

Factors Related to Attitudes toward Seeking Professional Psychological Help among Japanese Junior High and High School Students

Soichi Takamura, Iwao Oshima*, Koji Yoshida† and Takuro Motonaga‡

*Department of Nursing Care Environment and Mental Health, School of Health Science, Tottori University Faculty of Medicine, Yonago 683-8503, *Department of Clinical Social Work, Faculty of Social Welfare, Japan College of Social Work, Kiyose 204-8555, †Department of Psychiatric Rehabilitation, National Institute of Mental Health National Center of Neurology and Psychiatry, Tokyo 272-0827 and ‡Department of Psychology, Faculty of Liberal Arts, Teikyo University, Hachioji 192-0395, Japan*

To develop intervention methods of primary prevention for adolescents who are at high risk for mental health disorders, we investigated help-seeking behavior (HSB) and factors related to HSB. We distributed questionnaires to 1222 junior high (age, 13.55 ± 0.5 years) (mean \pm SD) and high school students (age, 16.56 ± 0.49 years) in Japan. A total of 1168 questionnaires were answered and returned. Correlation analysis and multiple linear regression analysis were conducted to determine HSB and related factors scales. Among the sample students, 39% had previous knowledge of mental health consultation. However, only 10% said they would seek out a mental health specialist. Friends or senior students were frequently chosen (70%) as the initial consultant. Using multiple regression linear analysis, we found that image of and stigma towards psychiatry and psychological counseling and knowledge of mental health to be factors related to HSB. High school students were more likely than junior high students to display HSB. Initially, students tended to choose friends and family rather than specialized professional support for their mental health concerns. The image of psychiatry, knowledge of services and stigma towards mental health problems and services were related factors. We conclude that educational programs that include students, parents, family and friends are needed for early intervention to change the general image and knowledge of specialized mental health services to increase HSB.

Key words: adolescence; help seeking; mental health

Despite the high prevalence of mental health problems and disorders in adolescents (Rickwood et al., 2007), only a few receive appropriate help. For young people, acceptance of early intervention would greatly influence their future, yet preventive support is not accepted (Jorm, 2001). Students

who have immediate mental needs require early intervention and specialized consultation. Developing access in educational settings would improve the mental health status of the adolescent age group before serious problems occur and thus impact the mental health of subsequent generations.

Abbreviations: ASPH, Attitudes toward Seeking Professional Psychological Help scale; GHQ, General Health Questionnaire; HSB, help-seeking behavior

[Correction added in May 2015, after online issue publication: Iwao Oshima's affiliation has been corrected.]

Previous studies regarding help-seeking behavior (HSB) for consultation or treatment (Oshima, 1987; Mizuno and Ishikuma, 1999) found some correlations between certain attributes such as, age (Leaf et al., 1987; Surgenor, 1985), sex (Fischer and Turner, 1970; Good et al., 1989; Tijhuis et al., 1990), race and culture (Tata and Leong, 1994; Razali and Najib, 2000), income and educational level (Surgenor, 1985), support network in the family (Goodman et al., 1984; Sayal, 2006), individual mental health and symptoms (Dew et al., 1988; Garland and Zigler, 1994; Bland et al., 1997), individual character traits (Garland and Zigler, 1994; Neighbors, 1985), stigma (Phillips, 1963) and knowledge of mental health (Robbins, 1981). However, no studies have reviewed the factors related to HSB among Japanese junior high and high school students.

In order to identify needs and develop effective intervention, there are several things to consider. Physical and mental development occurs rapidly in adolescents and mental health varies within different generations and within different environments. Thus, it is necessary to monitor trends in different age groups. The purpose of this study was to identify factors related to HSB that are specific to age groups. We surveyed the mental health status of junior high and high school students and investigated their needs. We also examined the content and timing of primary prevention methods and discussed implications for early intervention.

