PSIHOLOGIJA, 2022, Online First, 1–16 UDC:
DOI: https://doi.org/10.2298/PSI210812006N
© 2022 by authors

"I Could Easily Get Professional Help if I Wanted to": Professional Help-Seeking Intentions and the Theory of Planned Behaviour[1]

Katerina Naumova**

Department of Psychology, Faculty of Philosophy, Ss. Cyril and Methodius University in Skopje, Republic of North Macedonia

This study used path analysis to evaluate the ability of the Theory of planned behaviour to predict professional help-seeking intentions in an adult community sample (*N* = 470, 51% female, age range: 18–64 years). The results showed that perceived behavioural control was the most significant antecedent of help-seeking intentions, positive attitudes increased the likelihood to seek professional help, however, their effect was small, while subjective norms were not relevant. Past help-seeking had a small direct effect on intentions, yet equally strong as the total indirect effect via attitudes and perceived behavioural control. Psychological distress affected intentions only indirectly. Difficulties with self-disclosure were the only barrier that had a partially mediated effect on intentions through perceived behavioural control. The findings are discussed with respect to the utility of the TPB model, as well as in the wider context of professional help-seeking and interventions to encourage the utilization of mental health services.

Keywords: professional help-seeking, help-seeking intentions, Theory of planned behaviour, perceived barriers, self-disclosure

Highlights:

- Perceived behavioural control is the most significant determinant of intentions.
- Attitudes are a less relevant antecedent, while subjective norms are insignificant.
- Past behaviour has a small direct effect on help-seeking intentions.
- Psychological distress affects intentions only indirectly.
- Self-disclosure difficulties could be an additional explanatory variable.

Corresponding author: knaumova@fzf.ukim.edu.mk

This is an early electronic version of the manuscript that has been accepted for publication in Psihologija journal. Please note that this is not the final version of the article and that it can be subjected to minor changes before final print. Please cite as: Naumova, K. (2022). "I Could Easily Get Professional Help if I Wanted to": Professional Help-Seeking Intentions and the Theory of Planned Behaviour. *Psihologija.* Advance online publication. doi: https://doi.org/10.2298/PSI210812006N

** https://orcid.org/0000-0002-0964-9696

Cross-cultural research has shown that a high proportion of individuals experiencing clinical distress do not seek or receive professional help (Alonso et al., 2017; Thornicroft et al., 2017). The need for increased and diversified utilization of mental health services is unambiguously underscored during the ongoing Covid-19 pandemic (Gruber et al., 2021). In addition to the relevance of contextual barriers and facilitators, understanding and intervening at the level of individual determinants of the help-seeking process is of great importance to the reduction of the salient treatment gap (Magaard et al., 2017). However, there have been conceptual inconsistencies in the field, even regarding the initial step of defining help-seeking in the context of mental health. Thus, highlighting the complexity of this adaptive coping process, Rickwood and Thomas (2012) proposed a general operational definition that can serve as a conceptual measurement framework, since it incorporates several components of "the attempt to obtain external assistance to deal with a mental health concern" (p.180). They distinguish five elements, namely the process (comprised of attitudes, intentions and/or past or future behaviour), time frame, sources (informal or formal/professional), type of assistance and the specific concern or mental health problem. Striving for consistency in the definition and measurement of help-seeking can increase the utility of findings obtained from various age groups, regarding different mental health concerns and related to specific sources of help. In a similar manner, White et al. (2018) recently reviewed the conceptual inconsistencies with respect to help-seeking intentions (HSI) as the most proximal determinant of actual behaviour, in an effort to provide a more comprehensive definition of this element of the help-seeking process. They propose that intentions are "a conscious plan to exert effort to communicate about a problem, emotional pain or psychological issue, where that communication is an attempt to obtain perceived support, advice or assistance that will reduce personal distress" (p. 65). They further suggest that among the several theories that have been applied to help-seeking, the Theory of Planned Behaviour (TPB; Ajzen, 1991, 2012) might be the only model that potentially addresses all aspects of the revised HSI definition.

In the field of professional help-seeking, the TPB has indeed received increased attention during the last decade, as its effectiveness has already found empirical support for a wide range of health-related behaviours (Armitage & Conner, 2001; McEachan et al., 2011). At the core of this theory is the prediction of behavioural *intention* as an immediate antecedent of behaviour. According to the TPB, intentions are determined by three factors: attitudes toward the behaviour, subjective norms concerning the behaviour and perceived behavioural control. *Attitudes* refer to the overall evaluation of the behaviour as favourable or unfavourable, *subjective norms* refer to the perceived social pressure to perform the behaviour or not, and *perceived behavioural control* (PBC) refers to the subjective perception of the ability to perform the behaviour and is often used as a proxy for actual control, given that the perception is accurate (Ajzen, 2002a). The theory further postulates that these factors are influenced by specific sets

of salient beliefs, i.e., beliefs about the behaviour that are readily accessible in memory at a given moment (a relatively smaller number of beliefs from the ones an individual might hold about the behaviour). *Behavioural beliefs* give rise to attitudes, by linking the behaviour to likely outcomes or other, already valued attributes of the behaviour. Hence, behaviours believed to lead to desirable outcomes will be evaluated favourably as opposed to those associated with undesirable outcomes. *Normative beliefs* are the underlying cause of subjective norms, as they reflect the normative expectations of relevant others or the likelihood of their approval or disapproval of the behaviour (injunctive norms), and the beliefs as to whether they themselves perform the behaviour (descriptive norms) (Ajzen, 2012). *Control beliefs* are beliefs about resources and opportunities, partially based on previous personal experiences with the same behaviour or experiences of relevant others as well as on anticipated barriers in performing the behaviour.

The model assumes that the relative importance of each determinant of intention can vary across behaviour and contexts, however, it proposes that the more favourable the personal evaluation of the behaviour (attitudes) and the socially expected mode of conduct (subjective norms), and the greater the self-efficacy regarding the behaviour (PBC), the higher the strength will be of the intention to perform that behaviour.

