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ORIGINAL PAPER

The effect of a psychoeducational video on university students' professional psychological help-seeking attitudes and mental health stigma: The role of gender and gender roles

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Abstract
Psychological problems are becoming more and more common, and people's knowledge about seeking professional mental help is limited. The question of "how to change people's knowledge, attitudes, and behaviors on seeking professional mental help positively" hasn't been studied in Turkish literature. For this purpose, researchers developed a psychoeducational material and implemented it in a sample of university students. There are 161 participants who were undergraduate students at a university (83 females and 78 males). A quasi-experimental pre-test, post-test study was designed. Firstly, participants filled out Attitudes Towards Seeking Professional Psychological Help Scale-Short Form (ATSPPH-SF), Attribution Questionnaire-27 (AQ-27), Bem Sex-Role Inventory (BSRI), Brief Symptom Inventory (BSI), and Demographic Information Form, and afterwards they watched the psychoeducational material. One week later, as a post-test measurement, participants were asked to fill out ATSPPH-SF and AQ-27 again in order to look for the effect of the psychoeducational material. A mixed ANCOVA showed that psychoeducational material had changed feminine and masculine female participants' help seeking attitudes after controlling for prior support history and symptomatic distress, while for males there were no statistically significant change. Moreover, psychoeducational material had a statistically significant effect on some of the sub-factors of mental health stigma. While the psychoeducational material had some effect for feminine and masculine females, gender-oriented content may be used to increase the effectiveness of psychoeducation videos for males. Further, such materials can be used in schools, educational programs, and workplaces to positively influence people's knowledge, attitudes, and behaviors regarding professional help-seeking attitudes and mental health stigma.

Keywords: stigma, help-seeking attitudes, gender roles, psychoeducation

Psikoeğitim videosunun üniversite öğrencilerinin profesyonel psikolojik yardım arama tutumları ve ruh sağlığına yönelik damgalama üzerindeki etkisi: Cinsiyet ve toplumsal cinsiyet rollerinin rolü

Öz
Psikolojik sorunlar giderek daha yaygın hale gelmekte ve bireylerin profesyonel psikolojik yardım alma konusundaki bilgi düzeyleri sınırlı kalmaktadır. "İnsanların profesyonel psikolojik yardım alma konusundaki bilgi, tutum ve davranışlarını nasıl olumlu yönde değiştirebiliriz?" sorusu ise Türkçe alanyazında yeterince çalışılmamıştır. Bu nedenle, araştırmacılar üniversite öğrencilerine yönelik bir psikoeğitim materyali geliştirmiştir. Çalışmaya bir üniversitede lisans eğitimi alan 83'ü kadın ve 78'i erkek olmak üzere toplam 161 katılımcı dahil edilmiştir. Araştırma, ön test son testten oluşan yarı deneysel bir desenle yürütülmüştür. İlk olarak, katılımcılar Psikolojik Yardım Almaya İlişkin Tutum Ölçeği-Kısa Form (PYAİTÖ-KF), Damgalama Anketi-27, Bem Cinsiyet Rolleri Envanteri (BCRE), Kısa Semptom Envanteri (KSE) ve Demografik Bilgi Formu ölçeklerini doldurduktan sonra hazırlanan psikoeğitim materyalini izlemişlerdir. Bir hafta sonra, son test ölçümünde, psikoeğitim materyalinin etkisini incelemek amacıyla katılımcılardan PYAİTÖ-KF ve Damgalama Anketi-27 ölçeklerini yeniden doldurmaları istenmiştir. Karma desenli ANCOVA sonuçları geçmiş destek öyküsü ve semptomatik sıkıntı değişkenleri kontrol edildikten sonra psikoeğitim materyalinin feminen ve maskülen kadın katılımcıların yardım arama tutumlarında değişime yol açtığını, erkek katılımcılarda ise istatistiksel açıdan anlamlı bir değişim olmadığını göstermiştir. Ayrıca, psikoeğitim materyali katılımcıların ruhsal hastalıklara yönelik damgalama düzeylerinin bazı alt boyutlarını da olumlu yönde etkilemiştir. Sonuçlara göre, psikoeğitim materyali feminen ve maskülen kadınlar üzerinde belli bir etkiye sahip olsa da erkeklere yönelik psikoeğitim videolarının etkililiğini artırmak için cinsiyet odaklı içeriklerden yararlanılabilir. Ayrıca bu tür materyaller, bireylerin profesyonel yardım arama ve ruh sağlığına yönelik damgalama (stigma) konusundaki bilgi, tutum ve davranışlarını olumlu yönde etkilemek amacıyla okul seminerlerinde, eğitim programlarında ve iş yerlerinde kullanılabilir.

