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THE RELATIONSHIP BETWEEN UNIVERSITY STUDENTS' BARRIERS TO SEEKING MENTAL HEALTH COUNSELING AND THEIR ATTITUDES TO SEEKING PROFESSIONAL PSYCHOLOGICAL HELP

Master Thesis

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Çankırı 2022

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BETWEEN UNIVERSITY STUDENTS' BARRIERS to SEEKING MENTAL HEALTH COUNSELING and THEIR ATTITUDES to SEEKING PROFESSIONA PSYCHOLOGICAL HELP" and after fulfilling all the necessary conditions determined by the relevant regulations, we saw, as jury members whose signatures appear below, that the thesis is adequately standing for the degree of master of science in public health nursing.

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REVIEW OF THE LINGUISTIC EXPERT

I hereby certify that the thesis titled "THE RELATIONSHIP BETWEEN UNIVERSITY STUDENTS' BARRIERS to SEEKING MENTAL HEALTH COUNSELING and THEIR ATTITUDES to SEEKING PROFESSIONA PSYCHOLOGICAL HELP", by the Iraqis candidate (M.Sc. student: Wisam Herez Abd Ali Al-RUBAYE) passport No. (A11643870) has been reviewed in terms of stylistics and linguistics (grammar and spelling). Therefore, after modifying all the recommended notes, thesis has become free of all linguistic errors and ready to be defended and used to award the degree of M.Sc. in (Community Health Nursing).

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ÖN SÖZ

Teşekkür öncelikle Allah'a en içten teşekkürlerimi sunarım, Dr. İlknur Göl'e en içten teşekkürlerimi sunar, tezimi hazırlamamda bana yol gösteren ve tezimi hazırlarken bana yol gösteren Ghassan kardeşime teşekkür ederim. Bana çok şey öğretti ve kendisine çok az kelimeyle teşekkür ediyorum ve emekleri için onlara minnettarım. Her zaman yanımda olan ve bu güzel eseri hazırlamamda yardımcı olan aileme ve eşime teşekkür eder, en içten duygularımı ifade etmek isterim. yakın ve uzak herkese teşekkürler.

Tezi destekleyen kurumlara ve yardımcı olan kişilere bu kısımda teşekkür edilir.

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ÜNİVERSİTE ÖĞRENCİLERİNİN RUH SAĞLIĞI DANIŞMANLIĞI ARAMANIN ÖNÜNDEKİ ENGELLERİ ve PROFESYONEL PSİKOLOJİK YARDIM ARAMAYA YÖNELİK TUTUMLARI ARASINDAKİ İLİŞKİ

ÖZET

Wisam Herez Abd Ali Al-RUBAYE. ÜNİVERSİTE ÖĞRENCİLERİNİN RUH SAĞLIĞI DANIŞMANLIĞI ARAMANIN ÖNÜNDEKİ ENGELLERİ ve PROFESYONEL PSİKOLOJİK YARDIM ARAMAYA YÖNELİK TUTUMLARI ARASINDAKİ İLİŞKİ, Yüksek Lisans, Çankırı, 2022.

Amaç: Bu araştırma üniversite öğrencilerinin ruh sağlığı danışmanlığı aramalarının önündeki engelleri ve bu engellerin profesyonel psikolojik yardım aramaya yönelik tutumlarına etkisini belirlemeyi amaçlamaktadır.

Yöntem: Kesitsel tipte tanımlayıcı araştırma, 9/1/2020 ile 1/3/2021 tarihleri arasında Irak'ta beş üniversitede gerçekleştirilmiştir. Araştırmanın evrenini, bu üniversitelerde eğitim gören öğrenciler oluşturmuştur. Örneklem sayısı evreni bilinmeyen durumlarda örneklem hesaplama yöntemi ile en az 384 kişi olarak belirlenmiştir. Veriler Google formlar aracılığı ile online olarak toplanmıştır. Verilerin toplanmasında "Kişisel Bilgi Formu", "Ruh Sağlığı Danışmanlığı Aramanın Önündeki Engeller" ve "Profesyonel Psikolojik Yardım Aramaya Yönelik Tutumlar" ölçekleri kullanılmıştır.

Bulgular: Araştırma grubunun %89.8'inin erkek ve %76.8'inin 19-23 yaş aralığında olduğu belirlenmiştir. Üniversite Öğrencilerinin Ruh Sağlığı Danışmanlığı Aramanın Önündeki Engeller Ölçeği toplam puan ortalaması 27.33 ± 3.62 Profesyonel Psikolojik Yardım Aramaya Yönelik Tutumlar ölçeği toplam puan ortalaması 6.47 ± 3.62 Üniversite öğrencilerinin Ruh Sağlığı Danışmanlığı Aramanın Önündeki Engeller Ölçeği duygular ile ilgili rahatsızlık, grup içi damgalama, bilgi eksikliği ve kültürel engeller alt boyu puanları ile Profesyonel Psikolojik Yardım Aramaya Yönelik Tutumlar ölçeği toplam puanı arasında istatisiksel olarak anlamlı negatif yönlü bir ilişki olduğu tespit edimliştir. Duygular ile ilgili rahatsızlık, grup içi damgalama, bilgi eksikliği ve kültürel engeller alt boyut puanları arttıkça psikolojik yardım aramaya yönelik tutumlar ölçeği toplam puanı düşmektedir.

Sonuç: Öğrencilerin, Ruh Sağlığı Danışmanlığı Aramanın Önündeki Engeller ölçeği puanlarının yüksek olduğu ve bu engellerin Psikolojik Yardım Aramaya Yönelik Tutumu olumsuz etkilediği saptanmıştır.

Anahtar Kelimeler: Psikolojik danışmanlık, Ruh sağlığı, Ruh sağlığı sorunlarının önlenmes.

THE RELATIONSHIP BETWEEN UNIVERSITY STUDENTS' BARRIERS TO SEEKING MENTAL HEALTH COUNSELING AND THEIR ATTITUDES TO SEEKING PROFESSIONAL PSYCHOLOGICAL HELP

ABSTRACT

Wisam Herez Abd Ali Al-RUBAYE. THE RELATIONSHIP BETWEEN UNIVERSITY STUDENTS' BARRIERS TO SEEKING MENTAL HEALTH COUNSELING AND THEIR ATTITUDES TO SEEKING PROFESSIONAL PSYCHOLOGICAL HELP, master thesis, Çankırı, 2022.

Aim: This research aims to determine the barriers that prevent university students from getting mental health counseling and the effects of these barriers on their attitudes towards seeking professional psychological help.

Method: A cross-sectional descriptive study was conducted at five universities in Iraq between 9/1/2020 and 1/3/2021. The universe of the research consisted of students studying at these universities. The sample number was determined as at least 384 people by the sample calculation method in cases where the universe is unknown. The data were collected online via google forms. "Personal Information Form", "Barriers to Seeking Mental Health Counseling" and "Attitudes Toward Seeking Professional Psychological Help" were used to collect data.

Results: It was determined that 89.8% of the study group were male and 76.8% were between the ages of 19-23. Barriers to Seeking Mental Health Counseling Scale mean score of university students 27.33 ± 3.62 Attitudes Towards Seeking Professional Psychological Help scale mean score of 6.47 ± 3.62 Barriers to Seeking Mental Health Counseling Scale of university students sub-dimension scores of discomfort, in-group stigma, lack of knowledge and cultural barriers it was determined that there is a statistically significant negative relationship between the total score of the Attitudes Towards Seeking Professional Psychological Help scale and the total score. As the sub-dimension scores of discomfort related to emotions, in-group stigma, lack of knowledge and cultural barriers increase, the total score of the Attitudes Towards Seeking Psychological Help scale decreases.

Conclusion: It was determined that the students' scores on the Barriers to Seeking Mental Health Counseling scale were high and these barriers negatively affected the Attitudes Towards Seeking Psychological Help.

Keywords: Mental health, Psychological counseling, Prevention of mental health problem

1. INTRODUCTION

Undergraduate is one of the periods of life most associated with changes, stress, high demands, and in some cases, success-oriented personal demands. As the level of study increases, so does the academic workload and the demand for high performance. University students are increasingly faced with demands, challenges and challenges that require a great deal of material and psychological resources of various kinds. It has been observed that during vocational training for young people, the high competitiveness and academic and personal requirements of university students have repercussions on their mental health (Outlay and Ciganek 2012).

In the level of satisfaction among university students, it was found that stress was associated with physical discomfort and absenteeism from work. One of the most harmful effects was sleep disturbance, which is directly related to poor mental health (Mushtaq *et al*. 2014).