Subjects and Methods

Eight schools approved of and participated in this study: 3 junior high schools and 2 high schools from urban areas in Tokyo, Osaka and Saitama, and 2 junior high schools and 1 high school from rural areas in Nagano. To control for possible bias due to locality or type of school, we chose public institutions in both urban and rural areas. The investigation was conducted between September and November 2002. We distributed self-

report questionnaires and the participants completed and returned the anonymous and unsigned questionnaires within 1 class hour. Students were informed that cooperation was voluntary and protection of anonymity would be ensured. This study was authorized and supported in 2002 by the executive board of the National Federation of Families with Mentally Ill Members in trust of the Ministry of Health, Labor and Welfare of Japan.

We conducted a pretest with several students from the same age group for the content of the questionnaire. We created an investigation manual to define technical terms and to give guidelines for consistent administration, of which a single copy was distributed to each participating school. The teachers were considered investigators, and were asked to explain the procedure and distribute and collect the questionnaires. After the investigation, we distributed a pamphlet and a video to each school in order to avoid any negative impression or image, and that impaired cognitive functioning was related to the investigation.

Measurements

HSB: Fischer and Farina (1995) and Fischer and Turner (1970) developed the Attitudes toward Seeking Professional Psychological Help Scale (ASPH), creating a 1-dimensional scale consisting of 10 items (Fischer and Farina, 1995). With the authors' permission, we translated this revised scale into Japanese, and then it was back-translated and checked by 2 native English speakers for accuracy. Each item was measured on a 4-point Likert scale (Nakagawa and Daibo, 1986). In addition, we created a multiple answer type questionnaire to clarify knowledge of HSB and orientation to counseling resources. We included 2 items that were related to HSB: "Do you know of a place for consultation or a person to talk to when you experience psychological distress?" (knowledge) and "Have you consulted with a counselor or mental health specialist when you have been mentally distressed?" (orientation). An affirma-

tive response yielded 1 point. In these items, mental health specialists included psychiatrists, school counselors and psychological counselors; general specialists included school nurses, medical doctors (except psychiatrists), public education counseling centers staff, public child consultation centers staff and public health nurses. Others included school teachers, family members, friends, priests and telephone counselors for comparison with each specialist.

Measurement of factors related to HSB: We measured participants' image of mental health specialists, psychiatry and counseling, knowledge of disorders, stigma towards disorders, mental health status, self esteem, support network of individuals, individuals' experiences of consultation with mental health specialists and demographics as factors related to HSB. To determine the variables, we discussed with specialists who engage in mental health consultation. We then designed an original scale of 10 items to evaluate image towards psychiatric medicine and an 8-item scale was used to evaluate image towards psychological counseling. These items used a 4-point Likert-type scale. We developed an additional 6-item scale on knowledge of disorders, which used a 3-point Likert-type scale. For accuracy, these items were examined by a school counselor who had experience in psychiatry and mental health research. In addition, the stigma of impaired cognitive function was assessed using a negative attitude scale of 10 items concerning respect for the autonomy of mentally handicapped persons and their rights (12-point total score) (Okagami and Ishihara, 1986). Mental health status was assessed using the 12 items of the General Health Questionnaire (GHQ) and the GHQ scoring method (4-point cutoff) (Nakagawa and Daibo, 1985). Rosenberg's self-esteem scale (1 to 5 points) was used to assess self-esteem (Rosenberg, 1965; Yamamoto et al., 1982).

Analysis

We compared the participants' knowledge and orientation of consultation resources and the value of distribution between selective items to determine their HSB. In addition, we analyzed the ASPH items after comparison (one-way analysis of variance, *t*-test) by distribution of attributes to HSB. We conducted a correlation analysis (Pearson correlation coefficient = *r*) of the ASPH with other scales which related factors of HSB that had an effect on participants. A hierarchical multiple linear regression analysis was conducted on dependent variables for the ASPH in each model. Independent variables for scales other than the ASPH were input in each model. In addition, we considered the results of correlation analysis comparing both junior high and high school students. SPSS for Windows (version 11.0) was used for statistical analysis.

