>
<td>2.5 (0.7)</td>
<td>2.7 (0.5)</td>
<td>2.7 (0.5) a*</td>
</tr>
<tr>
<td></td>
<td>prob 0.6 (1.4)</td>
<td>0.4 (1.4)</td>
<td>2.8 (1.4)</td>
<td>0.9 (1.5) a**</td>
</tr>
<tr>
<td>C. Therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) Obtaining objective and</td>
<td>r bel 0.7 (1.0)</td>
<td>0.6 (1.0)</td>
<td>0.9 (1.1)</td>
<td>0.9 (1.0) a*</td>
</tr>
<tr>
<td>professional advice about my</td>
<td>eval 1.4 (1.2)</td>
<td>1.2 (1.2)</td>
<td>1.7 (1.1)</td>
<td>1.6 (1.3)</td>
</tr>
<tr>
<td>problems.</td>
<td>prob 1.0 (1.5)</td>
<td>0.8 (1.5)</td>
<td>1.3 (1.4)</td>
<td>1.1 (1.4) a*</td>
</tr>
</tbody>
</table>
(Table 8. continued)

<table>
<thead>
<tr>
<th>Belief Statement</th>
<th>Whole Sample</th>
<th>Control Group</th>
<th>Past</th>
<th>Current</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>7) Seeing a therapist who does not understand me.</td>
<td>0.02</td>
<td>0.11</td>
<td>0.17</td>
<td>0.01</td>
<td></td>
</tr>
<tr>
<td>(bel eval prob)</td>
<td>0.6 (1.3)</td>
<td>0.6 (1.2)</td>
<td>0.7 (1.2)</td>
<td>0.5 (1.6) a*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-2.1 (1.2)</td>
<td>-2.0 (1.2)</td>
<td>2.4 (1.0)</td>
<td>2.3 (1.2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-0.8 (1.4)</td>
<td>-0.9 (1.3)</td>
<td>-0.9 (1.3)</td>
<td>-0.6 (1.7)</td>
<td></td>
</tr>
</tbody>
</table>

D. Believe Isolation

| 8) Feeling people care about me. | 0.29*** | 0.21*** | 0.38*** | 0.35* |
| (bel eval bel eval prob) | 0.1 (1.4) | -0.3 (1.3) | 0.2 (1.4) | 0.0 (1.6) a** |
| | 2.6 (0.8) | 2.6 (0.7) | 2.7 (0.7) | 2.6 (1.1) |
| | -0.2 (1.5) | -0.4 (1.4) | 0.2 (1.4) | -0.1 (1.7) a* |
| 9) Feeling less lonely. | 0.34*** | 0.36*** | 0.34*** | 0.24* |
| (bel eval bel eval prob) | 0.0 (1.3) | -0.2 (1.2) | 0.2 (1.2) | 0.4 (1.5) a*** |
| | 2.1 (1.2) | 1.8 (1.3) | 2.4 (0.8) | 2.4 (1.2) a*** |
| | -0.1 (1.6) | -0.4 (1.4) | -0.2 (1.5) | -0.3 (1.8) a** |

E. Mastery, Insight

| 10) Coping better with my problems. | 0.30*** | 0.33*** | 0.14 | 0.33* |
| (bel eval bel eval prob) | 0.7 (1.2) | 0.4 (1.1) | 1.1 (1.1) | 0.9 (1.4) a*** |
| | 2.3 (0.9) | 2.2 (0.9) | 2.4 (0.9) | -2.4 (1.0) |
| | 0.8 (1.4) | 0.5 (1.3) | 1.1 (1.3) | 1.1 (1.3) a*** |
| 11) Feeling I cannot handle my problems on my own. | -0.06 | -0.16 | -0.07 | -0.12 |
| (bel eval bel eval prob) | 0.2 (1.2) | 0.3 (1.2) | 0.3 (1.2) | -0.1 (1.3) |
| | -1.3 (1.3) | -1.3 (1.3) | -1.3 (1.2) | -1.4 (1.6) |
| | -0.5 (1.8) | -0.6 (1.8) | -0.6 (1.8) | 0.2 (1.7) b* |
| 12) Understanding my problems. | 0.27*** | 0.28*** | 0.20* | 0.26* |
| (bel eval bel eval prob) | 0.7 (1.3) | 0.6 (1.3) | 1.0 (1.2) | 0.7 (1.4) |
| | 2.4 (0.9) | 2.4 (0.8) | 2.4 (0.9) | 2.1 (1.2) |
| | 0.9 (1.4) | 0.8 (1.3) | 1.3 (1.2) | 0.8 (0.7) b** |

