

Help-seeking attitudes and intentions for generalised anxiety disorder in adolescents: The role of anxiety literacy and stigma.

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Abstract

Help seeking for anxiety tends to be low in adolescents. Identifying modifiable factors that may facilitate help seeking is important. The aim of the current study is to test the effects of Generalized Anxiety Disorder (GAD) literacy and stigma (personal and perceived) on attitudes and intentions toward seeking help from professionals and key adult sources. 1,767 adolescents aged 12-18 years participated in the current study and completed measures of GAD literacy, GAD stigma, professional help-seeking attitudes, and intentions to seek help from a range of sources. The results of the study found that participants had limited GAD literacy and up to 20% personally agreed with stigmatising statements about GAD. Participants reported greater intentions to seek help from parents than from formal sources. More positive attitudes toward seeking help were associated with higher levels of GAD literacy ($p < 0.001$) and lower personal GAD stigma ($p < 0.001$). Lower perceived GAD stigma was associated with increased intentions to seek help from their mothers ($p < 0.05$) or fathers ($p < 0.01$), while lower personal GAD stigma was also associated with help-seeking intentions from their mothers ($p < 0.05$). Higher perceived GAD stigma was associated with intentions to seek help from nobody ($p < 0.001$). Overall, the current study highlights the important role that parents can play in the help-seeking process for adolescents, with parents often the most accessible source of help. Improving parent and adolescent knowledge and attitudes towards GAD may help to improve early help seeking in young people.

Keywords: Anxiety; stigma; literacy; help seeking; adolescents

Introduction

Anxiety is a common mental health problem in adolescents, with one-year prevalence rates reported to be between 7% and 25% [1-3]. Help-seeking behaviour for anxiety, and other mental health problems, tends to be low in adolescents [1,4], with anxiety disorders found to have one of the longest treatment delays [5]. Delaying the treatment of anxiety disorders is problematic, particularly in adolescents, as early intervention can alter the developmental trajectory of the disorder, reduce the long-term impacts on functioning, and lead to improved outcomes [5,6]. Therefore, identifying modifiable constructs that influence appropriate help seeking for anxiety in adolescents is important.

The help seeking process for mental disorders in young people can be complex, involving a dynamic interplay between the individual, their family, cultural values, knowledge and beliefs about mental health and help-seeking, perceived need for help and systemic factors, such as service availability and accessibility [7,8]. Young people often report higher levels of help-seeking intentions from informal sources, such as parents, family, and friends, compared to formal professional sources [9,7,10]. Parents, General Practitioners (GPs) and school counsellors though can play a significant role in facilitating access to professional mental health care for young people, as young people often have more ready access to these sources of help who can also provide direct referral advice or assistance [6].

Mental health stigma and mental health literacy are modifiable constructs that have been identified by young people as affecting their help seeking for mental disorders [11,8]. Stigma refers to negative attitudes or beliefs towards an individual, which can result in feelings of shame, embarrassment and fear of judgement [12]. Public or personal stigma represents an individual's personal attitudes or beliefs about a condition, while perceived stigma refers to an individual's perception of what other people think and feel about the condition [13]. Mental health literacy encapsulates an individual's knowledge and beliefs about mental disorders that assists them in recognizing, managing and preventing the development of the disorder [14,15].

Research to date into stigma and literacy in young people has predominantly focused on depression and psychosis, with much less research focused on anxiety disorders (particularly Generalized Anxiety Disorder, GAD), and little attention given to the association of these variables

with help-seeking attitudes [16,10,17,18]. While the reported effects of personal and perceived stigma on help seeking in young people has been mixed, there is general consensus that higher stigma is associated with lower help-seeking intentions. Some studies have reported stronger associations with either personal or perceived stigma [18-20], while others have found a mix of effects [21].