Anahtar Kelimeler: damgalama, yardım alma tutumu, cinsiyet rolleri, psikoeğitim

INTRODUCTION

People all around the world need psychological help because of various problems. Mental help-seeking behavior can be divided into two, which are professional and social. Both help-seeking behaviors can be seen as that people can share their daily life problems with their social environment (e.g., family, friends), or they can consult a professional (Rickwood & Thomas, 2012). According to research conducted by Brown et al. (2014), 40.1% of participants show professional mental help-seeking behavior (29% also receive mental help socially), while 33.6% of participants seek only socially. In addition, 26.3% of participants do not seek mental help. Conroy et al. (2020) observed that there are several reasons for not seeking professional help, which are socio-economic issues; believing that they can solve their problems without seeking mental help; not knowing where to go for psychological support; lack of time to seek support; fear of drug addiction; and suspicions about breach of confidentiality. So far, we have only discussed help-seeking behavior, but there is a distinction between help-seeking behavior and

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help-seeking attitudes. While help-seeking behavior only focuses on the behaviors about help-seeking, help-seeking attitudes focus on people's thoughts, beliefs, and approaches to mental help-seeking. Thus, focusing on mental help-seeking attitudes is more important.

Mental Help-seeking Attitudes

One of the most important factors that affect people's behavior in seeking mental help is their attitudes toward seeking mental help (Schomerus et al., 2009). These attitudes can change depending on different factors. Stigma is one of the factors that affect help-seeking attitudes (Eisenberg et al., 2007). People who have high social stigma (Wahto & Swift, 2016) and high self-stigma (Çamaş & Yalçın, 2021) tend to show negative attitudes toward mental help-seeking. Secondly, gender is also a factor that affects mental help-seeking, and women have more positive attitudes than men (Mackenzie et al., 2006; Park et al., 2018). Similarly, Atik and Yalçin (2011) found that women have more positive attitudes toward mental help-seeking than men among university students in Türkiye. According to a study by Yousaf et al. (2015), the reason for having different attitudes between men and women is that men have higher levels of masculinity and are more committed to gender norms than women. In addition, men not only have negative help-seeking attitudes but also have negative feelings about encouraging people to seek help. Among parents, fathers (5%) are less likely to encourage their children than mothers (47%) to seek mental help (Vogel et al., 2007). Low income, low level of education (Leaf et al., 1987), and weak socio-cultural features (Çebi, 2009) also negatively affect help-seeking attitudes. Eisenberg et al. (2007) indicated that college students whose families have low income have more negative mental help-seeking attitudes. Lastly, people who are supported by their social environment have more positive mental help-seeking attitudes (Jung et al., 2017; Çamaş & Yalçın, 2021). People who have seek mental help before are more positive about help-seeking than those do not seek any mental help (Sezer & Gülleroğlu, 2016). It can be understood from this that people who have experience of seeking help tend to show positive attitudes about that.

Stigma

One of the factors which influence help-seeking attitude is stigma. Stigma occurs when someone discriminates against other people, seeing them as inadequate, disgracing them, and socially disapprove of them (Corrigan et al., 2001). Stigma consists of 3 categories, which are social stigma (group level), structural stigma (systemic level), and self-stigma (individual level) (Baysal, 2013; Park et al., 2013). In this study, we focus on self and social stigma. Self-stigma means that people believe more like traditional thoughts and isolate themself from society because of some feelings (worthlessness, shame) they have (Corrigan, 1998). Social stigma means that misunderstanding a person by society, acting a person with prejudice and having negative attitudes toward people who have mental disorders related to feeling too much fear (Corrigan et al., 2012). Currently, it is known that self-stigma and social stigma have a statistically significant effect on help-seeking attitudes (Lu et al., 2025). There are various factors that affect stigmatization level revealed by research, which are socio-economic status (Ersoy & Varan, 2007), self-esteem (Verhaeghe et al., 2008), and age (Zarringer, 2002). Some of the beliefs people have towards men (e.g., men don't cry, do like a man) are one of the reasons why men are more stigmatized than women (Wester & Vogel, 2012). In a study that was conducted to reduce stigmatization levels on seeking mental help, participants watch a video or read a paper about a person who explained his request to see a psychologist to face his difficult situations at work. Results showed that there is no statistically significant difference at participant's stigmatization level (McKelley & Rochlen, 2010). According to stigma literature, most of the studies about stigma are conducted to measure stigma in the case of participants who were diagnosed with at least one psychological disorder (Ersoy & Varan, 2007; Hayward & Bright, 1997; MacInnes & Lewis, 2008; Schomerus et al., 2009; Switaj et al., 2009; Zarringer, 2002). In this study, data were not conducted in clinal environment. So, it represents general population more.