F. Stigma

| 13) People finding out that I have sought professional help. | 0.00 | 0.08 | -0.11 | 0.03 |
| (bel eval bel eval prob) | 0.2 (0.9) | 0.8 (0.7) | -0.1 (0.8) | 0.0 (1.1) |
| | -0.4 (1.1) | -0.4 (1.1) | -0.2 (1.1) | -0.8 (1.3) |
| | -0.2 (1.7) | -0.2 (1.6) | -0.2 (1.9) | -0.1 (1.8) |
| 14) Having other people know that I have been feeling suicidal. | 0.04 | 0.07 | 0.04 | -0.01 |
| (bel eval bel eval prob) | 0.2 (1.2) | 0.2 (1.1) | 0.1 (1.4) | 0.4 (1.2) b* |
| | -0.6 (1.6) | -0.5 (1.5) | 0.4 (1.9) | -1.2 (1.5) b* |
| | -1.2 (1.6) | -1.5 (1.4) | -1.1 (1.7) | -0.8 (1.8) a** |
Table 8. continued

<table>
<thead>
<tr>
<th>Belief Statement</th>
<th>Whole Sample</th>
<th>Control Group</th>
<th>Past Ideator</th>
<th>Current Ideator</th>
</tr>
</thead>
<tbody>
<tr>
<td>15) Being labeled as sick or crazy.</td>
<td>r bel .10*</td>
<td>.09</td>
<td>.11</td>
<td>.18</td>
</tr>
<tr>
<td></td>
<td>eval -1.9 (1.1)</td>
<td>-1.8 (1.2)</td>
<td>-2.0 (1.0)</td>
<td>-2.2 (1.1)</td>
</tr>
<tr>
<td></td>
<td>prob -1.5 (1.5)</td>
<td>-1.5 (1.5)</td>
<td>-1.5 (1.5)</td>
<td>-1.2 (1.6)</td>
</tr>
<tr>
<td>16) Jeopardizing my future goals.</td>
<td>r bel .11*</td>
<td>.16*</td>
<td>.03</td>
<td>.16</td>
</tr>
<tr>
<td></td>
<td>eval -2.0 (1.3)</td>
<td>-2.0 (1.3)</td>
<td>-2.0 (1.5)</td>
<td>-2.0 (1.3)</td>
</tr>
<tr>
<td></td>
<td>prob -1.5 (1.4)</td>
<td>-1.5 (1.4)</td>
<td>-1.7 (1.5)</td>
<td>-1.3 (1.4)</td>
</tr>
<tr>
<td>Being Controlled</td>
<td>r bel -.12*</td>
<td>-.20**</td>
<td>-.29**</td>
<td>.19</td>
</tr>
<tr>
<td></td>
<td>eval -2.2 (1.3)</td>
<td>-1.4 (1.4)</td>
<td>-2.4 (1.3)</td>
<td>-2.5 (1.0)</td>
</tr>
<tr>
<td></td>
<td>prob -2.5 (1.6)</td>
<td>-2.5 (1.0)</td>
<td>-2.6 (0.9)</td>
<td>-2.5 (1.3)</td>
</tr>
<tr>
<td>17) My being committed to a mental</td>
<td>r bel .14*</td>
<td>.13</td>
<td>.00</td>
<td>.35***</td>
</tr>
<tr>
<td>institution.</td>
<td>eval .2 (1.4)</td>
<td>1.9 (1.4)</td>
<td>2.3 (1.2)</td>
<td>1.8 (1.5)</td>
</tr>
<tr>
<td></td>
<td>prob -0.4 (1.5)</td>
<td>-0.6 (1.5)</td>
<td>-0.5 (1.5)</td>
<td>0.0 (1.4)</td>
</tr>
<tr>
<td>18) My being prevented from committing</td>
<td>r bel -.2 (1.3)</td>
<td>-0.4 (1.3)</td>
<td>-0.4 (1.3)</td>
<td>0.2 (1.0) b*</td>
</tr>
<tr>
<td>suicide.</td>
<td>eval 2.0 (1.4)</td>
<td>1.9 (1.4)</td>
<td>2.3 (1.2)</td>
<td>1.8 (1.5)</td>
</tr>
<tr>
<td></td>
<td>prob -0.4 (1.5)</td>
<td>-0.6 (1.5)</td>
<td>-0.5 (1.5)</td>
<td>0.0 (1.4) a*</td>
</tr>
<tr>
<td>H. Other</td>
<td>r bel .28***</td>
<td>.35***</td>
<td>.20*</td>
<td>.18</td>
</tr>
<tr>
<td>19) Making my family and friends feel</td>
<td>eval 2.3 (0.3)</td>
<td>0.3 (0.3)</td>
<td>0.4 (0.3)</td>
<td>0.5 (0.4) b**</td>
</tr>
<tr>
<td>better.</td>
<td>prob 0.6 (1.5)</td>
<td>-0.7 (1.5)</td>
<td>-0.7 (1.4)</td>
<td>-0.2 (1.4)</td>
</tr>
<tr>
<td>20) Spending money for professional</td>
<td>r bel -.04</td>
<td>-.04</td>
<td>-.13</td>
<td>.07</td>
</tr>
<tr>
<td>help.</td>
<td>eval -0.2 (1.4)</td>
<td>-0.1 (1.3)</td>
<td>-0.2 (1.2)</td>
<td>-0.5 (1.6)</td>
</tr>
<tr>
<td></td>
<td>prob -0.5 (2.1)</td>
<td>-0.6 (2.0)</td>
<td>0.1 (2.1)</td>
<td>0.7 (2.3)</td>
</tr>
</tbody>
</table>