Results

Response rate and attributes of participants

We distributed 1222 questionnaires to students (age, 15.7 ± 1.49 years) (mean \pm SD) and received 1168 (collection rate, 95.6%). Respondents included 508 junior high school students (43.5%) and 660 high school students (56.5%). The urban/rural living area ratio was 72.3% for urban areas and 27.7% for rural. Percentage of participating males was 48.8% and 51.2% for females. Family constitution was 62.3% for nuclear families, 29.4% for multi-generational families and 8.3% for others (Table 1).

Knowledge of support resources and tendencies to select consultation

We asked about psychiatric services and psychological counseling awareness. Two items measured knowledge: "I know very well because my friend(s) and/or I have sought help" and "I

Table 1. Attributes of participants

Attribute	Number*	Percentage
District		
Urban area	845	72.3
Rural area	323	27.7
Grade		
Junior high school (5 schools)	508	43.5
High school (3 schools)	660	56.5
Gender		
Male	550	47.1
Female	578	49.5
Composition of a family		
Parent	96	8.5
Parent and brother/sister	609	53.8
Grandparent and parent	42	3.7
Grandparent and parent and brother/sister	291	25.7
Grandparent	5	0.4
Other	89	7.9
Type of living place		
Residential area	888	76.0
Busines area	24	2.1
Industrial area	9	0.8
Rural area	189	16.2
Other	12	1.0

*Total number of participants, 1168.

Table 2. Comparison by attributes with ASPH

Attribute	Rate (%)	ASPH		
		Mean	<i>F(t)</i>	<i>P</i>
District				
Urban area	72.3	12.8	-0.8	NS
Rural area	27.7	13.0		
Grade				
Junior high school	43.5	12.1	-4.8	< 0.001
High school	56.5	13.4		
Gender				
Male	47.1	12.4	-2.9	< 0.01
Female	49.5	13.2		
Relation to family				
Very good	38.7	13.2	2.2	NS
Good	40.0	12.8		
Bad	11.8	12.3		
Very bad	6.6	12.1		
Number of friends				
0-4	77.9	12.9	1.0	NS
5-10	14.6	12.7		
over 10	4.3	12.0		

One-way analysis of variance.

ASPH, Attitudes toward Seeking Professional Psychological Help scale; NS, not significant.

have some idea of or I know what it is". Results showed 24.6% knew about psychiatry and 30.9% knew about psychological counseling in junior high school students. 42.4% knew about psychiatry and 48.6% knew about psychological counseling in high school students (Table 1). In addition, we compared the selection regarding types of counselors among those with knowledge about consultation resources. Although 39% knew about psychiatrists, school counselors and psychological counselors, only 10% chose or would choose them for consultation. For 107 participants (9.4%) who had gone to school nurses for consultation when they were distressed, the orientation towards counseling services was generally low. In addition, persons who were chosen for consultation were family members or friends.

Comparison by attributes with the ASPH

A higher score meant that a respondent had a positive attitude toward HSB. We developed a Japanese version of 10 items of the ASPH and calculated the correlation coefficient between the items. We omitted 1 item because of low correlation, and then reconstituted the scale (points were reversed in 4 items). As a result, Cronbach's coefficient for all 9 items was 0.65 (junior high school, 0.64; high school, 0.66). Fundamental attributes were compared with the average scores from the ASPH (Table 2) and using the one-way analysis of variance (2 groups, *t*-test), and high school students (13.4 ± 4.45) (mean \pm SD) had significantly higher scores ($P < 0.001$) compared to junior high school students (12.1 ± 4.34). Females (13.2 ± 4.14) also scored higher than males (12.4 ± 4.71) ($P < 0.01$). No significant differences were found between urban and rural regions.

