

# **Mental illness stigma and attitudes toward professional help-seeking among college students**

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Dissertação para obtenção do Grau de Mestre em  
**Psicologia Clínica e da Saúde**  
(2º ciclo de estudos)

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# Introdução

Este estudo foi realizado no âmbito da dissertação para obtenção do grau de Mestre em Psicologia Clínica e da Saúde e insere-se no Projeto “Agressão e Comportamento Agressivo: o ponto de vista da psicologia e saúde mental” que pretende compreender a agressão e o comportamento agressivo e as formas através das quais se manifesta em diferentes grupos humanos. Esta será apresentada em formato de artigo científico para submissão na revista *Estudos de Psicologia* (*Journal Rank: Q3, Scopus*).

Desta forma, em primeiro lugar, apresenta-se um resumo alargado e, de seguida, a investigação em si. Para além do artigo científico, a dissertação inclui, ainda, um apêndice da revisão de literatura, que explora em maior detalhe os vários conceitos abordados, de forma a contribuir para a melhor compreensão da problemática.

O objetivo geral do estudo consiste em avaliar as crenças acerca da doença mental e as atitudes de procura de ajuda numa amostra de estudantes universitários. Como objetivos específicos, o estudo pretende explorar se existem diferenças significativas tanto no estigma como nas atitudes de procura de ajuda em função do género, ano de licenciatura e curso universitário, acompanhamento psicológico e familiaridade com a doença mental, avaliar as correlações entre as crenças estigmatizantes da doença mental e as atitudes de procura de ajuda, verificar se a pandemia Covid-19 teve influência nas opiniões e atitudes face à doença mental e, ainda, identificar perfis de participantes tendo em conta a problemática em estudo.

A investigação utilizou a metodologia quantitativa, sendo um estudo transversal, descritivo, correlacional e comparativo. O protocolo utilizado neste estudo incluiu um questionário sociodemográfico, o Inventário de Crenças acerca da Doença Mental (ICDM) e o Inventário de Atitudes face à Procura de Serviços de Saúde Mental (IAPSSM), tendo participado 282 estudantes universitários, dos quais 212 do sexo feminino e 69 do sexo masculino, com uma média de 20.04 anos.



# Resumo Alargado

A investigação das microagressões na doença mental está inserida numa literatura mais vasta sobre o estigma que, por sua vez, engloba a ignorância, o preconceito e a discriminação (Barber et al., 2020). Tendo em conta que o estigma na doença mental continua a ser, não só um sério problema social como também uma consequência pesada para as pessoas afetadas, constituindo uma barreira à procura de ajuda (Corrigan, 2004), este estudo pretende avaliar as crenças acerca da doença mental, dando ênfase ao papel do estigma nas atitudes para a procura de serviços de saúde mental.

Assim, o estudo assume como objetivos específicos: 1) descrever as crenças acerca da doença mental e as atitudes de procura de serviços de saúde mental da amostra; 2) verificar se existem diferenças entre as crenças acerca da doença mental e as atitudes de procura de ajuda em função do género, ano de licenciatura e curso, acompanhamento psicológico e familiaridade com a doença mental; 3) verificar se existe uma associação entre as crenças acerca da doença mental e as atitudes de procura de ajuda; 4) avaliar se a pandemia Covid-19 teve influência nas opiniões e atitudes face à doença mental; 5) verificar se é possível identificar diferentes perfis de indivíduos na amostra.

O trabalho inicia-se por um breve enquadramento teórico sobre a problemática do estigma da doença mental e as atitudes de procura de ajuda psicológica, tendo em conta a relação entre ambas e outras variáveis. Posteriormente, procede-se à descrição do método utilizado, que inclui a amostra, os instrumentos e procedimentos estatísticos realizados. Por último, são expostos os resultados obtidos na investigação e a discussão dos mesmos e, ainda, a conclusão da investigação.

A amostra é constituída por 282 estudantes universitários dos 1º e 3º anos de licenciatura dos cursos de Psicologia, Sociologia, Design de Moda e Ciências do Desporto da Universidade da Beira Interior, com idades compreendidas entre os 18 e os 41 anos ( $M=20.04$ ;  $DP=2.48$ ), sendo que 75.4% da amostra é composta por estudantes do sexo feminino e 24.6% por estudantes do sexo masculino. Os instrumentos utilizados para a recolha de dados foram, para além de um questionário sociodemográfico, o ICDM – Inventário de Crenças acerca da Doença Mental (Loureiro, 2008) e o IAPSSM – Inventário de Atitudes face à Procura de Serviços de Saúde Mental (Fonseca & Canavarro, 2014).

Com base nos resultados obtidos a partir da análise estatística, constatou-se que as estudantes do sexo feminino apresentam menos crenças estigmatizantes e atitudes mais positivas de procura de ajuda. Em relação ao ano de licenciatura, os estudantes a

frequentar o 3º ano apresentam menos crenças estigmatizantes e atitudes mais positivas de procura de ajuda, comparativamente com os estudantes de 1º ano. No que diz respeito ao curso, os alunos de Psicologia, em comparação com os restantes, apresentam menos crenças estigmatizantes e atitudes mais positivas de procura de serviços de saúde mental.

Para além disso, verificaram-se também diferenças estatisticamente significativas nas crenças e atitudes em função do acompanhamento psicológico e da familiaridade com a doença mental. Verificaram-se, ainda, correlações negativas e moderadas entre crenças estigmatizantes da doença mental e as atitudes de procura de ajuda psicológica. Por último, a partir de uma análise de clusters, obtiveram-se dois perfis que refletem diferentes níveis de estigma e atitudes de procura de ajuda, associados com as variáveis sociodemográficas em estudo, sendo o cluster 1 caracterizado por valores mais baixos de estigma e mais elevados de atitudes de procura de ajuda, e o cluster 2 por valores mais elevados de estigma e mais baixos de atitudes de procura de ajuda.

Desta forma, este estudo pode contribuir para a investigação científica fornecendo alguns insights teóricos sobre o estigma da doença mental e as atitudes de procura de ajuda e a sua relação com outras variáveis relevantes para o tema segundo a literatura já existente. A identificação de dois perfis na amostra revela-se também importante, uma vez que pode auxiliar no desenvolvimento de novas intervenções antiestigma mais bem ajustadas a esta população. As limitações verificadas no estudo dizem respeito ao facto de ter por base medidas de autorrelato, existindo por isso o risco de desejabilidade social e, ainda, a homogeneidade da amostra no que diz respeito à distribuição do género. Para além disso, os resultados deste estudo não podem ser generalizados, uma vez que a amostra não foi recolhida de forma aleatória.

## **Palavras-chave**

Crenças; Estigma; Doença Mental; Procura de Ajuda; Pandemia Covid-19



# Abstract

This study analysed college students' beliefs about mental illness and attitudes toward formal psychological help-seeking. The sample is composed of 282 students from the 1<sup>st</sup> and 3<sup>rd</sup> undergraduate years of Psychology, Sociology, Fashion Design and Sports Science courses at the University of Beira Interior. The majority of the sample (75.4%) is female, while only 24.6% are male, with a mean age of 20.04 years. The scales used were Inventory of Beliefs about Mental Illness (IBMI) and Inventory of Attitudes Toward Seeking Mental Health Services (IATSMHS), as well as a sociodemographic questionnaire.

Results showed that females, 3<sup>rd</sup> year students and Psychology students have fewer stigmatizing beliefs about mental illness and more positive attitudes towards professional help-seeking. Moreover, there were statistically significant differences in beliefs and attitudes in terms of psychological support and familiarity with mental illness. We also glimpsed at the impact of the Covid-19 pandemic on students' mental health and the change of opinions and attitudes toward mental illness among this population. Correlation analysis showed negative correlations between stigmatizing beliefs about mental illness and attitudes towards seeking mental health services. Finally, a cluster analysis identified two profiles of individuals that reflect different levels of stigma and help-seeking attitudes, associated with the sociodemographic variables.

The conclusions obtained agree with the literature, as there are differences based on gender, academic year, course and familiarity with mental illness, concerning both stigma of mental illness and help-seeking attitudes. Therefore, this study can contribute to scientific research by providing some theoretical insights into the stigma of mental illness and help-seeking attitudes and their relationship with other relevant variables. Additionally, the identification of two profiles can help improve and adjust stigma reduction intervention programmes among this population.

## Keywords

Beliefs; Stigma; Mental illness; Help-Seeking; Covid-19 pandemic



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# **Lista de Acrónimos**

IBMI	Inventory of Beliefs about Mental Illness
IATSMHS	Inventory of Attitudes toward Seeking Mental Health Services



## **Abstract**

The main goal of the present study was to examine the relationship between mental illness stigma and attitudes towards seeking mental health services, as well as the effects of sociodemographic variables. A sample of students at University of Beira Interior, in Portugal, participated in this study. The measures used were Inventory of Beliefs about Mental Illness (IBMI) and Inventory of Attitudes toward Seeking Mental Health Services (IATSMHS), as well as a sociodemographic questionnaire. The results show that gender, academic year and course, psychological support and familiarity with mental illness have significant effects on stigma and help-seeking. We found negative correlations between stigmatizing beliefs and help-seeking attitudes. Moreover, we glimpsed at the impact of the pandemic on students' perspective of mental illness and also identified two profiles that reflect different levels of stigma and help-seeking attitudes. This study can contribute to the development of better adjusted anti-stigma interventions among this population.

**Keywords:** Beliefs; Stigma; Mental illness; Help-Seeking; Covid-19 pandemic

## **Resumo**

O objetivo deste estudo foi analisar a relação entre o estigma da doença mental e as atitudes de procura ajuda, bem como os efeitos de variáveis sociodemográficas. Uma amostra de estudantes da Universidade da Beira Interior, em Portugal, participou neste estudo. As medidas utilizadas foram o Inventário de Crenças acerca da Doença Mental (ICDM), o Inventário de Atitudes face à Procura de Serviços de Saúde Mental (IAPSSM), e um questionário sociodemográfico. Os resultados mostram que o género, ano e curso universitário, apoio psicológico e familiaridade com a doença mental têm efeitos significativos no estigma e na procura de ajuda. Verificaram-se correlações negativas entre crenças estigmatizantes e atitudes de procura de ajuda. Explorou-se o impacto da pandemia na perspetiva sobre a doença mental. Obtiveram-se dois perfis que refletem diferentes níveis de estigma e de procura de ajuda. Este estudo pode contribuir para o desenvolvimento de intervenções antiestigma ajustadas a esta população.

**Palavras-chave:** Crenças; Estigma; Doença Mental; Procura de Ajuda; Pandemia Covid-19

## **Mental illness stigma**

Stigma was initially defined in 1963 by Erving Goffman as a highly derogatory social attribute used by a group of people to alienate an individual or group with certain characteristics that separate them from the so-called “normal”, resulting in rejection, discrimination and social exclusion (Link & Stuart, 2017).

Link and Phelan (2001) described stigma as the convergence of four interrelated components. First, a group or individual is labelled according to a human difference relevant to society. The second component involves a label that associates the person with certain undesirable characteristics, resulting in the formation of a stereotype. The third component implies the distinction and separation of groups – the “us” from “them”. Finally, the labelled person experiences rejection, discrimination, exclusion, and loss of status. This happens when the first three components are perpetuated by a group with greater political, cultural, or economic power (Link & Phelan, 2001; Riffel & Chen, 2020).

Stigma is defined as public stigma when the general population exercise negative attitudes and beliefs towards people with mental illness, while self-stigma applies when public stigma is internalized by the individual with mental illness, resulting in negative emotional reactions such as low self-esteem. Both of these forms of stigma are generally understood to encompass three cognitive and behavioural dimensions, namely: stereotypes, prejudice, and discrimination (Corrigan & Watson, 2002). A few of the most common negative beliefs or stereotypes related to mental illness concern dangerousness and incompetence (Sheehan et al., 2017; Thonon & Larøi, 2016).

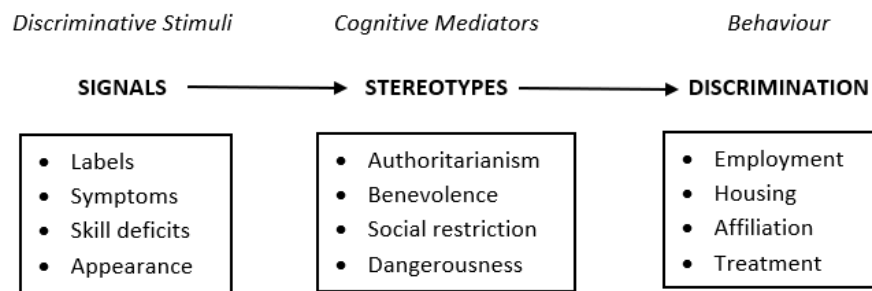
## **Attribution theory and mental illness stigma**

Attribution theory represents a model that has been useful in understanding stigma and discriminatory behaviour. It is one of several social cognitive approaches that perceive stigmas as phenomenal representations of the public’s negative perceptions about individuals with mental illness (Corrigan, 2000; Weiner, 1985).

Therefore, when framed in this model, the process of stigmatization allows us to understand that a causal relationship is established between the signals of stigma, stereotypes, and discriminatory behavioural responses. In short, people with mental illness signal their illness to the public, and these signals can be in the form of labels, psychiatric symptoms, poor social skills and physical appearance. Signals generate stereotypes, such as dangerousness. In turn, stereotypes result in negative behavioural reactions in the form of discrimination (Corrigan, 2000). A simple version of the model is shown below (Figure 1).

**Figure 1**

*Mental illness stigma through the lens of attribution theory (adapted from Corrigan, 2000)*



Additionally, when the public believes that mental illness results from a weakness of character and is, therefore, more controllable, there is a greater likelihood of stigmatization (Krendl & Freeman, 2019). On the contrary, when the cause of mental health problems is attributed to external factors beyond the individual's control (e.g., biological or genetic causes), reactions tend to be less negative (Corrigan et al., 2000).

### **Stigma and help-seeking attitudes**

Help-seeking can be described as an adaptive coping process that is the attempt to attain external help for mental health, be it from formal or informal sources. It includes all stages of the process, from the intention to engage in mental health care to the behaviour of seeking help (Chandrasekara, 2016; Rickwood & Thomas, 2012).

Mental illness stigma is the most frequently identified barrier that prevents students from seeking psychological help (Cage et al., 2018; Stewart et al., 2019; Velasco et al., 2020; Vidourek & Burbage, 2019), especially when it respects to the avoidance of the “mentally ill” label caused by public stigma (Corrigan, 2004). Fear of stigma related to mental health problems is high among young people, who often do not want peers to know about their struggles, out of shame or fear of being mocked. This fear is also related to concerns about the confidentiality of professional mental health services (Rickwood et al., 2005).

### **Familiarity with mental illness, stigma and help-seeking**

Familiarity with mental illness is a complex construct that can be defined as the experience that an individual has with mental illness and treatment as experienced by their social context (Corrigan & Nieweglowski, 2019).

The literature recognize familiarity with mental illness as a variable that moderates the development and expression of stigma. Members of the general public who are familiar with mental illness, whether through education or experience with

family members or significant others, or have personal experience with mental health problems, show more positive attitudes toward mental illness and less desire for social distancing (Hartini et al., 2018; Kosyluk et al., 2021; Oliveira et al., 2020). According to Corrigan et al. (2001), this is even more apparent when it comes to the stereotype of dangerousness. Moreover, Nohr et al. (2021) found that being familiar with people with mental illness might reduce label avoidance which in turn decreases negative help-seeking attitudes.