The TPB also maintains the assumption of sufficiency, i.e., that the three components are sufficient predictors of intention, although it has remained open to the possibility of extending the model with other determinants that can significantly improve its explanatory power, as long as they are conceptually independent of the TPB predictors (Ajzen, 2011). The theory does acknowledge the relevance of various background factors (demographics, personality, past behaviour, mood, etc.), nevertheless only to the extent that their effects on intentions and behaviour are fully mediated by the type, strength and evaluation of salient beliefs that they influence in a given moment. In various behavioural contexts, researchers have often tested and found evidence for the possibility of including past behaviour and affect, not only as background factors but as additional explanatory variables. However, the sufficiency hypothesis assumes that past behaviour indirectly relates to intentions through the feedback effect it has on attitudes, subjective norms and PBC (Ajzen, 2020). Additionally, it represents the most important source of information on behavioural control, so it would be expected for PBC to be the main mediator of its effect on intention/behaviour (Ajzen, 1991). With respect to affect, the TPB considers anticipated affect changes as behavioural beliefs, although meta-analyses have shown that affect can also have a direct effect on intentions (Ajzen, 2011).

Prior research on professional help-seeking intentions that applied the TPB in various cultures has mostly been oriented towards younger individuals, highlighting the vulnerabilities of adolescence or emerging adulthood to psychological problems (Bohon et al., 2016; Hess & Tracey, 2012; Lee & Shin, 2020; Li et al., 2017, 2018; Zorilla et al., 2019). Fewer studies have been

conducted in the general population (Mackenzie et al., 2006; Mak & Davis, 2013; Schomerus et al., 2009), with clinically distressed individuals (Hammer & Vogel, 2013; Schomerus et al., 2009; Tomczyk et al., 2020) or in specific populations (Hyland et al., 2012, 2015; Skogstad et al., 2006; Westerhof et al., 2008). Overall, the findings emphasize the predictive utility of the TPB constructs, although to a varying degree in different samples. Regarding background factors, prior professional help-seeking has consistently been evidenced to be a facilitator of HSI and has also been shown to have a direct effect on help-seeking intentions (Mackenzie et al., 2006; Zorilla et al., 2019). The relationship of current psychological distress to intentions has also been evidenced to be partially mediated by the TPB components (Lee & Shin, 2020; Li et al., 2017, 2018), even though the findings have not been consistent as to whether increased distress hinders or facilitates HSI. In line with ongoing efforts to challenge the sufficiency hypothesis in other areas of research (Conner, 2015), attempts have also been made to extend the model with additional predictors relevant to the field of help-seeking. One potential venue is the inclusion of perceived person-related barriers, although the TPB assumes that their effect is fully mediated via PBC. However, considering the complexity of the professional help-seeking process and the implications of the variety of psychological avoidance factors discussed in the literature (e.g., Andrade et al., 2014; Gulliver et al., 2010; Schauman & Mansell, 2012; Vogel et al., 2007), there is a need for a closer look at the barriers-control relationship.

The goal of the current study is thus to examine the predictive utility of the TPB model with respect to professional help-seeking intentions in the general population of the Republic of North Macedonia and explore the possibility of model extension. It was anticipated that (1) attitudes, subjective norms and perceived behavioural control would predict professional HSI; (2) prior help-seeking and higher psychological distress would have a partially mediated relationship with HSI through TPB predictors; (3) perceived barriers could increase the predictive power of the TPB model. Three path models were tested: Model 1 included TPB constructs and background factors, perceived barriers were added in Model 2, and Model 3 was a respecified model based on theoretical considerations and the findings from Model 2.

Method

Sample

The final sample consisted of 470 adults from the general population, self-identified as ethnic Macedonians (51% female, $M_{age} = 39.7 \pm 13.5$, range: 18–64 years). Over half (55%) had secondary education, while the remaining participants had a Bachelor (36%) or an advanced degree (8%). Less than 2% did not report their highest education level. Individuals with primary education only were not included in data collection. No significant gender differences were detected regarding age ($t(468) = 0.20$, $p = .84$) or education ($\chi^2(1) = 0.96$, $p = .76$). The majority of the participants were employed (67%), followed by unemployed (15%),

university students (11%) and retired (7%). Among the employed participants, 9% reported working in health care, however, none had a mental health care related occupation. Every fifth participant (21.7%) reported prior professional help-seeking experiences and over half of the participants (57.9%) reported that their relevant others (intimate partners/spouses, relatives, friends) had also, at some point in their lives, sought professional help.

The participants were recruited by trained undergraduate psychology students for course credit, based on predefined age, sex and country region quotas. All participants provided informed consent to participate in the study and responded to measurement instruments in a paper-and-pencil format. Procedures performed in the study were in accordance with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

The data reported in this manuscript were collected as part of a larger data collection (at a single point in time, December 2018–January 2019). Although some of the data were also used in Naumova (2020), the relationships examined in the present article have not been previously published. A detailed data transparency table was provided at manuscript submission.

Instruments

The instruments were translated and adapted into Macedonian language using the forward translation method. The author of the study translated one of the instruments and reviewed and revised translations of the remaining instruments done by another bilingual researcher. Before data collection, cognitive debriefing interviews were conducted with undergraduate students to assess the need for additional modifications.

The General Help-Seeking Questionnaire (GHSQ; Wilson et al., 2005) was used as a measure of help-seeking intentions from various formal and informal sources. The authors formulated the general probe “If you were having a personal/emotional/psychological problem, how likely is it that you would seek help from the following people?” in line with the recommendations for constructing a Theory of Planned Behaviour measure. Participants respond on a 7-point scale (from 1 = *extremely unlikely* to 7 = *extremely likely*). Higher scores indicate higher help-seeking intentions. For the purpose of this study, the responses referring to seeking help from a mental health professional (psychologist, psychotherapist, psychiatrist) are used as an indicator of professional help-seeking intentions. Wilson et al. reported that the GHSQ is predictive of actual help-seeking behaviours and that it also links to past behaviour. It has been frequently used due to the adaptability of its matrix format to sample characteristics, target problem-types and/or target help sources.