Interestingly the effects observed are often different across mental disorders and help-seeking sources, highlighting the need to assess sources and disorders separately [21]. None of the identified studies assessed the effect of GAD stigma on help seeking. However, one study assessed help-seeking for social phobia and found no effect of personal or perceived stigma [21], while a second study found higher perceived anxiety/depression stigma to be associated with lower help-seeking intentions [18].

Generally, greater mental health literacy in young people has been associated with more appropriate help-seeking intentions or behaviour, or a greater tendency to recommend help-seeking from a professional [22-24,11]. One of the few studies to assess GAD literacy in young people found it to be one of the least recognised anxiety disorders [24]. This study also found that correct attribution of GAD symptoms to mental illness were associated with higher recommendations to seek professional help, supporting the positive role of mental health literacy in the help-seeking process [24].

Frequently, recognition or labelling of a mental disorder is used as a marker of youth mental health literacy. Few studies have taken a holistic approach to the assessment of mental health literacy that assess all components of literacy (e.g., symptoms, risk factors, treatment approaches). Taking a comprehensive approach is important, as recognising symptoms alone will unlikely facilitate help-seeking behaviour if knowledge about treatment options and how to access it are lacking [16].

Research has also tended to focus on recommendations or intentions to seek help from formal sources, with less research on informal sources [21].

While there is clearly extant evidence of the association between mental health stigma, literacy and help-seeking in young people, limited research has been conducted on GAD help seeking. Understanding the roles that stigma and literacy play in the help-seeking process for GAD is important for a number of reasons: (i) as GAD is a common mental disorder in adolescents, (ii) effects of stigma and literacy may be different for anxiety than other mental disorders, and (iii) the

development of public health interventions to improve help seeking for GAD in this population is limited by a lack of information about modifiable factors for help seeking. The first aim of the current study therefore is to assess levels of GAD literacy and stigma (personal and perceived) in an adolescent population. The second aim is to test the association between GAD literacy, stigma (personal and perceived), and attitudes to professional help seeking and intentions to seek help from mother, father, school counsellor, GP and nobody. The current study includes a comprehensive assessment of GAD literacy and measures help seeking intentions from the most accessible formal and informal sources of adult help for young people, with a focus on sources who could reasonably facilitate access to more formal sources of support and care.

Method

Participants

The current study was based on 1,767 young people (62.8% female) aged 12 to 18 years ($M = 14.83$ years, $SD = 0.97$ years) from 30 schools across Australia who participated in the *Y-Worri Project* [25]. The Y-Worri Project was a randomised controlled trial of a universal online anxiety prevention program in Australia [25]. Data for the present study were drawn from the pre-intervention survey of this trial in which 6.8% of participants reported living in a rural location, 87.5% indicated English as their first language, and 76.4% reported living with both parents. Just over one quarter (27.3%) of participants reported a history of anxiety. On average, participants reported low to moderate levels of current generalized anxiety ($M = 4.77$, $SD = 4.54$) and depressive symptoms ($M = 17.76$, $SD = 10.09$). Table 1 provides a summary of participant characteristics.

Measures

GAD stigma. The Generalised Anxiety Stigma Scale (GASS) was used to assess GAD stigma and comprises two 10-item subscales that measure personal and perceived (other people's) GAD stigma [26]. Total scale scores on each subscale range from 0 to 40, with higher scores indicating higher levels of stigma. The GASS-Personal and GASS-Perceived scales have been reported to have moderate to high internal consistency [27,26], with a Cronbach's alpha of 0.91 and 0.94 obtained in the current trial respectively.

GAD Literacy. GAD literacy was assessed with the 22-item Anxiety Literacy questionnaire [A-Lit; 28]. The A-Lit presents a series of statements assessing the respondent's knowledge of GAD (symptoms, risk factors, treatment), with a mix of true and false items. Respondents score 1 point for each correct response and total scale scores can range from 0 to 22, with Cronbach's alpha of 0.83.