Seeing how mental illness stigma impacts help-seeking for mental health, and its expression is moderated by other factors, the objectives that guided the present investigation were: 1) assess the beliefs about mental illness and the attitudes towards seeking mental health services in the sample; 2) examine the differences between beliefs about mental illness and help-seeking attitudes based on gender, university year and course, psychological support and familiarity with mental illness; 3) examine the associations between beliefs about mental illness and help-seeking attitudes; 4) assess whether the Covid-19 pandemic had an influence on opinions and attitudes towards mental illness; 5) identify different profiles of participants in the sample.

## Method

### Participants

The participant sample consisted of 282 college students from the University of Beira Interior in Covilhã, Portugal. The majority are female (N=212, 75.4%) and 69 are male (24.6%). They are aged between 18 and 41 years, with a mean age of 20.04 (SD=2.48). Table 1 provides a more detailed description of the sample.

**Table 1**

*Sociodemographic characteristics of the sample (N=282; M<sub>age</sub>=20.04; SD=2.48)*

Variable	Category	N (%)
Gender	Male	69 (24.6%)
	Female	212 (75.4%)
Nationality	Portuguese	259 (91.8%)
	Brazilian	13 (4.6%)
	Other	10 (3.6%)
Course	Sociology	54 (19.1%)
	Psychology	85 (30.1%)
	Fashion Design	80 (28.4%)
	Sports Science	63 (22.3%)
College Year	1st year	166 (58.9%)

	3rd year	116 (41.1%)
Psychological Support	Yes	56 (20.0%)
	No	224 (80.0%)
Psychological Support Causes	Anxiety (stress, panic attacks)	21 (7.9%)
	Anxiety and depression	16 (6.0%)
	Other	19 (6.1%)
Family member with mental illness	Yes	89 (32.1%)
	No	188 (67.9%)
Other with mental illness	Yes	196 (70.5%)
	No	82 (29.5%)
Need for Psychological Support during/after the pandemic	Yes	127 (45.4%)
	No	153 (54.6%)
Change of opinions/attitudes towards mental illness	Yes	160 (57.8%)
	No	117 (42.2%)

## Measures

### *Sociodemographic Questionnaire*

A sociodemographic questionnaire was built to acquire sociodemographic information, including gender, age, nationality, university year and course, among others. We also included questions pertaining to familiarity with mental illness (e.g., having a family member/other with mental illness and regularity of contact), whether participants have any type of psychological support and if they ever felt the need to seek psychological help during or after the Covid-19 pandemic and from whom (e.g., psychologist, psychiatrist, family doctor). Finally, students were asked whether they felt that their opinions and attitudes about mental illness changed since the pandemic, and to describe in what way.

### *Inventory of Beliefs about Mental Illness (IBMI)*

This scale measured stigma and was developed for the Portuguese population by Loureiro (2008). The 45-item version of the IBMI was used in this study, with items rated on a five-point Likert scale (1 = completely disagree; 6 = completely agree).

The scale encompasses the following factors: *Incurability* (belief in mental illness as having a chronic and incurable nature and in which medication is necessary to control it; it also refers to a lack of competence to assume work and family responsibilities); *Disease Recognition* (a non-stigmatizing view of mental illness, associated with acceptance, confidence in treatment and rehabilitation); *Dangerousness* (belief in the mentally ill as dangerous, given the unpredictability of their behaviour); *Illness as a Cause of Stigma and Discrimination* (personal belief that mental illness can create stigma and discrimination in the patient's intimate circles); *Personal Responsibility* (belief that the individual is responsible for their health/illness); *Illness as a Medical*

*Condition* (belief of mental illness as a clinical condition that requires medication) (Loureiro et al., 2006).

Regarding the scale's internal consistency, in this study we obtained an alpha of 0.751 for the global scale which reflects a good internal consistency. Furthermore, we obtained a value of 0.673 for *Dangerousness* and 0.668 for *Incurability*, which reflect an acceptable internal consistency; 0.546 for *Disease Recognition* and 0.543 for *Illness as a Cause of Stigma and Discrimination*, meaning a weak internal consistency (Pereira & Patrício, 2016). Considering the unacceptable values of *Illness as a Medical Condition* ( $\alpha=0.483$ ) and *Personal Responsibility* ( $\alpha=0.415$ ), they were not used in the statistical analysis.

### *Inventory of Attitudes Toward Seeking Mental Health Services (IATSMHS)*

The Portuguese version of this scale adapted by Fonseca et al. (2017) was used to measure help-seeking attitudes. The IATSMHS was originally developed by Mackenzie et al. (2004) to analyze attitudes towards seeking formal help, understood as an evaluative reaction to seeking help to deal with psychological or emotional problems.

The scale consists of 24 items, organized into three dimensions: *Psychological Openness*, which reflects the degree to which individuals are open to recognize their psychological problems and the possibility of seeking professional help; *Propensity to Seek Help* concerns the extent to which individuals believe they are willing and able to seek help; *Indifference to Stigma*, related to how much individuals care about what significant others might think if they know they are receiving psychological help (Mackenzie et al., 2004). Items are rated on a five-point Likert scale (0 = disagree; 4 = agree) with some items being scored in reverse (Fonseca et al., 2017).

Concerning internal consistency, the authors found a Cronbach's alpha value of 0.83 for the total scale (Fonseca et al., 2017). In our study, we obtained alpha values of 0.793 for the global scale and 0.777 for *Indifference to Stigma* which reflects a good internal consistency. As for *Propensity to Seek Help*, we obtained a value of 0.696 which is considered acceptable and 0.523 for *Psychological Openness*, considered weak (Pereira & Patrício, 2016).

## **Procedure**

After the research protocol was approved by the Ethics Committee of the University of Beira Interior (UBI), the questionnaires were handed out to students in the presence of the researcher, after being informed of the aim of the study. Confidentiality and anonymity were guaranteed. All students signed an informed consent form.

Data were processed using the Statistical Package for the Social Sciences (SPSS), version 28. Firstly, we analysed the descriptive statistics of the sample, by calculating the mean (M), standard deviation (SD), and minimum and maximum values for quantitative data and frequencies and percentages for categorical data.

The independent samples T-Test or analysis of variance (ANOVA) was conducted to compare two or four groups. For the latter, post hoc comparisons were performed using the LSD test (Least Significance Difference) with Sidak's correction. Although there was a violation of the normality assumption in many cases, verified by the Kolmogorov-Smirnov test with Lilliefors correction, the aforementioned parametric approach was used due to the sample size (N=282) therefore a population of N>30, according to the Central Limit Theorem. However, it was necessary to resort, in some cases, to the non-parametric Mann-Whitney test, due to the existence of excessively influential outliers. When applicable, the assumption of homogeneity of variances was verified by Levene's test. This ANOVA assumption was not violated.

To examine the correlation between the IATSMHS and IBMI factors, Pearson's correlation coefficient was used. Pearson's chi-square test was performed to verify the association between two categorical variables. Finally, a cluster analysis was performed using the Two-Step Cluster method, which allowed the inclusion of both quantitative and categorical variables in the analysis at the same time. The silhouette measure was used to measure the quality of the cluster analysis performed.

All hypothesis tests were considered significant when the respective proof value (*p*) did not exceed the 5% significance level.

## Results

### Descriptive Statistics

Table 2 shows the descriptive statistics for the IBMI and IATSMHS scales. Concerning the first, the subscale with the highest mean is *Disease Recognition* (M=50.42, SD=4.59), followed by *Incurability* (M=28.45, SD=6.89), *Dangerousness* (M=17.02, SD=5.01) and *Illness as a Cause of Stigma and Discrimination* (M=13.70, SD=4.02). As for the IATSMHS, the highest mean level relates to *Indifference to Stigma* (M=28.25, SD=4.53), followed closely by *Propensity to Seek Help* (M=25.04, SD=4.82) and *Psychological Openness* (M=22.27, SD=4.55).

**Table 2**

*Descriptive statistics of IBMI and IATSMHS factors*

Variable	Min.	Max.	M (SD)
Incurability	10	45	28.45 (6.89)

Disease Recognition	30	60	50.42 (4.59)
Illness as a Cause of Stigma and Discrimination	8	30	13.70 (4.02)
Dangerousness	7	29	17.02 (5.01)
IBMI total score	102	191	146.81 (15.43)
Psychological Openness	11	32	22.27 (4.55)
Indifference to Stigma	8	32	28.25 (4.53)
Propensity to Seek Help	6	32	25.04 (4.82)
IATSMHS total score	34	96	75.55 (10.59)

### Inferential Statistics

First, we used T-Test for independent samples or Mann-Whitney test to verify the differences between the IBMI and IAHTSM factors by gender. We found significant differences ( $p < .05$ ) for all variables. Male students present higher scores of stigmatizing beliefs, namely *Incurability* ( $M=29.92$ ), *Illness as a Cause of Stigma and Discrimination* ( $M=14.62$ ) and *Dangerousness* ( $M=18.30$ ). Female students present higher scores ( $M=50.71$ ) in *Disease Recognition*. Concerning the IATSMHS subscales, we found that the students' gender had a statistically significant effect on help-seeking attitudes, specifically *Psychological Openness* ( $U=10235.50$ ;  $p < .001$ ), *Propensity to Seek Help* ( $U=9034.50$ ;  $p < .001$ ), as well as in the global score ( $U=9588.50$ ;  $p < .001$ ), with higher scores in female students (Table 3).

**Table 3**

*Effects of Gender on IBMI and IATSMHS factors – T-Test / Mann-Whitney Test*

Variable	Gender	N	M (SD)/MR	t (df)/U	p
Incurability	Male	65	29.92 (6.15)	2.014 (270)	.045*
	Female	207	27.96 (7.05)		
Disease Recognition	Male	67	49.52 (5.25)	7811.50	.049*
	Female	201	50.71 (4.33)		
Illness as a Cause of Stigma and Discrimination	Male	65	14.62 (4.25)	5560.00	.023*
	Female	210	13.39 (3.89)		
Dangerousness	Male	66	18.30 (4.93)	2.460 (272)	.015*
	Female	208	16.58 (4.96)		
IBMI Total Score	Male	58	151.00 (15.23)	2.419 (246)	.016*
	Female	190	145.45 (15.30)		
Psychological Openness	Male	68	94.98	10235.50	.001**
	Female	211	154.51		
Propensity to Seek Help	Male	66	107.61	9034.50	.001**
	Female	211	148.82		
Indifference to Stigma	Male	69	126.21	8265.50	.086
	Female	211	145.17		
IATSMHS Total Score	Male	66	97.22	9588.50	.001**
	Female	209	150.88		

Note: MR = Mean Rank

\* $p < .05$ ; \*\* $p < .001$

Table 4 shows results for IBMI and IATSMHS factors by college year. We found statistically significant differences in regard to *Incurability* ( $t(271)=3.093$ ;  $p=.002$ ) and *Dangerousness* ( $t(273)=3.645$ ;  $p<.001$ ), as well as the global score ( $t(247)=3.421$ ;  $p<.001$ ). In all factors, first year students displayed the highest scores ( $M=29.50$ ;  $M=17.91$ ;  $M=149.60$ , respectively). As for the IATSMHS, a statistically significant difference was found between college years in the *Psychological Openness* subscale ( $t(278)=-2.325$ ;  $p=.021$ ), with a higher mean level in third year students ( $M=23.02$ ) (Table 4).

**Table 4**

*Effects of College Year on IBMI and IATSMHS factors – T-Test*

Variable	College Year	N	M (SD)	t (df)	p
Incurability	1st	163	29.50 (6.27)	3.093 (271)	.002*
	3rd	110	26.91 (7.47)		
Disease Recognition	1st	155	50.61 (4.57)	0.803 (267)	.423
	3rd	114	50.16 (4.62)		
Illness as a Cause of Stigma and Discrimination	1st	164	13.89 (4.14)	0.955 (274)	.340
	3rd	112	13.42 (3.84)		
Dangerousness	1st	163	17.91 (4.91)	3.645 (273)	.001**
	3rd	112	15.72 (4.88)		
IBMI Total Score	1st	144	149.60 (14.06)	3.421 (247)	.001**
	3rd	105	142.97 (16.44)		
Psychological Openness	1st	164	21.74 (4.37)	-2.325 (278)	.021*
	3rd	116	23.02 (4.71)		
Propensity to Seek Help	1st	163	24.87 (4.50)	-0.692 (2176)	.489
	3rd	115	25.28 (5.26)		
Indifference to Stigma	1st	166	28.10 (4.44)	-0.652 (279)	.515
	3rd	115	28.46 (4.66)		
IATSMHS Total Score	1st	162	74.76 (9.99)	-1.477 (274)	.141
	3rd	114	76.67 (11.34)		

\* $p<.05$ ; \*\* $p<.001$

Regarding the influence of university course on IBMI dimensions, we found statistically significant differences for *Incurability* ( $F=8.459$ ;  $p<.001$ ), *Dangerousness* ( $F=10.347$ ;  $p<.001$ ) and the global score ( $F=5.807$ ;  $p<.001$ ). Fashion Design students displayed the highest scores for *Incurability* ( $M=30.58$ ), followed by Sociology ( $M=29.63$ ), Sports Science ( $M=28.77$ ) and Psychology ( $M=25.59$ ). Sports students showed the highest mean for *Dangerousness* ( $M=18.94$ ), followed by Design ( $M=18.10$ ), Sociology ( $M=16.55$ ) and Psychology ( $M=14.89$ ). Concerning the global score, Design students present the highest scores ( $M=150.84$ ), followed by Sports ( $M=149.54$ ), Sociology ( $M=146.50$ ) and Psychology ( $M=141.20$ ) (Table 5). Subsequently, a posthoc test was conducted to determine the differences between the four groups. The mean I-J difference was significant between Psychology and Sociology concerning *Incurability*

( $p=.04$ ); between Psychology and Design ( $p<.001$ ), as well as Psychology and Sports Science ( $p<0.05$ ) in all subscales; and finally, between Sociology and Sports Science concerning *Dangerousness* ( $p=.046$ ) (Table 6).