Gender Roles

Gender is an important factor that influences mental help-seeking attitudes (Mackenzie et al., 2006). However, there is not enough research in the literature about gender roles and mental help-seeking attitudes. So, in this study, we focus on both gender and gender roles. Because of some reasons (e.g., feeling weak, solving problems alone), gender differences affect mental help-seeking behavior (Jackson, 2011). It has been observed that most of men believe that mental help-seeking is a feminine trait (Johnson et al., 2012; Oliffe & Phillips, 2008), they tend to suppress their emotions caused by mental disorders such as depression (Möller-Leimkühler, 2002), and women have more positive attitudes toward seeking mental help (Nam et al., 2010; Park et al., 2018). Although gender affects help-seeking attitudes and behaviors, not every person can adopt the roles of their gender. For example, in a study which was conducted in Türkiye, it was found that only 38% of female students had feminine gender roles, and only 36.2% of male students had masculine gender roles (Esen et al., 2017). Regardless of gender, people with feminine or androgynous gender roles have more positive mental health-seeking attitudes than others (Özbay et al., 2011). In addition, having conflict within men between their gender and gender role reduces their willingness to open themself (Pederson & Vogel, 2007), and they prefer non-traditional psychotherapy techniques (e.g., workshops, seminars) instead of traditional ones (e.g., talk-oriented) (Robertson & Fitzgerald, 1992). In a study which was conducted by Rochlen et al. (2006) in the scope of a campaign (Real Men. Real Depression), 3 brochures about seeking mental help were distributed to the participants. The first brochure was a male-specific RMRD brochure, the second was similar without expressing gender differences, and the third brochure was about depression, which was distributed in college counseling services. Men

with less conflict between their gender and gender roles and negative attitudes toward help-seeking responded more positively to the RMRD brochure prepared specifically for men. Thus, gender and gender roles are important to consider in both mental help-seeking attitudes and stigma because of these differences.

While Mackenzie et al. (2014) indicated that there is a negative trend toward help-seeking attitudes and mental health stigma levels in western societies, some research found that there is a positive trend in this aspect (Angermeyer et al., 2014; Pescosolido et al., 2021). However, different studies show that people have negative attitudes toward help-seeking and a high level of mental health stigma in eastern societies (Alluhaibi & Awadalla, 2022; Mojaverian et al., 2013). In addition, it was found that various psychoeducation contexts affect people's attitudes toward psychological help-seeking and mental health stigma levels positively (Bamgbade et al., 2024; Taylor-Rodgers & Batterham, 2014). However, there is a lack of psychoeducation materials developed for the Turkish population. Therefore, the current study aimed to develop a psychoeducation video to increase professional help-seeking attitude and decrease mental health stigma to see whether one session psychoeducation video can have such an effect.

Researchers have suggested that adding the experiences of individuals who have previously received psychotherapy to the video content will create a change in participants' attitudes through the observational learning method within the context of Social-Cognitive Theory (Bandura, 1986). Furthermore, the psychoeducation video was structured in accordance with the Elaboration Likelihood Model (ELM) (Petty & Cacioppo, 1986) to effectively reach participants with both high and low motivation regarding psychotherapy. In line with the central route to persuasion in the ELM theory, some detailed statistics and research data are used to persuade participants, who have personal relevance and prior knowledge about psychotherapy (Stoltenberg & McNeil, 1984). For the participants who have low motivation and ability regarding psychotherapy, researchers aimed to use various methods such as emotional appraisals and social proof in line with the peripheral route to persuasion in ELM theory (Petty & Cacioppo, 1984). In the psychoeducation video, emotional appraisals and social proof are provided by adding video-based testimonials from individuals with prior psychotherapy experience. According to the peripheral route to persuasion, using arguments might be an effective peripheral cue to persuade low-motivated participants, so researchers also add common arguments about psychotherapy in the psychoeducation video.