Notes: 1. If a or b, the indicated contrast is not significant when effect of prior help seeking is controlled for.
2. * p<.05  **p<.01  ***p<.001
APPENDIX B

PILOT QUESTIONNAIRE
Informed Consent Form

Preoccupation with suicidal thoughts and impulses is a serious problem for some college students. Some of these students discuss their problems with family, friends or other significant individuals. Some suicidal students seek professional psychological help. Others keep their problems entirely to themselves. The main purpose of this study is to identify the attitudes which influence the decision of college students who seriously consider suicide for or against seeking professional psychological help.

The following questionnaire has two parts. In the first part you will be asked to imagine what it would be like to feel suicidal and then to answer some questions about seeking professional psychological help. In the second part you will be asked a few questions about your personal experiences with suicidal thoughts and feelings and also whether you have ever sought professional psychological help.

Your responses will be unidentifiable and be kept strictly confidential. If you find answering the questionnaire is distressing, or for any other reason, you may cease participation in the study at any time without loss of credit.

We will be happy to answer any questions you have about the questionnaire, either before or after the administration period.

You will receive one experimental credit for your participation.

Please sign below to indicate that you have read and understand the above and are willing to participate in the study.

Name ______________________________________

Date ______________________________________
Suicidal ideas are somewhat common among college students. Many students consider briefly and non-seriously what it would be like to commit suicide. Some students seriously consider suicide at one point or another in their college years. Some of these students try to obtain professional psychological help for their distress; others do not try to obtain help. We are interested in discovering what reasons suicidal students have for seeking or not seeking professional psychological help.

We would like you to answer the following questions as if you were currently feeling suicidal. Suicidal students are often concerned about difficulties in relating to friends and family, and/or about breaking up with a boyfriend or girlfriend. Some suicidal students are concerned about getting good grades. Suicidal students often feel sad, depressed, and lonely. At times they feel worthless and hopeless about the future.

Try to imagine what it would be like to feel suicidal and answer the following questions. You do not need to spend much time on any one item; first impressions are usually best.
1. If I were seriously considering suicide, I think that the advantages of seeking professional psychological help would be:
   a.
   b.
   c.
   d.

2. If I were seriously considering suicide, I think that the disadvantages of seeking professional psychological help would be:
   a.
   b.
   c.
   d.

3. If I were seriously considering suicide, I think that the advantages of not seeking professional psychological help would be:
   a.
   b.
   c.
   d.

4. If I were seriously considering suicide, I think that the disadvantages of not seeking professional psychological help would be:
   a.
   b.
   c.
   d.

5. Are there any individuals or groups who think that you should obtain professional psychological help if you were seriously considering suicide? Please list them.

6. Are there any individuals or groups who think you should not obtain professional psychological help if you were seriously considering suicide? Please list them.
Part II

The purpose of the second part of this questionnaire is to find out how common suicidal ideas and experiences are for undergraduates at UMASS. Please answer these questions honestly. Remember, this questionnaire is completely anonymous.

1. Are you male or female? (Circle one)
2. How old are you? ____________
3. What year are you in college? Freshman Sophomore Junior Senior Other
4. Have you ever considered killing yourself? (Check appropriate answers).
   a. Never
   b. Briefly and not seriously.
   c. I have seriously considered suicide but never made a suicide attempt.

      How many times have you felt this way? ______

      Have you felt this way during the last month?
      Yes  No

   d. I made a suicide attempt, but did not really want to die.

      How many times have you done this? ______

      Have you done this during the last month?
      Yes  No

   e. I made a suicide attempt and hoped to die.

      How many times? ______

      Have you done this during the last month?
      Yes  No

5. Have you ever seen a counselor, psychologist or psychiatrist about your problems? Yes  No

6. If you answered yes to the question above, were suicidal feelings and ideas one of the problems you discussed? Yes  No
Debriefing Form

One of the aims of this study is to construct an attitude scale about seeking professional psychological help by students who are seriously considering suicide. Your responses to the first part of the questionnaire will be used to identify the reasons why and why not suicidal college students would seek help. These reasons will be incorporated into a formal attitude scale.