**Table 5**

*Effects of Course on IBMI factors– One-Way ANOVA*

Variable	Course	N	M	SD	F (df1;df2)	p
Incurability	Sociology	51	29.63	6.13	8.459 (3;269)	.001*
	Psychology	84	25.59	6.63		
	Fashion Design	76	30.58	6.84		
	Sports Science	62	28.77	6.72		
Disease Recognition	Sociology	52	50.52	4.48	0.850 (3;269)	.467
	Psychology	79	50.75	3.95		
	Fashion Design	77	50.66	4.85		
	Sports Science	61	49.61	5.10		
Illness as a Cause of Stigma and Discrimination	Sociology	53	13.75	3.92	2.489 (3;272)	.061
	Psychology	85	12.86	3.65		
	Fashion Design	76	13.82	3.88		
	Sports Science	62	14.66	4.57		
Dangerousness	Sociology	53	16.55	4.74	10.347 (3;271)	.001*
	Psychology	83	14.89	4.46		
	Fashion Design	77	18.10	4.80		
	Sports Science	62	18.94	5.15		
IBMI Total Score	Sociology	48	146.50	14.16	5.807 (3;245)	.001*
	Psychology	75	141.20	14.52		
	Fashion Design	70	150.84	15.81		
	Sports Science	56	149.54	15.28		

\* $p<.001$

**Table 6**

*Pairwise comparisons (Course and IBMI factors) – LSD posthoc test*

Variable	Course (I)	Course (J)	Mean Difference I-J	p	
Incurability	Sociology	Psychology	4.04412*	.004*	
		Fashion Design	-.95150	.965	
		Sports Science	.85326	.984	
	Psychology	Fashion Design	-4.99561*	.001**	
		Sports Science	-3.19086*	.026*	
	Fashion Design	Sports Science	1.80475	.511	
	Dangerousness	Sociology	Psychology	1.65560	.262
			Fashion Design	-1.55673	.347
Sports Science			-2.38831*	.046*	
Psychology		Fashion Design	-3.21233*	.001**	
		Sports Science	-4.04392*	.001**	
Fashion Design		Sports Science	.81366	.890	
IBMI Total Score		Sociology	Psychology	5.3000	.297
			Fashion Design	-4.34286	.547
	Sports Science		-3.03571	.887	
	Psychology	Fashion Design	-9.64286*	.001**	

	Sports Science	-8.33571*	.011*
Fashion Design	Sports Science	1.30714	.997

\* $p < .05$ ; \*\* $p < .001$

As shown in table 7, we also found statistically significant differences between courses concerning all factors of the IATSMHS ( $p < .001$ ). The highest scores were found in Psychology students for *Psychological Openness* ( $M=24.29$ ), *Propensity to Seek Help* ( $M=27.23$ ), *Indifference to Stigma* ( $M=29.88$ ) and the total score ( $M=81.35$ ), followed by Sociology, Fashion Design and Sports Science, in descending order. Once again, we performed a posthoc test to analyse the group comparisons. The mean I-J difference was significant between Psychology and Fashion Design as well as between Psychology and Sports Science concerning all dimensions ( $p < .05$ ); also, between Sociology and Psychology ( $p = .009$ ) and, finally, Sociology and Sports ( $p = .032$ ) concerning the global score (Table 8).

**Table 7**

*Effects of Course on IATSMHS factors– One-Way ANOVA*

Variable	Course	N	M	SD	F(df1;df2)	p
Psychological Openness	Sociology	53	22.57	4.07	10.952 (3;279)	.001*
	Psychology	84	24.29	4.28		
	Fashion Design	80	21.39	4.43		
	Sports Science	63	20.46	4.45		
Propensity to Seek Help	Sociology	53	25.06	4.64	10.375 (3;277)	.001*
	Psychology	84	27.23	3.92		
	Fashion Design	79	24.01	5.20		
	Sports Science	62	23.37	4.58		
Indifference to Stigma	Sociology	54	28.24	4.49	6.495 (3;280)	.001*
	Psychology	84	29.88	3.09		
	Fashion Design	80	27.65	4.76		
	Sports Science	63	26.84	5.25		
IATSMHS Total Score	Sociology	53	75.79	8.41	16.274 (3;275)	.001*
	Psychology	82	81.35	8.75		
	Fashion Design	79	73.20	10.76		
	Sports Science	62	70.65	10.88		

\* $p < .001$

**Table 8**

*Pairwise comparisons (Course and IATSMHS factors) – LSD posthoc test*

Variable	Course (I)	Course (J)	Mean Difference I-J	p
Psychological Openness	Sociology	Psychology	-1.71968	.137
		Fashion Design	1.17854	.551
		Sports Science	2.10572	.056
	Psychology	Fashion Design	2.89821	.001**
		Sports Science	3.82540	.001**
		Fashion Design	Sports Science	.92718
Propensity to Seek Help	Sociology	Psychology	-2.16959	.185
		Fashion Design	1.04395	.742

Indifference to Stigma	Psychology	Sports Science	1.68564	.269
		Fashion Design	3.21353	.001**
		Sports Science	3.85522	.001**
	Fashion Design	Sports Science	.64169	.958
		Psychology	-1.54021	.185
		Fashion Design	.59074	.971
	Sociology	Sports Science	1.39947	.423
		Fashion Design	2.23095	.008*
		Sports Science	3.03968	.001**
	Fashion Design	Sports Science	.80873	.856
		Psychology	-5.56121	.009*
		Fashion Design	2.58992	.590
IATSMHS	Sports Science	5.14729	.032*	
	Fashion Design	8.15113	.001**	
	Sports Science	10.70850	.001**	
Total Score	Fashion Design	2.55737	.552	

\* $p < 0.05$ ; \*\* $p < 0.001$

In regard to psychological support, the results allow us to confirm the presence of a statistically significant difference concerning the *Dangerousness* factor of the IBMI ( $t(271) = -3.315$ ,  $p < .001$ ), with a higher score in participants who do not currently have formal psychological support ( $M = 17.55$ ), compared to the students who do ( $M = 15.11$ ). As for IATSMHS dimensions, statistically significant differences were found between groups in *Psychological Openness* ( $t(276) = 3.835$ ;  $p < .001$ ) and *Propensity to Seek Help* ( $t(105,705) = 6.135$ ;  $p < .001$ ). The participants with psychological support present a higher mean level of *Psychological Openness* ( $M = 24.27$ ) and *Propensity to Seek Help* ( $M = 27.91$ ). Concerning the global score, we also found a significant difference ( $t(272) = 4.137$ ;  $p < .001$ ), with higher scores in participants with psychological support ( $M = 80.55$ ) (Table 9).

**Table 9**

*Effects of Psychological Support on IBMI and IATSMHS factors – T-Test*

Variable	Psychological Support	N	M (SD)	t (df)	p
Incurability	Yes	56	28.13 (6.09)	-.464 (269)	.643
	No	215	28.60 (7.08)		
Disease Recognition	Yes	54	49.83 (4.60)	-1.097 (265)	.274
	No	213	50.60 (4.59)		
Illness as a Cause of Stigma and Discrimination	Yes	56	13.77 (3.91)	.087 (272)	.931
	No	218	13.72 (4.05)		
Dangerousness	Yes	56	15.11 (4.17)	-3.315 (271)	.001*
	No	217	17.55 (5.10)		
IBMI Total Score	Yes	52	144.33 (14.68)	-1.382 (245)	.168
	No	195	147.64 (15.53)		

Psychological Openness	Yes	55	24.27 (4.28)	3.835	.001*
	No	223	21.72 (4.45)	(276)	
Propensity to Seek Help	Yes	56	27.91 (3.74)	6.135	.001*
	No	220	24.26 (4.79)	(105.705)	
Indifference to Stigma	Yes	56	28.36 (4.69)	.242	.809
	No	223	28.19 (4.51)	(277)	
IATSMHS Total Score	Yes	55	80.55 (9.55)	4.137	.001*
	No	219	74.16 (10.40)	(272)	

\* $p < .001$

Table 10 shows the analysis of IBMI factors by familiarity with mental illness. The results obtained show the presence of a statistically significant difference in *Disease Recognition* ( $t(262)=2.474$ ;  $p=.014$ ), with higher scores in participants who have a family member diagnosed with a mental disorder ( $M=51.46$ ). Concerning the factors of the IATSMHS, the results show there is a statistically significant difference in the *Propensity to Seek Help* factor ( $t(271)=2.873$ ;  $p=.004$ ), indicating that those who have a family member with mental illness are more likely to seek help ( $M=26.20$ ).

**Table 10**

*Effects of Familiarity (family member with mental illness) on IBMI and IATSMHS factors– T-Test*

Variable	Family with mental illness	<i>N</i>	<i>M (SD)</i>	<i>t (df)</i>	<i>p</i>
Incurability	Yes	88	29.36 (6.19)	1.378 (266)	.169
	No	180	28.13 (7.21)		
Disease Recognition	Yes	85	51.46 (4.09)	2.474 (262)	.014*
	No	179	49.98 (4.75)		
Illness as a Cause of Stigma and Discrimination	Yes	87	14.03 (3.88)	0.916 (269)	.360
	No	184	13.55 (4.10)		
Dangerousness	Yes	88	16.60 (4.99)	-1.022 (268)	.308
	No	182	17.27 (5.05)		
IBMI Total Score	Yes	83	149.00 (14.10)	1.505 (242)	.134
	No	161	145.86 (16.07)		
Psychological Openness	Yes	88	22.45 (4.24)	0.514 (273)	.608
	No	187	22.16 (4.63)		
Propensity to Seek Help	Yes	88	26.20 (4.53)	2.873 (271)	.004*
	No	185	24.43 (4.87)		
Indifference to Stigma	Yes	89	28.07 (4.90)	-0.489 (274)	.625
	No	187	28.35 (4.36)		
IATSMHS Total Score	Yes	87	76.86 (9.59)	1.470 (269)	.143
	No	184	74.86 (10.87)		

\* $p < .05$

## Correlation Analysis

The study conducted a correlation analysis to determine the levels of association between the IBMI and IATSMHS subscales. The results show that the highest correlation was found between *Illness as a Cause of Stigma and Discrimination* and *Indifference to Stigma* ( $r=-.659$ ;  $p<.001$ ), which reflects a moderate and negative correlation. There is

also a negative and moderate correlation between *Illness as a Cause of Stigma and Discrimination* and the IATSMHS total score ( $r=-.563$ ;  $p<.001$ ).

The remaining significant negative correlations are considered weak, as seen between *Incurability* and the following IATSMHS factors: *Psychological Openness* ( $r=-.278$ ), *Indifference to Stigma* ( $r=-.286$ ) and total score ( $r=-.252$ ). *Dangerousness* correlates negatively and moderately with *Psychological Openness* ( $r=-.389$ ), *Indifference to Stigma* ( $r=-.350$ ) and IATSMHS total score ( $r=-.396$ ). Results also show negative and weak correlations between *Illness as a Cause of Stigma and Discrimination* and *Psychological Openness* ( $r=-.379$ ); the IBMI total score and *Psychological Openness* ( $r=-0.398$ ) and *Indifference to Stigma* ( $r=-.391$ ). Between the IATSMHS and IBMI total scores, there is also a negative and weak correlation ( $r=-.364$ ;  $p<.001$ ). The remaining significant correlations can be considered null (Table 11).

**Table 11**

*Correlations between IBMI and IATSMHS factors - Pearson's Coefficient*

	Psychological Openness	Propensity to Seek Help	Indifference to Stigma	IATSMHS Total Score
Incurability	-.278**	-.045	-.286**	-.252**
Disease Recognition	-.007	.172**	.139**	.132**
Illness as a Cause of Stigma and Discrimination	-.379**	-.249**	-.659**	-.563**
Dangerousness	-.389**	-.180**	-.350**	-.396**
IBMI Total Score	-.398**	-.056	-.391**	-.364**

\*\* $p<.001$

## Cluster Analysis

Finally, the study performed a cluster analysis, with which we identified two clusters or profiles of participants. The quality of this analysis was considered acceptable (silhouette measure=0.2).

The first cluster is the largest ( $n=146$ , 60.8%) and is mainly composed of female students (75.5%), with an average age of 20.50 years. Most of these participants study Psychology (91.5%) and are now in their third year of college (83.0%). The majority currently have psychological support (94.1%) and know a family member with a mental disorder (89.9%). They also revealed the need to seek psychological help during or after the Covid-19 pandemic (79.6%) and admitted to having changed their attitudes towards people with mental illness during that time (67.1%). This group show - in order of predictive importance - higher psychological openness ( $M=23.88$ ), propensity to seek

help ( $M=26.49$ ) and indifference to stigma ( $M=29.38$ ), when compared to the students included in cluster 2.

The second cluster consists mainly of male students ( $n=94$ , 87.5%), with a mean age of 19.31 years. Most of these participants study Sports Science (87.0%) and are in their first year of university (55.0%). In this group, students don't currently benefit from psychological support (48.1%) and don't know a family member with mental illness (53.8%). They revealed not having felt the need to seek psychological help during the pandemic (55.9%) nor having changed their attitudes and opinions about mental illness (48.5%). This group shows higher levels of stigmatizing beliefs, such as dangerousness ( $M=19.42$ ), incurability ( $M=30.49$ ) and illness as a cause of stigma and discrimination ( $M=15.29$ ), comparatively to cluster 1 (Table 12).

As such, we can name cluster 1 the group with the more self-aware students, seeing as they show more positive attitudes, as well as behaviour, towards help-seeking. Cluster 2 is considered the more prejudiced group since these students show more stigmatizing beliefs about mental illness.

**Table 12**

*Two-Step Cluster analysis*

Variable	Cluster 1 <i>N</i> = 146	Cluster 2 <i>N</i> = 94	RPI	Statistic	<i>p</i>
Course, <i>N</i> (%)					
Sociology	35 (72.9)	13 (27.1)			
Psychology	65 (91.5)	6 (8.5)	1.00	83.186 (3)	<.001 <sup>2</sup>
Fashion Design	39 (58.2)	28 (41.8)			
Sports Science	7 (13.0)	47 (87.0)			
Gender, <i>N</i> (%)					
Male	7 (12.5)	49 (87.5)	.96	71.617 (1)	<.001 <sup>2</sup>
Female	139 (75.5)	45 (24.5)			
Psychological Openness <i>M</i> ( <i>SD</i> )	23.88 (3.96)	19.97 (3.96)	.69	7.481 (238)	<.001 <sup>1</sup>
Dangerousness <i>M</i> ( <i>SD</i> )	15.21 (4.43)	19.42 (4.41)	.64	-7.184 (238)	<.001 <sup>1</sup>
Family member with mental illness, <i>N</i> (%)					
Yes	73 (89.9)	9 (11.0)	.58	41.546 (1)	<.001 <sup>2</sup>
No	73 (46.2)	85 (53.8)			
College Year, <i>N</i> (%)					
1 <sup>st</sup> year	63 (45.0)	77 (55.0)	.50	35.353 (1)	<.001 <sup>2</sup>
3 <sup>rd</sup> year	83 (83.0)	17 (17.0)			
Propensity to Seek Help <i>M</i> ( <i>SD</i> )	26.49 (4.35)	22.94 (4.42)	.49	6.149 (238)	<.001 <sup>1</sup>
Need for Psychological Support, <i>N</i> (%)					
Yes	90 (79.6)	23 (20.4)	.45	31.720 (1)	<.001 <sup>2</sup>
No	56 (44.1)	71 (55.9)			
Psychological Support, <i>N</i> (%)					
Yes	48 (94.1)	3 (5.9)	.43	30.112 (1)	<.001 <sup>2</sup>
No	98 (51.9)	91 (48.1)			

Illness as a Cause of Stigma and Discrimination <i>M(SD)</i>	12.69 (3.32)	15.29 (4.26)	.38	-5.010 (164.089)	<.001 <sup>1</sup>
Indifference to Stigma <i>M(SD)</i>	29.38 (3.78)	26.57 (5.23)	.32	4.495 (154.818)	<.001 <sup>1</sup>
Age <i>M(SD)</i>	20.50 (2.93)	19.31 (1.45)	.20	3.667 (238)	<.001 <sup>1</sup>
Incurability <i>M(SD)</i>	27.30 (7.02)	30.49 (6.13)	.20	-3.606	<.001 <sup>1</sup>
Change of opinion/attitudes, N (%)					
Yes	96 (67.1)	47 (32.9)	.11	5.893 (1)	.015 <sup>2</sup>
No	50 (51.5)	47 (48.5)			
Disease Recognition <i>M(SD)</i>	50.73 (4.37)	50.10 (4.77)	.03	11.063 (238)	.289 <sup>1</sup>

Note: RPI: Relative Predictor Importance; <sup>1</sup> T-Test; <sup>2</sup> Chi-Square Test; Statistic: t or  $\chi^2$

## Discussion

The present study allows us to confirm the “gender effect” perspective on stigma, recognized by the literature. As such, we found that male students, compared to females, exhibit more stigmatizing beliefs about mental illness, including incurability, dangerousness, and the belief in illness as a cause of stigma and discrimination. In contrast, female students scored higher in disease recognition, which is in line with a study by Loureiro et al. (2008), who point out that this particular belief is more likely to be found in women. Zaninotto et al. (2018) found that male students reported higher levels of stigmatizing attitudes (e.g., pity and avoidance), when compared to female students. According to the author, this difference may depend on a different conceptualization of mental illness, as women tend to have psychosocial (Holzinger et al., 2012), rather than biological explanations for mental illness, the latter being often associated with more negative attitudes (Speerforck et al., 2014). Moreover, women seem to exhibit higher levels of social empathy (Baez et al., 2017).