In a study comparing professional help-seeking tendencies across cultural groups, it was suggested that gender norms in collectivist cultures could deter individuals from seeking professional help (Mojaverian et al., 2013). Since Türkiye has been classified as exhibiting collectivist characteristics and a tight culture in various studies (Gelfand et al., 2011; Topkaya, 2014), researchers aimed to observe the impact of such a psychoeducation video on a sample from Türkiye, which is tightly bound to gender norms. Because researchers have suggested that using psychoeducation video without focusing on specific gender in collectivist cultures would have a different effect than its effect on individualistic cultures, they aimed to examine the change on participants' help-seeking attitudes in terms of gender and gender roles. In this context, the study's hypotheses were specified as follows: H1: Participants' help-seeking attitudes will increase at the post-test; H2: Participants' mental health stigma level for each sub-dimension will decrease at the post-test; H3: Participants' change in help-seeking attitudes will be different in terms of gender and gender roles; and H4: Participants' change in help-seeking attitudes will not be affected by participants' history of receiving professional psychological help and symptomatic distress.

METHODS

Participants

Participants of the current study were students of Çankaya University whose ages were between 18 and 26. The psychology students were not admitted to study due to their professional mental help-seeking attitudes, and their levels of mental health stigma would cause some biases. Of the participants, 48.4% were female (n = 83), and 51.6% were male (n = 78). 35.4% of participants had sought professional mental help in their lives (28 of them diagnosed) while 64.6% of the participants had not. Researchers reached the participants through undergraduate psychology students who got bonus points in different courses in exchange for inviting their friends to participate in the study.

Measures

Attitudes Towards Seeking Professional Psychological Help Scale-Short Form The scale developed by Fischer and Farina (1995) consists of a 4-point Likert scale (0 = Disagree, 3 = Agree). This 10-item scale is a shortened form of Fischer and Farina's (1995) original 29-item scale. The correlation between the original scale and its shortened form was .87 (Fischer & Farina, 1995). Its Turkish version was adapted by Topkaya (2011). The reliability of the scale was tested with Cronbach's alpha (a = .76) and McDonald's Omega value (ω = .76). The scale has reverse items. Total scores on the scale range from 0 to 30., with higher scores indicating more positive attitude towards seeking psychological help. For the current study, the internal consistency of the scale was found to be .73.

Attribution Questionnaire-27 It was developed by Corrigan et al. (2003). The scale has 9 sub-dimensions (Blame, Anger, Pity, Help, Dangerousness, Fear, Avoidance, Separation, and Pressure) and consists of 27 questions. Participants are informed about a 30-year-old individual with schizophrenia, before answering 9-point Likert items. Akyurek et al. (2019) adapted the Turkish version of this scale. The reliability of the scale was calculated with the Cronbach's alpha coefficients of each item (.86-.89) and the total test-retest reliability score (.79). For the current study, the internal consistency of the scale was found to

be .85.

Bem Sex-Role Inventory The original scale was developed by Bem (1974) consisting of 60 items, including 20 femininity, 20 masculinity, and 20 non-gender related items. These items were distributed on the scale in a mixed way, and they can be answered appropriately from 1 to 7 (1 = not at all appropriate, 7 = completely appropriate). Femininity (F) and Masculinity (M) scores are measured separately. The median of the scores is used to calculate which gender role these scores identify in participants. The reliability of the original scale was established with internal consistency alpha coefficients of F (a = .80, a = .82) and M (a = .86, a = .86) using two different samples. Test-retest reliability was established for F (r = .90) and M (r = .90) in a 4-week interval (Bem, 1974). The scale was adapted into Turkish by Kavuncu (1987), with the test-retest reliability coefficients of .75 for F and .89 for M. For the current study, the internal consistency of the scale was found to be .80.

Brief Symptom Inventory The scale was developed by Deragotis (1992) based on the SCL-90 to measure various psychological symptoms. The Turkish adaptation of the scale was developed by Şahin and Durak (1994), which consists of 53 items and 5 dimensions (anxiety, depression, negative self, somatization, and hostility). The reliability of the Turkish version of the scale was measured by looking at the Cronbach's alpha (a = .96). For the current study, the internal consistency of the scale was found to be .80.