The Inventory of Attitudes Toward Seeking Mental Health Services (IASMHS; Mackenzie et al., 2004) was used as a measure of TPB components. It is theoretically based and overcomes several conceptual and methodological limitations of Fischer and Turner’s Attitudes Toward Seeking Professional Psychological Help Scale. The IASMHS consists of 24 items and three subscales, each comprising eight items. The first factor, *psychological openness* measures the extent to which individuals are open to acknowledge the experience of psychological problems and to the possibility of seeking professional help for those problems. This factor reflects the attitude component of the TPB. The second factor, *indifference to stigma,* measures the extent to which individuals are concerned with the opinions of significant others if they were to find out that the individual was seeking professional psychological help. This factor captures the concept of subjective norms. The third factor, *help-seeking propensity,* measures the extent to which individuals believe they are willing and able to seek professional help, and thus it reflects perceived behavioural control. Participants respond on a 5-point scale (from 0 = *disagree* to 4 = *agree*), with higher scores indicating more positive attitudes toward seeking mental health services, higher indifference to stigma and higher help-seeking propensity. The authors report that all subscales correlate with past professional help-

seeking as well with HSI. Good fit of the proposed three-factor structure of the IASMHS was obtained in the sample data using CFA: DWLS $\chi^2(249) = 352.78$, $p < .001$, CFI = .97, TLI = .97, RMSEA = .03, 90% CI [.02, .04], SRMR =.05. Loadings ranged from 0.29 to 0.69 (*p*s < .001).

The Barriers to Seeking Psychological Help Scale (BSPHS; Topkaya et al., 2017, 2019) was used to gain insight into five categories of perceived internal barriers: fear of stigma (4 items), distrust in mental health professionals (4 items), self-disclosure difficulties (3 items), perceived devaluation (3 items) and lack of knowledge (3 items). Participants respond on a 5-point scale (from 1 = *strongly disagree* to 5 = *strongly agree*). Higher scores indicate higher perceived obstacles within the specific domains. Good fit of the proposed five-factor structure of the BSPHS was obtained in the sample data via CFA: WLSMV $\chi^2(109) = 188.13$, $p < .001$, CFI = .97, TLI = .96, RMSEA = .04, 90% CI [.03-.05], SRMR =.04. Loadings ranged from .49 to .79 (*p*s < .001).

Current distress was measured with the Kessler Psychological distress scale (K10; Kessler et al., 2003, for the model fit of the Macedonian adaptation see Naumova, 2020). This is one of the most widely used screening tools designed to measure depression and anxiety symptoms in the general population. Participants rate the frequency of experienced symptoms during the previous four weeks on a 5-point scale (from 1 = *none of the time* to 5 = *all of the time*). Higher scores indicate higher psychological distress.

Data on prior professional help-seeking behaviour was collected by asking respondents: "Have you ever visited a mental health professional (e.g., psychologist, psychotherapist, psychiatrist) to get help for personal problems?" and "Have people close to you (intimate partner/spouse, relative, friend) ever visited a mental health professional?" Responses were coded 0 = *No*, 1 = *Yes*.

Cronbach's αs for all scales are presented in Table 1.

Preliminary Data Screening

The original sample included 484 participants. Ten cases were excluded due to missing data on past help-seeking behaviour ($n = 1$), professional help-seeking intentions ($n = 8$) or over 10% of missing data on other variables ($n = 1$). Among the remaining participants, 73 cases had missing data, mostly on one or two items. The analysis suggested that data were MCAR (Little's test Chi-square = 166.56, $df = 177$, $p = .582$), so the EM method was used for data imputation. Additionally, four cases identified as multivariate outliers, based on Mahalanobis distances (*p*s <.001), were removed from the data set. Hence, the final sample used in subsequent analyses was 470 participants. Mardia's coefficient of multivariate kurtosis ($z = 13.64$) indicated a multivariate non-normal distribution of the data.

Statistical Analysis

Confirmatory factor analyses (CFA) were calculated using Lavaan package (Rosseel, 2012) in the R environment (R Core Team, 2020). Path analyses were conducted in AMOS 23.0 using the ML method with bootstrapping (2000 samples). Model fit was evaluated using the following recommendations: $\chi^2/df \leq 2$, CFI ≥ .97, TLI ≥ .97, RMSEA ≤ .05, SRMR ≤ .05 (Schermelleh-Engel et al., 2003). Model parsimony indices (AIC and BIC) were also used for model comparison.

Results

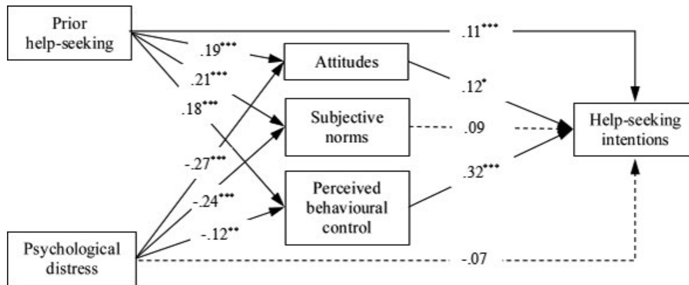
The descriptives on help-seeking intentions presented in Table 1 indicate that participants would very likely seek professional help if facing a psychological problem. Zero-order correlations further show that all TPB components and perceived barriers are significantly related to help-seeking intentions, as well as, to each other, to current psychological distress and prior help-seeking. Distress and prior help-seeking behaviour are also significantly related to help-seeking intentions, although they are not related to each other. The associations among the variables have small to moderate effect sizes (Ferguson, 2009), except the relationship between subjective norms and fear of stigma (indicative of conceptual/measurement overlap). Additionally, age was not significantly related to any of the variables, female gender was very weakly related to subjective norms (r = .10, p = .032) and fear of stigma (r = –.11, p = .018), while higher education was very weakly related only to help-seeking attitudes (r = .11, p = .020). Therefore, these demographic variables were not included as covariates when testing the path models.