Regarding help-seeking, the results show that female students have higher psychological openness and propensity to seek help, compared to males. These findings are in line with several investigations in which female students were found to be more likely to seek help from professional sources (Fekih-Romdhane et al., 2020; Stewart et al., 2019). DeBate et al. (2018) and Rafal et al. (2018) found that, overall, male college students have unfavourable help-seeking attitudes and low intentions to seek help for mental health problems. These differences may be related to traditional gender roles, meaning that society expects men to be strong, resilient, and independent, and help-seeking is seen as a sign of weakness. This, in turn, tends to foster negative attitudes towards their need to seek help for mental health problems (Liddon et al., 2018).

Concerning academic year, on one hand, first year students reveal more stigmatizing beliefs about mental illness (e.g., incurability and dangerousness), compared to third year students. On the other hand, 3<sup>rd</sup> students appear to be more psychologically open to seeking help. In support of these results, authors like Fernandes et al. (2022) found that a higher academic year is associated with less stigma which, in turn, can lead to more positive help-seeking attitudes toward mental health problems. In addition to the university year, these differences might also be related to the age difference between the two years. Previous studies have found an association between lower stigma (Hartini et al., 2018), as well as higher psychological openness and older age (Stewart et al., 2019).

Addressing the differences found between courses, we conclude that Psychology students exhibit fewer stigmatizing beliefs about mental illness and more positive attitudes towards help-seeking (psychological openness, propensity to seek help and indifference to stigma). On the other hand, in general, Sports Science, Sociology and Fashion students show the opposite. These results are consistent with McNealy and Lombardero (2019) who found low percentages of stigma in their sample of students exposed to Psychology programmes, who may therefore have more favourable attitudes related to treatment, in comparison to other university samples with no exposure to this area of study. Masedo et al. (2021) discuss that a lower stigma in Psychology students may be related to the explanation of psychopathology based on a biopsychosocial model that allows a more holistic view of the person rather than an emphasis on diagnosis, which is associated with less negative attitudes towards mental illness and treatment. In short, the study of Psychology can play the role of a facilitator for seeking help due to its potential to reduce stigma and help in identifying problems (Stewart et al., 2019).

In our sample, some students revealed that they currently have psychological support, mainly for anxiety and depression symptoms. As expected, these students show higher levels of psychological openness and propensity to seek help, as well as less stigmatizing beliefs about mental illness (i.e., dangerousness). According to the literature, students with a history of mental health treatment present more positive attitudes towards people with mental illness. This can be related to greater empathy as these students are more aware of the difficulties people with mental health issues go through (Fernandes et al., 2022). Participants in another study who had previously been to therapy were more self-aware and more likely to seek help (Liddon et al., 2017). In contrast, students of our sample who do not currently have psychological counselling show more dangerousness beliefs, which is consistent with a study by Gorman and Brennan (2021) where those who had never used mental health services scored higher in these same beliefs.

Concerning familiarity with mental illness, we found that students with history of a mental disorder within family exhibit lower stigma. These results corroborate other studies in which participants who claimed to know someone with mental illness were less likely to stigmatize this condition (e.g., Kosyluk et al., 2021; Lyndon et al., 2019), suggesting that direct and intimate contact with this group tends to lead to less negative beliefs, by minimizing negative emotions (Hantzi et al., 2019). Furthermore, the fact that the individual has a family member with mental illness seems to have a significant effect on their propensity to seek help. In this sense, Nohr et al. (2021) concluded that greater familiarity with mental illness predicts a decrease in label avoidance and negative help-seeking attitudes, which can be explained by Allport's contact hypothesis, who proposed that intergroup contact has a positive effect in reducing prejudice and increasing acceptance (Hantzi et al., 2019).

A significant percentage of students (45.4%) felt the need to resort to psychological support during or after the Covid-19 pandemic, which is consistent with the literature that identified an increase in psychological issues during this time among students, mainly anxiety and depression symptoms (Di Consiglio et al., 2021; Lee et al., 2021). However, apparently, the demand for help in mental health services did not accompany this increase (Upton et al., 2021). Regarding the change in opinions and attitudes about mental illness since Covid's outbreak, more than half of the participants indicated they felt a change towards people with mental illness (i.e., higher tolerance, understanding or support). This confirms that the pandemic might have had an impact on people's perspectives of mental health, affecting certain beliefs like the course and duration of the disease, the perceived possibility of treatment and the susceptibility of personal control, as proposed by O'Connor (2021).

As mentioned before, the literature shows there is direct link between stigma related to mental illness and less active help-seeking for mental health problems (e.g., Schnyder et al., 2017), particularly among college students (Cage et al., 2018; Fekih-Romdhane et al., 2020; Stewart et al., 2019). This is in line with our study, in the sense that we found moderate and weak negative correlations between stigmatizing beliefs about mental illness and help-seeking attitudes, suggesting that, in general, the greater the stigma, the less positive are the attitudes towards help-seeking, and vice versa. Specifically, the most significant correlation was found between the belief in mental illness as a cause of stigma and discrimination and indifference to stigma. These associations occur as the presence of stigmatizing or negative beliefs about mental illness tends to indicate a greater stigma associated with treatment, leading to negative attitudes related to psychological help-seeking, in the form of lower psychological openness, propensity to seek help and indifference to stigma.

Finally, in the cluster analysis, the university course proved to be the variable with the highest predictive importance for the clusters' formation, meaning that the course significantly influences the students' levels of stigma and help-seeking attitudes. Psychology is the course associated with more positive beliefs and attitudes (cluster 1) and Sports Science the one displaying more negative levels (cluster 2). This is relevant, as it highlights the importance of mental health education among other courses to reduce stigma, facilitate problem recognition and, consequently, the search for professional help in universities. Following the course, gender stands out as the variable with the greatest predictive importance. As the profile mostly composed of male students (cluster 2) is the one exhibiting higher stigma levels and lower help-seeking attitudes, we emphasize the importance of investing in male-targeted mental health education (e.g., DeBate et al., 2018) and stigma reduction interventions focused on eliminating stereotypes related to traditional gender roles. Moreover, it is suggested that educational initiatives aimed at increasing men's mental health services use should focus primarily on psychological openness rather than on stigma-related attitudes or intentions to seek help (Mackenzie et al., 2006).

Additionally, contact with mental illness proves to be a great predictor of less stigma and more positive help-seeking attitudes, as most students who have a family member with mental illness or have sought psychological help are grouped in cluster 1. Given the greater predictive importance of Psychological Openness and Dangerousness, compared to other IBMI and IATSMHS factors, it appears that, as expected, the participants included in cluster 1 have higher levels of psychological openness and those in cluster 2 have higher levels of dangerousness beliefs.

## **Conclusion**

This study confirms that mental illness represents a highly stigmatized condition, and that stigma stands as one of the major barriers preventing students from seeking psychological help, moderated by sociodemographic variables. Thus, the investment in the research and development of effective strategies to reduce stigma and, consequently, facilitate help-seeking is crucial. As we have seen, these strategies should consist not only of mental health education to eliminate false beliefs, but also of intergroup contact.

The investigation poses some limitations, one of them pertaining to the excessive homogeneity regarding the gender distribution, given that most of the sample is composed of female students. Additionally, the results cannot be generalized, seeing as the sample was not collected at random, and they are based on self-reported measures which carry the risk of social desirability.

Nevertheless, this study contributes to scientific research by providing some theoretical insights into mental illness stigma and help-seeking attitudes and their relationship with other variables. Moreover, since we could not find any published literature on this topic, in Portugal, that uses the IBMI and the IATSMHS simultaneously, this study represents something new in that sense. Although the literature on mental illness stigma is vast, the one that studies the relationship between stigma and formal help-seeking in students may still benefit from further research. Additionally, in future investigations, it may be useful to study in greater detail the effect of the pandemic on changing beliefs and attitudes related to mental health, given that literature on this subject is scarce.

Lastly, we consider that through the cluster analysis method it was possible to delineate two distinct groups of students, which is relevant as it allows us to trace profiles to outline more uniform intervention groups and, in turn, improve intervention outcomes among this population. In short, it contributes to the development of new interventions better adapted to the specific needs of each group, making the most of the existing resources.

## References

- Baez, S., Flichtentrei, D., Prats, M., Mastandueno, R., García, A. M., Cetkovich, M., & Ibáñez, A. (2017). Men, women... who cares? A population-based study on sex differences and gender roles in empathy and moral cognition. *PloS One*, *12*(6), 1-21. <https://doi.org/10.1371/journal.pone.0179336>
- Cage, E., Stock, M., Sharpington, A., Pitman, E., & Batchelor, R. (2020). Barriers to accessing support for mental health issues at university. *Studies in Higher Education*, *45*(8), 1637-1649. <https://doi.org/10.1080/03075079.2018.1544237>
- Chandrasekara, W. S. (2016). Help seeking attitudes and willingness to seek psychological help: Application of the theory of planned behavior. *International Journal of Management, Accounting and Economics*, *3*(4), 233-245.
- Corrigan, P. W. (2000). Mental health stigma as social attribution: Implications for research methods and attitude change. *Clinical Psychology: Science and Practice*, *7*(1), 48. <https://doi.org/10.1093/clipsy.7.1.48>
- Corrigan, P. W., & Nieweglowski, K. (2019). How does familiarity impact the stigma of mental illness?. *Clinical Psychology Review*, *70*, 40-50. <https://doi.org/10.1016/j.cpr.2019.02.001>
- Corrigan, P. W., & Watson, A. C. (2002). The paradox of self-stigma and mental illness. *Clinical psychology: Science and Practice*, *9*(1), 35-53. <https://doi.org/10.1093/clipsy.9.1.35>
- Corrigan, P. W., Green, A., Lundin, R., Kubiak, M. A., & Penn, D. L. (2001). Familiarity with and social distance from people who have serious mental illness. *Psychiatric Services*, *52*(7), 953-958. <https://doi.org/10.1176/appi.ps.52.7.953>
- Corrigan, P. W., River, L. P., Lundin, R. K., Wasowski, K. U., Campion, J., Mathisen, J., Goldstein, H., Bergman, M., Gagnon, C., & Kubiak, M. A. (2000). Stigmatizing attributions about mental illness. *Journal of Community Psychology*, *28*(1), 91-102. [https://doi.org/10.1002/\(SICI\)1520-6629\(200001\)28:1<91::AID-JCOP9>3.0.CO;2-M](https://doi.org/10.1002/(SICI)1520-6629(200001)28:1<91::AID-JCOP9>3.0.CO;2-M)
- DeBate, R. D., Gatto, A., & Rafal, G. (2018). The effects of stigma on determinants of mental health help-seeking behaviors among male college students: an application of the information-motivation-behavioral skills model. *American Journal of Men's Health*, *12*(5), 1286-1296. <https://doi.org/10.1177/15579883187736>

- Di Consiglio, M., Merola, S., Pascucci, T., Violani, C., & Couyoumdjian, A. (2021). The impact of COVID-19 pandemic on Italian university students' mental health: changes across the waves. *International Journal of Environmental Research and Public Health*, *18*(18), 1-13. <https://doi.org/10.3390/ijerph18189897>
- Fekih-Romdhane, F., Chebbi, O., Sassi, H., & Cheour, M. (2021). Knowledge, attitude and behaviours toward mental illness and help-seeking in a large nonclinical Tunisian student sample. *Early Intervention in Psychiatry*, *15*(5), 1292-1305. <https://doi.org/10.1111/eip.13080>
- Fernandes, J. B., Família, C., Castro, C., & Simões, A. (2022). Stigma towards people with mental illness among Portuguese nursing students. *Journal of Personalized Medicine*, *12*(3), 1-17. <https://doi.org/10.3390/jpm12030326>
- Fonseca, A., Silva, S., & Canavarro, M. C. (2017). características psicométricas do inventário de atitudes face à procura de serviços de saúde mental: Estudo em mulheres no período perinatal. *Psychologica*, *60*(2), 65-81. [https://doi.org/10.14195/1647-8606\\_60-2\\_4](https://doi.org/10.14195/1647-8606_60-2_4)
- Gorman, K. S., & Brennan, K. M. (2021). Mental illness public stigma and treatment seeking among university students. *Journal of College Student Psychotherapy*, 1-19. <https://doi.org/10.1080/87568225.2021.1891006>
- Hantzi, A., Anagnostopoulos, F., & Alexiou, E. (2019). Attitudes towards seeking psychological help: An integrative model based on contact, essentialist beliefs about mental illness, and stigma. *Journal of Clinical Psychology in Medical Settings*, *26*(2), 142-157. <https://doi.org/10.1007/s10880-018-9573-8>
- Hartini, N., Fardana, N. A., Ariana, A. D., & Wardana, N. D. (2018). Stigma toward people with mental health problems in Indonesia. *Psychology Research and Behavior Management*, *11*, 535-541. <https://doi.org/10.2147/PRBM.S175251>
- Holzinger, A., Floris, F., Schomerus, G., Carta, M. G., & Angermeyer, M. C. (2012). Gender differences in public beliefs and attitudes about mental disorder in western countries: a systematic review of population studies. *Epidemiology and Psychiatric Sciences*, *21*(1), 73-85. <https://doi.org/10.1017/S2045796011000552>
- Kosyluk, K. A., Conner, K. O., Al-Khouja, M., Bink, A., Buchholz, B., Ellefson, S., Fokuo, K., Goldberg, D., Kraus, D., Leon, A., Powell, K., Schmidt, A., Michaels, P., & Corrigan, P. W. (2021). Factors predicting help seeking for mental illness among college students. *Journal of Mental Health*, *30*(3), 300-307. <https://doi.org/10.1080/09638237.2020.1739245>