The information you provided about your personal experiences with suicide will enable us to estimate the percentage of UMass students who have had and have not had suicidal concerns.

It is possible that filling out the questionnaire may have precipitated concerns that you might have about your own life or the life of someone you know. Previous studies have shown that nearly 50% of undergraduate college students have known someone who committed or attempted suicide. About 20% of undergraduate college students have seriously considered suicide themselves during their lives. The problems that result in these thoughts and feelings can be solved. It is important for anyone who is seriously concerned about themselves or another to contact a physician, counselor or therapist for advice or guidance. The following agencies on campus are staffed by professionals who can be contacted for these concerns.

Student Mental Health (545-2337) - Individual counselling.
Psychological Services Center (545-0041) - Individual Counselling

If you have any further questions about the study or your reactions to it, please contact: Peter Spencer
Department of Psychology
Tobin Hall, Room 603
tel. 545-2157

Thank you for your participation.
APPENDIX C

MAIN QUESTIONNAIRE
survey of student's personal problems and attitudes towards seeking professional psychological help

informed consent form

the purpose of this study is to investigate the relationship between the degree and nature of students personal problems and their attitudes towards seeking professional psychological help. this questionnaire is intended for all students: those who feel they have few personal problems and those who feel they have many personal problems at this time.

this questionnaire has four sections. one section contains questions about the kinds of personal problems that you are concerned about at this time. two sections contain questions about suicidal thoughts and experiences you may have had. the fourth section contains questions about your reasons for and against seeking professional psychological help.

your responses will be unidentifiable and be kept strictly confidential. if you find that answering the questions is distressing, or for any other reason, you may stop your participation at any time without loss of credit.

if you wish to participate in the study we ask that you comply with the following conditions:

1) that you complete the questionnaire without discussing your answers with anyone else.
2) that you complete the questionnaire at a time and place in which you can give it your full, uninterrupted attention.

the questionnaire takes about half an hour to complete. you will receive one experimental credit for your participation. please sign below to indicate that you have read and understand the above and wish to participate in the study.

name signature: ____________
print clearly: ____________
date: ________________
Attitudes About Seeking Professional Psychological Help

Introduction

Please answer the following questions concerning your attitudes about seeking professional psychological help. Many of these questions reflect the concerns of individuals who are experiencing psychological problems. However, the questionnaire is intended for all students, whether they feel psychologically troubled or not. Please answer the questions as honestly as you can in light of your current psychological condition.

1. My seeking professional psychological help within the next month would be
   Good: extremely quite slightly neither slightly quite extremely: Bad
   Wise: extremely quite slightly neither slightly quite extremely: Foolish
   Harmful: extremely quite slightly neither slightly quite extremely: Beneficial
   Pleasant: extremely quite slightly neither slightly quite extremely: Unpleasant
   Interesting: extremely quite slightly neither slightly quite extremely: Boring
   Rewarding: extremely quite slightly neither slightly quite extremely: Unrewarding

2. Most people who are important to me think I should obtain professional psychological help within the next month
   Likely: extremely quite slightly neither slightly quite extremely: Unlikely

3. For me to seek professional psychological help within the next month would be
   Easy to do: extremely quite slightly neither slightly quite extremely: Difficult to do

4. Having the opportunity to talk to someone about my problems is
   Good: extremely quite slightly neither slightly quite extremely: Bad

5. Feeling better about myself is
   Good: extremely quite slightly neither slightly quite extremely: Bad

6. Obtaining objective and professional advice about my problem is
   Good: extremely quite slightly neither slightly quite extremely: Bad

7. Feeling less lonely is
   Good: extremely quite slightly neither slightly quite extremely: Bad
<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Releasing my built up feelings is</td>
<td>Good:</td>
<td>extremely</td>
<td>quite</td>
<td>slightly</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Jeopardizing my future goals</td>
<td>Good:</td>
<td>extremely</td>
<td>quite</td>
<td>slightly</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Discussing painful feelings and thoughts is</td>
<td>Good:</td>
<td>extremely</td>
<td>quite</td>
<td>slightly</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Coping better with my problems is</td>
<td>Good:</td>
<td>extremely</td>
<td>quite</td>
<td>slightly</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Making my family and friends feel better is</td>
<td>Good:</td>
<td>extremely</td>
<td>quite</td>
<td>slightly</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Seeing a therapist who does not understand me is</td>
<td>Good:</td>
<td>extremely</td>
<td>quite</td>
<td>slightly</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. My being prevented from committing suicide is</td>
<td>Good:</td>
<td>extremely</td>
<td>quite</td>
<td>slightly</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Feeling that I cannot handle my problem on my own is</td>
<td>Good:</td>
<td>extremely</td>
<td>quite</td>
<td>slightly</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Understanding my problems is</td>
<td>Good:</td>
<td>extremely</td>
<td>quite</td>
<td>slightly</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. People finding out that I have sought professional psychological help is</td>
<td>Good:</td>
<td>extremely</td>
<td>quite</td>
<td>slightly</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Feeling better about my life is</td>
<td>Good:</td>
<td>extremely</td>
<td>quite</td>
<td>slightly</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
19. Feeling that people care about me is
Good: extremely quite slightly neither slightly quite extremely
Bad: extremely quite slightly neither slightly quite extremely