Moreover, there is greater comorbidity during youth between stressful academic life and other mental health disorders. mood disorders, anxiety disorders, and risky behaviors such as consumption of alcohol and other harmful substances.

So are antisocial behaviors, eating disorders, personality, and even some forms of psychosis (Pedrelli *et al*. 2015). The most common symptoms associated with poor mental health are emotional tension, feeling stressed from exams, perceiving a lack of family support, feeling threatened by teachers, and economic and relationship difficulties (Bose and Hedden 2016). Such physical or emotional illnesses have been associated with absenteeism from work, dropping out of school, or problems focusing on the contrary (Ogundele 2018).

It is stated that the most common problems faced by university students are in emotional, academic, economic and romantic areas. The most common problems of university students who apply to psychological counseling centers are depression, family relationships, friendship problems, adjustment problems, academic problems), low self-esteem, social anxiety, and dissatisfaction with life (Erkan *et al.* 2011). In addition, it is stated that the problems experienced in the field of emotional and social adaptation wear out students more than academic studies (Gerdes and Mallinckrodt 1994). In this context, university students need help from official or unofficial sources for a healthy adaptation process. The fact that university students

experience many problems indicates that the need for psychological counseling centers in universities is quite high (Güneri, Aydın and Skovholt 2003). In studies, most university students do not think of applying to help services while solving their problems (Koydemir and Demir 2005). They are reluctant to apply to psychological counseling centers (Wade *et al*. 2011). they are rather close to this. It is stated that they apply for family, friend support (Boldero and Fallon 1995). or they use different coping methods such as taking refuge in religion and avoiding (Aloud 2004). This situation indicates the need to determine the factors that prevent students from applying to psychological help services and the need to develop solutions for this.

1.1 Aim

To determine the barriers that prevent students from getting mental health counseling and the effects of these barriers on their attitudes towards seeking professional psychological help.

1.2 Statement of Problem

The statement of problem can be summarized through the following question:
What are the obstacles to seeking mental health counseling among university students?
How do these barriers affect their attitudes towards seeking psychological help?

1.3 Limitation

The findings are also limited by the sample duration, the questionnaire specially designed for this study, and the fact that the data was based on self-reports from the students in the study.

2. GENERAL INFORMATION

2.1 Mental Health

Mental health is a well-being in which everybody can appreciate their ability, deal with traumatic situations, work in a constructive manner and help society (WHO 2013). Health thus does not consist simply of the lack of an illness, but rather of the capacity to improve. An individual with positive repercussions for the social context in which the topic is presented (Bircher and Kuruvilla 2014). The current economic situation, with increasing unemployment and declining public investment, along with an aging population, makes it imperative to focus attention on achieving maximum well-being throughout the life span. From this perspective, the World Health Organization considers a multisectoral approach necessary and not limited to the health sector only (WHO 2015).

The idea of mental health well-being, autonomy, freedom, integrity are part of the concept, and emotional potential, that is, the capacity for constructive change in the social and physical environment (Galderisi *et al*. 2015). It is Also defined as lity of a person to recognize his potential, express his individuality, achieve the goals he has set for himself, cope appropriately with stress, work, enjoy the fruits of his work and contribute to society (Wainberg *et al*. 2017). Mental health problems affect society as a whole, not the small and isolated sectors, Mental wellbeing is a huge threat to sustainable growth and attention (Elliott 2016). The risk of contracting mental illness is greater for the poor or unemployed and persons of lower educational levels as well as among victims of crime, immigrants, refugees, teenagers, youth and the elderly in various respects by scholars of different cultures; no social group or person is resistant to mental illness but is greater among poor people. From a multicultural point of view it is almost impossible to fully define mental health. It is however widely acknowledged that the definition of mental health is far narrower than the absence of mental illnesses (Nair and Pariante 2014). Understanding mental health, and mental performance more broadlyIt is significant as it gives an insight into the progression of psychiatric and behavioral problems in greater depth. Recently, new information in neuroscience and behavioral medicine has greatly helped us in understanding mental functioning (Zerihun 2005). It is becoming increasingly clear that mental performance has a physiological basis and is closely

related to physical and social performance as well as public health. The concept of mental wellbeing comprises the human being and the environment where it lives in medical, psychological, physical, anthropological and cultural aspects. Therefore, it is impossible to put together a comprehensive definition (Sampson 2020). Experts believe that the lack of psychiatric illness is greater than mental wellbeing. In defining wellness as a state of full physical, emotional and social well-being, the positive component of mental health is articulated. It is a fundamental human right and a key social right (WHO 2018).

2.2. Importance of Mental Health

Mental health wellbeing is an important part of life for all people. When we consider this interconnectedness, it becomes even more apparent that both people and culture are crucial to mental health (Slade 2010). The definition of mental health comprises a sense of well-being, self efficiency, dignity, maturity, the desire, inter-generational relationships, and the capacity to understand their intellectual and emotional capacity, i.e. (Srivastava 2011). The desire to improve the physical and social climate constructively. It is likewise characterized as an individual's ability to realize his potential, exhibit his individuality, attain his goals, cope with tension, function, enjoy the fruits of his work and help society (Bhui *et al*. 2016). Mental health issues not only concern small and fragmented areas of society as a whole, and mental health is an important threat to global growth (Health at a Glance Europe 2018). No social group or individual is excluded from mental wellbeing, but among young, disadvantaged or educated people and among victims of crime, migrants, immigrants, teenagers, youth and the exploited, the abused women and the elderly, the risk of mental health problems is higher (WHO 2003). The World Health Organization estimates that around 450 million people worldwide suffer from mental disorders. Bearing in mind that the burden of disease is a component only, and the years spent by people with disability, 33% of the years spent by people with disability, to which 2.1% must be added due to a deliberate injury (Saraiva *et al*. 2018).

Depression alone leads to 12.15% of disability years of life, which puts it third in global disease severity (global burden of disease six major causes of pre-depression years, alcoholism and alcohol-related diseases, schizophrenia and bipolar

affective disorder) (Reddy 2010). Neuropsychiatric disorders are responsible for 13% of lost years of life (HIV / AIDS / HIV / AIDS), and are responsible for another 3% and 6%, respectively, and are directly related to mental health because Because they contain a component of mental state (Bantjes and Kagee 2018). While HIV / AIDS - HIV / AIDS (HIV / Immunodeficiency Syndrome), is responsible for 3% and another 6%, which are Responsible for directly related to mental health because they have an element of risky behavior that is a reflection of mental state The share of neuropsychiatric disorders in the total number of years spent with disability (years of disability-years of living with a disability) 33% of years Age deficits in the world of neuropsychiatric disorders of life and mental health of children and adolescents in the social protection system (Kapetanovic *et al*. 2014). Depression alone leads to 12.15% of sick years of life, which is a class of diseases. Four with disabilities are depression, alcoholism, alcohol-related illnesses, and schizophrenia (Shivani *et al*. 2002).

2.3 Psychological Counseling

2.3.1 Benefits of taking psychological

According to the World Health Organization (WHO), mental health is accepted as a holistic and important health. As the determinants of mental health, biological, psychological and social factors that have an important effect on the individual in any period of life are shown (WHO 2010). In this context, it is stated that mental health disorders will universally affect individuals around the world regardless of their age and culture. Therefore, the services of psychological assistance professions are very important in terms of mental health. One of these help professions, psychological counseling is an intervention method that the individual applies for help when the stress or difficulties of daily life exceed the coping power of the individual. Psychological counseling, which aims to increase individuals' sense of well-being and reduce their disturbing feelings, can be beneficial for almost every individual regardless of their age, gender, ethnic identity, educational status or sexual orientation. In this direction, psychological counselors help individuals who have problems in many areas. It is stated that the most common of these problems are depression, stress, anxiety, self-esteem, self-esteem, anger control, sleep, eating

disorders, addiction, family relations, sexual dysfunction, unemployment, economic problems, trauma and grief / loss (Leong 2008; Short and Thomas 2015).

Psychological counseling aims to help the problems experienced by the individuals mentioned above. In this context, it is stated that psychological counseling has two main objectives. The first of these aims is to enable the clients to manage their problems and lead an active life by using the opportunities they have more effectively. The second is to enable them to help themselves in their daily life (Egan 2006). The aims of psychological counseling were classified into five categories by another researcher. While the first of these is to prevent the progression of the crisis situation, the second is to reduce the symptoms related to mental or psychological problems. The third goal is to change long-term dysfunctional situations and experiences or behaviors. The fourth goal is to prevent the recurrence of the problem and to ensure continuity in change. The fifth goal is to enable the individual to recognize and express himself. In addition to the five goals, the counseling's objectives are to provide the individual with the skills to cope with the problems that may arise in the future (Thomson 2016).