- Krendl, A. C., & Freeman, J. B. (2019). Are mental illnesses stigmatized for the same reasons? Identifying the stigma-related beliefs underlying common mental illnesses. *Journal of Mental Health, 28*(3), 267-275. <https://doi.org/10.1080/09638237.2017.1385734>
- Lee, J., Jeong, H. J., & Kim, S. (2021). Stress, anxiety, and depression among undergraduate students during the COVID-19 pandemic and their use of mental health services. *Innovative Higher Education, 46*(5), 519-538. <https://doi.org/10.1007/s10755-021-09552-y>
- Liddon, L., Kingerlee, R., & Barry, J. A. (2018). Gender differences in preferences for psychological treatment, coping strategies, and triggers to help-seeking. *British Journal of Clinical Psychology, 57*(1), 42-58. <https://doi.org/10.1111/bjc.12147>
- Link, B. G. & Stuart, H. (2017). On revisiting some origins of the stigma concept as it applies to mental illnesses. In W. Gaebel, W. Rossler & N. Sartorius (Eds.), *The stigma of mental illness - end of the story?* (pp. 3-29). Springer
- Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology, 27*(1), 363-385.
- Loureiro, L. M. J., Dias, C. A. A., & Aragão, R. O. (2008). Crenças e atitudes acerca das doenças e dos doentes mentais: contributos para o estudo das representações sociais da loucura. *Revista Referência, 2*(8), 33-44.
- Loureiro, L. M. J., Dias, C. A. A., & Ferreira, P. (2006). ICDM – Um inventário de crenças acerca da doença mental. *Revista de Investigação em Enfermagem, 14*, 36-44.
- Lyndon, A. E., Crowe, A., Wuensch, K. L., McCammon, S. L., & Davis, K. B. (2019). College students' stigmatization of people with mental illness: familiarity, implicit person theory, and attribution. *Journal of Mental Health, 28*(3), 255-259. <https://doi.org/10.1080/09638237.2016.1244722>
- Mackenzie, C. S., Gekoski, W. L., & Knox, V. J. (2006). Age, gender, and the underutilization of mental health services: The influence of help-seeking attitudes. *Aging and Mental Health, 10*(6), 574-582. <https://doi.org/10.1080/13607860600641200>
- Mackenzie, C. S., Knox, V. J., Gekoski, W. L., & Macaulay, H. L. (2004). An adaptation and extension of the attitudes toward seeking professional psychological help scale 1. *Journal of Applied Social Psychology, 34*(11), 2410-2433. <https://doi.org/10.1111/j.1559-1816.2004.tb01984.x>

- Masedo, A., Grandón, P., Saldivia, S., Vielma-Aguilera, A., Castro-Alzate, E. S., Bustos, C., Romero-López-Alberca, C., Pena-Andreu, J. M., Xavier, M., & Moreno-Küstner, B. (2021). A multicentric study on stigma towards people with mental illness in health sciences students. *BMC Medical Education*, *21*(1), 1-11. <https://doi.org/10.1186/s12909-021-02695-8>
- McNealy, K. R., & Lombardero, A. (2020). Somatic presentation of mental health concerns, stigma, and mental health treatment engagement among college students. *Journal of American College Health*, *68*(7), 774-781. <https://doi.org/10.1080/07448481.2019.1590372>
- Nohr, L., Lorenzo Ruiz, A., Sandoval Ferrer, J. E., & Buhlmann, U. (2021). Mental health stigma and professional help-seeking attitudes a comparison between Cuba and Germany. *PloS One*, *16*(2), 1-24. <https://doi.org/10.1371/journal.pone.0246501>
- O'Connor, C. (2021). Has the COVID-19 pandemic affected lay beliefs about the cause and course of mental illness?. *International Journal of Environmental Research and Public Health*, *18*(9), 2-11. <https://doi.org/10.3390/ijerph18094912>
- Oliveira, A. M., Machado, D., Fonseca, J. B., Palha, F., Silva Moreira, P., Sousa, N., Cerqueira, J. J., & Morgado, P. (2020). Stigmatizing attitudes toward patients with psychiatric disorders among medical students and professionals. *Frontiers in Psychiatry*, *11* (326), 1-7. <https://doi.org/10.3389/fpsyt.2020.00326>
- Pereira, A., & Patrício, T. (2016). *SPSS: Guia prático de utilização: Análise de dados para ciências sociais e psicologia* (8nd ed.). Sílabo.
- Rafal, G., Gatto, A., & DeBate, R. (2018). Mental health literacy, stigma, and help-seeking behaviors among male college students. *Journal of American College Health*, *66*(4), 284-291. <https://doi.org/10.1080/07448481.2018.1434780>
- Rickwood, D., & Thomas, K. (2012). Conceptual measurement framework for help-seeking for mental health problems. *Psychology Research and Behavior Management*, *2*(5), 173-183. <http://dx.doi.org/10.2147/PRBM.S38707>
- Rickwood, D., Deane, F. P., Wilson, C. J., & Ciarrochi, J. (2005). Young people's help-seeking for mental health problems. *Australian e-journal for the Advancement of Mental health*, *4*(3), 218-251. <https://doi.org/10.5172/jamh.4.3.218>
- Riffel, T., & Chen, S. P. (2020). Stigma in healthcare? Exploring the knowledge, attitudes, and behavioural responses of healthcare professionals and students toward

- individuals with mental illnesses. *Psychiatric Quarterly*, 91(4), 1103-1119. <https://doi.org/10.1007/s11126-020-09809-3>
- Schnyder, N., Panczak, R., Groth, N., & Schultze-Lutter, F. (2017). Association between mental health-related stigma and active help-seeking: Systematic review and meta-analysis. *The British Journal of Psychiatry*, 210(4), 261-268. <https://doi.org/10.1192/bjp.bp.116.189464>
- Sheehan, L., Nieweglowski, K., & Corrigan, P. (2017). Structures and types of stigma. In W. Gaebel, W. Rossler & N. Sartorius (Eds.), *The stigma of mental illness - End of the story?* (pp. 43-66). Springer
- Speerforck, S., Schomerus, G., Pruess, S., & Angermeyer, M. C. (2014). Different biogenetic causal explanations and attitudes towards persons with major depression, schizophrenia and alcohol dependence: Is the concept of a chemical imbalance beneficial?. *Journal of Affective Disorders*, 168, 224-228. <https://doi.org/10.1016/j.jad.2014.06.013>
- Stewart, G., Kamata, A., Miles, R., Grandoit, E., Mandelbaum, F., Quinn, C., & Rabin, L. (2019). Predicting mental health help seeking orientations among diverse Undergraduates: An ordinal logistic regression analysis. *Journal of affective disorders*, 257, 271-280. <https://doi.org/10.1016/j.jad.2019.07.058>
- Thonon, B., & Larøi, F. (2017). What predicts stigmatisation about schizophrenia? Results from a general population survey examining its underlying cognitive, affective and behavioural factors. *Psychosis*, 9(2), 99-109. <https://doi.org/10.1080/17522439.2016.1229361>
- Upton, E., Clare, P. J., Aiken, A., Boland, V. C., De Torres, C., Bruno, R., Hutchinson, D., Kypri, K., Mattick, R., McBride, N., & Peacock, A. (2021). Changes in mental health and help-seeking among young Australian adults during the COVID-19 pandemic: a prospective cohort study. *Psychological Medicine*, 1-9. <https://doi.org/10.1017/S0033291721001963>
- Velasco, A. A., Cruz, I. S. S., Billings, J., Jimenez, M., & Rowe, S. (2020). What are the barriers, facilitators and interventions targeting help-seeking behaviours for common mental health problems in adolescents? A systematic review. *BMC Psychiatry*, 20(293), 1-22. <https://doi.org/10.1186/s12888-020-02659-0>
- Vidourek, R. A., & Burbage, M. (2019). Positive mental health and mental health stigma: A qualitative study assessing student attitudes. *Mental Health & Prevention*, 13, 1-6. <https://doi.org/10.1016/j.mhp.2018.11.006>

Weiner, B. (1985). An attributional theory of achievement motivation and emotion. *Psychological Review*, 92(4), 548-572.

Zaninotto, L., Qian, J., Sun, Y., Bassi, G., Solmi, M., & Salcuni, S. (2018). Gender, personality traits and experience with psychiatric patients as predictors of stigma in Italian psychology students. *Frontiers in Public Health*, 6, 1-10  
<https://doi.org/10.3389/fpubh.2018.00362>

## **Apêndices**

# Apêndice A. Revisão da literatura

## 1. O estigma da doença mental

### 1.1. O conceito de estigma da doença mental

Atualmente, de acordo com a American Psychological Association (2022), o estigma define-se como a atitude social negativa associada a uma característica de um indivíduo que pode ser considerada uma deficiência mental, física ou social, implicando desaprovação social e podendo levar injustamente à discriminação e exclusão do indivíduo da sociedade.

O conceito de estigma foi inicialmente introduzido na Grécia Antiga e surgiu para fazer referência a sinais corporais desenhados com a finalidade de revelar um estatuto inferior, do ponto de vista moral e social dos indivíduos marcados. Os sinais constituíam cortes ou queimaduras no corpo de forma a demonstrar que estes indivíduos integravam um grupo de pessoas consideradas desonradas e indesejáveis, que deveriam ser evitadas (Link & Stuart, 2017). No início do século XIX, o estigma já era fortemente associado às doenças mentais e investigadores da altura sugeriram que os indivíduos “mentalmente deficientes” podiam ser facilmente identificados por terem como características orelhas pontiagudas, baixa estatura e anormalidades cranianas (Link & Stuart, 2017).

Apesar de, nas décadas seguintes, terem surgido importantes *insights* acerca do que se conhece agora por estigma, foi o sociólogo Erving Goffman, na década de 60, que desenvolveu o conceito, criando uma ferramenta útil para a interpretação e compreensão desta faceta do comportamento humano (Link & Stuart, 2017). Goffman (1963) definiu o estigma como um atributo social profundamente depreciativo usado para afastar de um grupo dominante, um indivíduo ou conjunto de pessoas, com determinadas características que os diferenciam dos ditos “normais”. Consequentemente, resultava na rejeição destes indivíduos tornando-os objeto de discriminação e exclusão da participação em diversas áreas da sociedade.

Mais tarde, Link e Phelan (2001) revisitaram este fenómeno, concetualizando o estigma como a convergência de quatro componentes interrelacionados. No primeiro, uma diferença humana socialmente relevante é identificada e rotulada (e.g. cor da pele, género, orientação sexual). Assim, na primeira etapa do processo do estigma, um indivíduo ou grupo é rotulado de acordo com essa diferença. O segundo componente envolve um rótulo e um estereótipo, sendo que o rótulo associa a pessoa a certas características indesejáveis que resultam na formação do estereótipo (e.g. perigoso, preguiçoso). O terceiro componente do estigma resulta deste último, e envolve a distinção e a separação de grupos - o “nós” do “eles”. Finalmente, a pessoa rotulada vive a experiência de rejeição, discriminação, exclusão e perda de estatuto. Isto ocorre quando

os três primeiros componentes do estigma são perpetuados por um grupo com maior poder político, cultural ou económico, em comparação com o grupo minoritário e estigmatizado (Link & Phelan, 2001; Riffel & Chen, 2020).

Corrigan e Watson (2002) fazem a distinção entre o estigma público – o que a população geral faz ao grupo estigmatizado ao exercer o preconceito sobre esse grupo - e o autoestigma, que consiste na internalização do estigma público pelo próprio indivíduo com doença mental. Ambas estas formas de estigma envolvem três dimensões cognitivas e comportamentais do estigma, nomeadamente: estereótipos, preconceito e discriminação (Corrigan et al., 2003). Os estereótipos são crenças coletivas sobre os atributos pessoais de um grupo de pessoas, e tornam-se problemáticos quando são generalizados de forma exagerada ou errada (Myers, 2014). O preconceito é uma atitude e diz respeito a um julgamento negativo pré-concebido sobre um grupo e os seus membros individuais, constituindo o exercício das crenças ou estereótipos negativos (Myers & Twenge, 2018). A discriminação constitui uma resposta comportamental negativa e injustificada baseada no preconceito face a um grupo minoritário (Myers, 2014) que pode tomar diferentes formas, incluindo coerção, segregação, hostilidade, recusa de ajuda ou evitamento (Corrigan et al., 2003).

Autores como Thornicroft et al. (2007) acrescentam ainda que o estigma pode ser percebido como um termo abrangente que inclui três principais problemas: o problema do conhecimento ou a ignorância, o problema das atitudes negativas (preconceito) e o problema da rejeição e do comportamento evitante (discriminação). O preconceito exercido sobre um grupo minoritário por um grupo maioritário envolve não só pensamentos negativos, mas também emoções como ansiedade, raiva, ressentimento, hostilidade, ódio ou repulsa.

Vários estudos tentaram ainda perceber se existiam diferenças de género e idade, relativamente ao estigma. Assim, Corrigan e Watson (2007) e Bradbury (2020) verificaram que, em comparação com os homens, as mulheres são menos prováveis de manifestar preconceito ou discriminação contra pessoas com doença mental. Este aspeto pode estar relacionado com o facto de, em geral, estas apresentarem níveis mais elevados de empatia social (Baez et al., 2017), para além de poder representar a maior sensibilidade das mulheres face ao impacto do estigma por elas próprias serem alvo de preconceito (Keough & Garcia, 2000, as cited in Corrigan & Watson, 2007). Por outro lado, Hartini et al. (2018) concluíram que à medida que as pessoas envelhecem parecem tornar-se mais tolerantes com outras que tenham problemas de saúde mental. Pelo contrário, Oliveira et al. (2020) concluíram que os estudantes, que constituem maioritariamente uma população mais jovem, apresentam atitudes mais positivas em relação a pessoas com doença mental.

## 1.2. Crenças acerca da doença mental

De acordo com Schwitzgebel (2010, as cited in Connors & Halligan, 2015) pode definir-se crença como a convicção ou aceitação mental da veracidade de uma ideia, descrevendo representações ontológicas estáveis e inquestionáveis do mundo. As crenças fornecem uma representação coerente e consistente do mundo do indivíduo e o seu lugar nele (Connors & Halligan, 2015).

Neste sentido, uma das crenças mais comumente associadas com a doença mental diz respeito à perigosidade, ou à perspectiva de que as pessoas com doença mental são violentas e o seu comportamento imprevisível (Angermeyer & Matschinger, 2005; Sheehan et al., 2017). A imagem deste grupo de pessoas como perigosos devido à sua condição de saúde mental conduz à reação de medo por parte dos outros, traduzindo-se em estigma (Corrigan et al., 2002; Thonon & Larøi, 2016). Outro estereótipo comum está relacionado com a incompetência (Follmer & Jones, 2017) ou a crença de que quem sofre de alguma doença mental não tem competência para trabalhar e viver de forma independente, constituindo por isso um fardo para os outros. A prática deste estereótipo pode levar a que familiares ou cuidadores assumam um papel paternalista e um comportamento controlador ou coercivo (Sheehan et al., 2017). De forma geral, ambos os estereótipos estão mais associados à esquizofrenia ou perturbações aditivas (Thonon & Larøi, 2016), em comparação com outros diagnósticos.