Psychoeducation Video The duration of psychoeducation video is 6 minutes and 45 seconds and it consists of six different titles (What is psychotherapy? Who should take psychotherapy? Is psychotherapy effective? What is psychiatric diagnosis? Ethics in psychotherapy? What is not psychotherapy?). The researchers' main aims while creating the content are to provide accurate information about psychotherapy, to correct misconceptions commonly believed by the public, to provide a scientific explanation of psychotherapy's effectiveness, and to explain the process and criteria for giving a psychological diagnosis. In order to achieve this aim, each part of the video started with an introductory explanation of the title, presented using simple and familiar language. For example, under the title "Is psychotherapy effective?" some graphs and scientific data from the latest research were presented to show the effectiveness of psychotherapy and its comparison with drug treatment. The content was created based on the latest literature findings. While preparing the content of the video, researchers benefited from scientific literature and professional opinions. At the same time, aside from scientific information, the researchers reached four people with an online announcement to obtain their experiences of psychotherapy. Researchers asked them to answer the following questions: "What were your thoughts about psychotherapy before starting it? "How would you describe your experience with psychotherapy?" "Have your thoughts about psychotherapy changed after the psychotherapy process?" "What would you like to say to people who want to start psychotherapy?" According to research, people tend to decrease their prejudices and show more empathy when they see self-expression videos (Amsalem et al., 2024; Whitley et al., 2020). For this purpose, researchers included these people in the psychoeducation video to create an emotional bond with participants. Each self-disclosure lasts about 15 seconds, and they are added in between the relevant parts of scientific information. The individuals who talked about their psychotherapy process had different demographic characteristics. Among the individuals describing their psychotherapy experiences are two female undergraduate students, aged 21 and 23, one 21-year-old male undergraduate student, and one 51-year-old female blue-collar worker. This demographic information was added to the psychoeducation video in text format. A Law on the Protection of Personal Data (KVKK in Turkish) form and an Informed Consent Form were provided for the use of their videos for research purposes. The final version of the psychoeducation content was voiced by a professional voice actor and singer, Ete Kurttekin. The psychoeducation video was edited in 1080p resolution and a horizontal format. Researchers used open-access stock psychotherapy videos in the background. The video was shown by being projected onto a screen in a dark laboratory setting.

Demographic Information Form Personal information of participants was collected with the "Demographic Information Form" prepared by the researcher. The questions were age, gender, education, whether they have sought any professional mental help, and if they would like to seek any mental help who they prefer to seek (e.g., family, psychologist, friends) from first to third.

Procedure

Ethical approval for this study was obtained from the Scientific Research and Publication Ethics Committee of the Faculty of Social and Human Sciences at Çankaya University before data collection (Decision No: E-90705970-050.99-146407, Date: 01/26/2024). A quasi-experimental design was established, which consists of 2 phases, and it was conducted in the psychology laboratory of Çankaya University. Appointments were given to participants for both phases, and they were asked to come to the laboratory at the appointed time. For the first phase, after participants had answered Attitudes Towards Seeking Professional Psychological Help Scale-Short Form (ATSPPH-SF), Attribution Questionnaire-27 (AQ-27), Bem Sex-Role Inventory (BSRI), Brief Symptom Inventory (BSI), and Demographic Information Form, the psychoeducation video was presented to participants. When participants came to the second phase, 1 week after the first phase, they were asked to answer the ATSPPH-SF and AQ-27 again.

Data Analysis

Before the analysis of the data, data screening and cleaning steps were followed. For data screening, the max-min scores of items were checked for any data entry errors, and

Table 1. Mixed ANCOVA Results

Variable	F	df	p	η_p^2
Treatment	0.90	1-151	.765	.001
Gender	13.94	1-151	<.001	.029
Gender Role	7.79	3-151	<.001	.134
Treatment * Support History	0.36	1-151	.548	.002
Treatment * Symptomatic Distress	0.31	1-151	.576	.002
Treatment * Gender	4.81	1-151	.030	.031
Treatment * Gender Role	0.74	3-151	.533	.014
Treatment * Gender * Gender Role	2.94	3-151	.035	.055

Table 2. Gender Differences within Gender Roles on Professional Help-Seeking Attitudes