20. Being labeled as sick or crazy is
Good: extremely quite slightly neither slightly quite extremely
Bad: extremely quite slightly neither slightly quite extremely

21. Spending money for professional psychological help is
Good: extremely quite slightly neither slightly quite extremely
Bad: extremely quite slightly neither slightly quite extremely

22. Having other people know I have been feeling suicidal is
Good: extremely quite slightly neither slightly quite extremely
Bad: extremely quite slightly neither slightly quite extremely

23. My being committed to a mental institution is
Good: extremely quite slightly neither slightly quite extreme
Bad: extremely quite slightly neither slightly quite extreme

24. Obtaining professional psychological help within the next month would provide me the opportunity to talk to someone about my problems
Likely: extremely quite slightly neither slightly quite extreme
Unlikely: extremely quite slightly neither slightly quite extreme

25. Obtaining professional psychological help within the next month would make me feel better about myself
Likely: extremely quite slightly neither slightly quite extreme
Unlikely: extremely quite slightly neither slightly quite extreme

26. Obtaining professional psychological help within the next month would give me objective and professional advice about my problems
Likely: extremely quite slightly neither slightly quite extreme
Unlikely: extremely quite slightly neither slightly quite extreme

27. Obtaining professional psychological help within the next month would help me feel less lonely
Likely: extremely quite slightly neither slightly quite extreme
Unlikely: extremely quite slightly neither slightly quite extreme

28. Obtaining professional psychological help within the next month would allow me to release my built up feelings
Likely: extremely quite slightly neither slightly quite extreme
Unlikely: extremely quite slightly neither slightly quite extreme
29. Obtaining professional psychological help within the next month would jeopardize my future goals
   Likely: extremely quite slightly neither slightly quite extremely
   Unlikely: extremely quite slightly neither slightly quite extremely

30. Obtaining professional psychological help within the next month would cause me to confront painful feelings and thoughts
   Likely: extremely quite slightly neither slightly quite extremely
   Unlikely: extremely quite slightly neither slightly quite extremely

31. Obtaining professional psychological help within the next month would help me cope better with my problems
   Likely: extremely quite slightly neither slightly quite extremely
   Unlikely: extremely quite slightly neither slightly quite extremely

32. Obtaining professional psychological help within the next month would make my family and friends feel better
   Likely: extremely quite slightly neither slightly quite extremely
   Unlikely: extremely quite slightly neither slightly quite extremely

33. Obtaining professional psychological help within the next month would result in my seeing a therapist who does not understand me
   Likely: extremely quite slightly neither slightly quite extremely
   Unlikely: extremely quite slightly neither slightly quite extremely

34. Obtaining professional psychological help within the next month would prevent me from committing suicide
   Likely: extremely quite slightly neither slightly quite extremely
   Unlikely: extremely quite slightly neither slightly quite extremely

35. Obtaining professional psychological help within the next month would make me feel I cannot handle my problems on my own
   Likely: extremely quite slightly neither slightly quite extremely
   Unlikely: extremely quite slightly neither slightly quite extremely

36. Obtaining professional psychological help within the next month would help me to understand my problems
   Likely: extremely quite slightly neither slightly quite extremely
   Unlikely: extremely quite slightly neither slightly quite extremely

37. Obtaining professional psychological help within the next month would result in other people knowing I have obtained professional psychological help
   Likely: extremely quite slightly neither slightly quite extremely
   Unlikely: extremely quite slightly neither slightly quite extremely
38. Obtaining professional psychological help within the next month would help me to feel better about my life
   Likely: extremely quite slightly neither slightly quite extremely: Unlikely

39. Obtaining professional psychological help within the next month would help me feel that someone cares about me
   Likely: extremely quite slightly neither slightly quite extremely: Unlikely

40. Obtaining professional psychological help within the next month would result in my being labeled as mentally ill
   Likely: extremely quite slightly neither slightly quite extremely: Unlikely