Qualitative analysis of the ASPH

Items from the ASPH were divided into 2 categories according to participants' viewpoints of HSB. Items were first categorized according to how a participant would personally act, and secondly

Table 3. Multiple linear regression analysis of ASPH and related factors

Factor	ASPH							
	Model 1		Model 2		Model 3		Model 4	
	β	<i>P</i>	β	<i>P</i>	β	<i>P</i>	β	<i>P</i>
District (0 = urban area, 1 = rural area)	0.04		0.07	< 0.05	0.06		0.04	
School (0 = junior high school, 1 = high school)	0.14	< 0.001	0.11	< 0.001	0.08	< 0.05	0.07	
Gender (0 = male, 1 = female)	0.09	< 0.001	0.06		0.04		0.02	
Family structure (0 = single, 1 = with family)	0.01		0.05		0.04		0.05	
Image of psychiatric medicine			0.22	< 0.001	0.19	< 0.001	0.19	< 0.001
Image of psychological counseling			0.19	< 0.001	0.20	< 0.001	0.24	< 0.001
Stigma					-0.09	< 0.01	-0.09	< 0.05
Knowledge of mental illness					0.07	< 0.05	0.06	
Mental health status							0.09	< 0.05
Other (self esteem, social network, experience of volunteer)					—			NS
<i>R</i>	0.17		0.40		0.42		0.44	
<i>R</i> ²	0.03		0.16		0.18		0.18	
<i>R</i> ² with model 1			0.13		0.15		0.15	

β , standard partial regression coefficient; ASPH, Attitudes toward Seeking Professional Psychological Help scale; NS, not significant; *R*, coefficient of determination; *R*², adjusted *R*.

Model 1, the fundamental attributes as the explanative variables in the 1st step; model 2, the image variable as the explanative variables in the 2nd step; model 3, the stigma and knowledge variables as the explanative variables in the 3rd step; model 4, the other variables as the explanative variables in the 4th step.

according to how a participant thought other people would generally act during mental distress. General aspects yielded more positive responses, while items related to specific individual actions showed fewer positive answers.

Correlation analysis of the ASPH

We examined the ASPH and each scale of the explanative variables using correlation analysis. Two items regarding subjects' perception of counseling and psychiatric treatment, or image, were deleted from the results that compared correlations between each item. Analysis was done on the psychiatric image scale, which consisted of 8 items (Cronbach = 0.66), and the psychological counseling image scale, which consisted of 6 items (Cronbach = 0.73). The ASPH was strongly related to the image variable on the psychiatric image scale ($r = 0.34$, $P < 0.01$) and the psycho-

logical counseling image scale ($r = 0.33$, $P < 0.01$). The ASPH correlated with knowledge of psychiatric disorders ($r = 0.17$, $P < 0.01$), stigma ($r = -0.15$, $P < 0.01$), impaired cognitive function, ($r = 0.14$, $P < 0.01$) according to age group and sex (females) ($r = 0.09$, $P < 0.05$).

Multiple linear regression analysis of the ASPH

Through hierarchical multiple regression analysis (Table 3), we used fundamental attributes as explanative variables in the first step. Then the image variable was analyzed using multiple regression. Stigma and knowledge variables, along with other variables were analyzed in strict continuous step-by-step order of correlation. As a result, the strongest scale items connected to the ASPH were the image variables and there was some connection to stigma and knowledge. The image vari-

Table 4. Distribution of related factors

	Junior high school students [508]	High school students [660]	<i>P</i>
Image of mental health specialist			
Image of psychiatry (mean)	13.2	14.3	< 0.01†
Image of counseling (mean)	9.9	10.0	NS†
Stigma toward disorder (mean)	2.22	1.96	< 0.05†
Knowledge of disorder (mean)	9.9	11.7	< 0.001†
Knowledge of specialist			
Psychiatry “know” (%)	24.6	42.4	< 0.001‡
Counseling “know” (%)	30.9	48.6	< 0.001‡
Experience of consultation to specialist			
The group of “had experience” (%)	17.9	13.0	NS‡
Mental health status (mean)	3.5	4.3	< 0.001†
GHQ over 4 points (%)	42.7	53.8	
Having a stress in the past year (%)	52.8	56.8	NS‡
Self esteem (mean)	30.2	30.2	NS†

[], number of students.