Gender	Gender Role	Mean Difference (Pre–Post)	SE	95% CI	p
Male	Undifferentiated	-1.02	0.58	[-2.17, 0.14]	.083
	Feminine	0.54	0.92	[-1.28, 2.36]	.560
	Masculine	-0.01	0.57	[-1.14, 1.13]	.988
	Androgynous	-1.07	0.77	[-2.59, 0.46]	.171
Female	Undifferentiated	-0.34	0.64	[-1.60, 0.92]	.595
	Feminine	-1.94	0.58	[-3.09, -0.79]	.001
	Masculine	-2.72	0.72	[-4.15, -1.29]	<.001
	Androgynous	-0.97	0.56	[-2.08, 0.13]	.085

Table 3. Repeated Measures ANOVA Results for Mental Health Stigma

	F	df	p	η_p^2
Treatment	19.89	1-160	<.001	.11
Mental Health Stigma Factors	112.95	8-153	<.001	.86
Treatment * Mental Health Stigma Factors	6.74	8-153	<.001	.26

it was observed that all the items were entered accurately. Furthermore, during data screening, it was observed that the dataset had no missing value. For data cleaning, the Mahalanobis distance method was used for detecting multivariate outliers. As a result of Mahalanobis distance scores, five participants were excluded from the dataset. The normality and heterogeneity assumption check was done through examining graphical methods (e.g., Q-Q plots). The graphical examination of variables indicated that the variables are normally distributed and heterogeneous. The homogeneity of regression slopes assumption for mixed ANCOVA was also checked, and interactions between the covariates (Support History and Symptomatic Distress) and the between-subject factors (Gender and Gender Roles) were non-significant, indicating that assumptions were met. Since all parametric assumptions were satisfied, it was decided to use parametric tests. A three-way mixed ANCOVA was conducted to analyze the difference in the effect of psychoeducation material on help-seeking attitudes. In this context, the gender (male, female) and gender roles (feminine, masculine, androgynous, undifferentiated) were between-subject independent variables, and the treatment (pre-test, post-test) was a within-subject factor. According to some research, it is suggested that previous professional help-seeking experiences are correlated with participants' thoughts about psychotherapy (Cepeda-Benito & Short, 1998; Vogel et al., 2007). For this reason, participants' history of receiving professional psychological support and symptomatic distress were included as covariates in the analysis to avoid a possible confounding effect.

Furthermore, a repeated measures ANOVA was conducted to examine effect of psychoeducation material on participants' mental health stigma. In this analysis, nine factors of mental health stigma (blame, anger, pity, help, danger, fear, avoidance, separation, pressure) were dependent variable and treatment (pre-test, post-test) was within-subject independent variable.

RESULTS

A three-way mixed ANCOVA (see Table 1) was performed to evaluate the effects of treatment (psychoeducational material), gender (male, female), and gender roles (androgynous, masculine, feminine, undifferentiated) on professional help-seeking attitudes controlled for symptomatic distress and previous professional support history. Firstly, covariates of the professional help-seeking attitude were examined, and it was found that both previous support history, $F_{(1, 151)} = 0.36$, $p > .05$, and symptomatic distress, $F_{(1, 151)} = 0.31$, $p > .05$, did not statistically significantly differentiate professional help-seeking attitude. In other words, neither the participants' prior support history nor their varying levels of symptomatic distress had an effect on their attitudes toward professional help-seeking.

The main effect of the treatment on professional help-seeking behavior wasn't statistically significant, $F_{(1, 151)} = .90$, $p = .765$. But the main effects of gender, $F_{(1, 151)} = 13.94$, $p < .001$, and gender roles, $F_{(3, 151)} = 7.79$, $p < .001$, on professional help-seeking attitude were statistically significant.