Another researcher states that the most important purpose of professional help relationship is to develop and increase effective and harmonious behaviors of the client (Miars and Halverson 2001). Moreover, the near interrelation of mental and physical wellbeing raises the probabilty of physical health issues for people with mental health problems. In other words, people who have issues with mental wellbeing are more likely to have physical health problems. Therapies play a vital part in the protection of human wellbeing due to this interaction. And mental health centers may provide adults, couples, households or children with particularly successful treatments to deal with their emotional and behavioral issues (Corrigan 2004). As a matter of fact, it has been revealed that psychological counseling, which is effective in problems such as depression, anxiety, and stress, has a positive effect on the body's immune syste (Schniederman 2007).

2.3.2 Psychologıcal help search process

Individuals may need the help of the environment from time to time in their lives and may behave towards seeking help. The concept of getting help is defined as a coping method that includes exchanging views about the problem in order to get rid

of stressful situations, to solve the problem or to get the necessary intervention or support to reduce its harm. In this context, getting psychological help is considered as a coping method used to reduce emotional disturbances by voluntarily contacting non-professional sources such as friends, parents or professional resources such as counselors, school psychologists, doctors and social workers (Wilson and Dene 2000; Wills and Pepaulo 1991).

2.4 Attitudes to Receivıng Psychological

In general, it is not easy to know when psychological counseling is needed, when a person is having a bad day, and even the bad rule is that if something causes suffering, or interferes in any way in the course of daily life, you should seek psychological help (Casarella 2019).

2.4.1 Situations in which psychological help should be received

- Grief: Grief helps us adapt to new situations, especially in situations of loss. These losses can be in people, work, spouse separation, etc. Therefore, in these cases it is necessary to be sad; He is what he touches. But there are days, and even some moments in the day, when we feel sad; Without there being any loss. These sad moments can have many causes, depending on each person. You should not feel anxious about these feelings at a particular moment. But if the grief continues for several days and even weeks, without a clear and specific cause, then it is not recommended to let the time pass; Hoping to fix herself. It is recommended that you speak with a counselor (Casarella 2019) . Fear: when fear appears in situations where after years of driving there was no fear of driving; One example is the fear of leaving the house and going to the supermarket. And it will be more than enough reasons to seek psychological help (Klein 2020).
- Anxiety that does not allow to work well; rather, it prevents him. This anxiety occurs most of the day, and is usually caused by irrational fears, and its symptoms include chest pressure, rapid heart rate, rapid breathing, tremors and sweating. Sometimes you have a feeling of dizziness, or what you are feeling is not real; As if it was a dream. In these cases, psychological help is necessary (Legg 2020).
- Inability to control emotions such as outbursts of anger or crying; Without really knowing why (Casarella 2019).

- This can also make a person feel uncontrollable in anything that happens in their life; Worse still, after feeling satisfied with, or even not understanding, life it is essential to get a counselor's help (Legg 2020).
- Low self-esteem is more than a sufficient reason to go to counseling psychologist. And this is something that happens often. Not adequately boosting our self-esteem can affect us in all areas of life (Casarella 2019).
- This does not allow the person to face the challenges that may arise; Or for the goals that he has or wants to achieve (Kelin 2020).
- Increased self-esteem that is too high. It is neither real nor sufficient. When a person's self-esteem is too high, it can lead to problems with others; Meaning appearing arrogant, very unsympathetic, even intolerable and with a superiority complex. In addition, it can also lead to intolerance to frustration and self-punishing behavior after making a mistake; No matter how small (Casarella 2019).

2.4.2 Factors affecting pychological attitude to receive help

Individuals are reluctant to seek professional psychological help for mental disorders; This may be due to the influence of stigma that can involve people's responses to mental disorders, seeking help and self-stigma, as well as their perceptions of negative reactions to others (general or perceived stigma) (Lisa *et al*. 2006). Search is also a term used to mean the actions of people needing assistance. It communicates with others for interpretation, advice, facts, care and general assistance when responding to problems or trauma (Rickword *et al*. 2005).

2.4.2.1 Attitudes towards seeking psychological help are procedurally defined as:

A state of positive or negative mental readiness organized by experience and experience that affects the response of individuals towards illness, the patient, the therapist or the psychological counselor, and the psychological service itself. Towards counseling and psychotherapy services used in the current study (Cook *et al*. 2017).

2.4.2.2 Demographic variables and trends towards seeking psychological help:

The characteristics of the study participants related to gender (male and female), (rural and urban housing area), (specialization in psychological sciences, other sciences), and educational level (preparatory, secondary, university, and postgraduate studies) centered on the results of a number of related studies and theoretical frameworks And the information vessels about the demographic variables that have a prominent role in the formation and development of psychological trends, and an important variable in influencing it and on it, and that is why a number of studies examined trends in seeking psychological help in different groups. Search is also a term used for people's acts that seek help. It interacts in response to difficulties or trauma for understanding, guidance, information, treatment and general help (Leong and Zachar 1999; Wallace and Contantine 2005), and females have generally demonstrated more optimistic attitudes toward finding competent therapeutic support (Snowden 1999). There is a number of evidence that males are more negative about seeking psychological counseling than: self-reliance (Wallace and Contantine 2005).

2.5 The Role of the Nurse in Mental Health Counseling

The importance of the nurse in the treatment of patients with a psychiatric diagnosis In the treatment and care of the psychiatric patient, the nurse plays a major role. Hence her profession includes a direct human relationship with a suffering person who needs help (Hary and Winship 2013). The duties of a nurse in a psychiatric institution are as follows (Tanioka *et al*. 2011):

- Constant presence with the patient
- Participation in therapeutic and diagnostic procedures
- Rehabilitation as an equal member of the psychiatric team and/or a member of the therapeutic community, “to organize a lifestyle in the therapeutic community with patients” creating a positive and optimistic atmosphere in a psychiatric institution.
- It is emphasized that it primarily refers to the physical, mental state, behavior, specific symptoms of the disease, the basic activities of the patient (sleep, diet, etc…), physiological and vital functions (Hary and Winship 2013).
- The nurse must learn about the patient's habits, possibilities, needs and expectations. When you receive a patient, the nurse has a role in establishing the best possible relationship between him and his family. The nurse also needs to

earn the trust of the patient and his family, which is of great importance in developing a positive therapeutic relationship (Rishe and Huizen 2020).

- The nurse is concerned with implementing all the principles of the modern therapeutic community, and then motivating the patient and his family members to actively participate in the process of treatment, care and rehabilitation. As a rule, the nurse resolves all conflict situations while avoiding aggression against the patient (Hary and Winship 2013).
- The role of the nurse is also to monitor the condition and movements of patients, especially patients at risk of suicidal behavior, who are anxious, delirious, psychotic, and tend to flee from the ward or institution. If there is even the slightest suspicion of an exacerbation of the condition in an individual patient, the nurse must inform the doctor and other members of the team about this. An important role of the nurse is to apply treatment in addition to the health care process. In addition, its task is to prepare patients for psychological and physical examinations and tests. If the need arises, the nurse sends the patient for additional examinations and tests for which they are planned. The nurse is expected to apply the correct procedures with medical documentation, and then apply the correct procedure, from her professional authority to give patient information (Rishe and Huizen 2020).
- Also obligated to maintain professional confidentiality regarding the diagnosis of patients and their stay in a psychiatric institution. The nurse is also expected to have good knowledge and application of good interpersonal relationships in a psychiatric institution, as well as to participate in its creation. The nurse, as well as other health professionals, should pay full attention to their own professional development and professional development (Hanrahan, and Aiken 2009).

3. MATERIALS AND METHODS

This chapter deals with the methodology adopted for the study. It includes research approach, research design, variables, preparation, population, sample, sample selection criteria, sample size, sampling technique, tool development and description, validity of content, data collection procedures and a plan for data analysis.

3.1. Study Design

This descriptive, cross-sectional study was conducted at five universities in Iraq between the dates of 9/1/2020 and 1/3/2021.

3.2. Sample and Setting

Students from three public universities and two private universities in Baghdad were selected as participants in this study. The non-probability and convenient sampling method was used to select universities and students as participants in the study. A targeted sample (384 students) was conducted. Anon-probability sampling technique. A sample of 384 persons was taken accidentally from different areas. the sample size determined by equation (Charan and Biswas 2013).

3.3. Instrument

The data was be collected using a questionnaire to determine the socio-demographic characteristics (Appendix 1) of individuals, Barriers to Seeking Mental Health Counseling (Appendix 2) and Attitudes Toward Seeking Professional Psychological Help (Appendix 3) is used.