† *t*-test.

‡ χ^2 analysis

ables for counseling (0.24) and psychiatry (0.19) were the strongest and the value of the partial regression coefficient during all variable operations was the same as the correlative analysis results. An adjustment of difference in correlation of determination (0.13) occurred after the image variable was compared with fundamental attributes by multiple regression Model 1, but the values of 0.15 and 0.02 increased with the operation of all variables.

Differences between the 2 age groups

Differences in the scales related factors compared between the 2 age groups (Table 4). Factors related to HSB were compared between the 2 age groups (Table 5) and the average score of the ASPH was significantly higher for high school students and showed positive attitudes towards HSB. When we compared related factors to the ASPH, junior high school students had a higher correlation concerning image than high school students. This suggested that a positive attitude towards HSB was an explanative variable. These results showed that junior high school students

are more affected by outside influences than high school students. Participants replied “a lot” or “often” (24%) for the item “Experienced stress that I was not able to control within the previous year”. We compared this finding to the national average (9.8% for the same question administered to adults in a national survey). Our participants had a score more than twice the national average (Yamamoto et al., 1982). Four points was the cutoff for the GHQ (Cronbach = 0.82). Based on this cutoff, 49% were considered at high-risk for mental health disorders. Our participants tended to have lower mental health status than other groups in the Japanese national survey. We compared the ASPH scores of the high-risk group to the low-risk group using GHQ scores, and found no significant differences between the ASPH scores and the former consultation orientation scores. In other words, even if a participant had sufficient mental health distress to be in the high-risk group, HSB was essentially the same as the low-risk group. In making comparisons according to age groups, 44% of junior high school students and 55% of high school students were in the high-risk group. The mental health status of

Table 5. Correlation and regression analysis of ASPH with putative factors between junior high and high school students

ASPH	Junior high school		High school	
Image of psychiatric medicine	0.40	< 0.01	0.28	< 0.01
Image of psychological counseling	0.46	< 0.01	0.24	< 0.01
Stigma	-0.10	< 0.05	-0.17	< 0.01
Knowledge of mental illness	0.10	< 0.05	0.16	< 0.01
Mental health status	0.03	NS	0.03	NS
Explanation of ASPH†				
The first 2 ASPHs‡ (R^2)	0.25		0.09	
All related factors (R^2)	0.27		0.11	

ASPH, Attitudes toward Seeking Professional Psychological Help scale; NS, not significant; R^2 , adjusted coefficient of determination.

† Results of multiple linear regression analysis.

‡ Images of psychiatric medicine and psychological counseling.

high school students (the ratio of over the cutoff point GHQ-12 were 53.8%) was lower than that of junior high school students (over the cutoff point were 42.7%).

Discussion

In our study on current status of adolescent mental health, 24% of participants answered that they felt stress “a lot” or “often”. This is a high ratio compared to any group in the 2000 Japanese national survey (average, 9.8%). Likewise, 49% of participants crossed the GHQ cutoff point for high risk of mental health disorders. This is about twice the average compared with other age groups (Zenkoku Shogaisha Kazokukai Rengokai Hoken Fukushi Kenkyusho, 1998). These findings are similar to past studies and reaffirm that junior high and high school students experience stress that exceeds their coping abilities and begin having mental health problems at a young age.