As doenças mentais são também frequentemente entendidas como crónicas e imutáveis, o que se pode traduzir num menor foco na reabilitação, tratamento e recuperação (Sheehan et al., 2017). No que diz respeito à causa da doença, os indivíduos que são percecionados como sendo responsáveis pela doença que desenvolveram tendem a ser alvo de maior preconceito (Corrigan & Watson, 2005). Sentimentos de culpa e vergonha são resultado da opinião pública de que pessoas com diagnóstico psiquiátrico escolhem sofrer da doença ou poderiam curar-se se tomassem medicação ou se cumprissem os objetivos do tratamento (Sheehan et al., 2017). A controlabilidade refere-se ao quanto a pertença ao grupo minoritário e preconceito associado se encontra sob o controlo do indivíduo. Quando o público acredita que a doença mental resulta de uma fraqueza de carácter, sendo por isso mais controlável, existe maior probabilidade de estigmatização (Jorm & Griffiths, 2008; Krendl & Freeman, 2019) e evitamento de interação ou proximidade (Corrigan, 2000). Pelo contrário, quando a causa para os problemas de saúde mental é atribuída a fatores externos, fora do controlo do indivíduo, tal como causas biológicas ou genéticas, as reações tendem a ser menos negativas (Corrigan, 2000).

### 1.3. A Teoria da Atribuição e o estigma da doença mental

Segue-se uma breve apresentação da Teoria de Atribuição de Weiner (1985) atendendo à sua relevância para a compreensão do estigma da doença mental.

O fenómeno do estigma pode ser compreendido através da teoria da atribuição, que se trata fundamentalmente de um modelo da motivação e emoção humanas baseada no pressuposto de que os indivíduos procuram uma compreensão causal para os acontecimentos do dia a dia (Weiner, 1985), sendo que conhecer alguém com doença mental é considerado um evento que provoca este tipo de reação atribucional (Corrigan, 2000).

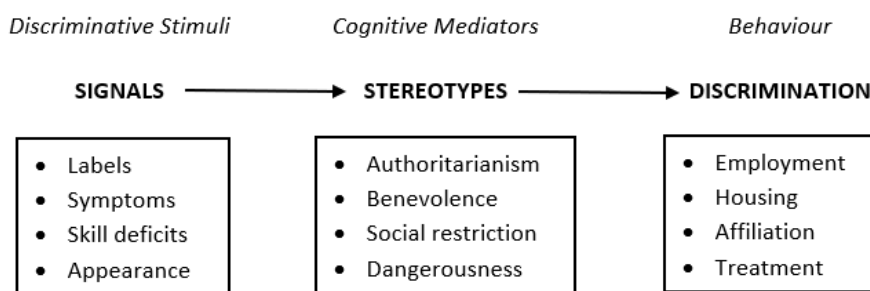
A investigação sobre este tema tem mostrado que dois construtos são especialmente importantes para responder a questões sobre a motivação humana: estabilidade e controlabilidade. A estabilidade refere-se à natureza temporal da causa (Weiner, 1985) e atribui-se mais peso às atribuições causais quando estas são perspectivadas como estáveis e imutáveis em vez de instáveis e flutuantes (Corrigan, 2000). A controlabilidade refere-se à quantidade de influência volitiva que o indivíduo tem sobre a causa (Weiner, 1985). É mais provável que as pessoas associem responsabilidade e atribuam culpa a eventos que são considerados controláveis.

Desta forma, a teoria da atribuição constitui um exemplo de um modelo que tem sido útil na compreensão do estigma e do comportamento discriminatório, constituindo uma das várias abordagens sociocognitivas que perspectiva o fenómeno do estigma em termos de estruturas de conhecimento. Assim, o estigma é entendido em termos de representações das perceções maioritariamente negativas do público sobre pessoas com doença mental (Corrigan, 2000).

Por outras palavras, o processo de estigmatização ao ser enquadrado no modelo de atribuições sociais, permite entender que é estabelecida uma relação causal entre os sinais do estigma, os estereótipos e as respostas comportamentais discriminatórias (Corrigan, 2000). Segundo este modelo, pessoas com doença mental sinalizam a sua doença ao público, sendo que estes sinais podem ser na forma de rótulos, sintomas psiquiátricos ou formas de agir, competências sociais pobres e aparência física (Penn & Martin, 1998) (e.g. “a pessoa a falar sozinha naquele banco deve ser maluca”). Os sinais geram estereótipos sobre as pessoas com doença mental (e.g. “as pessoas malucas são perigosas”). Por sua vez, os estereótipos têm como resultado reações comportamentais negativas na forma de discriminação (e.g. “não vou permitir que estas pessoas perigosas se mudem para a minha vizinhança”) (Corrigan, 2000).

**Figura 1.**

*O estigma da doença mental sob a perspectiva da Teoria da Atribuição (adaptado de Corrigan, 2000)*



## 2. O estigma da doença mental e as atitudes de procura de ajuda em estudantes universitários

### 2.1. A relação entre o estigma e as atitudes de procura de ajuda

A “procura de ajuda psicológica” pode ser entendida como a obtenção de várias formas de ajuda a nível de saúde mental, formais ou informais, abrangendo todas as etapas do processo, desde a intenção para o envolvimento em cuidados de saúde mental até à procura de ajuda (Chandrasekara, 2016). Assim, o termo refere-se a qualquer tentativa de procura de ajuda para problemas de saúde mental através do apoio formal fornecido por profissionais ou apoio informal de amigos e familiares (Rickwood et al., 2005).

As crenças e atitudes estigmatizantes acerca da doença mental constituem a barreira mais frequentemente identificada para a procura de ajuda psicológica em estudantes (Chandrasekara, 2016; Nohr et al., 2021; Stewart et al., 2019; Velasco et al., 2020; Vidourek & Burbage, 2019), especialmente a partir de recursos formais (Cage et al., 2018). De facto, segundo Corrigan (2004) o evitamento do rótulo de “doente mental”, provocado pelo comportamento estigmatizante do público, constitui uma das formas mais significativas de como o estigma impede a procura de tratamento. O medo do estigma relacionado com problemas de saúde mental é elevado nos jovens, que frequentemente não querem que os pares tomem conhecimento das suas dificuldades, por vergonha ou receio de ser gozado. Este medo está também relacionado com preocupações relacionadas com a confidencialidade dos serviços profissionais de saúde mental (Rickwood et al., 2005).

O estigma público e o autoestigma criam vergonha, o que adia a identificação do problema e a conseqüente procura de ajuda (Chandrasekara, 2016). Outro fator importante diz respeito à preferência dos jovens para acreditarem na sua capacidade de resolver os seus próprios problemas, em vez de procurar ajuda externa. Para além disso, os jovens pensam que procurar esse tipo de ajuda pode ser visto como um indicador de

fraqueza ou incapacidade para lidar com os problemas. A ausência de confiança na fonte de ajuda e a desesperança são outras barreiras referidas para a procura de ajuda psicológica nos jovens (Chandrasekara, 2016).

## 2.2. A Teoria do Comportamento Planeado e as atitudes de procura de ajuda

Em seguida, será abordada a Teoria do Comportamento Planeado de Ajzen (1991), uma vez que se verifica relevante para compreender as atitudes de procura de ajuda em serviços de saúde mental.

As atitudes de procura de ajuda têm sido estudadas sob a perspectiva da Teoria do Comportamento Planeado (TCP) de Ajzen (1991). Segundo esta teoria, o antecedente do comportamento é a intenção para o praticar, sendo que quanto mais forte for a intenção, mais provável será que o comportamento aconteça. O grau pelo qual as pessoas têm verdadeiro controlo sobre o comportamento depende da sua capacidade para ultrapassar barreiras e da presença de fatores facilitadores como a experiência prévia e a ajuda externa. Quanto maior for o controlo do indivíduo sobre o comportamento, mais provável será que a intenção seja colocada em prática (Ajzen, 2020).

Posto isto, de acordo com a TCP, as intenções comportamentais são determinadas por três fatores: atitude face ao comportamento, norma subjetiva e controlo comportamental percebido. Uma atitude favorável e uma norma subjetiva que apoie o comportamento fornecem a motivação para o envolvimento no comportamento, mas uma intenção concreta para o praticar é formada apenas quando o controlo percebido sobre o comportamento é suficientemente forte (Ajzen, 2020).

Assume-se que uma atitude perante um comportamento seja o resultado de crenças facilmente acessíveis relacionadas com as consequências expeáveis do comportamento (crenças comportamentais). Uma crença comportamental é a probabilidade subjetiva da pessoa desempenhar um comportamento de interesse que a vai levar a um determinado fim ou permitir uma certa experiência. Teoricamente, as crenças comportamentais produzem uma atitude positiva ou negativa face ao comportamento (Ajzen, 2020).

Em relação às crenças normativas, estas podem distinguir-se entre dois tipos: injuntiva e descritiva. Uma crença normativa injuntiva é a expectativa ou probabilidade subjetiva de que um indivíduo ou grupo (e.g. amigos ou família) aprove ou não o desempenho do comportamento em questão. Crenças normativas descritivas são crenças sobre se outros significativos desempenham o comportamento, sendo que ambos os tipos de crenças contribuem para a pressão social percebida para o indivíduo se envolver no comportamento (Ajzen, 2020).

Assim como as atitudes se baseiam em crenças comportamentais e as normas subjetivas em crenças normativas, assume-se que o controlo comportamental percebido se baseie em crenças de controlo, que estão relacionadas com a presença de fatores que podem facilitar ou impedir o desempenho do comportamento. Os fatores de controlo incluem competências e capacidade, disponibilidade ou falta de tempo, recursos monetários, colaboração por parte de terceiros, entre outros (Ajzen, 2020).

Resumidamente, os indivíduos são mais prováveis de se envolver num comportamento se tiverem atitudes favoráveis sobre o mesmo, se acreditarem que as pessoas significativas e valorizadas, como companheiros, família e amigos próximos (Eisenberg et al., 2009) têm uma opinião favorável, e ainda se sentirem que têm os recursos e as oportunidades necessárias para praticarem o comportamento (Mo & Mak, 2009).

Vários estudos concluíram que estudantes mais velhas e do sexo feminino demonstram atitudes mais positivas de procura de ajuda psicológica do que os estudantes do sexo oposto (Chandrasekara, 2016; Ibrahim et al., 2019; Morgan et al., 2003; Stewart et al., 2019), sendo que os últimos apresentam crenças e atitudes desfavoráveis, autoestigma e baixa intenção para procurar ajuda profissional (DeBate et al., 2018; Komiya et al., 2000; Rafal et al., 2018; Topkaya, 2014). Por outro lado, os rapazes apenas reportaram mais intenções de procura de ajuda do que as raparigas no que diz respeito a comportamentos autolesivos (Nearchou et al., 2018).

Esta diferença na procura de ajuda pode dever-se ao facto dos estudantes do sexo masculino pensarem que ter problemas na universidade é normal e que procurar ajuda externa para os seus problemas é inútil, uma vez que isso é perspetivado como um sinal de fraqueza (Chandrasekara, 2016). Segundo Berger et al. (2005), os homens tendem a internalizar mensagens relacionadas com os respetivos papéis tradicionais que podem influenciar negativamente as atitudes de procura de ajuda. De acordo com Mackenzie et al. (2019), em comparação com os mais jovens, os adultos mais velhos apresentam atitudes mais positivas de procura de ajuda.

Outros facilitadores que permitem uma procura de ajuda positiva, para além de pertencer ao sexo feminino e da idade, incluem estudar psicologia e ter uma perceção positiva do acesso aos cuidados de saúde mental oferecidos pela instituição de ensino (Stewart et al., 2019).

Estas conclusões sugerem que as atitudes dos estudantes, a norma subjetiva e o controlo do comportamento face à procura de ajuda psicológica predizem de forma significativa as suas intenções para procurar serviços de saúde mental (Chandrasekara, 2016) sendo que as atitudes parecem ter especial relevância (Zorilla et al., 2019). Neste sentido, Mo e Mak (2009) sugeriram que as atitudes para a procura de ajuda deveriam

ser o foco das campanhas públicas, ao serem propostas crenças positivas e ao ser dado uma maior ênfase aos resultados positivos associados à utilização dos serviços profissionais de saúde mental.

### 3. A familiaridade com a doença mental, o estigma e a procura de ajuda

A familiaridade é um construto complexo que pode ser definido como a experiência, e não apenas o conhecimento, que um indivíduo tem com o vasto espectro de doenças mentais e as respetivas intervenções vivenciadas pelo seu contexto social (Corrigan & Nieweglowski, 2019).

Neste sentido, Sheehan et al. (2017) identificam a familiaridade com a doença mental como uma variável que modera o desenvolvimento e a expressão do estigma, na medida em que é esperado que pessoas que conhecem ou são próximas de alguém diagnosticado com doença mental tenham menos tendência para estigmatizar esta condição (Lyndon et al., 2019). Os membros do público geral que estão familiarizados com a doença mental, quer seja através da aprendizagem escolar ou da experiência com membros da família ou outros significativos, ou tenham experiência pessoal com problemas de saúde mental, apresentam atitudes mais positivas face à doença mental e menor desejo de distanciamento social, traduzindo-se em menor estigma (Angermeyer et al., 2004; Hartini et al., 2018; Kosyluk et al., 2021; Peters et al., 2017; Waugh et al., 2017), principalmente no que diz respeito ao estereótipo de perigosidade (Corrigan et al., 2001a).

Também Oliveira et al. (2020) constatou que o contacto com pessoas com problemas a nível de saúde mental está relacionado com um menor estigma, especialmente se existir um membro na família que sofra de doença mental. De facto, de acordo com Corrigan et al. (2003), as pessoas mais familiarizadas com a doença mental são mais prováveis de oferecer ajuda e menos prováveis de evitar pessoas com estes problemas, sendo que a familiaridade com a doença mental parece estar associada a um maior sentimento de pena e, por outro lado, a menos sentimentos de raiva e medo.

Para além do efeito no estigma, verifica-se também um efeito positivo da familiaridade nas atitudes de procura de ajuda psicológica. De acordo com Nohr et al. (2021) uma maior familiaridade com a doença mental prediz atitudes mais positivas de procura de ajuda o que pode ser explicado pela hipótese de contacto intergrupar de Allport que postula que o contacto entre grupos permite a redução de reações negativas e o aumento da tolerância entre os mesmos devido à familiarização (Couture & Penn, 2003). Assim, a familiaridade com pessoas com doença mental pode reduzir o

evitamento do rótulo, podendo ter como consequência a redução das atitudes negativas de procura de ajuda (Nohr et al., 2021).

#### 4. Estratégias para o combate do estigma da doença mental

Corrigan et al. (2001b) estudaram três estratégias para a mudança de atitudes estigmatizantes face à esquizofrenia e outras doenças mentais graves. Em primeiro lugar, a educação, que altera mitos sobre a doença mental por conceções verdadeiras e precisas e diz respeito à partilha de informação para que o público possa tomar decisões mais informadas sobre a doença mental. O contacto desafia atitudes públicas sobre a doença mental através da interação direta com pessoas com estas doenças. As intervenções antiestigma baseadas no contacto podem ser aplicadas de diversas formas (e.g. online, em vídeo ou presencial), podendo variar também no foco do conteúdo (e.g. estigma associado à doença mental, procura de tratamento, ou literacia em saúde mental) e na população-alvo (e.g. estudantes, funcionários e professores, profissionais de saúde) (Griffiths et al., 2014). Por último, o protesto trata-se de uma estratégia reativa que diminui atitudes negativas sobre a doença mental, mas não promove atitudes mais positivas apoiadas por factos (Corrigan, 2000), podendo ser considerado um método mais “forçado” e, por isso, menos eficaz ou até mesmo contraproduativo (Elbulok-Charcape et al., 2020).