3.3.1 Socio-demographic form

The first part was included questions about the gender, age, marital status, university name, college and stage of the participants.

3.3.2. Barriers to seeking mental health counseling scale

The Barriers to Seeking Mental Health Counseling Scale (BMHCS) was developed by Shea *et al*. (2019). It was translated into Arabic and psychometrically tested by Kareem R. Sajit *et al.* (2020). It consists of 27-items that are distributed across the Negative Perceived Value (NPV), Discomfort with Emotions (DWE), In-group Stigma (IGS), Lack of Knowledge (LK), Lack of Access (LA), and Cultural Barriers(CB). The BMHCS items arescored on a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree). The total score ranges from 27 to 162. Higher scores indicate a stronger magnitudeof the construct (e.g., high perceived stigma).

For the BMHCS-Arabic version, all subscales a demonstrated satisfactory level of internal consistency as follows: Negative Perceived Value (α = .78), Discomfort with Emotions (α = .86), In-group Stigma (α = .92), Lack of Knowledge (α = .90), Lack of Access (α = .88), and Cultural Barriers (α = .86).

3.3.3. Attitudes toward seeking professional psychological help

Picco *et al*. (2016), includes 10 items. 2, 4, 8, 9, and 10 on a 4-point Likert scale (0 = disagree, 3 = agree). Points are scored in reverse. The scale was adapted into arabic by (Rayan *et al.* 2020) and (Sajit *et al.* 2021). It consists of three sub-dimensions: the inability to seek professional help, the value of seeking professional help, and the individual's preference for dealing alone. While the Cronbach's alpha coefficient for the entire scale is 97, this value for the sub-dimensions is 88, 88, and 86, respectively The total score ranges from 0 to 30.

3.4. Data Collection Method

Data was collected online by using a questionnaire and interview technique. The average data collection time was 15 minutes.

3.5. Research Variables

The dependent variable: Barriers to university students seeking mental health counseling and attitudes toward seeking professional psychological help.

Independent variables: Age, gender, class, marital status, department, year of education.

3.6. Data Analysis

The analysis of the data was acquired in the study in SPSS and to determine whether the study goals have been met, utilizes two statistical approaches to analyze the study data. In between-group comparisons, t-test andone-way ANOVA were used for variables with normal distributionand, and Kruskal-Wallis H and Mann-Whitney U tests were used forvariables with non-normal distribution. A level of significance of $p \leq 0.5$ was used for all data analyses.

3.7. The Ethical Dimension

On 5th September, 2021 the ethical approval was obtained from the Ethics Committee in Çankiri Karatekin University on , in addition to the approvals No. 13808/M/BJ, obtained from Iraq in 11th May, 2020 (Appendix 2), where the researcher presented a detailed description that includes the purpose and methodology of the study to the University of Baghdad, Al-Mustansiriya University, Al-Nahrain University, Al-Iraqiya University and Al-Bayan University, respectively. And to obtain official permission, it was submitted to the Baghdad Health Directorate, whose approval facilitated the matter. To enter universities, participants were orally informed of the objectives of the study and asked to participate voluntarily, and were assured of non-disclosure. To ensure the confidentiality of the participants, no names were written during data collection and reporting. They were also informed that they could refuse to answer a particular question or withdraw from the study at any time without any penalty.

4. RESULTS

The findings of the research are discussed in three parts:

- Descriptive characteristics of the research group.
- Barriers to Seeking Mental Health Counselingand Affecting Variables of the research group.
- Attitudes Toward Seeking Professional Psychological Help of the research group and influencing variables.
- Relationship between barriers to seeking mental health counseling and attitudes towards seeking professional psychiatric help.

The sample was selected by students from five universities in the city of Baghdad, Iraq, using a simple random sampling method.The universities from which the study samples were taken are the University of Baghdad, the Iraqi University, Al-Bayan University, Al-Mustansiriya University, and Al-Nahrain University, as shown in Figure 4.1.

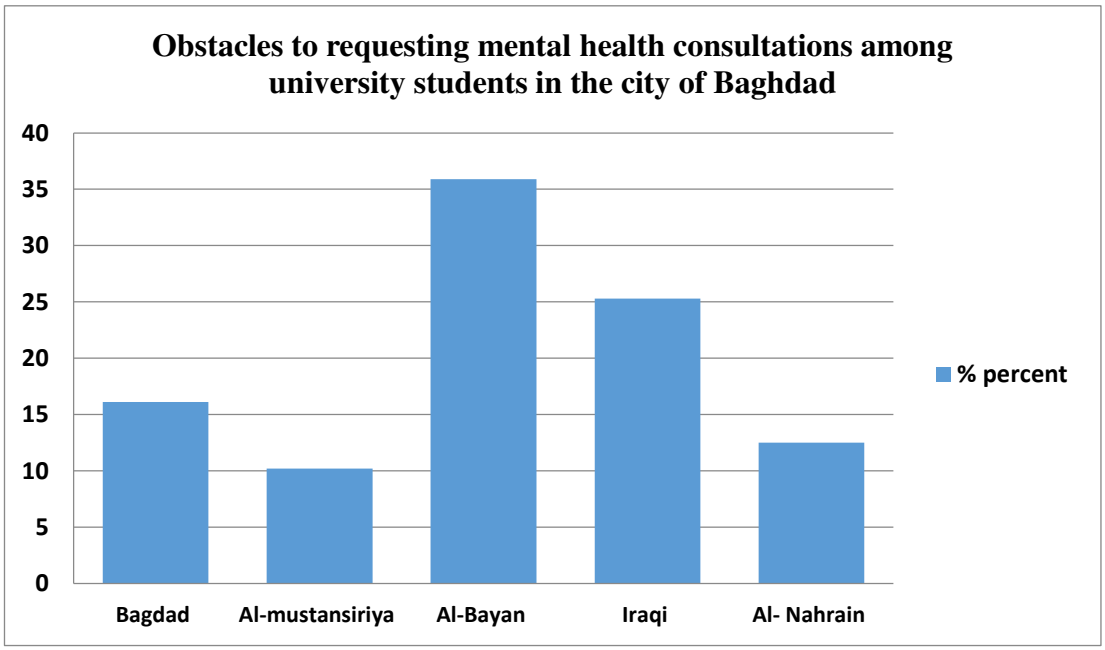

Figure 4.1: Percentage distribution of the study population by university.

Al-Bayan University represents the majority of the study sample (35.5%), and the rest is distributed among other universities.

Table 4.1: Distribution of the descriptive features of the research group (n=384).

Descriptive Features	**n**	**%**
Age		
19-23 years	295	76.8%
24-28 years	89	23.2%
Gender		
Male	349	89.8%
Female	39	10.2%
University		
Bagdad University	62	16.1%
Al-Mustansiriya University	39	10.2%
Al-Bayan University	138	35.9%
Iraqi University	97	25.3%
Al-Nahrain University	48	12.5%
Marital status		
Single	269	70%
Married	115	30%
Depatment		
Nursing	258	67.2%
Pathological analyzes	26	6.8%
Electricity	7	1.8%
Civil	48	12.5%
Wireless communications engineering	2	5%
Material	2	5%
Anthropology and sociology	1	3%
Remote sense	1	3%
Architectural	25	6.5%
Accounting	2	5%
Human medicine	2	5%
Pharmacy	10	2.6%
Year of education		
First	280	72.9%
Second	6	1.6%
Third	51	13.3%
Fourth	47	12.2%
Total	384	100

Table 4.1 is the study indicated that the majority of the study sample (89.8%) are males, and the rest are females, most of whom are between 19-23 years old and

represent (76.8%). The rest are between 24-28 years old and represent (23.2%), and with regard to the issue of marital status, the majority of the sample members were single and constituted (70%) of the total sample.

As for the departments they studied, the largest number of them was in Nursing College, where they constituted 67.2% of the sample, 13.8% in the College of Engineering, and 11.5% in the College of Law, and they also constituted an equal percentage in the College of Languages and Pathological analysis (3%).

In terms of the departments, the majority of the sample (67.2%) is in the Nursing Department, while (12%) is in the Civil Engineering Department, and the percentage of the sample studied in the Pathological Analyzes Department is (6.8%), while for the Architecture Department, the percentage is (6.5%) of the total sample, and each of the Departments of Wireless communications Engineering (5%), and the Department of Materials Engineering, and Department of Computer and Human Medicine, each of them constituted (5%) of the lowest percentage was for the Pharmacy Department, which constituted (2.6%) of the sample.