Table 1
Means, standard deviations, Cronbach's alphas, and zero-order correlations

Variables	1	2	3	4	5	6	7	8	9	10
Help-seeking intentions	-									
Attitudes	.31***	-								
Subjective norms	.31***	.44***	-							
Perceived behavioural control	.43***	.38***	.42***	-						
Fear of stigma	-.28***	-.34***	-.75***	-.37***	-					
Distrust in MH professionals	-.33***	-.37***	-.46***	-.37***	.50***	-				
Self-disclosure difficulties	-.40***	-.42***	-.57***	-.43***	.61***	.60***	-			
Perceived devaluation	-.34***	-.41***	-.58***	-.46***	.62***	.64***	.64***	-		
Lack of knowledge	-.31***	-.41***	-.48***	-.48***	.50***	.56***	.55***	.53***	-	
Psychological distress	-.14**	-.26***	-.22***	-.11*	.24***	.28***	.22***	.29***	.23***	-
Prior help-seeking	.19***	.17***	.19***	.17***	-.14**	-.12**	-.17***	-.16**	-.19***	.07
M	5.61	18.57	22.64	24.95	7.78	8.24	6.38	5.77	5.59	21.44
SD	1.81	6.19	6.38	4.91	3.94	3.92	3.04	2.83	2.64	6.97
α	-	.68	.78	.68	.84	.79	.72	.71	.62	.87

Note. IASMHS subscales: variables 2—4; BSPHS subscales: variables 5—9; MH = mental health.
* $p < .05$, ** $p < .01$, *** $p < .001$.

Figure 1
Model 1: TPB model with background factors



Note. Dashed lines indicate insignificant paths. Standardized coefficients are presented with significance levels based on BCa 95% CI. Error covariances are omitted for clarity.
* $p < .05$, ** $p < .01$, *** $p < .001$.

Model 1 (Figure 1) provided good fit to the data ($\chi^2(1) = 2.2$, $p = .138$; $\chi^2/df = 2.2$, CFI = .997, TLI = .955, RMSEA = .05, 90% CI [.00, .14], SRMR = .02). The results indicate that professional HSI were significantly predicted by attitudes and PBC, as well as by prior help-seeking. However, PBC was the most relevant predictor of intentions. Psychological distress had only a significant indirect effect on intentions. Both background factors also significantly predicted all TPB components. Current distress was more relevant for attitudes and subjective norms than for the perception of behavioural control. Prior behaviour, on the other hand, had an equally strong effect on all TPB constructs. Standardized regression coefficients for the indirect paths are presented in Table 2. As can be seen, the direct and total indirect effect of prior help-seeking on intentions are small but equally strong. This model explained 23% of the variance in intentions, as well as 11% variance in attitudes, 10% variance in subjective norms and 5% variance in PBC. The findings partially support the first and second hypothesis, since subjective norms were not a significant predictor of HSI, while only prior help-seeking had a partially mediated effect on intentions.

Table 2
Standardized effects for indirect paths

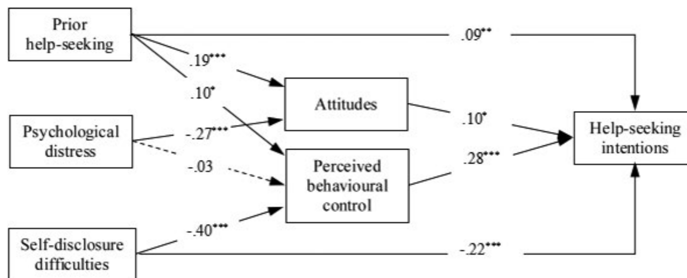
	Direct effect		Indirect effect		Total effect	
Model 1	β	BCa 95% CI	β	BCa 95% CI	β	BCa 95% CI
Prior help-seeking → HSI	$.11^{***}$	[.04, .17]	$.10^{***}$	[.06, .14]	$.20^{***}$	[.14, .27]
Psychological distress → HSI	-.07	[-.16, .03]	$-.09^{***}$	[-.14, –.05]	$-.16^{**}$	[-.26, –.06]
Model 3						
Prior help-seeking → HSI	$.09^{**}$	[.03, .16]	$.05^{**}$	[.02, .08]	$.14^{***}$	[.07, .20]
Psychological distress → HSI	-	-	$-.04^{*}$	[-.08, –.00]	$-.04^{*}$	[-.08, –.00]
Self-disclosure difficulties → HSI	$-.22^{***}$	[-.32, –.11]	$-.11^{***}$	[-.16, –.07]	$-.33^{***}$	[-.43, –.23]

Note. HSI: professional help-seeking intentions; Indirect effect = total indirect effect for parallel mediation.
* $p < .05$, ** $p < .01$, *** $p < .001$.

Adding direct paths from the five perceived barriers in Model 2 and trimming the two insignificant paths from the previous model did improve the fit slightly ($\chi^2(2) = 3.35$, $p = .187$; $\chi^2/df = 1.7$, CFI = .999, TLI = .981, RMSEA = .04, 90% CI [.00, .11], SRMR = .01), although from the barriers only difficulties with self-disclosure were a significant predictor of intentions ($\beta = -.20$, $p < .001$). Standardized path coefficients for the other barriers ranged from $\beta = -.09$ to $\beta = .03$. This model explained 26% variance in intentions.

Taking into consideration the theoretically proposed relationship between perceived barriers and PBC, a third respecified model was tested with an additional indirect path from self-disclosure difficulties through PBC (Figure 2). This model also provided good fit to the data ($\chi^2(2) = 3.66$, $p = .160$; χ^2/df = 1.83, CFI = .996, TLI = .970, RMSEA = .04, 90% CI [.00, .11], SRMR = .02) and explained 20% variance in PBC. The effect of self-disclosure difficulties on HSI was partially mediated by perceived behavioural control. Both had equally strong direct effects on intentions. However, current distress was no longer a significant predictor of PBC once the additional indirect path was included, so its indirect effect on HSI was fully mediated through psychological openness and significantly reduced. Additionally, the effect of prior help-seeking on PBC also decreased significantly. Standardized regression coefficients for the indirect paths are presented in Table 2.

Figure 2
Model 3: Respecified and extended TPB model



Note. Dashed lines indicate insignificant paths. Standardized coefficients are presented with significance levels based on BCa 95% CI. Error covariances are omitted for clarity.
* $p < .05$, ** $p < .01$, *** $p < .001$.