Neste sentido, Schnittker (2013) sugeriu que o meio mais eficaz para reduzir o estigma é o contacto pessoal, o que se pode dever aos efeitos normalizadores de conhecer alguém de um suposto grupo externo. De facto, Corrigan et al. (2001b) verificaram que o contacto resulta em atribuições mais positivas acerca da controlabilidade e estabilidade da depressão e da estabilidade da psicose. Noutro estudo, Corrigan (2002) verificou maiores diferenças nas atitudes relacionadas com a perigosidade e a responsabilidade pessoal nos indivíduos que tiveram contacto com alguém com doença mental, em comparação com sujeitos apenas expostos a intervenções educacionais. O estudo de Angermeyer et al. (2004) apoia estas conclusões, na medida em que verificaram que as abordagens que pretendem aumentar a familiaridade do público com a doença mental, em termos de maior interação e contacto, parecem diminuir o estigma.

Assim, os programas anti-estigma que têm como alvo o comportamento da população geral e facilitam o contacto social e a inclusão social de pessoas com problemas de saúde mental parecem auxiliar na redução do estigma e da discriminação contra estas pessoas na comunidade (Fekih-Romdhane et al., 2020).

No entanto, há quem defenda que o simples contacto com pessoas com doença mental parece ser insuficiente para mudar as perceções, devendo as intervenções incluir oportunidades formais de interação com indivíduos que vão desconfirmar estereótipos

(Lyndon et al., 2019). Assim, uma das opções de intervenção mais promissoras para a redução do estigma parece ser a que envolve não só o contacto, mas também a educação (Rüsch et al., 2005), com o aumento da literacia em saúde mental (Hartini et al., 2018), visto serem eficazes não só em reduzir atitudes estigmatizantes e o distanciamento social, como também em promover crenças de *empowerment*, atitudes positivas face à procura de ajuda, e intenções para procurar ajuda através de fontes de suporte formais (Kosyluck et al., 2016; Wong et al., 2018).

A partir de vários estudos realizados com estudantes universitários, é possível perceber que as ideias mais comuns entre os mesmos para eliminar o estigma da doença mental são a educação, a consciencialização, uma atmosfera mais positiva e a discussão aberta (e.g. Elbulok-Charcape et al., 2020; Vidourek & Burbage, 2019). No que diz respeito à primeira, os estudantes sugeriram não limitar a educação para a saúde mental ao curso de Psicologia e implementá-la desde cedo (Elbulok-Charcape et al., 2020). Em termos da consciencialização, sugeriu-se a partilha de histórias sobre o estigma da doença mental (Elbulok-Charcape et al., 2020; Wada et al., 2019), o aumento dos serviços e recursos disponíveis na universidade, e a oferta de formação sobre este tema aos professores e funcionários (Eisenberg et al., 2009; Vidourek & Burbage, 2019). Os participantes de um estudo de Wada et al. (2019) enfatizaram que a normalização das doenças mentais aliviaria, até certo ponto, a solidão sentida pelos estudantes, encorajando-os a procurar ajuda.

Muitos estudantes recomendaram também a necessidade de haver empatia, compaixão e aceitação ao lidar com pessoas que sofram de doença mental (Elbulok-Charcape et al., 2020). De acordo com Phelan e Basow (2007) as iniciativas focadas no aumento da empatia parecem ser particularmente eficazes, uma vez que a empatia parece aumentar a tolerância. Em relação à discussão aberta, os estudantes sugeriram conversas mais frequentes e abertas sobre problemas de saúde mental (Elbulok-Charcape et al., 2020). Promover uma cultura de autocuidado na universidade revelou-se também um aspeto chave para reduzir o estigma (Wada et al., 2019).

A desproporção no uso de serviços de saúde mental encontrada entre homens e mulheres mencionada anteriormente, que sugere que as mulheres de forma geral procuram mais ajuda, aponta para os benefícios de investir na educação para a saúde mental direcionada ao sexo masculino, devido em parte à normalização que se torna possível através dos diálogos objetivos sobre as doenças mentais (Stewart et al., 2019). Por outro lado, sugere-se que as iniciativas educacionais com o objetivo de aumentar o uso de serviços de saúde mental nos homens deveriam focar-se principalmente no aumento da abertura psicológica, e não tanto nas atitudes relacionadas com o estigma ou na intenção de procura de ajuda (Mackenzie et al., 2006).

Alguns investigadores acreditam que reduzir o estigma não é suficiente, devendo as intervenções promover atitudes positivas no que dizem respeito à recuperação, ao *empowerment* e à autodeterminação (Corrigan et al., 2014). Por outro lado, Kearns et al. (2018) sugerem que a introdução de serviços locais integrados na comunidade pode ter um impacto positivo no estigma e promover atitudes positivas de procura de ajuda.

Posto isto, seja qual for o tipo de intervenção implementada, reduzir o estigma é crucial e urgente para que aqueles com dificuldades a nível da saúde mental procurem ajuda profissional mais facilmente e recebam o suporte social e profissional que necessitam (Phelan & Basow, 2007).

## 5. Impacto da pandemia Covid-19 nas crenças e atitudes face à doença mental

Os resultados de vários estudos recentes sugerem que a pandemia Covid-19, um período tão atípico e desafiante a nível global, tem provocado efeitos prejudiciais na saúde mental dos estudantes universitários, em grande parte no que diz respeito a um aumento significativo de sintomas de ansiedade, depressão e stress (Fu et al., 2021; Maia & Dias, 2020; Wang et al., 2020; Wathélet et al., 2020), sendo os mesmos mais evidentes em estudantes do sexo feminino, que vivam em zonas rurais, tenham um baixo nível socioeconómico e um pior desempenho a nível académico (Lee et al., 2021; Li et al., 2021).

Outros fatores de risco associados aos problemas de saúde mental dos estudantes durante a pandemia incluem a perda de rendimentos, um histórico de problemas psiquiátricos, sintomas de Covid-19, um nível baixo de atividade física, um baixo sentido de integração e dificuldades nas relações sociais, uma baixa satisfação relacionada com a informação recebida e elevados níveis de preocupação com os familiares poderem vir a ter Covid-19 (Wang et al., 2020; Wathélet et al., 2020). Também o isolamento, os limites na interação e no apoio emocional, e a transição abrupta de aulas presenciais para aulas à distância constituem desafios com os quais os estudantes foram confrontados (Elmer et al., 2020).

Apesar da elevada prevalência destes problemas durante a pandemia, verificou-se uma baixa utilização de serviços de saúde mental (Lee et al., 2021). Os resultados de um estudo de Theurel e Witt (2022) mostram que, durante a pandemia, os estudantes preferiram recorrer a ajuda informal (e.g. amigos e família), confirmando conclusões prévias de que os jovens têm mais tendência para procurar ajuda junto dos amigos e familiares para problemas psicológicos e emocionais do que profissionais de saúde mental (Rickwood et al., 2005).

Apesar da literatura sobre o impacto da pandemia na alteração das crenças e atitudes sobre a doença mental ser ainda muito escassa, é possível verificar que, na população geral, a associação observada entre a pandemia e o aumento da ansiedade tem o potencial de reduzir o essencialismo biológico (são atribuídas causas biológicas à ansiedade), o que pode ajudar a amenizar a estigmatização daqueles com perturbações de ansiedade (O'Connor, 2021). Quando a população atribui a doença mental a causas primariamente biológicas, isso parecer ter várias consequências ao nível das respostas sociais às pessoas com este tipo de patologia (O'Connor, 2021). Por exemplo, sugere-se que atribuir a doença mental a causas biológicas reduz a culpa sentida pelas próprios doentes, mas aumenta as perceções de perigosidade, exclusão social e a incerteza sobre as possibilidades de recuperação por parte do público (Lebowitz & Appelbaum, 2019).

O'Connor (2021) propõe ainda que a pandemia pode afetar diversas crenças relacionadas com várias dimensões, entre elas o curso e a duração da doença, a possibilidade de tratamento percebida e a suscetibilidade do controlo pessoal. Por outras palavras, observar que os sintomas de doença mental aumentam em resposta à pandemia pode reduzir a duração antecipada da doença (se for esperado que a remissão dos sintomas coincida com o fim da pandemia), influenciar a confiança na probabilidade de obter tratamento eficaz (devido a experiências generalizadas de recursos de saúde limitados), ou diminuir a controlabilidade percebida dos sintomas (devido à sua contingência a eventos à escala global).

## Referências

- Ajzen, I. (1991). The theory of planned behavior. *Organizational behavior and human decision processes*, 50(2), 179-211.
- Ajzen, I. (2020). The theory of planned behavior: Frequently asked questions. *Human Behavior and Emerging Technologies*, 2(4), 314-324. DOI: 10.1002/hbe2.195
- American Psychological Association. (2022). *APA Dictionary of Psychology*. <https://dictionary.apa.org/stigma>
- Angermeyer, M. C., & Matschinger, H. (2005). Causal beliefs and attitudes to people with schizophrenia: trend analysis based on data from two population surveys in Germany. *The British Journal of Psychiatry*, 186(4), 331-334. <https://doi.org/10.1192/bjp.186.4.331>
- Angermeyer, M. C., Matschinger, H., & Corrigan, P. W. (2004). Familiarity with mental illness and social distance from people with schizophrenia and major depression: testing a model using data from a representative population survey. *Schizophrenia research*, 69(2-3), 175-182. [https://doi.org/10.1016/S0920-9964\(03\)00186-5](https://doi.org/10.1016/S0920-9964(03)00186-5)
- Baez, S., Flichtentrei, D., Prats, M., Mastandueno, R., García, A. M., Cetkovich, M., & Ibáñez, A. (2017). Men, women... who cares? A population-based study on sex differences and gender roles in empathy and moral cognition. *PLoS One*, 12(6), 1-21. <https://doi.org/10.1371/journal.pone.0179336>
- Barber, S., Gronholm, P. C., Ahuja, S., Rüsche, N., & Thornicroft, G. (2020). Microaggressions towards people affected by mental health problems: A scoping review. *Epidemiology and Psychiatric Sciences*, 29, 1-11. <https://doi.org/10.1017/S2045796019000763>
- Berger, J. M., Levant, R., McMillan, K. K., Kelleher, W., & Sellers, A. (2005). Impact of gender role conflict, traditional masculinity ideology, alexithymia, and age on men's attitudes toward psychological help seeking. *Psychology of Men & Masculinity*, 6(1), 73-78. <https://doi.org/10.1037/1524-9220.6.1.73>
- Cage, E., Stock, M., Sharpington, A., Pitman, E., & Batchelor, R. (2020). Barriers to accessing support for mental health issues at university. *Studies in Higher Education*, 45(8), 1637-1649. <https://doi.org/10.1080/03075079.2018.1544237>

- Chandrasekara, W. S. (2016). Help seeking attitudes and willingness to seek psychological help: Application of the theory of planned behavior. *International Journal of Management, Accounting and Economics*, 3(4), 233-245.
- Connors, M. H., & Halligan, P. W. (2015). A cognitive account of belief: a tentative road map. *Frontiers in Psychology*, 5, 1-14. <https://doi.org/10.3389/fpsyg.2014.01588>
- Corrigan, P. (2004). How stigma interferes with mental health care. *American Psychologist*, 59(7), 614-625. <https://doi.org/10.1037/0003-066X.59.7.614>
- Corrigan, P. W. (2000). Mental health stigma as social attribution: Implications for research methods and attitude change. *Clinical Psychology: Science and Practice*, 7(1), 48. <https://doi.org/10.1093/clipsy.7.1.48>
- Corrigan, P. W., & Nieweglowski, K. (2019). How does familiarity impact the stigma of mental illness?. *Clinical Psychology Review*, 70, 40-50. <https://doi.org/10.1016/j.cpr.2019.02.001>
- Corrigan, P. W., & Watson, A. C. (2002). The paradox of self-stigma and mental illness. *Clinical psychology: Science and practice*, 9(1), 35-53. <https://doi.org/10.1093/clipsy.9.1.35>
- Corrigan, P. W., & Watson, A. C. (2005). Findings from the National Comorbidity Survey on the frequency of violent behavior in individuals with psychiatric disorders. *Psychiatry Research*, 136(2-3), 153-162. <https://doi.org/10.1016/j.psychres.2005.06.005>
- Corrigan, P. W., Green, A., Lundin, R., Kubiak, M. A., & Penn, D. L. (2001). Familiarity with and social distance from people who have serious mental illness. *Psychiatric services*, 52(7), 953-958. <https://doi.org/10.1176/appi.ps.52.7.953>
- Corrigan, P. W., Powell, K. J., & Michaels, P. J. (2014). Brief battery for measurement of stigmatizing versus affirming attitudes about mental illness. *Psychiatry Research*, 215(2), 466-470. <https://doi.org/10.1016/j.psychres.2013.12.006>
- Corrigan, P. W., River, L. P., Lundin, R. K., Penn, D. L., Uphoff-Wasowski, K., Campion, J., Mathisen, J., Gagnon, C., Bergman, M., Goldstein, H., & Kubiak, M. A. (2001). Three strategies for changing attributions about severe mental illness. *Schizophrenia Bulletin*, 27(2), 187-195. <https://doi.org/10.1093/oxfordjournals.schbul.a006865>

- Corrigan, P. W., River, L. P., Lundin, R. K., Wasowski, K. U., Campion, J., Mathisen, J., Goldstein, H., Bergman, M., Gagnon, C., & Kubiak, M. A. (2000). Stigmatizing attributions about mental illness. *Journal of Community Psychology*, *28*(1), 91-102. [https://doi.org/10.1002/\(SICI\)1520-6629\(200001\)28:1<91::AID-JCOP9>3.0.CO;2-M](https://doi.org/10.1002/(SICI)1520-6629(200001)28:1<91::AID-JCOP9>3.0.CO;2-M)
- Corrigan, P. W., Rowan, D., Green, A., Lundin, R., River, P., Uphoff-Wasowski, K., White, K., & Kubiak, M. A. (2002). Challenging two mental illness stigmas: Personal responsibility and dangerousness. *Schizophrenia Bulletin*, *28*(2), 293-309. <https://doi.org/10.1093/oxfordjournals.schbul.a006939>
- Corrigan, P., Markowitz, F. E., Watson, A., Rowan, D., & Kubiak, M. A. (2003). An attribution model of public discrimination towards persons with mental illness. *Journal of Health and Social Behavior*, *44*(2), 162-179. <https://doi.org/10.2307/1519806>
- Couture, S., & Penn, D. (2003). Interpersonal contact and the stigma of mental illness: A review of the literature. *Journal of Mental Health*, *12*(3), 291-305. <https://doi.org/10.1080/09638231000118276>
- DeBate, R. D., Gatto, A., & Rafal, G. (2018). The effects of stigma on determinants of mental health help-seeking behaviors among male college students: An application of the information-motivation-behavioral skills model. *American Journal of Men's Health*, *12*(5), 1286-1296. <https://doi.org/10.1177/15579883187736>
- Eisenberg, D., Downs, M. F., Golberstein, E., & Zivin, K. (2009). Stigma and help seeking for mental health among college students. *Medical Care Research and Review*, *66*(5), 522-541. <https://doi.org/10.1177/1077558709335173>
- Elbulok-Charcape, M. M., Mandelbaum, F., Miles, R., Bergdoll, R., Turbeville, D., & Rabin, L. A. (2021). Reducing stigma surrounding mental health: Diverse undergraduate students speak out. *Journal of College Student Psychotherapy*, *35*(4), 327-344. <https://doi.org/10.1080/87568225.2020.1737853>
- Elmer, T., Mephram, K., & Stadtfeld, C. (2020). Students under lockdown: Comparisons of students' social networks and mental health before and during the COVID-19 crisis in Switzerland. *Plos One*, *15*(7), 1-22. <https://doi.org/10.1371/journal.pone.0236337>
- Fekih-Romdhane, F., Chebbi, O., Sassi, H., & Cheour, M. (2021). Knowledge, attitude and behaviours toward mental illness and help-seeking in a large nonclinical

Tunisian student sample. *Early Intervention in Psychiatry*, 15(5), 1292-1305.  
DOI: 10.1111/eip.13080

Follmer, K. B., & Jones, K. S. (2017). Stereotype content and social distancing from employees with mental illness: The moderating roles of gender and social dominance orientation. *Journal of Applied Social Psychology*, 47(9), 492-504.  
<https://doi.org/10.1111/jasp.12455>

Fu, W., Yan, S., Zong, Q., Anderson-Luxford, D., Song, X., Lv, Z., & Lv, C. (2021). Mental health of college students during the COVID-19 epidemic in China. *Journal of Affective Disorders*, 280, 7-10. <https://doi.org/10.1016/j.jad.2020.11.032>

Goffman, E. (1963). *Stigma - Notes on the management of spoiled identity*. Prentice-Hall, Inc.