As for the stage that students studied for the year 2020, the largest number of them were in the first stage, where they constituted (72.9%) of the sample (13.3%) in the third stage, (12.2%) in the fourth stage, and the lowest percentage (1.6%). From the sample in the second stage.

Table 4.2: Distribution of research group scores on "Barriers to seeking mental health counseling scale" and "Attitudes Towards Seeking Psychological Help and Its sub-dimensions" (n=384).

Barriers to seeking mental health counseling scale	**n**	**Mean ± Sd**
Negative perceived value	384	4.95 ± 1.59
Discomfort with emotions	384	5.48 ± 1.61
In-group stigma	384	6.45 ±1.86
Lack of knowledge	384	3.48 ± 1.58
Lack of access	384	3.96 ± 1.54
Cultural barriers	384	3.01 ± 1.29
Total	384	27.33 ± 3.62
Attitudes Towards Seeking Psychological Help		
Professional help seeking gap	384	1.64 ± 1.32
The value of seeking professional help	384	2.08 ± 1.17
Anxiety or sadness for a long time	384	2.75 ± 1.13
Total	384	6.47 ± 3.62

Table 4.2 shows the distribution of the research group's scores on "obstacles to searching for a measure of counseling in the field of mental health" and "attitudes towards seeking professional psychological assistance and its sub-dimensions", as it showed that the majority of the sample have an in-group stigma with an arithmetic mean and a standard deviation 6.45 ±1.86, followed by discomfort with emotions 5.48 ± 1.61 and negative perceived value 4.95 ± 1.59 and , and the lowest percentage for cultural barriers with 3.01 ± 1.29.

As for the agreement towards seeking help, the highest percentage of anxiety or sadness for a long time was with mean and standard deviation of 2.75 ± 1.13, followed by The value of seeking professional help, number with mean and standard deviation of 2.08 ± 1.17, and less The ratio of professional help seeking gap with mean and standard deviation was 1.64 ± 1.32.

Table 4.3: Distribution of research group scores on "Barriers to seeking mental health counseling scale" (n=384).

Characteristics	Negative perceived value Mean±SD	Discomfort with emotions Mean±SD	In-group stigma Mean±SD	Lack of knowledge Mean±SD	Lack of access Mean±SD	Cultural barriers Mean±SD	Total score Mean±SD
Age							
19-23 years	3.12±1.51	3.64±1.55	1.42±0.49	14.07±3.95	3.03±1.43	3.53±1.49	28.81±10.08
24-28 years	25.99±5.47	2.70±1.45	4.14±1.1	3.95±1.43	4.30±.95	3.30±1.88	44.38±12.30
	z = .06	z = .91	z = .36	z = .17	z = .36	z = .36	z = .36
	p=.22	p=.00	p=.01	p=.46	p=.00	p=.09	p=.15
Gender							
Male	2.95±1.45	3.59±1.58	1.73±.91	3.93±1.32	3.31±1.60	3.64±1.59	19.15±8.48
Female	5.07±1.70	2.00±.00	4.89±1.14	5.00±.00	3.41±.81	2.00±00	22.37±3.66
	z = .09	z = .35	z = .00	z = .36	z = .36	z = .36	z = .10
	p=.33	p=.00	p=.11	p=.00	p=.00	p=.00	p=.36
University							
Bagdad University	2.87±1.06	1.73±.91	1.73±.91	1.73±.91	1.73±.910	3.73±.91	13.52±4.70
Al-Mustansiriya University	4.00±.00	4.89±1.14	4.89±1.14	4.89±1.14	4.89±1.142	2.89±1.14	26.45±5.71
Al-Bayan University	2.64±1.74	3.61±1.74	1.57±.49	3.61±1.71	2.70±1.78	3.07±1.47	17.2±8.69
Iraqi University	3.175±1.36	3.43±1.71	1.52±.56	4.34± 1.69	3.60±1.62	2.56±1.47	18.65±8.42
Al- Nahrain University	4.41±1.97	2.00±00	4.47±1.27	5.00±.00	3.75±.97	2.00±.00	21.63±4.22
	h=.1664	*h*= .1664	*h*=.12	*h*= .004	*h*= .0398	*h*= .1628	*h*= .10
	p=.437	p=.447	p=.40	p=.011	p=.10	p=.427	p=.37
Marital status							
Single	2.95±1.45	2.95±1.45	2.2713± 1.55196	4.2287±. 1.19907	2.26±.68	3.22±.64	17.88±6.99
Married	5.07±1.70	5.07±1.70	1.4615±. 50839	4.5385±. 50839	4.68±1.23	2.5325±1.91	23.35±7.06
	z = .59	z = .36	z = .36	z = .36	z = .36	z = .36	*h*= .16
	p=.10	p=.00	p=.00	p=.00	p=.00	p=.00	p=.83
Department							
Nursing	3.25±1.51	3.51±1.36	2.87±1.06	2.87±1.06	3.22±1..32	3.61±1.43	19.33±6.44
Pathological analyzes	3.15±2.03	3.15±2.33	4.00±.00	4.00±.00	3.84±2.03	2.92±1.54	21.06±7.95
Electricity	5.00±.00	5.00±.00	1.73±.91	1.73±.91	2.00±.00	3.73±.91	19.19±2.73
Civil	3.47±1.91	3.66±1.90	1.00±.00	5.00±.00	3.33±1.90	3.33±1.90	19.79±9.52

Wireless communications engineering	2.00±.00	5.00±.00	2.00±.00	4.00±.00	2.00±.00	5.00±.00	20.00±.00
Material	1.00±.00	5.00±.00	2.00±.00	4.00±.00	1.50±.70	3.00±.00	16.5±.00
Anthropology and sociology	1.00±.00	5.00±.00	2.00±.00	5.00±.00	5.00±.00	2.00±.00	20.00±.00
Remote sense	1.00±.00	5.00±.00	2.00±.00	4.00±.00	1.00±.00	3.00± .00	16.00±.00
Architectural	1.92±.27	1.32±1.10	2.00±.00	1.64 ±.86	4.96±1.27	3.32±1.10	15.16±4.62
Accounting	1.00 ±.00	5.00±.00	5.00±.00	4.00±.00	1.00±.00	3.00±.00	19.00±.00
Human medicine	2.00 ± .00	1.00± .00	2.00± .00	1.00± .00	6.00±.00	2.00±.00	14.00±.00
Pharmacy	3.40±.12	4.20±.42	1.20±.42	3.20±.42	2.60±.84	3.20±.42	17.80±2.65
	h=.00	*h* = .36	*h* = .00	*h* = .36	*h* =.36	*h* = .36	*h* = .00
	p=.02	p=.00	p=.02	p=.00	p=.00	p=.00	p=.01
Year of Education							
1	3.18±1.52	3.68±1.52	1.39±.48	4.18±1.18	2.92±1.54	3.63±1.41	18.98±7.69
2	2.00±.00	3.00±.00	2.00±.00	2.00 ±.00	5.00±.00	2.00±.00	16.00±.00
3	2.00± .00	3.41±1.6	3.37± .84	2.64± 1.24	5.00± .00	3.29±2.16	19.71±5.92
4	4.55±1.94	2.00±.00	4.57±1.26	5.00±.00	3.68±.95	2.00±.00	21.8±.00
	z = .34	z = .36	z = .36	z = .36	z = .36	z = .36	z = .32
	p= .00	p= .00	p= .01	p= .00	p= .00	p= .00	p= .01
Total	4.95±1.59	5.48±1.61	6.45±1.86	3.48±1.58	3.95±1.54	3.04±1.29	27.33±3.62

Anova analysis: As in Table 4.2, the results showed that the majority of the sample contained within-group stigma with a mean and standard deviation of 6.45 ± 1.86, and a study Santashi *et al.* (2018) found that 0.80 ± 0.92 felt stigmatized, due to perceived negative values Emotional distress in numbers. The majority of the sample felt embarrassed or ashamed with a mean and standard deviation of 2.75 ± 1.13, and the lowest percentage of the professional help-seeking gap was with a mean and standard deviation of 1.64 ± 1.32.

Table 4.4: Distribution of attitudes toward seeking professional psychological help and sub-dimension scores by some characteristics (n=384).