Help-seeking attitudes and intentions. Help-seeking attitudes were assessed using the 10-item Attitudes Toward Seeking Professional Psychological Help Scale [29]. Total scale scores can range from 0-30, with higher scores indicating more positive attitudes towards seeking professional psychological help. A Cronbach alpha of 0.66 was obtained in the current study, which is similar to that reported in previous studies [29]. Help-seeking intentions were assessed using an adapted version of the General Help-Seeking Questionnaire [30]. Participants were invited to rate the likelihood that they would seek help for anxiety from five sources (mother, father, school counsellor, GP, nobody). Each of these sources were treated as separate outcomes in the analyses. A brief definition of generalized anxiety was provided at the beginning of the survey to orient participants to the study's focus.

Other predictors. The sociodemographic predictors collected included sex, age, location (rural or urban), living situation (both parents, one parent, parent and their partner, or other), and first language spoken (English only or Non-English). Past and present mental health difficulties were also assessed, including history of anxiety and current symptoms of GAD and depression. GAD symptoms were measured with the 7-item GAD-7 [31], while depressive symptoms were measured with the 20-item Center for Epidemiologic Studies Depression Scale [CES-D; 32]. In the current study, Cronbach alphas of 0.88 and 0.80 were obtained for the GAD-7 and CES-D respectively. These predictors were included in the study so as to assess the effect of other broader help-seeking factors, such as accessibility to services (location, first language spoken, living situation) and perceived need for help (history of anxiety, current anxiety and depression symptoms) on help-seeking attitudes and intentions.

Procedure

The current study received ethical approval from the Australian National University Human Research Ethics Committee (protocol number 2010/550) and the relevant education departments

responsible for the schools that participated in the trial. Informed consent was obtained from all participating students and their parent/guardian. All participants completed the pre-intervention survey at the beginning of the Y-Worri Project. Classroom teachers administered the pre-intervention survey during an allocated class period and it took approximately 30 minutes to complete.

Statistical Analysis

Descriptive statistics were used to identify the levels of GAD literacy, stigma (personal and perceived) and help-seeking attitudes and intentions in the sample. A general linear model was used to assess the relationship between GAD literacy, stigma (personal and perceived) and help-seeking attitudes. Ordinal logistic regression models were used to assess the effect of GAD literacy and stigma (personal and perceived) on help-seeking intentions from each of the individual sources (mother, father, school counsellor, GP and nobody). Participants were omitted from the mother/father models if they reported not having a mother/father. The model for each source was calculated using PLUM (polytomous universal model) in SPSS with a logit link function, as each source of help was rated on a 7-point ordinal scale. All regression model assumptions were met and participants with missing data on relevant model variables were excluded from respective analyses. Data on all sociodemographic and mental health variables were missing completely at random based on Little's MCAR test ($\chi^2 = 68.67, df = 70, p = 0.523$).

Results

Anxiety literacy

Scores on the A-Lit ranged from 0 to 18, with a mean score of 7.01 (31.9% of the 22 items correct; $SD = 4.37$). The percentage of participants that responded correctly to these items ranged from 5.1% to 69.8%, with "don't know" responses accounting for between 60.8% and 91.5% of incorrect responses. The three items with the highest rate of correct responses were "Being bullied or victimised increases your risk of developing an anxiety disorder" (true; 69.8%), "Anxiety disorders do not affect your concentration" (false; 64.7%), and "Too much worry is the main symptom of anxiety disorders" (true; 64.4%).

Anxiety stigma

GASS personal and perceived sub-scale scores ranged from 0 to 40, with a mean score of 11.06 ($SD = 7.91$) on the GASS personal sub-scale and 17.81 ($SD = 8.24$) on the GASS perceived sub-scale. The three items on the GASS personal sub-scale that had the highest proportion of participants reporting that they agreed or strongly agreed with the statement were “People with an anxiety disorder are unstable” (20.3%), “An anxiety disorder is a sign of personal weakness” (19.7%) and “People with an anxiety disorder could snap out of it if they wanted to” (15.2%). On the GASS perceived sub-scale, the three items with the highest level of agreement were “Most people believe that people with an anxiety disorder are unstable” (35.9%), “Most people believe that people with an anxiety disorder do not make suitable employees” (30.8%), and “Most people believe that an anxiety disorder is not a real medical illness” (30.2%).