In the present sample of students, we observed their psychological distance in consulting specialists. One type of HSB would be the desire to talk about or openly disclose problems to an expert. However, among them, we found that “If I had distress” had a negative correlation with HSB, and when students were distressed, they chose

parents or friends rather than locating a specialist. When they experienced poor mental health, they digressed before they consulted an appropriate expert. Henderson et al. (1992) emphasizes the importance of person(s) whom students encounter “along the way” in the search for help before finally arriving at professional support. However, there is a risk of prolonging the problem and early intervention is likely to be delayed, especially when the confidante is ignorant of professional resources. If students initially choose an appropriate adviser for consultation, successful early intervention is possible. In other words, there is an immediate need for specialized consultation when a mental health problem is first noted. A key to improving future mental health services is to promote the acceptance of specialized consultation.

We found that students’ impressions were largely influenced by the general public image of psychiatry and counseling. We hypothesize that HSB is primarily controlled by these images. But “image” as analyzed on the psychiatry scale shows a low reliability (Cronbach = 0.66), so we think that a consistent image has not formed because the subjects had little contact with psychiatric services. Furthermore, although the explanative variables were weak, stigma for persons with mental illness and knowledge variables were connected. Therefore, for future intervention, we

think that a program to increase knowledge about disorders is a priority. A plan that decreases the stigma and thereby counters the poor image of counseling is also necessary. While imparting knowledge of mental health has received some attention, activities that target stigma, improve the image of mental health services among young people and enhance coping skills are rarely taught or reinforced in the current Japanese school system. Early intervention is part of such a program, and is expected to produce positive mental health outcomes. In addition, when we compared the factorial connection of HSB among high school and junior high school students, we found that help-seeking behavior was related to image, stigma and knowledge according to each age group, while the strength of explanative and related factors decreased with increasing age. HSB for specialized mental health services was positive and related factors were affirmative. Among high school students, HSB for consultation resources improved with maturity. However, high school students had more mental health distress.

The ASPH scores did not reveal significant differences in HSB between the high- and low-risk groups in the two age groups. However, we believe that there is a need to intervene in high-risk groups. A factorial explanation may help to explain why some high school students are more likely to seek help compared to junior high students. However, it is expected that there are other unpredictable influences on high school students. Intervention that addresses the variables of image and knowledge may be more appropriate for junior high students than for high school students.

The selection of public schools is a limitation, so in the future participants from private schools should be included in research samples. Furthermore, this was a cross-sectional study and therefore, changes among participants may occur over time between junior high and high schools. A longitudinal study will be needed to compare age groups as they mature.

We confirmed that Japanese adolescents are at great risk of mental health problems and that

there is a need for preventive intervention. Junior high and high school students have a tendency to choose family or friends rather than specialists for consultation. In addition, the general public image of psychiatry and counseling strongly contributes to HSB. We demonstrated that knowledge and stigma variables are areas for target intervention to counter the negative image of mental health disorders and treatment. Working towards improving mental health services through knowledge of mental health and decreasing stigma will increase HSB in the future. In addition, we advocate a plan for junior high students as the target participants for intervention because we show evidence that mental health services are needed and because this group is less likely to initiate appropriate action on its own behalf.

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References

- 1 Bland RC, Newman SC, Orn H. Help-seeking for psychiatric disorders. *Can J Psychiatry* 1997;42: 935–942.
- 2 Dew MA, Dunn LO, Bromet EJ, Schulberg HC. Factors affecting help-seeking during depression in a community sample. *J Affect Disord* 1988;14:223–234.
- 3 Fischer EH, Farina A. Attitude toward seeking professional psychological help: a shortened form and consideration for research. *J Consult Clin Psychol* 1995;36:368–373.
- 4 Fischer EH, Turner JL. Orientation to seeking professional help: development and research utility of an attitude scale. *J Consult Clin Psychol* 1970;35:79–90.
- 5 Garland AF, Zigler EF. Psychological correlates of help-seeking attitudes among children and adolescents. *Am J Orthopsychiatry* 1994;64:586–593.
- 6 Good GE, Dell DM, Mintz LB. Male role and gender role conflict: relationship to help seeking in men. *J Counseling Psychol* 1989;36:295–300.
- 7 Goodman SH, Sewell DR, Jampol RC. On going to the counselor: contributions of life stress and social supports to the counselor: contributions of life stress and social supports to the decision to seek psychological counseling. *J Counseling Psychol* 1984;31:306–313.