Characteristics	Professional help seeking gap Mean ±SD	The value of seeking professional help Mean ±SD	Coping on your own Mean ±SD	Total score Mean ±SD
Age				
19-23 years	1.00 ± .00	1.3 ± .48	2.00 ± .00	4.39 ± .48
24-28 years	1.25 ± .43	1.00 ± .00	1.14 ± .35	3.39 ± .78
	z = −1.16	z = −1.16	z = −1.16	z = −1.16
	p=.01	p=.00	p=.00	p=.00
Gender				
Male	1.00 ± .00	1.17 ± .37	1.48 ± .50	3.65 ± .88
Female	1.52 ± .50	1.00 ± .00	1.00 ± .00	3.52 ± .50
	z = −1.16	z = −1.16	z = −1.16	z = −1.16
	p=.00	p=.02	p=.01	p=.02
University				
Bagdad University	3.24 ± .47	2.80 ± .98	2.29 ± 1.44	8.33 ± 2.90
Al- Mustansiriya University	3.45 ± 1.17	4.00 ± .00	4.00 ± .00	11.45 ± 1.17
Al- Bayan University	3.59 ± 1.92	2.55 ± .84	3.16 ± .52	9.3 ± 3.28
Iraqi University	1.76 ± .66	2.84 ± .91	2.84 ± .91	7.44 ± 2.50
Al- Nahrain University	1.00 ± .00	2.00 ± .00	1.00 ± .00	4.00 ± .00
	z = −1.16	z = −1.16	z = −1.16	z = −1.168
	p=.18	p=.05	p=.002	p=.20
Marital Status				
Single	1.98 ± 1.40	3.33 ± .00	3.60 ± .49	8.91 ± 1.89
Married	2.23 ± .77	2.00 ± .43	1.68 ± .72	5.91 ± 1.93
	z = −1.16	z = −1.16	z = −1.16	z = −1.16
	p=.01	p=.00	p=.00	p=.01
Depatment				
Nursing	1.83 ± 1.83	3.13 ± 1.57	2.64 ± 1.28	7.61 ± 4.69
Pathological analyzes	2.01 ± .37	4.75 ± .43	5.50 ± .50	12.26 ± 1.31
Electricity	1.00 ± .00	1.00 ± .00	4.00 ± .00	6.00 ± .00
Civil	3.3125 ± .51	3.31 ±. 51	3.66 ± .47	10.28 ± 1.49
Wireless communications engineering	1.00±.00	3.00 ± .00	4.00 ± .00	8.00 ± .00
Material	1.00 ± 1.83	3.00 ± .00	4.00 ± 4.00	8.00 ± 4.00
Anthropology and sociology	1.00 ± .37	4.00 ± .00	2.01 ± .37	7.01 ± .74
Remote sense	1.00 ± .00	4.08 ± .49	3.59 ± 1.92	8.67 ± 1.92
Architectural	1.92 ± .66	5.84 ± .55	1.76 ± .66	9.52 ± 1.88
Accounting	1.00 ± .00	4.00 ± .00	4.00 ± .00	9.00 ± .00
Human medicine	4.00 ± .00	4.00 ± .00	5.84 ± .55	13.84 ± .55
Pharmacy	3.00 ± .00	5.00 ± .00	5.00 ± .00	13.00 ± .00
	z =−1.16	z =−1.16	z =−1.16	z =−1.16

	p=.18	p=.03	p=.02	p=.25
Year of Education				
1	1.84 ± 1.27	3.23 ± 1.55	2.90 ± 1.52	7.97 ± 4.35
2	2.00 ± .00	5.00 ± .00	5.83 ± .40	12.83 ± .40
3	2.52 ± .50	5.00 ± .00	5.00 ± .00	12.52 ± .50
4	3.00 ± .00	5.00 ± .00	5.00 ± .00	13.00 ± .00
	z = −1.16	z = −1.16	z = −1.16	z = −1.16
	p=.002	p=.01	p=.01	p=.01
Total	1.64 ± 1.32	2.08 ±1.17	2.75 ± 1.13	6.47 ± 3.62

Table 4.4: Distribution of trends towards seeking professional psychological help and degrees of the sub-dimension according to some characteristics. The percentage of professional assistance seeking for the gap, the highest for ages between 24-28 years, was (1.25 ± .43) (z= −1.16, p= .01) with a level of significance p>.005, which indicates the existence of a positive and statistically significant direct relationship between age and the trend towards professional help, as it showed that the gender variable for females was (1.52 ± .50) (z= −1.16, p= .00), meaning that the difference there is a statistically significant difference between the gender variable and the tendency to seek help, with a positive direct relationship.

The results also showed that the value of searching for professionals was (1.39 ± .48) (z= −1.16, p= .00), with a significance level of p>.005, which means that there are statistically significant differences since the ages are from (19-23). As for the gender variable, the percentage was higher for males (1.17 ± .37) (z= −1.16, p= .00) with a level of significance of p>.005, meaning that there are statistically significant differences in the gender variable.

As for the treatment alone, the results indicated that ages (19-23) years (00 ± 00.2) (z = −1.16 r = .00) with a significance level p>.005, which means that there are statistically significant differences between the groups with the age variable. They were highest among the ages (24 -28) As for the sex variable, it was higher in males (1.48 ± .50) (z = −1.16 p = .01), with a significance level of p>.005, which means that there are statistically significant differences.

Table 4.5: Correlation between the students' Barriers to Seeking Mental Health Counseling Scala and Attitudes Toward Seeking Professional Psychological Help Scale score (n=384).

Variables		Negative perceived value	Discomfort with emotions	In-group stigma	Lack of knowledge	Lack of access	Cultural barriers	Total
Professional help seeking gap	r	.23	-.17**	-.34**	-.31**	-.20**	-.21**	-1.09**
	p	.64	.04	.00	.00	.00	.00	.68
	n	384	384	384	384	384	384	384
The value of seeking professional help	r	-.23**	-.086	-.42**	-.20**	-.04	-.06	-1.03
	p	.00	.00	.00	.00	.33	.00	.00
	n	384	384	384	384	384	384	384
Coping on your own	r	-.58**	-.41**	-.58**	-.21**	-.53**	-.23**	-2.54**
	p	.00	.00	.00	.00	.00	.00	.00
	n	384	384	384	384	384	384	384
Total	r	-.58**	-.32**	-.66**	-.71**	-.77**	-.5**	-3.47**
	p	.64	.04	.00	.00	.33	.00	.68
	n	384	384	384	384	384	384	384

Spearman analysis: Table 4.5 shows the pearson correlation coefficient between the Barriers to Seeking Mental Health Counseling Scala and the Attitudes Toward Seeking Professional Psychological Help, where all strong negative inverses came with the highest correlation coefficient for the value of dealing with the person alone, where it came to (-.58), followed by the value of seeking professional help with a value of (-.42) and the lowest correlation value was for help professionalism seeks a gap of (-.20), and all transactions are statistically significant at the level of significance (0.01).

5. DISCUSSION

This chapter presents a systematically organized interpretation and reasonably derived discussion of the results with the support of the available literature and related studies.

5.1 Discussion of the Socio-Demographic

Characteristics Barriers to Seeking Mental Health Counseling Among University Students (Table 4.1).

The results of the current study show that the majority of the study sample (89.8%) are males, and the rest are females, and most of them are between 19-23 years old and represent (76.8%). This finding, along with their findings (Rebecca *et al*. 2014). indicates that the majority of the study subjects were male (62.3%). And the study (Santashi *et al*. 2018) . which showed that the majority of the study sample were males (69.5%) and the rest were females. The study (Pianta *et al*. 2020). showed that the majority of the sample were males (84%), and the study (Negash 2020). showed The majority of the study sample was male (60.5%). Obstacles to seeking mental health counseling may not differ between the sexes, but the differences that exist between males and females in physiological and psychological areas, values and customs in society.

Regarding marital status, the majority of the study sample (70%) were not single, This finding is consistent with (Pianta *et al*. 2020). They studied the preferences and barriers to seeking mental help among students attending Dschang University, Western Region, Cameroon, and indicate thattheir results indicate that the majority of the study sample were single (95.5%), and this is consistent with a study (Negash *et al*. 2020). where they studied mental distress, perceived need, and barriers to receiving professional mental health care among university students in Ethiopia, The study showed that the majority of the sample are single (82.8%), and this is due to the fact that the majority of the sample is between 18-25 years old.

As for the year of study that students study for 2020, the largest number of them was in the first stage where they constituted (72.9%) of the sample, and this is consistent with the study (Santashi *et al*. 2018). who studied the expectation of intentions to seek help for depression among university students in Sri Lanka, where

the largest proportion of the sample (41.4%) of first-year students, but these results differed with the study (Pianta *et al*. 2020). which showed that the largest proportion of the sample (45%) of second-year students, a study (Negash *et al*. 2020). which showed that the largest percentage was (26%) for second year students.