When comparing fit indices of Model 1 and Model 3, it can be seen that the χ^2/df ratio for Model 3 is < 2, ΔRMSEA = –.010 with a narrower 90% CI. Model 3 also has lower values of model parsimony indices, ΔAIC = -0.54 (42.20 vs 41.66) and ΔBIC = -4.7 (125.26 vs 120.56), as well as marginally higher predictive power (+3%). Overall, this indicates that self-disclosure difficulties are independently relevant to professional HSI and should be further examined in relation to the TPB.

Discussion

The primary objective of the study was to examine the utility of the TPB model with respect to professional help-seeking intentions in the general population. Similar to previous research, the assumption that all three TPB components are significant predictors of behavioural intention was not confirmed. The primary determinant was PBC – the more pronounced one's self-efficacy and perception of controllability of help-seeking, the more likely it is to seek professional help. Attitudes seem to be of secondary relevance, while subjective norms were not a significant antecedent. According to Ajzen (1991), such findings should be expected, since the theory allows for variations dependant on the behaviour and context. In fact, only few of the aforementioned studies found all three TPB predictors to be a significant antecedent of professional HSI (Lee & Shin, 2020; Mak & Davis, 2013; Skogstad et al., 2006; Zorilla et al., 2019), while in most the effect of attitudes and/or subjective norms was significant. Subjective norms were not found to be a significant predictor in several studies (Hyland et al., 2015; Mackenzie et al., 2006; Westerhof et al., 2008). On the other hand, PBC was the most important or the sole predictor of professional HSI in two studies (Hyland et al., 2015; Mackenzie et al., 2006), as opposed to not being significant in another two studies (Schomerus et al., 2009; Tomczyk et al., 2020). To a certain degree, these inconsistencies result from differences/limitations of applied measures and analytical procedures, although similar trends have been identified in other extensively researched domains of health behaviour (Sniehotta et al., 2014). Certain critics of the theory (e.g. Ogden, 2003) have argued that this "openness" to variations (or rather the inclination of researchers not to reject the model) makes the TPB untestable.

What the findings from this study suggest is that the more favourably participants assessed help-seeking, the more likely they were to plan a visit to a mental health professional, once a need to do so was established. Nevertheless, the relevance of attitudes was small. For the participants, the role of PBC was the most significant, indicating that they perceived seeking help from a professional as behaviour that entails volitional control. This could be attributed to the fact that this is a deliberate behaviour that requires in-depth processing of diverse information and overcoming constraints on action, i.e, contextual and personal barriers. In two studies with contradictory findings to this study, Schomerus et al. (2009) and Tomczyk et al. (2020) have interpreted the insignificance of PBC as an expression of the ease of availability of professional help within the healthcare system. Considering that most of the respondents in the current study are highly educated, employed and live in urban settlements, accessing this type of help is feasible for them in the Macedonian healthcare system. However, without data on the perception of structural/contextual barriers their relevance should not be easily dismissed. This finding thus shows that irrespective of favourable attitudes and acceptance of social pressure, it is the sense of self-efficacy and controllability of the behaviour that determines the intention to seek professional help. As expected by the TPB this should further result in PBC having a more direct impact on actual help-seeking behaviour (Ajzen, 1991).

The insignificance of subjective norms, on the other hand, could be partially attributed to the effect of descriptive norms (i.e, the perception of beliefs and behaviour of significant others), considering that over half of the participants, irrespective of their personal experiences, reported having relevant others who have themselves sought professional help. Consequently, social pressure does not add value to the prediction of HSI in this sample. An alternative or rather complementary explanation relates to recent findings on the interaction between PBC and subjective norms (La Barbera & Ajzen, 2020) demonstrating that greater PBC weakens the relative importance of subjective norms as predictor of intention.

Regarding the second objective of the study, the examination of the possibility of treating background factors as additional explanatory variables, it was found that past behaviour had a small direct effect yet equally strong as the total indirect effect on HSI via attitudes and PBC. Ajzen (2002b) has asserted that the residual effect of past behaviour on intention may be significant due to other, unexamined factors, not only due to the feedback effect it has on TPB components. A positive effect of past behaviour was found on TPB predictors in this study, although the relevance of the direct effect on intention requires a repeated and more elaborated investigation, given that in this study the time frame for both timelines (past and future) was broadly defined (lifetime versus unspecified future interval).

As for current psychological distress, the small and fully mediated inhibitory effect it had on intentions was reduced to barely significant, solely through decreased psychological openness once self-disclosure difficulties were entered in the final model. However, when we define current distress as an indicator of the subjective need for professional help, it would also be appropriate to treat this relationship as reciprocal since the scale on psychological openness contained items on openness to acknowledging the experience of psychological problems. Therefore, lower openness might lead to a decreased capability to correctly assess one’s psychological state and subsequently the need for formal help. It will be of incremental value for further studies to examine more specifically the experiences and decision-making processes of individuals in clinical distress, for a broader insight into the pathways leading to utilization of mental health services that are often perceived as the last resort.

Finally, the exploration of the possibility to extend the model with perceived internal barriers might seem contradictory to the theory, given that it defines perceived barriers as control factors (internal and external) that influence self-efficacy beliefs as well as controllability beliefs. Accordingly, their influence on intention is expected to be fully mediated by PBC (Ajzen, 2002a, 2012). However, seeking professional help is a complex process and findings related to other theoretical models indicate that barriers are of utmost importance for this endeavour (Andrade et al., 2014; Gulliver et al., 2010; Schauman & Mansell, 2012; Vogel et al., 2007). The findings on PBC from this study corroborate that assumption.