Two-way interaction between treatment and gender was statistically significant, $F_{(3, 151)} = 4.81$, $p = .30$; however, two-way interaction between treatment and gender role was not statistically significant, $F_{(3, 151)} = 0.74$, $p = .533$. Moreover, there was a statistically significant three-way interaction between gender, gender roles, and treatment, $F_{(3, 151)} = 2.94$, $p = .035$. Therefore, the main effects and two-way interactions were not examined; instead, the focus was placed on the interpretation of the three-way in-

Table 4. Pairwise Comparisons for Mental Health Stigma

Sub-factors of Mental Health Stigma	Pre-test		Post-test		
	M	SD	M	SD	p
Blame	11.37	2.78	10.86	2.77	.059
Anger	12.21	4.97	11.52	4.81	.025
Pity	16.22	3.95	15.20	4.00	<.001
Help	20.53	5.18	19.91	5.01	.05
Dangerousness	15.24	6.18	13.13	5.78	<.001
Fear	9.30	5.72	9.06	5.51	.375
Avoidance	15.49	5.48	15.26	5.48	.396
Separation	15.35	5.77	14.76	5.31	.043
Pressure	16.95	5.33	16.66	5.12	.369

teraction. For this purpose, to examine three-way interaction, pairwise comparisons with Bonferroni adjustment were conducted. The pairwise comparisons (see Table 2) showed that there were no statistically significant differences for men with respect to their gender roles. For women, there was a statistically significant difference for the feminine (mean difference = 1.94, $p < .001$) and masculine group (mean difference 2.72, $p < .001$), while undifferentiated and androgynous groups did not show statistically significant differences on professional help-seeking attitude. In other words, psychoeducation material statistically significantly changed professional help-seeking attitudes only among women with feminine and masculine gender roles, while having no significant effect on men or other female groups.

To examine the effect of treatment (psychoeducational material) on participants' mental health stigma levels, a repeated measures ANOVA was performed. In this analysis, nine factors of mental health stigma levels and time (pre-test, post-test) were entered into analysis. The results of the repeated measures ANOVA were presented in Table 3.

Result of the repeated measures ANOVA showed that the main effects of treatment, $F_{(1, 160)} = 19.89$, $p < .001$, and mental health stigma factors, $F_{(8, 153)} = 112.95$, $p < .001$, were significant. Moreover, the interaction of treatment and mental health stigma factors, $F_{(8, 153)} = 6.74$, $p < .001$, was also significant. To examine which mental health factors changed between pre-test and post-test, pairwise comparisons with Bonferroni adjustment were calculated (see Table 4).

Pairwise comparisons showed statistically significant changes for anger (mean differences = .70, $p = .025$), pity (mean differences = 1.03, $p < .001$), dangerousness (mean differences = 2.11, $p < .001$), and separation (mean differences = .59, $p = .043$). However, there were no statistically significant changes for blame, help, fear, avoidance, and pressure.

DISCUSSION

The current study aims to evaluate the impact of a one-session psychoeducation video intervention on participants' attitudes toward seeking psychological help, with a particular focus on the issue in terms of gender and gender roles. Therefore, it is examined whether the psychoeducation video affects participants' mental health stigma levels in some sub-factors.

We examined the effect of the psychoeducation video material prepared for the current study in terms of participants' change in mental help-seeking attitudes within their gender and gender roles. Results showed that feminine and masculine women changed their attitudes toward professional help-seeking after watching the psychoeducation video. However, there was no statistically significant change in women who have undifferentiated and androgynous gender role. Moreover, men did not show any change in any of their gender roles. These gender roles can be explained with Social Identity Theory (Kantar & Yalçın, 2023). According to this theory, to form their self-images, people refer to the groups they belong to as in-groups to form their self-images, whereas the groups they do not belong to are called out-groups (Tajfel & Turner, 1979). When defining themselves, depending on the circumstances, individuals use the social identities of the groups to which they belong or their unique personal identities (Turner, 1985). Men are less likely than women to seek psychological help because they often try to protect their social identity within masculine social in-groups (Heath, 2019; Hogg, 2016). These masculine traits, such as low self-disclosure (Komiya et al., 2000), low self-compassion (Heath et al., 2017), were found to be related to help-seeking. Moreover, men who have masculine norms and seek psychological help see themselves as incomplete or unsuccessful (Vandello et al., 2008; Vogel et al., 2007). The opinion and norms of men that seeking help is a feminine behavior can lead them to resist seeking help (Seidler et al., 2016). Additionally, the sample's composition of male university students implies that they have not yet fulfilled traditional masculine norms in Türkiye, such as completing military service or being employed (Bolak-Boratav et al., 2017). Therefore, it is possible that these participants subscribed more strictly to masculine norms in order to compensate for this perceived gap in their masculinity.