Help-seeking attitudes

Help-seeking attitude scores ranged from 0 to 30, with a mean score of 17.65 ($SD = 4.69$). Table 2 presents a correlation matrix of the continuous variables included in the regression analyses, while Table 3 provides the results of the linear regression model evaluating the effect of GAD literacy and GAD stigma (personal and perceived) on help-seeking attitudes. More positive attitudes towards seeking help from professionals for mental health problems were significantly associated with higher GAD literacy ($p < 0.001$), lower personal GAD stigma ($p < 0.001$), and less severe depression ($p = 0.003$) and anxiety ($p = 0.040$) symptoms. The other sociodemographic factors were not significantly associated with help-seeking attitudes. The regression model for help-seeking attitudes was significant, $F(11, 1668) = 12.04$, $p < 0.001$, with 9.3% of variance explained by the predictors.

Help-seeking intentions

Participants’ mothers were the most endorsed intended source of help, with 68.2% of participants reporting that they were likely or highly likely to seek help from their mother if they were experiencing anxiety, followed by their father at 55.1%. The GP was the least endorsed intended source of adult help at 29.1%, with school counsellor marginally higher at 30.6%. Overall, 26.1% of participants reported that they were likely or highly likely not to seek help from anybody if they were experiencing anxiety.

Table 4 presents the results of the ordinal regression analyses assessing the predictors of help-seeking intentions for each adult source of help, as well as intentions to seek help from nobody. Participants tended to have greater intentions to seek help from their mother if they had lower levels of personal ($p = 0.011$) and perceived GAD stigma ($p = 0.021$), were female ($p = 0.011$), reported English as their first language ($p = 0.014$), lived with both of their parents (compared to one parent [$p = 0.001$], parent and their partner [$p = 0.023$], or other [$p = 0.006$]), and had lower levels of GAD and depression symptoms ($p < 0.001$). GAD literacy did not significantly affect participants' intentions to seek help from their mother.

Lower perceived GAD stigma ($p = 0.002$) was also associated with participants' greater intentions to seek help from their father, as was younger age ($p = 0.022$), living with both parents (compared to one parent [$p < 0.001$], parent and their partner [$p < 0.001$] or other [$p = 0.004$]), and lower levels of GAD and depression symptoms ($p < 0.001$). GAD literacy and personal GAD stigma were not significantly associated with participants' help-seeking intentions from their father.

GAD literacy and personal and perceived GAD stigma were not significantly associated with intentions to seek help from a school counsellor or GP. Greater intentions to seek help from a school counsellor was predicted by younger age ($p = 0.021$) and lower GAD symptoms ($p = 0.004$), while higher intentions to seek help from a GP were associated with being male ($p = 0.004$), having no previous history of anxiety ($p = 0.034$) and lower depression symptoms ($p = 0.013$).

Lastly, greater intentions to not seek help (i.e., seek help from "nobody") was associated with higher perceived generalised anxiety stigma ($p < 0.001$), having a previous history of anxiety ($p = 0.014$), and higher depression symptoms ($p < 0.001$). Anxiety literacy and personal generalised anxiety stigma were not associated with intentions to seek help from nobody.

Discussion

The aim of the current study was to assess levels of GAD literacy and stigma (personal and perceived) and test their effects on attitudes to professional help-seeking and intentions to seek help for anxiety from four key sources of adult help and from nobody. Overall, participants in the current study reported low levels of GAD literacy, answering less than one third of the items correctly.

Participants had the most difficulty with the items assessing knowledge of treatment approaches for GAD and appeared to have a mixed awareness of the signs and symptoms of GAD and its causes.