Self-disclosure difficulties were found to be potentially relevant for model extension. It has been empirically demonstrated (e.g., Farber, 2003) that the comfort with revealing one's private feelings, thoughts, or beliefs to another person is a fundamental prerequisite for the help-seeking process, as well as for intervention or treatment effectiveness. Ajzen (2011) has emphasized that one of the criteria for model extension is conceptual independence of the additional predictor from the TPB, nevertheless, the equally strong and moderate direct effects of PBC and self-disclosure difficulties on intentions indicate that future studies, using more elaborate measures of self-disclosure, could help clarify the role of this specific barrier. This is also warranted due to the relevance of self-disclosure to outcome expectations, based on anticipated utility and risk that for some individuals can overshadow the intensity of the experienced problem/distress as the primary need for professional help (Vogel & Wester, 2003).

In this study, self-disclosure difficulties as well as all other measured barriers were indeed moderately and negatively correlated to help-seeking attitudes. In addition and with respect to the TPB model, the bivariate correlations of some barriers were stronger for subjective norms than for PBC, although only one (fear of stigma) overlapped conceptually with the first construct. These findings support the assumption that behavioural, normative and control beliefs can stem from the same external and internal experiences.

Regarding practical implications of overall findings, potential interventions should primarily address control factors, such as reduction of structural barriers and increased availability of resources. For example, increased availability of mental health professionals in more diverse, non-medical settings in the public healthcare system could ease the entrance to the pathways of utilizing mental health services. These efforts could further entail the provision of accurate information on the accessibility of sources of professional help, on evidence-based outcomes of professional help, and the nature and ethics of the relationship with a mental health professional that could be of value to the reduction of person-related difficulties potentially arising from this domain.

In conclusion, the study contributes to the literature on the TPB in the domain of professional help-seeking. The cross-sectional design and the focus on intention rather than behaviour pose significant limitations, however, it has been argued that the TPB is primarily an intention and not an action theory (Schwarzer, 2014). On the other hand, the use of path analysis and a large heterogeneous community sample is an advantage, although, in addition to the aforementioned suggestions, future studies should also examine help-seeking intentions/behaviour among less-educated individuals and take into account the social contextual factors related to ethnic background and rural living conditions. The potential interaction between the type of psychological problems and barriers/facilitators is another relevant area for research. Given that a significant proportion of the variance in HSI was not explained by the TPB model, while other theoretical frameworks have also been recently examined (e.g., Prototype Willingness Model; Hammer & Vogel, 2013), it would be desirable for future studies to comparatively investigate the explanatory power of competing help-seeking models.

References

Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, *50*(2), 179–211. https://doi.org/10.1016/0749–5978(91)90020-T

Ajzen, I. (2002a). Perceived behavioral control, self-efficacy, locus of control, and the theory of planned behavior. *Journal of Applied Social Psychology*, *32*(4), 665–683. https://doi.org/10.1111/j.1559–1816.2002.tb00236.x

Ajzen, I. (2002b). Residual effects of past on later behavior: Habituation and reasoned action perspectives. *Personality and Social Psychology Review*, *6*(2), 107–122. https://doi.org/10.1207/S15327957PSPR0602_02

Ajzen, I. (2011). The theory of planned behaviour: Reactions and reflections. *Psychology & Health*, *26*(9), 1113–1127. https://doi.org/10.1080/08870446.2011.613995

Ajzen, I. (2012). The theory of planned behavior. In P. Van Lange, A. Kruglanski, & E. Higgins, *Handbook of Theories of Social Psychology: Volume 1* (pp. 438–459). Sage Publications Ltd. https://doi.org/10.4135/9781446249215.n22

Ajzen, I. (2020). The theory of planned behavior: Frequently asked questions. *Human Behavior and Emerging Technologies*, *2*(4), 314–324. https://doi.org/10.1002/hbe2.195

Alonso, J., Liu, Z., Evans-Lacko, S., Sadikova, E., Sampson, N., Chatterji, S., Abdulmalik, J., Aguilar-Gaxiola, S., Al-Hamzawi, A., Andrade, L. H., Bruffaerts, R., Cardoso, G., Cia, A., Florescu, S., de Girolamo, G., Gureje, O., Haro, J. M., He, Y., de Jonge, P., ... the WHO World Mental Health Survey Collaborators. (2018). Treatment gap for anxiety disorders is global: Results of the World Mental Health Surveys in 21 countries. *Depression and Anxiety*, *35*(3), 195–208. https://doi.org/10.1002/da.22711

Andrade, L. H., Alonso, J., Mneimneh, Z., Wells, J. E., Al-Hamzawi, A., Borges, G., Bromet, E., Bruffaerts, R., de Girolamo, G., de Graaf, R., Florescu, S., Gureje, O., Hinkov, H. R., Hu, C., Huang, Y., Hwang, I., Jin, R., Karam, E. G., Kovess-Masfety, V., Levinson, D., ... Kessler, R. C. (2014). Barriers to mental health treatment: results from the WHO World Mental Health surveys. *Psychological medicine, 44*(6), 1303–1317. https://doi.org/10.1017/S0033291713001943

Armitage, C. J., & Conner, M. (2001). Efficacy of the theory of planned behaviour: A meta-analytic review. *British Journal of Social Psychology*, *40*(4), 471–499. https://doi.org/10.1348/014466601164939

Bohon, L. M., Cotter, K. A., Kravitz, R. L., Cello, P. C., & Fernandez y Garcia, E. (2016). The theory of planned behavior as it predicts potential intention to seek mental health services for depression among college students. *Journal of American College Health*, *64*(8), 593–603. https://doi.org/10.1080/07448481.2016.1207646

Conner, M. (2015). Extending not retiring the theory of planned behaviour: A commentary on Sniehotta, Presseau and Araújo-Soares. *Health Psychology Review*, *9*(2), 141–145. https://doi.org/10.1080/17437199.2014.899060

Farber, B. A. (2003). Patient self-disclosure: A review of the research. *Journal of Clinical Psychology*, *59*(5), 589–600. https://doi.org/10.1002/jclp.10161

Ferguson, C. J. (2009). An effect size primer: A guide for clinicians and researchers. *Professional Psychology: Research and Practice*, *40*(5), 532–538. https://doi.org/10.1037/a0015808