- 8 Henderson JG Jr, Pollard CA, Jacobi KA, Merkel WT. Help-seeking patterns of community residents with depressive symptoms. *J Affect Disord* 1992;26:157–162.
- 9 Leaf PJ, Bruce ML, Tischler GL, Holzer CE 3rd. The relationship between demographic factors and attitudes toward mental health services. *J Community Psychol* 1987;15:275–284.
- 10 Jorm AF. Mental health literacy. Public knowledge and beliefs about mental disorders. *Br J Psychiatry* 2000;177:396–401.
- 11 Mizuno N, Ishikuma T. [Trends of studies on students' orientation and behavior toward the money- or gift-exchange behavior.] *Kyoiku Shinrigaku Kenkyu* 1999;47:530–539 (in Japanese).
- 12 Nakagawa Y, Daibo I. [General mental health questionnaire: a form for the Japanese.] Tokyo: Nihon Bunka Kagakusha; 1985 (in Japanese).
- 13 Neighbors HW. Seeking professional help for personal problems: black Americans' use of health and mental health services. *Community Ment Health J* 1985;21:156–166.
- 14 Okagami K, Ishihara K. [A guide to social manners and measures for the mentally handicapped.] *Shakai Hosho Kenkyu* 1986;21:373–385 (in Japanese).
- 15 Oshima I. [Psychiatric emergency-seeking behavior.] *Seishinka Chiryogaku* 1987;2:209–217 (in Japanese with English abstract).
- 16 Phillips DL. Rejection: a possible consequence of seeking help for mental disorders. *Am Sociol Rev* 1963;28:963–972.
- 17 Razali SM, Najib MAM. Help-seeking pathways among Malay psychiatric patients. *Int J Soc Psychiatry* 2000;46:281–289.
- 18 Rickwood DJ, Dean FP, Wilson CJ. When and how do young people seek professional help for mental health problems? *Med J Aust* 2007;187 (7 Suppl): S35–S39.
- 19 Robbins JM. Lay attribution of personal problems and psychological HSB. *Soc Psychiatry* 1981;16:1–9.
- 20 Rosenberg M. *Society and the adolescent self-image*. Princeton: Princeton University Press; 1965.
- 21 Sayal, K. Annotation: pathways to care for children with mental health problems. *J Child Psychol Psychiatry* 2006;47:649–659.
- 22 Surgenor LJ. Attitude toward seeking professional psychological help. *N Z J Psychol* 1985;14:27–33.
- 23 Tata SP, Leong FTL. Individual-collectivism, social-network orientation, and acculturation as predictor of attitudes toward seeking professional psychological help among Chinese Americans. *J Counseling Psychol* 1994;41:280–287.
- 24 Tjihuis MAR, Peters L, Foet M. An orientation toward help-seeking for emotional problems. *Soc Sci Med* 1990;31:989–995.
- 25 Yamamoto M, Matsui Y, Yamanashi Y. [Structure of various aspects on self recognition.] *Kyoiku Shinrigaku Kenkyu* 1982;30:64–68 (in Japanese).
- 26 Zenkoku Shogaisha Kazokukai Rengokai Hoken Fukushi Kenkyusho. [1997 Situation in communications within the mentally handicapped.] *Zenkoku Shogaisha Kazokukai Rengokai Hoken Fukushi Kenkyusho monograph number 22*. Tokyo: Zenkoku Shogaisha Kazokukai Rengokai Hoken Fukushi Kenkyusho; 1998. p.12–16 (in Japanese).

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Corresponding author: Soichi Takamura, RN, MS