5.2 Obstacles to Searching for A Measure of Guidance in the Field of Mental Health and Attitudes Towards Seeking Psychological and Professional Help

As in Table 4.2, the results showed that the majority of the sample contained the stigma within the group with a mean and standard deviation of 6.45 ± 1.86, and this is in agreement with the study (Negash *et al*. 2020). where the majority were. Among them, they thought anxiously about what their family was saying, saying, doing or feeling, this was with a mean and standard deviation of 1.18 ± 0.98, and a study (Santashi *et al*. 2018) found that 0.80 ± 0.92 felt stigma, due to perceived negative values Emotional distress is in numbers. It equals 4.95 ± 1.59, this is similar to the study (Rebecca *et al*. 2014). 0.717 of the sample thought mental health problems should be dealt with, and this showed that individuals who go to counseling for mental health problems feel they have them. My mental weakness was due to my arithmetic and my standard deviation. The majority of the sample felt awkward or shy with a mean and standard deviation of 2.75 ± 1.13, and the lowest percentage of the professional help-seeking gap was with a mean and standard deviation of 1.64 ± 1.32, as agreed in the study (Negash *et al*. 2020). The majority of the sample is embarrassed or shy. Culture with 2.05 ± 1.33 and this is consistent with d Rasa (Rebecca *et al*. 2014). whose results showed 1.52 ± with and without counselors.

5.2.1 The tendency to ask for help

The highest percentage of anxiety or sadness for a long time was 159 with a mean and standard deviation of 2.75 ± 1.13 and this is consistent with the study (Rebecca *et al*. 2014). which found that the majority of the sample went to seek help in order to increase social support by (485%).

5.3 Distribution of Barriers to Seeking Mental Health Counseling Scala and Sub-Dmension Scores by Some Characteristics

The results showed that perceived negative scores were only related to the sex variable and were higher among females than among males, this was in contrast to the study (Rebecca *et al*. 2014). which indicated that females have more positive attitudes towards mental health treatment than males.

The stigma scores within the group, related only to the gender variable, were higher among females than among males, and the differences in scores were due to gender because male students in Iraq, by virtue of society, have more freedom of work and acceptance in society than females similarly, the results of the study revealed that females were less males are much more likely to adopt stigma-related attitudes. This is consistent with previous research that also found that males have higher levels of perceived stigma than females (Chandra and Minkovitz 2006).

5.4 Distribution of Attitudes Toward Seeking Professional Psychological Help and Sub-Dimension Scores by Some Characteristics

The percentage of professional help seeking the gap, the highest for ages 24-28, was (1.25 ± .43) (z= −1.16, p= .00) with a significance level of p>.005, indicating a positive and significant direct relationship A statistic between age and the trend towards professional assistance, in agreement with the study (Negash *et al.* 2020), which showed that the percentage (51.9%) of the younger students.

The result in Table 4.4 indicates the distribution of attitudes towards seeking professional psychological help and degrees of the sub-dimension according to some characteristics. It showed that the gender variable for females was (1.25 ± .50) (z= −1.16, p= .00), meaning that the difference between the gender variable and the trend towards seeking Help is statistically significant, with a positive correlation consistent with a study (Rebecca *et al***.** 2014)**.** that found that females were more likely to report benefits of participating in mental health services compared to males. This is in line with the professional literature indicating that females have more positive attitudes towards mental health treatment than males (Chandra and Minkovitz 2006) because females are more positive about services, they may be more likely to seek, enter and remain in the service than male.

5.5 Correlation Between the Students' Barriers to Seeking Mental Health Counseling Scala and Attitudes Toward Seeking Professional Psychological Help Scale Score

The result came according to Table 4.5, pearson's correlation coefficient between the obstacles to searching for the mental health counseling scale and the trend towards psychological help, where all the strong negative repercussions came with the highest correlation coefficient for the value of dealing with the person alone, which reached (-.58), in agreement with the study (Rebecca *et al*. 2014) . which concluded that (.82) prefer to deal alone, and this is the biggest reason for the obstacles to searching for a measure of mental health guidance.

6. CONCLUSION AND RECOMMENDATION

People can say that there is a weak level of psychological counseling in universities in Iraq, as they are limited to the role of one educational counselor, and almost inactive. The study also revealed that there is an inverse relationship with statistical significance, between the dimensions of mental health and the orientation to seek psychological counseling among university students, such as the greater the feeling of stigma, the less recourse to psychological counseling, and students who are in good mental health find that they have the ability to control and solve their problems on their own.

6.1 Recommendations

- Working on providing training workshops and awareness programs aimed at improving the level of psychological counseling in Iraqi universities, and working to change the society's view of psychological counseling.
- Providing greater opportunities for students to participate by expressing their opinions and suggestions along with the teaching environment.
- The necessity of activating the process of communication between students, faculty and administration at the university, encouraging students to participate in the activities and programs of the university and urging expression and opinion.
- Working on conducting training courses for academic advisors by specialists to train them on how to deal with university students who have academic, social and psychological problems, and checking the selection of advisors for new students.
- Strengthening the relationship between students and teachers.
- Working on holding courses and making it clear that university life will be different.

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APPENDICES

APPENDIX 1: Questionnaire

APPENDIX 2: Ethical apporval

APPENDIX 3: Linguistic certificate

APPENDIX 4: Curriculum vitae

APPENDIX 1: Questionnaire Mental Health Counseling Among University Students Barriers to Search

We invite you to the research titled "Barriers to Seeking Mental Health Counseling Among University Students" conducted by Wisam Herez Abd Ali. Before deciding whether or not to participate in this research, you need to know why and how the research will be conducted. Therefore, it is very important to read and understand this form. If there is something that you do not understand and is not clear to you, or if you want more information, ask us. Participation in this study is completely voluntary. You have the right not to participate in the study or to withdraw from the study at any time after participating. **Your response to the study will be interpreted as your consent** to participate in the study. Do not be **under pressure** or suggestion from anyone while answering the questions on the forms given to you. The personal information obtained from these forms will be kept completely confidential and will be used for research purposes only.

Socio-demographic Questionnaire

Your age	
Gender	1. Woman 2. man
marital status	1. Married 2. single
University of study	
Department of study	
Class	1. one 2. Two 3. three 4. Four 5. Five 6. Six

Barriers to Seeking Mental Health Counseling Scale

Substances	I strongly disagree	I do not agree	Partially Disagree	Partially Agree	I agree	Absolutely I agree
I don't think it would be helpful to talk to a mental health counselor.						
I would like to rely on friends or family for support rather than going to a mental health counselor.						
I think talking to a mental health counselor will allow me to just focus on the problem without solving it.						
I do not need mental health counseling for my personal problems because I have sufficient social support.						
I don't like to rely on a mental health counselor to tell me what to do about my problems.						
If I explain my problems to a mental health counselor, my family or other important people in my life will evaluate me badly.						
Most people in my culture group disapprove of my decision to seek mental health counselling.						
My friends would take me less seriously if they knew I was getting mental health counseling.						
Seeking mental health counseling would have been an embarrassment to my family.						
If I share my problems with a mental health counselor, my family or other important people in my life will not view me negatively.						
I am ashamed to share my feelings with a mental health counselor.						
During the mental health counseling process, I feel anxious about showing my emotional side.						
I feel comfortable describing my feelings to a mental health counselor.						
It would be a strange feeling for me to talk about my feelings during counseling.						
I'm afraid to seek counseling because I don't want to reveal my feelings.						
I don't know where or how to get mental health counseling.						
I don't know what kind of mental health counseling services are available.						
I don't know how mental health counseling works.						
I don't have time to seek or get counseling.						
I do not have the financial means to seek mental health counseling (eg insurance, money).						
I have too many responsibilities towards other people (e.g. family, friends, other important people in his life) that will prevent me from						

seeking mental health counseling						
Enough to keep me from talking to a mental health counselor. I have too many academic or work obligations.						
I think most mental health counselors will not be sensitive to problems with my cultural identity.						
I don't think most mental health counselors will understand my cultural values.						
I doubt most mental health counselors have enough training to explore issues with my cultural identity.						
I don't think culture will be a barrier to getting help from a mental health counselor.						
I think the cultural differences between most mental health counselors and me will be a barrier to counselling.						

Attitude Scale Towards Seeking Professional Psychological Help

Substances	I do not agree	Partially Disagree	I partially agree	I agree
If I thought I was having a mental breakdown, my first thought would be to seek professional help.				
Talking to a psychologist about problems sounds like a bad way to get rid of emotional problems.				
If I was going through a serious emotional crisis, I would be confident that psychotherapy would be helpful.				
I admire people who want to deal with their problems and fears without professional help.				
If I felt anxious or sad for a long time, I would seek psychological help.				
I may want to seek psychological counseling in the future.				
A person with an emotional problem is unlikely to resolve it alone; It is more likely to resolve with professional help.				
Given the amount of time and money spent in psychotherapy, I'm not sure this would benefit someone like me.				
People need to solve their own problems, so seeking counseling should be people's last resort.				
Personal and emotional troubles, like most things in life, tend to resolve on their own.				