Gruber, J., Prinstein, M. J., Clark, L. A., Rottenberg, J., Abramowitz, J. S., Albano, A. M., Aldao, A., Borelli, J. L., Chung, T., Davila, J., Forbes, E. E., Gee, D. G., Hall, G. C. N., Hallion, L. S., Hinshaw, S. P., Hofmann, S. G., Hollon, S. D., Joormann, J., Kazdin, A. E., . . . Weinstock, L. M. (2021). Mental health and clinical psychological science in the time of COVID-19: Challenges, opportunities, and a call to action. *American Psychologist, 76*(3), 409–426. https://doi.org/10.1037/amp0000707

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

Hammer, J. H., & Vogel, D. L. (2013). Assessing the utility of the willingness/prototype model in predicting help-seeking decisions. *Journal of Counseling Psychology*, *60*(1), 83–97. https://doi.org/10.1037/a0030449

Hess, T. R., & Tracey, T. J. G. (2013). Psychological help-seeking intention among college students across three problem areas. *Journal of Counseling & Development*, *91*(3), 321–330. https://doi.org/10.1002/j.1556–6676.2013.00100.x

Hyland, P., Boduszek, D., Dhingra, K., Shevlin, M., Maguire, R., & Morley, K. (2015). A test of the Inventory of attitudes towards seeking mental health services. *British Journal of Guidance & Counselling*, *43*(4), 397–412. https://doi.org/10.1080/03069885.2014.963510

Hyland, P., Boduszek, D., Shevlin, M., & Adamson, G. (2012). Investigating the latent structure of the theory of planned behavior and its effectiveness in explaining intentions to participate in counseling among a sample of police officers. *Journal of Police and Criminal Psychology*, *27*(2), 129–140. https://doi.org/10.1007/s11896–012–9103–9

Kessler, R. C., Barker, P. R., Colpe, L. J., Epstein, J. F., Gfroerer, J. C., Hiripi, E., Howes, M. J., Normand, S.-L. T., Manderscheid, R. W., Walters, E. E., & Zaslavsky, A. M. (2003). Screening for serious mental illness in the general population. *Archives of General Psychiatry, 60*(2), 184. https://doi.org/10.1001/archpsyc.60.2.184

La Barbera, F., & Ajzen, I. (2020). Control interactions in the Theory of Planned Behavior: Rethinking the role of subjective norm. *Europe's Journal of Psychology*, *16*(3), 401–417. https://doi.org/10.5964/ejop.v16i3.2056

Lee, J.-Y., & Shin, Y.-J. (2020). Using the theory of planned behavior to predict Korean college students' help-seeking intention. *The Journal of Behavioral Health Services & Research*. https://doi.org/10.1007/s11414–020–09735-z

Li, W., Denson, L. A., & Dorstyn, D. S. (2017). Help-seeking intentions and behaviors among mainland Chinese college students: Integrating the theory of planned behavior and behavioral model of health services use. *International Journal for the Advancement of Counselling*, *39*(2), 125–148. https://doi.org/10.1007/s10447–017–9287-x

Li, W., Denson, L. A., & Dorstyn, D. S. (2018). Understanding Australian university students' mental health help-seeking: An empirical and theoretical investigation. *Australian Journal of Psychology*, *70*(1), 30–40. https://doi.org/10.1111/ajpy.12157

Mackenzie, C. S., Gekoski, W. L., & Knox, V. J. (2006). Age, gender, and the underutilization of mental health services: The influence of help-seeking attitudes. *Aging & Mental Health*, *10*(6), 574–582. https://doi.org/10.1080/13607860600641200

Mackenzie, C. S., Knox, V. J., Gekoski, W. L., & Macaulay, H. L. (2004). An adaptation and extension of the Attitudes toward seeking professional psychological help scale. *Journal of Applied Social Psychology*, *34*(11), 2410–2433. https://doi.org/10.1111/j.1559–1816.2004.tb01984.x

Magaard, J. L., Seeralan, T., Schulz, H., & Brütt, A. L. (2017). Factors associated with help-seeking behaviour among individuals with major depression: A systematic review. *Plos One*, *12*(5), e0176730. https://doi.org/10.1371/journal.pone.0176730

Mak, H. W., & Davis, J. M. (2014). The application of the theory of planned behavior to help-seeking intention in a Chinese society. *Social Psychiatry and Psychiatric Epidemiology*, *49*(9), 1501–1515. https://doi.org/10.1007/s00127–013–0792-x

McEachan, R. R. C., Conner, M., Taylor, N. J., & Lawton, R. J. (2011). Prospective prediction of health-related behaviours with the theory of planned behaviour: A meta-analysis. *Health Psychology Review*, *5*(2), 97–144. https://doi.org/10.1080/17437199.2010.521684

Naumova, K. (2020). Pismenost za mentalnoto zdravje i nameri za baranjeto pomosh: ispituvanje na demografski i psiholoshki korelati [Mental health literacy and help-seeking intentions: Examining demographic and psychological correlates]. *Psihologija: nauka i praktika*, IV(7–8), 55–77. https://doi.org/10.37509/psyscip207–8055n

Ogden, J. (2003). Some problems with social cognition models: A pragmatic and conceptual analysis. *Health Psychology*, *22*(4), 424–428. https://doi.org/10.1037/0278–6133.22.4.424

R Core Team (2020). *R: A language and environment for statistical computing.* R Foundation for Statistical Computing. https://www.R-project.org/

Rickwood, D. & Thomas. (2012). Conceptual measurement framework for help-seeking for mental health problems. *Psychology Research and Behavior Management*, 173. https://doi.org/10.2147/PRBM.S38707

Rosseel, Y. (2012). Lavaan: An R Package for Structural Equation Modeling. *Journal of Statistical Software, 48*, 1–36. https://doi.org/10.18637/jss.v048.i02

Schauman, O., & Mansell, W. (2012). Processes underlying ambivalence in help-seeking: The loss of valued control model. *Clinical Psychology: Science and Practice, 19*(2), 107–124. https://doi.org/10.1111/j.1468–2850.2012.01277.x

Schermelleh-Engel, K., Moosbrugger, H., & Müller, H. (2003). Evaluating the fit of structural equation models: Tests of significance and descriptive goodness-of-fit measures. *Methods of Psychological Research, 8*(2), 23–74.