41. Obtaining professional psychological help within the next month would require me to spend money
   Likely: extremely quite slightly neither slightly quite extremely: Unlikely

42. Obtaining professional psychological help within the next month would result in other people knowing I felt suicidal
   Likely: extremely quite slightly neither slightly quite extremely: Unlikely

43. Obtaining professional psychological help within the next month would result in my being committed to a mental institution
   Likely: extremely quite slightly neither slightly quite extremely: Unlikely

44. If I wanted to seek professional psychological help within the next month I would have enough energy to do so
   Likely: extremely quite slightly neither slightly quite extremely: Unlikely

45. If I wanted to seek professional psychological help within the next month I would have enough time to do so
   Likely: extremely quite slightly neither slightly quite extremely: Unlikely

46. My mother thinks I should obtain professional psychological help within the next month
   Likely: extremely quite slightly neither slightly quite extremely: Unlikely
47. My father thinks I should obtain professional psychological help within the next month
Likely: ___________________________ : Unlikely
         extremely  quite  slightly  neither  slightly  quite  extremely

48. My grandparents think I should obtain professional psychological help within the next month
Likely: ___________________________ : Unlikely
         extremely  quite  slightly  neither  slightly  quite  extremely

49. My sisters and brothers think I should obtain professional psychological help within the next month
Likely: ___________________________ : Unlikely
         extremely  quite  slightly  neither  slightly  quite  extremely

50. My boyfriend/girlfriend or partner thinks I should obtain professional psychological help within the next month
Likely: ___________________________ : Unlikely
         extremely  quite  slightly  neither  slightly  quite  extremely

51. My close friends think I should obtain professional psychological help within the next month
Likely: ___________________________ : Unlikely
         extremely  quite  slightly  neither  slightly  quite  extremely

52. My acquaintances think I should obtain professional psychological help within the next month
Likely: ___________________________ : Unlikely
         extremely  quite  slightly  neither  slightly  quite  extremely

53. Mental health professionals think I should obtain professional psychological help within the next month
Likely: ___________________________ : Unlikely
         extremely  quite  slightly  neither  slightly  quite  extremely

54. The members of my religious group think I should obtain professional psychological help within the next month
Likely: ___________________________ : Unlikely
         extremely  quite  slightly  neither  slightly  quite  extremely

55. Generally speaking, I want to do what my mother thinks I should do
Likely: ___________________________ : Unlikely
         extremely  quite  slightly  neither  slightly  quite  extremely
56. Generally speaking, I want to do what my father thinks I should do
   extremely quite slightly neither slightly quite extremely

57. Generally speaking, I want to do what my grandparents think I should do
   extremely quite slightly neither slightly quite extremely

58. Generally speaking, I want to do what my sisters and brothers think I should do
   extremely quite slightly neither slightly quite extremely

59. Generally speaking, I want to do what my girlfriend/boyfriend (or partner) thinks I should do
   extremely quite slightly neither slightly quite extremely

60. Generally speaking, I want to do what my close friends think I should do.
   extremely quite slightly neither slightly quite extremely

61. Generally speaking, I want to do what my acquaintances think I should do.
   extremely quite slightly neither slightly quite extremely

62. Generally speaking, I want to do what mental health professionals think I should do.
   extremely quite slightly neither slightly quite extremely

63. Generally speaking, I want to do what the members of my religious group think I should do.
   extremely quite slightly neither slightly quite extremely

64. I intend to seek professional psychological help within the next month
   (check appropriate space)
   extremely quite slightly neither slightly quite extremely

65. I intend to seek help for my psychological problems from my friends within the next month
   extremely quite slightly neither slightly quite extremely
66. I intend to seek help for my psychological problems from an adult such as my family doctor, priest, or professor (someone who is not a professional psychologist, psychiatrist or social worker) within the next month

Likely: ______: ______: ______: ______: ______: __________: Unlikely

extremely quite slightly neither slightly quite extremely

67. At the present time (check appropriate response)

____ a. I have no problems that require seeking professional psychological help
____ b. I have very few problems that require seeking professional psychological help
____ c. I have a number of problems that require seeking professional psychological help
____ d. I have quite a few problems that require seeking professional psychological help
____ e. I have many problems that require seeking professional psychological help
Suicide and Help Seeking Experience Questionnaire

The purpose of the questionnaire is to find out how common suicidal ideas and experiences are for undergraduates at UMASS and how many students have sought professional psychological help. Please answer these questions honestly. Remember, this questionnaire is completely anonymous.

1. Are you male or female? (circle one)  2. Your major

3. Your age

4. What year are you in college?  _Freshman  _Sophomore  _Junior  _Senior  _Other

5. Have you ever considered killing yourself? (check appropriate answers)
   a. Never
   b. Briefly and not seriously
   c. I have seriously considered suicide but never made a suicide attempt

   How many times have you felt this way?