Griffiths, K. M., Carron-Arthur, B., Parsons, A., & Reid, R. (2014). Effectiveness of programs for reducing the stigma associated with mental disorders. A meta-analysis of randomized controlled trials. *World Psychiatry*, 13(2), 161-175.  
<https://doi.org/10.1002/wps.20129>

Hartini, N., Fardana, N. A., Ariana, A. D., & Wardana, N. D. (2018). Stigma toward people with mental health problems in Indonesia. *Psychology Research and Behavior Management*, 11, 535-541. <https://doi.org/10.2147/PRBM.S175251>

Ibrahim, N., Amit, N., Shahar, S., Wee, L. H., Ismail, R., Khairuddin, R., Siau, S. C., & Safien, A. M. (2019). Do depression literacy, mental illness beliefs and stigma influence mental health help-seeking attitude? A cross-sectional study of secondary school and university students from B40 households in Malaysia. *BMC Public Health*, 19(4), 1-8. <https://doi.org/10.1186/s12889-019-6862-6>

Jorm, A. F., & Griffiths, K. M. (2008). The public's stigmatizing attitudes towards people with mental disorders: how important are biomedical conceptualizations?. *Acta Psychiatrica Scandinavica*, 118(4), 315-321. <https://doi.org/10.1111/j.1600-0447.2008.01251.x>

Kearns, M., Muldoon, O. T., Msetfi, R. M., & Surgenor, P. W. (2019). The impact of community-based mental health service provision on stigma and attitudes towards professional help-seeking. *Journal of Mental Health*, 28(3), 289-295.  
<https://doi.org/10.1080/09638237.2018.1521928>

Komiya, N., Good, G. E., & Sherrod, N. B. (2000). Emotional openness as a predictor of college students' attitudes toward seeking psychological help. *Journal of*

*Counseling Psychology*, 47(1), 138-143. <https://doi.org/10.1037/0022-0167.47.1.138>

Kosyluk, K. A., Conner, K. O., Al-Khouja, M., Bink, A., Buchholz, B., Ellefson, S., Fokuo, K., Goldberg, D., Kraus, D., Leon, A., Powell, K., Schmidt, A., Michaels, P., & Corrigan, P. W. (2021). Factors predicting help seeking for mental illness among college students. *Journal of Mental Health*, 30(3), 300-307. <https://doi.org/10.1080/09638237.2020.1739245>

Krendl, A. C., & Freeman, J. B. (2019). Are mental illnesses stigmatized for the same reasons? Identifying the stigma-related beliefs underlying common mental illnesses. *Journal of Mental Health*, 28(3), 267-275. <https://doi.org/10.1080/09638237.2017.1385734>

Lebowitz, M. S., & Appelbaum, P. S. (2019). Biomedical explanations of psychopathology and their implications for attitudes and beliefs about mental disorders. *Annual Review of Clinical Psychology*, 15, 555-577. <https://doi.org/10.1146/annurev-clinpsy-050718-095416>

Lee, J., Jeong, H. J., & Kim, S. (2021). Stress, anxiety, and depression among undergraduate students during the COVID-19 pandemic and their use of mental health services. *Innovative Higher Education*, 46(5), 519-538. <https://doi.org/10.1007/s10755-021-09552-y>

Li, Y., Wang, A., Wu, Y., Han, N., & Huang, H. (2021). Impact of the COVID-19 pandemic on the mental health of college students: A systematic review and meta-analysis. *Frontiers in Psychology*, 12, 1-14. <https://doi.org/10.3389/fpsyg.2021.669119>

Link, B. G. & Stuart, H. (2017). On revisiting some origins of the stigma concept as it applies to mental illnesses. In W. Gaebel, W. Rossler & N. Sartorius (Eds.), *The stigma of mental illness - end of the story?* (pp. 3-29). Springer

Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology*, 27(1), 363-385.

Lyndon, A. E., Crowe, A., Wuensch, K. L., McCammon, S. L., & Davis, K. B. (2019). College students' stigmatization of people with mental illness: familiarity, implicit person theory, and attribution. *Journal of Mental Health*, 28(3), 255-259. <https://doi.org/10.1080/09638237.2016.1244722>

Mackenzie, C. S., Gekoski, W. L., & Knox, V. J. (2006). Age, gender, and the underutilization of mental health services: The influence of help-seeking

- attitudes. *Aging and Mental Health*, 10(6), 574-582.  
<https://doi.org/10.1080/13607860600641200>
- Mackenzie, C. S., Heath, P. J., Vogel, D. L., & Chekay, R. (2019). Age differences in public stigma, self-stigma, and attitudes toward seeking help: A moderated mediation model. *Journal of Clinical Psychology*, 75(12), 2259-2272.  
<https://doi.org/10.1002/jclp.22845>
- Maia, B. R., & Dias, P. C. (2020). Ansiedade, depressão e estresse em estudantes universitários: o impacto da COVID-19. *Estudos de Psicologia (Campinas)*, 37, 1-8. <http://dx.doi.org/10.1590/1982-0275202037e200067>
- Mo, P. K., & Mak, W. W. (2009). Help-seeking for mental health problems among Chinese. *Social Psychiatry and Psychiatric Epidemiology*, 44(8), 675-684.  
<https://doi.org/10.1007/s00127-008-0484-0>
- Morgan, N. T., & Robinson, M. (2003). Students' help-seeking behaviours by gender, racial background, and student status. *Canadian Journal of Counselling*, 37(2), 151-166.
- Myers, D. G. (2014). *Psicologia Social* (10th ed.). AMGH Editora.
- Myers, D.G. & Twenge, J. M. (2018). *Exploring Social Psychology* (8th ed.). McGraw Hill Education.
- Nearchou, F. A., Bird, N., Costello, A., Duggan, S., Gilroy, J., Long, R., McHugh, L., & Hennessy, E. (2018). Personal and perceived public mental-health stigma as predictors of help-seeking intentions in adolescents. *Journal of Adolescence*, 66, 83-90. <https://doi.org/10.1016/j.adolescence.2018.05.003>
- Nohr, L., Lorenzo Ruiz, A., Sandoval Ferrer, J. E., & Buhlmann, U. (2021). Mental health stigma and professional help-seeking attitudes a comparison between Cuba and Germany. *PloS One*, 16(2), 1-24. <https://doi.org/10.1371/journal.pone.0246501>
- O'Connor, C. (2021). Has the COVID-19 pandemic affected lay beliefs about the cause and course of mental illness?. *International Journal of Environmental Research and Public Health*, 18(9), 2-11. <https://doi.org/10.3390/ijerph18094912>
- Oliveira, A. M., Machado, D., Fonseca, J. B., Palha, F., Silva Moreira, P., Sousa, N., Cerqueira, J. J., & Morgado, P. (2020). Stigmatizing attitudes toward patients with psychiatric disorders among medical students and professionals. *Frontiers in Psychiatry*, 11 (326), 1-7. <https://doi.org/10.3389/fpsy.2020.00326>

- Penn, D. L., & Martin, J. (1998). The stigma of severe mental illness: Some potential solutions for a recalcitrant problem. *Psychiatric Quarterly*, 69(3), 235-247. <https://doi.org/10.1023/A:1022153327316>
- Peters, H. J., Schwenk, H. N., Ahlstrom, Z. R., & McIalwain, L. N. (2017). Microaggressions: The experience of individuals with mental illness. *Counselling Psychology Quarterly*, 30(1), 86-112. <https://doi.org/10.1080/09515070.2016.1164666>
- Phelan, J. E., & Basow, S. A. (2007). College students' attitudes toward mental illness: An examination of the stigma process. *Journal of Applied Social Psychology*, 37(12), 2877-2902. <https://doi.org/10.1111/j.1559-1816.2007.00286.x>
- Rafal, G., Gatto, A., & DeBate, R. (2018). Mental health literacy, stigma, and help-seeking behaviors among male college students. *Journal of American College Health*, 66(4), 284-291. <https://doi.org/10.1080/07448481.2018.1434780>
- Rickwood, D., Deane, F. P., Wilson, C. J., & Ciarrochi, J. (2005). Young people's help-seeking for mental health problems. *Australian e-journal for the Advancement of Mental health*, 4(3), 218-251. <https://doi.org/10.5172/jamh.4.3.218>
- Riffel, T., & Chen, S. P. (2020). Stigma in healthcare? Exploring the knowledge, attitudes, and behavioural responses of healthcare professionals and students toward individuals with mental illnesses. *Psychiatric Quarterly*, 91(4), 1103-1119. <https://doi.org/10.1007/s11126-020-09809-3>
- Rüsch, N., Angermeyer, M. C., & Corrigan, P. W. (2005). Mental illness stigma: concepts, consequences, and initiatives to reduce stigma. *European Psychiatry*, 20(8), 529-539. <https://doi.org/10.1016/j.eurpsy.2005.04.004>
- Schnittker, J. (2013). Public beliefs about mental illness. In C. S. Aneshensel, J. C. Phelan, & A. Bierman (Eds.), *Handbook of the Sociology of Mental Health* (2<sup>nd</sup> ed., pp.75-93). Springer.
- Schnyder, N., Panczak, R., Groth, N., & Schultze-Lutter, F. (2017). Association between mental health-related stigma and active help-seeking: systematic review and meta-analysis. *The British Journal of Psychiatry*, 210(4), 261-268. <https://doi.org/10.1192/bjp.bp.116.189464>
- Sheehan, L., Nieweglowski, K., & Corrigan, P. (2017). Structures and types of stigma. In W. Gaebel, W. Rossler & N. Sartorius (Eds.), *The stigma of mental illness - end of the story?* (pp. 43-66). Springer

- Stewart, G., Kamata, A., Miles, R., Grandoit, E., Mandelbaum, F., Quinn, C., & Rabin, L. (2019). Predicting mental health help seeking orientations among diverse Undergraduates: An ordinal logistic regression analysis. *Journal of affective disorders*, 257, 271-280. <https://doi.org/10.1016/j.jad.2019.07.058>
- Theurel, A., & Witt, A. (2022). Identifying barriers to mental health help-seeking in French university students during the Covid-19 pandemic. *Creative Education*, 13(2), 437-449. <https://doi.org/10.4236/ce.2022.132025>
- Thonon, B., & Larøi, F. (2017). What predicts stigmatisation about schizophrenia? Results from a general population survey examining its underlying cognitive, affective and behavioural factors. *Psychosis*, 9(2), 99-109. <https://doi.org/10.1080/17522439.2016.1229361>
- Thornicroft, G., Rose, D., Kassam, A., & Sartorius, N. (2007). Stigma: ignorance, prejudice or discrimination?. *The British Journal of Psychiatry*, 190, 192-193. <https://doi.org/10.1192/bjp.bp.106.025791>
- Topkaya, N. (2014). Gender, self-Stigma, and public stigma in predicting attitudes toward psychological help-seeking. *Educational Sciences: Theory and Practice*, 14(2), 480-487. <https://doi.org/10.12738/estp.2014.2.1799>
- Velasco, A. A., Cruz, I. S. S., Billings, J., Jimenez, M., & Rowe, S. (2020). What are the barriers, facilitators and interventions targeting help-seeking behaviours for common mental health problems in adolescents? A systematic review. *BMC Psychiatry*, 20(293), 1-22. <https://doi.org/10.1186/s12888-020-02659-0>
- Vidourek, R. A., & Burbage, M. (2019). Positive mental health and mental health stigma: A qualitative study assessing student attitudes. *Mental Health & Prevention*, 13, 1-6. <https://doi.org/10.1016/j.mhp.2018.11.006>
- Wada, M., Suto, M. J., Lee, M., Sanders, D., Sun, C., Le, T. N., Goldman-Hasbun, J., & Chauhan, S. (2019). University students' perspectives on mental illness stigma. *Mental Health & Prevention*, 14, 1-8. <https://doi.org/10.1016/j.mph.2019.200159>
- Wang, C., Pan, R., Wan, X., Tan, Y., Xu, L., Ho, C. S., & Ho, R. C. (2020). Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in China. *International Journal of Environmental Research and Public Health*, 17(5), 1-25. <https://doi.org/10.3390/ijerph17051729>

- Wathelet, M., Duhem, S., Vaiva, G., Baubet, T., Habran, E., Veerapa, E., Debien, C., Molenda, S., Horn, M., Grandgenevre, P., Notredame, C. E., & D'Hondt, F. (2020). Factors associated with mental health disorders among university students in France confined during the COVID-19 pandemic. *JAMA Network Open*, 3(10), 1-13. <https://doi.org/10.1001/jamanetworkopen.2020.25591>
- Waugh, W., Lethem, C., Sherring, S., & Henderson, C. (2017). Exploring experiences of and attitudes towards mental illness and disclosure amongst health care professionals: a qualitative study. *Journal of Mental Health*, 26(5), 457-463. <https://doi.org/10.1080/09638237.2017.1322184>
- Weiner, B. (1985). An attributional theory of achievement motivation and emotion. *Psychological Review*, 92(4), 548-572.
- Wong, E. C., Collins, R. L., Cerully, J. L., Yu, J. W., & Seelam, R. (2018). Effects of contact-based mental illness stigma reduction programs: age, gender, and Asian, Latino, and White American differences. *Social Psychiatry and Psychiatric Epidemiology*, 53(3), 299-308. <https://doi.org/10.1007/s00127-017-1459-9>
- Zorrilla, M. M., Modeste, N., Gleason, P. C., Sealy, D. A., Banta, J. E., & Trieu, S. L. (2019). Depression and help-seeking intention among young adults: The theory of planned behavior. *American Journal of Health Education*, 50(4), 236-244. <https://doi.org/10.1080/19325037.2019.1616014>