Üniversite Öğrencileri Arasında Ruh Sağlığı Danışmanlığı Aramanın Önündeki Engeller

Sizi Wisam Herez Abd Ali AL-RUBAYE tarafından yürütülen "Üniversite Öğrencileri Arasında Ruh Sağlığı Danışmanlığı Aramanın Önündeki Engeller" başlıklı **araştırmaya** davet ediyoruz. Bu araştırmaya katılıp katılmama kararını vermeden önce, araştırmanın neden ve nasıl yapılacağını bilmeniz gerekmektedir. Bu nedenle bu formun okunup anlaşılması büyük önem taşımaktadır. Eğer anlayamadığınız ve sizin için açık olmayan şeyler varsa, ya da daha fazla bilgi isterseniz bize sorunuz. Bu çalışmaya katılmak tamamen **gönüllülük** esasına dayanmaktadır. Çalışmaya **katılmama** veya katıldıktan sonra herhangi bir anda çalışmadan **çıkma** hakkında sahipsiniz. **Çalışmayı yanıtlamanız, araştırmaya katılım için onam verdiğiniz** biçiminde yorumlanacaktır. Size verilen **formlardaki** soruları yanıtlarken kimsenin baskısı veya telkini altında olmayın. Bu formlardan elde edilecek kişisel bilgiler tamamen gizli tutulacak ve yalnızca araştırma amacı ile kullanılacaktır.

Sosyo-demografik Soru Formu

Yaşınız	
Cinsiyet	1. Kadın 2. Erkek
Medeni durum	1. Evli 2. Bekar
Öğrenim görülen üniversite	
Öğrenim görülen bölüm	
Sınıf	1. Bir 2. İki 3. Üç 4. Dört 5. Beş 6. Altı

Ruh Sağlığı Danışmanlığı Arayışı Önündeki Engeller Ölçeği

Maddeler	Kesinlikle Katılmıyorum	Katılmıyorum	Kısmen Katılmıyorum	Kısmen Katılıyorum	Katılıyorum	Kesinlikle Katılıyorum
Bir ruh sağlığı danışmanıyla konuşmanın faydalı olacağını düşünmüyorum.						
Ruh sağlığı danışmanına başvurmak yerine destek için arkadaşlarıma veya aileme güvenmeyi isterim.						
Bir ruh sağlığı danışmanıyla konuşmanın, sorunu çözmeden sadece sorun üzerinde durmamı sağlayacağını düşünüyorum.						
Yeterli sosyal desteğim olduğu için kişisel sorunlarım için ruh sağlığı danışmanlığı almam gerekmez.						
Sorunlarım hakkında ne yapacağımı söylemesi için ruh sağlığı danışmanına güvenmekten hoşlanmıyorum.						
Sorunlarımı bir ruh sağlığı danışmanına açıklarsam, ailem ya da hayatımdaki diğer önemli kişiler beni kötü değerlendirir.						
Kültür grubumdaki çoğu insan ruh sağlığı danışmanlığı arama kararımı onaylamaz.						
Ruh sağlığı danışmanlığı aldığımı bilselerdi arkadaşlarım beni daha az ciddiye alırlardı.						
Ruh sağlığı danışmanlığı aramak ailem açısından utanç kaynağı olurdu.						
Sorunlarımı bir ruh sağlığı danışmanıyla paylaşırsam ailem ya da hayatımdaki diğer önemli kişiler beni olumsuz olarak değerlendirmezler.						
Duygularımı bir akıl sağlığı danışmanıyla paylaşmaktan utanıyorum.						
Ruh sağlığı danışmanlığı sürecinde, duygusal yönlerimi gösterme konusunda endişe hissediyorum.						
Duygularımı bir ruh sağlığı danışmanına anlatmakta rahat hissediyorum.						
Danışmanlık sırasında duygularım hakkında konuşmak benim için garip bir duygu olurdu.						
Danışmanlık almaktan korkuyorum çünkü duygularımı açığa vurmak istemiyorum.						
Ruh sağlığı danışmanlığını nereden ve nasıl alacağımı bilmiyorum.						
Ne tür bir ruh sağlığı danışmanlığı hizmetlerinin mevcut olduğunu bilmiyorum.						
Ruh sağlığı danışmanlığının nasıl işlediğini bilmiyorum.						
Danışmanlık arayacak ya da alacak vaktim yok.						
Ruh sağlığı danışmanlığı hizmeti almak için yeterli maddi imkanım yok (örneğin, sigorta, para).						
Diğer insanlara karşı (örneğin aile, arkadaşlar, hayatındaki diğer önemli kişiler) ruh sağlığı danışmanlığı almamı engelleyecek çok						

fazla sorumluluğum var						
Ruh sağlığı danışmanıyla konuşmama engel olacak kadar çok fazla akademik veya işle ilgili yükümlülüğüm var.						
Ruh sağlığı danışmanlarının çoğunun kültürel kimliğimle ilgili sorunlara duyarlı olmayacağını düşünüyorum.						
Çoğu ruh sağlığı danışmanının kültürel değerlerimi anlayacağını düşünmüyorum.						
Çoğu ruh sağlığı danışmanının kültürel kimliğimle ilgili sorunları araştırmak için yeterli eğitime sahip olduğundan şüpheliyim.						
Kültürün, bir ruh sağlığı danışmanından yardım almamın önünde bir engel oluşturacağını düşünmüyorum.						
Bence çoğu ruh sağlığı danışmanı ile benim aramdaki kültürel farklılıklar danışmanlık açısından bir engel teşkil edecektir..						

Profesyonel Psikolojik Yardım Almaya Karşı Tutum Ölçeği

Maddeler	Katılmıyorum	Kısmen Katılmıyorum	Kısmen katılıyorum	Katılıyorum
Ruhsal bir çöküş yaşadığımı düşünürsem, ilk düşüncem profesyonel yardım almak olurdu.				
Sorunlar hakkında bir psikologla konuşmak bana duygusal sorunlardan kurtulmanın kötü bir yoluymuş gibi geliyor.				
Ciddi bir duygusal kriz yaşıyor olsaydım, psikoterapinin faydalı olacağından emin olurdum.				
Profesyonel yardım almadan sorunları ve korkuları ile başa çıkmak isteyen insanlara hayranlık duyuyorum.				
Uzun bir süre endişeli veya üzgün hissetseydim, psikolojik yardım almak isterdim.				
Gelecekte psikolojik danışmanlık almak isteyebilirim.				
Duygusal problemi olan bir kişinin bunu yalnız başına çözmesi muhtemel değildir; profesyonel yardımla çözme olasılığı daha yüksektir.				
Psikoterapide harcanan zaman ve para miktarı göz önüne alındığında, bunun benim gibi birine fayda sağlayacağından emin değilim.				
İnsanlar kendi sorunlarını çözmelidir, bu nedenle psikolojik danışma almak insanların en son çaresi olmalıdır.				
Kişisel ve duygusal sıkıntılar, hayattaki çoğu şey gibi kendiliğinden çözülme eğilimindedir.				

CURRCULUM VITAE

Name - Surname	: Wisam AL-RUBAYE
Birth place and date	: Iraq/Baghdad -
Contact address and phone	:
Education status	: Bachelor
Licence	: 2015, Baghdad University, College of Nurse, Academic Nurseon

Professional Experience

Qualifications:

- Diploma of Medical Technology in Nurse on 2004
- Bachelor of Academic Nurseon 2015/College of Nurse \Baghdad University

Present posts :

- Manager of ICU / Al-Shaheed Ghazi Al-Hariri Hospital/Medical City Complex.

Scientific Activities :

- Complete TOT cures on 2016.
- Training Course in Intensive Care.
- Training Course of Emergency Medicine.
- Medical City Conference on December\2013.
- Completed a one month Training course of infection control in ICU and CPR in south Korean (2019).
- Training Course in English Language.
- Completed a one month Training Course of Respiratory Therapy in Al-Maqasid University/Lebanon-Beirut (2016).
- Medical City Conference on December\2011.
- Medical City Conference on November\2010.
- Completed Turkish language offered by tomer\2020.

Hobbies : Sports, Swimming, and Communications

Other Skills : Computer Skill

Honors and Awards :

Many thanks form Ministry of Health (4)

Director General of Medical City (12)

Director of Surgical Specialties Teaching Hospital (8)

Director of ICU (3)