   At what age(s) have you felt this way?

   Have you felt this way during the past month:  . . . Yes  No  
   during the past 3 months:  . . . Yes  No  
   during the past 6 months:  . . . Yes  No  
   during the past year:  . . . Yes  No

   d. I made a suicide attempt, but did not really want to die

   How many times have you done this?

   At what age(s) have you done this?

   Have you done this during the past month:  . . . Yes  No  
   during the past 3 months:  . . . Yes  No  
   during the past 6 months:  . . . Yes  No  
   during the past year:  . . . Yes  No

   e. I made a suicide attempt and hoped to die

   How many times?

   At what age(s)?

   Have you done this during the past month:  . . . Yes  No  
   during the past 3 months:  . . . Yes  No  
   during the past 6 months:  . . . Yes  No  
   during the past year:  . . . Yes  No

6. Have you ever obtained professional psychological help (e.g., with a counselor, psychologist, or psychiatrist)?  Yes  No

   Have you done this during the past month:  . . . Yes  No  
   during the past 3 months:  . . . Yes  No  
   during the past 6 months:  . . . Yes  No  
   during the past year:  . . . Yes  No
7. If you answered yes to the question above, were suicidal feelings and ideas one of the problems you discussed? Yes  No

8. If you answered yes to question #6, please specify
   How many times you have been in therapy or counseling: _____

   For each experience in therapy or counseling please indicate your:

<table>
<thead>
<tr>
<th>Experience</th>
<th>Experience 2</th>
<th>Experience 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age at the time:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approximate number of sessions:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Below are listed some of the typical problems that students face. Read these statements and check those which have bothered you.

**Studies**

1. Read but it doesn't sink in
2. Study but get poor grades
3. Preoccupied with other things when I study
4. Don't know if I have enough ability to get through my course of studies
5. Confused over choosing a major subject
6. Confused over choosing a career
7. I sometimes have the feeling: What am I doing here?
8. Feelings of inferiority about my ability
9. My study habits are difficult to change
10. "Freeze up" in examinations
11. No interest in my classes
12. I am such a perfectionist that I never am satisfied with my work
13. Can't adjust because I did very well with little effort before I came here
14. Don't have the energy to do all my work
15. Get so keyed up I can't settle down to study
16. Other (What)

**Social Life**

17. Can't get along with my roommate/housemate
18. Can't decide about being in a living group or sorority or fraternity
19. Making a choice between studies and activities
20. So upset from going with my boy (girl) friend that I can't do anything else
21. Haven't been able to find new friends here
22. Can't make up my mind whether to get married or not
23. Because of studies and/or work, I have no time for social life
24. Worry that a person I love does not love me
25. Worry that I do not really love a person who loves me
26. Worry over why people don't like me
27. Other (What?)

Money and Work
28. Part-time work interferes with my studies
29. So worried about money that it interferes with my studies
30. So little interest in school that I feel I should be working at a job
31. Other (What?)

Emotional Problems
32. Panicked in an examination, and had to leave the room
33. Worried because I am an adult and have had no sexual experience
34. Lonely to the point that I feel terrible
35. Feel guilty over my sexual activities
36. Can't take daily disappointments
37. Tense and nervous most of the time
38. Don't have the energy I need
39. Feel depressed and blue too much of the time
40. Have felt so bad that I considered suicide
41. Strange thoughts that bother me
42. Terribly homesick
43. Worry about grades to the point that it interferes with study and other activities
44. Other (What?)
Physical Illness and Other Problems

45. Chronic indigestion, heartburn
46. Chronic headaches
47. Insomnia, sleeplessness
48. Drowsiness
49. Nervous stomach
50. Visual troubles in reading
51. Worry over my appearance, attractiveness
52. Undefined pains and aches
53. Other (What?)

Family

54. Worry about divorce of parents
55. Parents' expectations for me are too high
56. Financial demands on my parents threaten our relationship
57. Being away at school will make our relationship less close
58. Jealous over a sister or brother
59. Parents want me to follow a course different than what I want to do
60. Other (What?)

Religion and Morality

61. Confusion over beliefs learned at home and those of people here
62. Sudden religious upsurge with disappointment
63. Continual worry about guilt and confession
64. Loss of religious beliefs
65. Other (What?)
Thoughts About Suicide

Instructions: Please circle the response which best describes your state of mind during the past month. All information obtained is for survey purposes only and will remain strictly confidential.