Schomerus, G., Matschinger, H., & Angermeyer, M. C. (2009). Attitudes that determine willingness to seek psychiatric help for depression: A representative population survey applying the theory of planned behaviour. *Psychological Medicine*, *39*(11), 1855–1865. https://doi.org/10.1017/S0033291709005832

Schwarzer, R. (2014). Life and death of health behaviour theories. *Health Psychology Review*, *8*(1), 53–56. https://doi.org/10.1080/17437199.2013.810959

Skogstad, P., Deane, F. P., & Spicer, J. (2006). Social-cognitive determinants of help-seeking for mental health problems among prison inmates. *Criminal Behaviour and Mental Health*, *16*(1), 43–59. https://doi.org/10.1002/cbm.54

Sniehotta, F. F., Presseau, J., & Araújo-Soares, V. (2014). Time to retire the theory of planned behaviour. *Health Psychology Review*, *8*(1), 1–7. https://doi.org/10.1080/17437199.2013.869710

Thornicroft, G., Chatterji, S., Evans-Lacko, S., Gruber, M., Sampson, N., Aguilar-Gaxiola, S., Al-Hamzawi, A., Alonso, J., Andrade, L., Borges, G., Bruffaerts, R., Bunting, B., de Almeida, J. M. C., Florescu, S., de Girolamo, G., Gureje, O., Haro, J. M., He, Y., Hinkov, H., ... Kessler, R. C. (2017). Undertreatment of people with major depressive disorder in 21 countries. *British Journal of Psychiatry*, *210*(2), 119–124. https://doi.org/10.1192/bjp.bp.116.188078

Tomczyk, S., Schomerus, G., Stolzenburg, S., Muehlan, H., & Schmidt, S. (2020). Ready, willing and able? An investigation of the theory of planned behaviour in help-seeking for a community sample with current untreated depressive symptoms. *Prevention Science*, *21*(6), 749–760. https://doi.org/10.1007/s11121-020–01099–2

Topkaya, N. (2019). Confirmatory factor analysis and reliability of the Barriers to seeking psychological help scale among Turkish adults. *The Turkish Online Journal of Educational Technology*, *2,* 78–85.

Topkaya, N., Şahin, E., & Meydan, B. (2017). The development, validity, and reliability of the Barriers to seeking psychological help scale for college students. *International Journal of Higher Education*, *6*(1), 48. https://doi.org/10.5430/ijhe.v6n1p48

Vogel, D. L., & Wester, S. R. (2003). To seek help or not to seek help: The risks of self-disclosure. *Journal of Counseling Psychology*, *50*(3), 351–361. https://doi.org/10.1037/0022–0167.50.3.351

Vogel, D. L., Wester, S. R., & Larson, L. M. (2007). Avoidance of counseling: Psychological factors that inhibit seeking help. *Journal of Counseling & Development*, *85*(4), 410–422. https://doi.org/10.1002/j.1556–6678.2007.tb00609.x

Westerhof, G. J., Maessen, M., de Bruijn, R., & Smets, B. (2008). Intentions to seek (preventive) psychological help among older adults: An application of the theory of planned behaviour. *Aging & Mental Health,* 12(3), 317–322. https://doi.org/10.1080/13607860802120797

White, M. M., Clough, B. A., & Casey, L. M. (2018). What do help-seeking measures assess? Building a conceptualization framework for help-seeking intentions through a systematic review of measure content. *Clinical Psychology Review*, *59*, 61–77. https://doi.org/10.1016/j.cpr.2017.11.001

Wilson, C. J., Deane, F. P., Ciarrochi, J. V. & Rickwood, D. (2005). Measuring help seeking intentions: Properties of the General help seeking questionnaire. *Canadian Journal of Counselling, 39*(1), 15–28.

Zorrilla, M. M., Modeste, N., Gleason, P. C., Sealy, D.-A., Banta, J. E., & Trieu, S. L. (2019). Depression and help-seeking intention among young adults: The theory of planned behavior. *American Journal of Health Education*, *50*(4), 236–244. https://doi.org/10.1080/19325037.2019.1616014

"Mogao bih lako da dobijem stručnu pomoć ako bih to hteo": Namere traženja stručne pomoći i Teorija planiranog ponašanja

Katerina Naumova

Institut za psihologiju, Filozofski fakultet, Univerzitet "Sv. Ćirilo i Metodije" u Skoplju, Republika Severna Makedonija

U ovoj studiji je korišćena analiza puta da bi se procenila mogućnost predviđanja namera za traženje stručne pomoći na osnovu Teorije planiranog ponašanja, na uzorku odraslih (*N* = 470, 51% žena, starosni raspon 18–64 godina). Rezultati pokazuju da je opažena kontrola nad ponašanjem najsnažniji antecedent namere traženja stručne pomoći, da pozitivni stavovi povećavaju verovatnoću traženja pomoći iako su ovi efekti slabi, dok se subjektivne norme nisu pokazale relevantnim. Traženje pomoći u prošlosti je imalo mali direktan efekat na namere traženja profesionalne pomoći, a taj efekat je bio jednakog intenziteta kao i ukupni indirektni efekat ostvaren preko stavova i opažene kontrole nad ponašanjem. Psihološki distres je ostvario efekat na namere jedino indirektno. Teškoće sa samootkrivanjem su bile jedina prepreka koja je ostvarila parcijalni posredni efekat na namere traženja stručne pomoći preko opažene kontrole nad ponašanjem. Nalazi su diskutovani s aspekta korisnosti modela Teorije planiranog ponašanja, kao i u širem kontekstu traženja stručne pomoći i intervencija koje imaju za cilj ohrabrivanje korišćenja usluga iz oblasti mentalnog zdravlja.

Ključne reči: traženje stručne pomoći, namere traženja pomoći, Teorija planiranog ponašanja, opažene prepreke, samootkrivanje

RECEIVED: 12.08.2021.
REVISION RECEIVED: 09.10.2021.
ACCEPTED: 04.11.2021.

© 2022 by authors

This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution ShareAlike 4.0 International license