Besides barrier factors such as masculine gender roles and stigma, protective factors such as self-compassion and social support may also help to explain male participants' attitudes (Kantar & Yalçın, 2024; Lu et al., 2025). A study conducted on Turkish college students stated that the psychological help-seeking attitude is related to social support from friends and family (Seyfi et al., 2013). Individuals with high self-compassion have been found to be more likely to seek psychological help because they are less concerned about what others think of them (Heath et al., 2018; Neff & Vonk, 2009). The absence of a section in the psychoeducation video aimed at reinforcing protective factors may be the reason of why male participants did not change their attitudes toward help-seeking. Lastly, social media platforms and accounts praising toxic masculinity, more common in recent times, can cause repression to help-seeking for men (Mostoller & Mickelson, 2024).

The psychoeducation video has a positive influence on 4 sub-factors of mental health stigma (anger, pity, dangerousness, and separation). It can be considered that the pity and dangerousness sub-factors are both changed because the psychoeducation video includes 4 people who have sought psychotherapy in their lives expressing their opin-

ion and experience about their own psychotherapy periods. Listening to people's experience of psychotherapy while seeing them actually in video might make participants think seeking professional mental help is not pitiable behavior and people who sought professional help are not dangerous. Along with this, the part of the psychoeducation video about who should seek professional mental help may have changed participants' opinions of anger, pity, and dangerousness as sub-factors of mental health stigma. There were no significant changes for blame, help, fear, avoidance, and pressure sub-factors. It may have been caused by some reasons, which are the content of the psychoeducation video and its design as a single session. Fear and avoidance need direct contact, exposure, or trust-increasing experiences; a single-session video may be less effective in reducing them.

There are some limitations of this study, which include no control group in the study design and fewer participants. Firstly, the absence of a control group makes it difficult to determine whether participants were influenced by other environmental factors. In this study, researchers did not add a control group with the aim of increasing the sample size of the experimental group. Recruitment and time-related issues are other reasons why researchers could not add a control group. Secondly, because of fewer participants, men who have a femininity gender role (n = 10), and women who have a masculinity gender role (n = 15) were limited. Lastly, because the psychoeducation video consists of just one session, it may be a limitation to see the videos' long-term effects.

In future research, researchers may focus on mental help-seeking behavior with observation of participants for 4-6 months with more sessions of psychoeducation videos. They may add men-oriented content in these videos and study some different variables such as resilience, expressivity, and emotional regulation. Therefore, researchers may ask participants whether they took psychotherapy after a period following their study to evaluate the long-term effects of the psychoeducation video, as well as the reasons why those who have not sought help chose not to do so. In addition, it may be beneficial to conduct comparative studies using different psychoeducational techniques (e.g., brochures, conferences held in workplaces and educational institutions, etc.). Such studies comparing various types of psychoeducation are currently lacking in the literature. For practical reasons, the current study measures the validity of the material solely with psychometric scales. Further research on this topic needs to consider different validity measures, such as the effect on emotion or the technical properties of the material.

Conclusions

There are some strengths of this study. Firstly, all data collection and presentation of psychoeducation videos were applied in a laboratory environment with a paper-and-pencil survey. The other strengths of the study were that we did not include psychology students because their background in the field would have an impact on the results. In addition, our participants were equally distributed in terms of gender. Moreover, all participants had access to free mental health services at the university where the study was conducted; thus, their attitudes were less likely to be influenced by economic concerns. Finally, the psychoeducation video that was prepared by researchers for this study contributes content in the field of clinical psychology to impact people's attitudes positively toward professional mental help-seeking. The psychoeducation video can be used as a television commercial, school seminars, education programs, and workplaces to affect people's knowledge, attitudes, and behaviors on seeking professional mental help positively. Lastly, the content of the video can be translated into different languages and edited to fit the target cultural features.

DECLARATIONS

Ethics Committee Approval: Ethical approval for this study was obtained from Çankaya University Social and Humanities Scientific Research and Publication Ethics Committee (Date: January 26, 2024, No: E-90705970-050.99-146407).

Conflict of Interest: The authors declare no conflict of interest.

Informed Consent: Informed consent was obtained from all individual participants included in the study.

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Data Sharing/Availability: The data that support the findings of this study are available from the corresponding author upon reasonable request.

Authors' Contributions: The first and second authors contributed to the study design, data collection, data analysis, and manuscript writing. The third author contributed to the study design and data analysis.

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