1. My wish to live has been
   a. moderate to strong
   b. weak
   c. I have had no wish to live

2. My wish to die has been
   a. weak
   b. moderate to strong
   c. I have had no wish to die

3. My reasons for living
   a. have outweighed my reasons for dying
   b. are about equal to my reasons for dying
   c. are outweighed by my reasons for dying

4. My desire to make an active suicide attempt
   a. has been moderate to strong
   b. has been weak
   c. I have had no desire to make an active suicide attempt

5. My desire to make a non-active suicide attempt could be characterized as
   a. I would take precautions to save my life
   b. I would leave life/death to chance (e.g., carelessly cross a busy street)
   c. I would avoid steps necessary to save or maintain my life (e.g., if I were a diabetic I would not take my insulin)

6. When I think about suicide
   a. it is for brief, fleeting periods
   b. it is for periods of moderate length
   c. it is continuous or almost continuous
   d. I do not think of committing suicide

7. I think of suicide
   a. rarely or occasionally
   b. intermittently
   c. persistently or continuously
   d. I never think of suicide

8. My attitudes toward my suicidal wish are
   a. best described as rejecting
   b. ambivalent or indifferent
   c. accepting
   d. I have no suicidal wishes
9. When I think of suicide
   a. I am sure I have control over attempting
   b. I am unsure of my sense of control
   c. I have no sense of control
   d. I do not think about suicide

10. My deterrents to attempting suicide (e.g., religion, family, irreversibility)
    a. are strong
    b. are moderate to weak
    c. I have no deterrents

11. My reasons for contemplating suicide are
    a. In part to call attention to my plight
    b. To escape or solve my problems
    c. A combination of b and c
    d. I do not think about suicide

12. In terms of a chosen method
    a. I have considered a method but have not worked out the details
    b. I have both chosen a method and worked out the details
    c. I have not thought about a method

13. In terms of a method
    a. I neither have a method available nor the opportunity to try it
    b. The method would take time/effort; the opportunity is not readily available
    c. Both method and opportunity are available or I anticipate them to be
    d. I have not thought about suicide

14. In terms of the capability to carry out the attempt
    a. I do not feel I would have the courage or be successful
    b. I am unsure about my courage to carry out an attempt
    c. I am sure I would have the courage and be successful
    d. I have not thought about suicide

15. In terms of actually attempting suicide
    a. I know that I would not do it
    b. I am uncertain whether I would do it or not
    c. I know that I will attempt it

16. In terms of preparing for a suicide attempt
    a. I have made no preparation
    b. I have made partial preparation (e.g., collecting pills, etc.)
    c. I am completely prepared
    d. I have not thought about suicide
17. In terms of a suicide note
   a. I have not written or thought about writing one
   b. I have thought about writing one
   c. I've started but not completed one
   d. I have completed a suicide note

18. In terms of final acts in anticipation of my death
   a. I have made none
   b. I have thought about or made some arrangements (e.g., getting insurance or writing a will, etc.)
   c. I have made definite plans or completed arrangements

19. I have
   a. discussed my thoughts about suicide openly
   b. held back on revealing my thoughts about suicide to my friends or family
   c. told none of my friends or family members about my thoughts of suicide
   d. not thought about suicide

20. Previous suicide attempts
   a. None
   b. One
   c. More than one

21. My intent to die associated with my last attempt was
   a. Low
   b. Moderate
   c. High
   d. I have never attempted suicide
Debriefing Form

The results we obtain from this questionnaire will be used to answer two questions. The first question concerns the frequency of certain kinds of personal problems experienced by students at U Mass. The second question concerns the relationship between students' personal problems and their attitudes towards seeking professional psychological help. We are particularly interested in the relationship of students' experiences with suicidal thoughts and behaviors and their attitudes towards seeking professional psychological help.

In general we expect to find that students with more problems are more inclined to seek professional psychological help. However, one of the aims of the questionnaire is to find out why individuals who have many serious problems, including suicidal thoughts and impulses, are reluctant to seek professional help. Hopefully, the results of this study will help us understand how to make help available to those individuals who may feel they have serious problems but feel unable to seek help for their problems.

It is possible that filling out the questionnaire may have precipitated serious concerns about your life or the life of someone you know. During their college years many students experience periods of stress and emotional disquiet. A significant number of students have felt intense distress at certain times. For example, previous studies have shown that approximately 20% of college undergraduates have had serious thoughts about killing themselves either before or during college. The problems that result in such thoughts and feelings can be solved. It is important for anyone who is seriously concerned about themselves or another to contact your R.M., counselor, therapist or physician to discuss their concerns.

Student Mental Health (545-2337) - Individual counseling.
Psychological Services Center (545-001) - Individual counseling.

If you have any further questions about the study or your reactions to it, please contact: Peter Spencer
Department of Psychology
Tobin Hall, room 603
tel. 545-2157

Thank you for your participation.