Similarly to previous mental health stigma research in adolescents [12,33], participants' levels of perceived GAD stigma was higher than their personal GAD stigma. This difference has been purported to possibly be due to social desirability bias or 'pluralistic ignorance' in which people incorrectly perceive that they have different attitudes and beliefs to the majority of the community [34,33]. The proportion of participants agreeing and strongly agreeing with the statements about personal attitudes towards GAD were similar to those previously reported for social phobia [33]. In this previous study, social phobia was more frequently viewed as a sign of personal weakness or not a 'real' medical illness than depression, psychosis and PTSD. This highlights the increased stigma that can be associated with some anxiety disorders and the need to further educate adolescents and the wider community about anxiety. Based on the results of the current study, targeted messaging around GAD being a real medical illness, not reflecting a personal weakness and people with GAD not being unstable may be particularly effective in improving young people's attitudes towards people with GAD.

Overall, the participants in the current study had low-moderate positive attitudes towards seeking professional help. Openness and willingness to seek professional help is an important part of the formal help-seeking process. To date limited research has been conducted on formal help-seeking attitudes of young people for anxiety. The current study therefore quantifies this factor and suggests there is considerable scope to improve perceptions of the value and need for formal help-seeking for anxiety, the role it can play in the mental health recovery process and the importance of reducing self-reliance for mental health difficulties. Not surprisingly, higher levels of GAD literacy and lower levels of GAD stigma were associated with more positive formal help-seeking attitudes. This finding is consistent with the general help-seeking literature, which has found less negative attitudes and improved understanding of a disorder, its causes and treatment approaches to be associated with better help-seeking outcomes [11,22-24]. Therefore, one way to improve help-seeking attitudes could be to challenge stigmatising attitudes and increase anxiety literacy and help-seeking literacy through psychoeducational interventions delivered through schools in pastoral care or health classes, or in

public awareness campaigns targeted to youth through television, social media and public transport advertisements. More severe symptoms of depression or anxiety were also associated with more negative attitudes to help seeking, which is concerning and may reflect negative past experiences with health services. Limited variance (9%) was explained by the model, which suggests other unmeasured factors may also impact on help seeking attitudes, such as structural barriers to service use, negative parental attitudes or high levels of self-reliance.

Reflecting previous research, participants in the current study reported being more likely to seek help from informal than formal sources of help, with parents being the highest nominated likely sources of help [9,10,7]. Just over 25% of participants reported that they would be unlikely to seek help from anybody. This is a concerning finding, as early help-seeking has been associated with more positive social, emotional and academic outcomes [6,5]. Predictors of likelihood of seeking help from each of the four adult sources of help varied considerably. GAD literacy was not associated with help-seeking intentions from any of the sources or with nobody, which is contrary to previous research that has found mental health literacy to be predictive of help-seeking [24,11,22,23]. One possible explanation for this difference could be the measures used to assess literacy. In previous research, mental health literacy has tended to be assessed using single disorder recognition items, while the current study used a more comprehensive measure that assessed knowledge of GAD symptoms, as well as causes and treatment. Therefore, studies using recognition of an anxiety disorder may be capturing a slightly narrower construct than GAD literacy.

Lower perceived GAD stigma was associated with participants' increased intentions to seek help from their mother or father, while lower personal GAD stigma was positively associated with help-seeking intentions from their mother. Higher perceived GAD stigma on the other hand was associated with intentions to seek help from nobody. No association was found between personal and perceived GAD stigma and help-seeking intentions from a school counsellor or GP. These findings corroborate previous research that has found differential effects between help-seeking sources and that lower stigma may be more conducive to help seeking for mental disorders [20,18,21,19].

The findings regarding perceived GAD stigma and help-seeking intentions suggest possible targets for future intervention. It would be reasonable to assume that levels of perceived stigma in

young people may be driven in part by the attitudes of those closest to them, such as parents and friends. It could be hypothesized therefore that those young people who have lower levels of perceived stigma may have witnessed more positive attitudes towards mental illness in their parents, which may encourage approaching their parents if they experienced symptoms of anxiety. Therefore, promoting more positive mental health attitudes in parents, through education and public awareness activities that debunk myths about mental health, may help to increase young people's willingness to seek help from them. Further research into the drivers of perceived GAD stigma in young people would help to clarify these findings and the potential benefit of an intervention for parents.

For all of the adult help-seeking sources, lower GAD and/or depressive symptoms were associated with greater intentions to seek help, while higher depressive symptoms and a history of anxiety were associated with greater intentions to not seek help. These findings are quite concerning, as they suggest that those young people who were most in need of help were also those with fewer intentions to seek it. This may reflect the help negation effect that has been theorised to be evident with higher levels of mental health symptoms. According to this theory, help seeking at high levels of psychological distress may be more difficult due to cognitive distortion and altered cognitive and affective function [7]. Alternatively, it may be the case that young people with a history of anxiety or depression may have had negative experiences in seeking help. As such, it is important that the mental health problems of young people are identified early, and that parents and health professionals have access to supports that encourage appropriate responses when young people disclose symptoms of a mental illness.

Another interesting finding was that young people who reported living with both parents tended to have greater intentions to seek help from their mother and father than those young people who did not. Possible reasons for this finding are not clear from the current study, but it could reflect greater access and availability of parents in dual-parent households. Further exploration of this finding is recommended. Consistent with the broader literature, mixed findings were found for age and gender effects on help-seeking intentions.

Some of the key strengths of the current study include the large sample size, comprehensive assessment of GAD literacy, investigation of attitudes towards professional help-seeking and

exploration of help-seeking intentions from both formal and informal sources. However, there are also some limitations that should be acknowledged. Firstly, the study was cross-sectional and did not measure actual help-seeking behavior, therefore it was not possible to assess causal pathways. Future longitudinal exploration of these relationships using path analysis approaches may provide insights into how stigma might impact on help seeking outcomes. Another potential limitation is that participants' responses may have been affected by social desirability biases and the internal consistency of the help-seeking attitudes measure was moderate ($\alpha = 0.66$); thus the associations found may in fact be higher or lower. Lastly, the predictors of help-seeking attitudes and intentions explored in the current study were not exhaustive, with substantial unexplained variance. In future research it would be valuable to assess other modifiable and non-modifiable factors, such as treatment seeking self-efficacy (confidence), previous help-seeking experiences (positive and negative), access/availability of professional services and other systemic factors (e.g., time, cost of services). The current study was conducted in a general population sample. There would also be value, in future research, exploring these relationships in a clinical sample of young people for whom help-seeking would be particularly pertinent.

Overall, the findings of the current study highlight the important role that GAD literacy and stigma can play in the help-seeking process for adolescents, with GAD literacy more strongly influencing help-seeking attitudes and GAD stigma impacting both help-seeking attitudes and intentions. This study also elucidates the role that parents can play in the help-seeking process for young people, with parents often the most accessible source of help for this population and a gatekeeper to formal mental health care. As such, it is important that parents have the knowledge, attitudes and skills to facilitate the help-seeking process by being aware of mental health symptoms and available help-seeking pathways, and possessing positive attitudes towards mental health problems that encourage the disclosure of mental health concerns. Based on the results of the current study the development of mental health literacy and stigma reduction programs targeted at both adolescents and their parents is warranted to encourage more positive help-seeking attitudes and formal help seeking behaviour for mental disorders in young people.

Ethical standards

The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committees on human experimentation and with the 1964 Helsinki Declaration and its later amendments. The current study received ethical approval from the Australian National University Human Research Ethics Committee (protocol number 2010/550) and the relevant education departments responsible for the schools that participated in the trial.

Conflict of Interest

The authors declare that they have no conflict of interest.

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Table 1. Participant characteristics.

Parameter	Frequency	%
Sex		
Female	1070	63.31
Male	620	36.69
Location		
Urban	1564	93.1
Rural	116	6.9
Language spoken		
English only	1479	87.51
Non-English	211	12.49
Living situation		
Both parents	1293	76.78
One parent	242	14.37
Parent and their partner	96	5.70
Other	53	3.15
History of anxiety		
Yes	476	28.28
No	1207	71.72
	Mean	<i>SD</i>
Age	14.83	0.97
GAD-7 score	4.77	4.54
CES-D score	17.76	10.09

Anxiety literacy score	7.01	4.37
Personal GAD stigma	11.06	7.91
Perceived GAD stigma	17.81	8.24
Help-seeking attitudes	17.65	4.69

Notes. GAD = Generalized Anxiety Disorder; CES-D = Center for Epidemiologic Studies Depression Scale.

Table 2. Correlation matrix of continuous variables.

	Personal GAD stigma	Perceived GAD stigma	GAD-7	CES-D	Anxiety literacy	Help-seeking attitudes
Personal GAD stigma	-	0.389	-0.061	-0.080	-0.257	-0.223
Perceived GAD stigma	0.389	-	0.113	0.123	0.062	-0.121
GAD-7	-0.061	0.113	-	0.720	0.160	-0.134
CES-D	-0.080	0.123	0.720	-	0.166	-0.139
Anxiety literacy	-0.257	0.062	0.160	0.166	-	0.125
Help-seeking attitudes	-0.223	-0.121	-0.134	-0.139	0.125	-

Notes. GAD = Generalized Anxiety Disorder; CES-D = Center for Epidemiologic Studies Depression Scale. All correlations are significant at $p < 0.05$.

Table 3. Predictors of attitudes towards professional help-seeking for anxiety ($n = 1,680$).

Parameter	Estimate	SE	<i>t</i>	<i>p</i>
Sex				
Female	0.16	0.26	0.62	0.533
Male	0.00			
Location				
Rural	0.58	0.46	1.25	0.213
Urban	0.00			
Language spoken				
Non-English	-0.04	0.35	-0.12	0.903
English only	0.00			
Living situation				
One parent	0.39	0.33	1.19	0.233
Parent and their partner	-0.49	0.50	-0.98	0.326
Other	0.88	0.68	1.31	0.191
Both parents	0.00			
History of anxiety				
Yes	-0.41	0.30	-1.39	0.166
No	0.00			
Age	0.14	0.12	1.12	0.262
GAD-7 score	-0.08	0.04	-2.05	0.040
CES-D score	-0.05	0.02	-2.95	0.003

Anxiety literacy score	0.11	0.03	3.77	<0.001
Personal GAD stigma	-0.12	0.02	-6.69	<0.001
Perceived GAD stigma	-0.03	0.02	-1.68	0.092

Notes. SE = standard error; GAD = Generalized Anxiety Disorder; CES-D = Center for Epidemiologic Studies Depression Scale; **bold** = significant predictor.

Table 4. Predictors of help-seeking intentions for anxiety from key sources.

Parameter	Estimate	SE	X²	p
Mother (n = 1,676)				
Sex				
Female	0.27	0.11	6.54	0.011
Male	0.00			
Location				
Rural	0.18	0.19	0.94	0.331
Urban	0.00			
Language spoken				
Non-English	-0.34	0.14	6.00	0.014
English only	0.00			
Living situation				
One parent	-0.46	0.13	11.83	0.001
Parent and their partner	-0.46	0.20	5.20	0.023
Other	-0.73	0.26	7.67	0.006
Both parents	0.00			
History of anxiety				
Yes	-0.04	0.12	0.13	0.720
No	0.00			
Age	-0.04	0.05	0.61	0.436
GAD-7 score	-0.06	0.02	16.33	<0.001
CES-D score	-0.04	0.01	35.08	<0.001
Anxiety literacy score	0.01	0.01	0.72	0.380

Personal GAD stigma	-0.02	0.01	6.40	0.011
Perceived GAD stigma	-0.02	0.01	5.29	0.021
Father (n = 1,672)				
Sex				
Female	-0.09	0.10	0.82	0.366
Male	0.00			
Location				
Rural	-0.01	0.18	0.01	0.946
Urban	0.00			
Language spoken				
Non-English	-0.23	0.14	2.67	0.102
English only	0.00			
Living situation				
One parent	-1.05	0.13	61.55	<0.001
Parent and their partner	-0.78	0.20	15.28	<0.001
Other	-0.76	0.27	8.21	0.004
Both parents	0.00			
History of anxiety				
Yes	-0.03	0.12	0.06	0.809
No	0.00			
Age	-0.11	0.05	5.27	0.022
GAD-7 score	-0.06	0.02	16.97	<0.001
CES-D score	-0.04	0.01	30.44	<0.001

Anxiety literacy score	0.01	0.01	1.05	0.306
Personal GAD stigma	0.00	0.01	0.41	0.522
Perceived GAD stigma	-0.02	0.01	9.70	0.002
School Counsellor (<i>n</i> = 1,673)				
Sex				
Female	-0.10	0.10	0.88	0.347
Male	0.00			
Location				
Rural	0.00	0.18	0.00	0.991
Urban	0.00			
Language spoken				
Non-English	0.02	0.14	0.03	0.861
English only	0.00			
Living situation				
One parent	-0.24	0.13	3.31	0.069
Parent and their partner	-0.12	0.20	0.35	0.555
Other	0.09	0.26	0.11	0.744
Both parents	0.00			
History of anxiety				
Yes	0.14	0.12	1.30	0.254
No	0.00			
Age	-0.11	0.05	5.37	0.021
GAD-7 score	-0.04	0.02	8.33	0.004

CES-D score	-0.01	0.01	1.59	0.207
Anxiety literacy score	0.01	0.01	0.90	0.344
Personal GAD stigma	-0.10	0.01	2.07	0.150
Perceived GAD stigma	-0.00	0.01	0.08	0.779
GP (n = 1,668)				
Sex				
Female	-0.30	0.10	8.29	0.004
Male	0.00			
Location				
Rural	0.25	0.18	1.86	0.173
Urban	0.00			
Language spoken				
Non-English	0.08	0.14	0.35	0.556
English only	0.00			
Living situation				
One parent	-0.20	0.13	2.29	0.130
Parent and their partner	-0.34	0.20	2.84	0.092
Other	-.21	0.27	0.61	0.436
Both parents	0.00			
History of anxiety				
Yes	-0.25	0.12	4.50	0.034
No	0.00			
Age	-0.04	0.05	0.66	0.416

GAD-7 score	-0.03	0.02	3.22	0.073
CES-D score	-0.12	0.01	6.24	0.013
Anxiety literacy score	0.01	0.01	0.77	0.380
Personal GAD stigma	-0.00	0.01	0.38	0.538
Perceived GAD stigma	-0.01	0.01	1.9	0.162
Nobody (<i>n</i> = 1,621)				
Sex				
Female	-0.13	0.11	1.31	0.253
Male	0.00			
Location				
Rural	-0.00	0.20	0.00	0.986
Urban	0.00			
Language spoken				
Non-English	0.13	0.15	0.74	0.391
English only	0.00			
Living situation				
One parent	0.22	0.14	2.45	0.118
Parent and their partner	-0.05	0.21	0.06	0.807
Other	-0.18	0.28	0.39	0.531
Both parents	0.00			
History of anxiety				
Yes	0.30	0.12	6.02	0.014
No	0.00			

Age	0.04	0.05	0.64	0.423
GAD-7 score	0.01	0.02	0.62	0.431
CES-D score	0.05	0.01	43.53	<0.001
Anxiety literacy score	-0.01	0.01	0.84	0.359
Personal GAD stigma	0.01	0.01	2.27	0.132
Perceived GAD stigma	0.03	0.01	15.60	<0.001

Notes. SE = standard error; GAD = generalized anxiety disorder; CES-D = Center for Epidemiologic Studies Depression Scale; **bold** = significant predictor.