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Intentions to participate in counselling among front-line, at-risk Irish government employees: an application of the theory of planned behaviour

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The study set out to examine intentions to engage in counselling among at-risk Irish government employees and the differential utility of two alternative theory of planned behaviour (TPB) models of behaviour to explain intentions to participate in counselling. Individuals (N = 259) employed in a front-line, at-risk occupation for the Irish government completed a TPB-based questionnaire. Quantitative analyses revealed that participants held positive to neutral intentions to participate in counselling, irrespective of gender. The original TPB model explained 49.9% of variance in intentions whereas an alternative TPB model, splitting the perceived behavioural control (PBC) construct between its internal and external control components, explained a further 8.9% of variance. Furthermore, self-efficacy was found to be the strongest predictor of intentions. This study therefore supports the use of the TPB in understanding counselling-seeking behaviour.

Keywords: theory of planned behaviour; psychological counselling; at-risk government group; attitudes towards counselling

1. Introduction

Mental health problems are known to affect a significant proportion of the world's population. According to statistics from the World Health Organisation (WHO), 20% of the European population will suffer from depression during their lifetime (Health Service Executive, 2007). Furthermore, when the suffering imposed by all diseases worldwide was considered, unipolar depression was found to be the fourth leading cause of ill health, and it has been projected that by 2020 depression will represent the second leading cause of ill health worldwide (Murray & Lopez, 1996). Globally the WHO has estimated that more than 200 million people are affected by serious mental health problems (Mollica, 2000). Despite the prevalence of mental health problems, mental health treatment and prevention services are found to be extremely under-utilised.

Although statistics for the utilisation of mental health services worldwide are scarce, the United States Department of Health and Human Services (USDHHS, 1999) estimated that only one third of people who require mental health services actually receive any treatment. The figure seems to be higher for children and

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adolescents, with 75–80% of those in need of mental health services going untreated. Kessler, Berglund, Bruce, Koch, Laska, and Leaf (2001) have documented that as many as 60% of people who would benefit from available mental health treatment do not seek the use of such services. This problem is also found across different cultures. In Hong Kong, for example, the Health and Welfare Bureau found that only 20% of individuals requiring mental health treatment each year utilise such services (Mo & Mak, 2009).

Given the prevalence of mental health problems and the apparent low levels of utilisation of mental health services, it is crucial that a comprehensive understanding of the psychological factors involved in such avoidance behaviour is ascertained. Initial attempts to understand the lack of utilisation of mental health services, including psychological counselling services, have generally focused on attitudinal factors (Cash, Kehr, & Salzbach, 1978; Fischer & Turner, 1970; Khoie, 2002; Segal, Coolidge, Mincic, & O'Riley, 2005; Waxman, Carner, & Klein, 1984) and the perceived social stigma associated with using mental health services (Crisp, Gelder, Rix, Meltzer, & Rowlands, 2000; Deane & Todd, 1996; Komiya, Good, & Sherrod, 2000; Link, Cullen, Frank, & Wozniak, 1987; Rochlen, Mohr, & Hargrove, 1999; Sibicky & Dovidio, 1986; Vogel, Wester, Wei, & Boysen, 2005). Factors such as how favourable and effective one believes psychological counselling to be, along with one's perception of the level of social rejection that may result as a consequence of attending counselling, are unquestionably important. However, when such factors are considered in isolation they tell us little about what ultimately determines whether a person will avoid or exploit available mental health services. Making use of an integrated social-cognitive model of behaviour such as Ajzen's (1991) theory of planned behavior (TPB) would provide a more comprehensive understanding of the psychological factors involved in understanding counselling-seeking behaviour.

A main component of the TPB (Ajzen, 1991) is the concept of behavioural intentions. Behavioural intention is an integral and key element of the model as intentions are hypothesised to be the immediate antecedent of behaviour itself, therefore representing a reliable predictor of behaviour. According to Ajzen, behavioural intentions are determined by three distinct factors: attitudes, subjective norms, and perceived behavioural control (PBC). Attitudes reflect how positively or negatively one evaluates the outcome of a given behaviour; subjective norms reflect one's perception of the level of social pressure to engage, or not engage, in the behaviour, while PBC reflects the level of control one believes they have in carrying out the behaviour. These three factors are referred to as the direct determinants of intention and, according to the theory, when attitudes are favourable, subjective norms are positive, and when the level of PBC is strong, intentions to perform the behaviour will be high.

Given that the TPB accounts for both attitudinal and perceived social stigma factors in the determination of behavioural intentions, this model would appear to be particularly appropriate for investigating counselling-seeking behaviour as it not only includes areas where past research has focused but extends such research through its examination of PBC factors and encapsulates all elements within a single integrative theoretical framework.

Indeed, the TPB has been used widely to investigate numerous health-related behaviours, including the prediction of physical exercise among young children (Hagger et al., 2007), college student drinking (Collins & Carey, 2007), condom use (Albarracin, Johnson, Fishbein, & Muellerleile, 2001; Molla, Astrom, & Brehane,

2007), cancer symptom detection (Hunter, Grunfeld, & Ramirez, 2003; Nooijer, Lechner, & Vries, 2003), healthy eating (Conner, Norman, & Bell, 2002), and exercise promotion (Godin, 1994). Armitage and Conner (2001) carried out a meta-analysis of 185 studies employing the TPB and found significant support for the model. The TPB was found to account for 39% of variance in intentions and 27% of variance in behaviour. Large effect sizes were identified in the interrelations between the direct determinants of intentions and behavioural intention ($R = .63$) and a moderate correlation identified between intentions and behaviour ($r = .47$).

Despite the wide applicability of the TPB for the prediction of numerous health-related behaviours, and the level of support the model has attained, the literature shows that the TPB has rarely been employed to investigate psychological help-seeking behaviour. Skogstad, Deane, and Spicer (2006) first investigated psychological help-seeking intentions among a sample of 527 male New Zealand prison inmates. Using multiple regression analyses, the TPB model was found to explain 44% of variance in intentions, with all three of the direct determinants significantly predicting intentions. The attitudinal factor was the largest predictor of intentions, and intentions to seek psychological help were found to be neutral. Smith, Tran, and Thompson (2008) investigated psychological help-seeking intentions among a sample of 307 males. Using structural equation modelling, the TPB model explained 29.6% of variance in men's intentions to seek psychological help. Westerhoff, Maessen, de Bruijn, and Smets (2008) applied the TPB to investigate older adults' intentions to seek both therapeutic and preventative psychological help. The sample comprised 167 Dutch adults aged between 65 and 75. Intentions to seek both kinds of mental health services were low, although intentions to seek preventative help were slightly more positive. Attitudes and PBC were found to be significant predictors of intentions and the models explained 9% and 7% of variance of intentions to seek preventative and therapeutic help, respectively. Mo and Mak (2009) investigated mental health help-seeking behaviours among 941 Chinese people living in Hong Kong using confirmatory factor analysis (CFA). Their results showed that attitudes, subjective norms and PBC were all related to intentions to seek psychological help. Interestingly, PBC was found to be the weakest predictor of intentions, while subjective norms were the strongest predictor. Subjective norms also had an indirect effect on intentions by influencing both attitudes and PBC. Model testing using CFA then showed that a TPB model in which attitudes, subjective norms and PBC predict intentions, along with subjective norms relating to attitudes and PBC, yielded a better model fit of the data than Ajzen's (1991) original model. The researchers argued that such findings may be due to the collectivistic nature of their Chinese sample.

The findings of Mo and Mak (2009) are not the only challenge to Ajzen's (1991) original model. Armitage and Conner (2001), for example, have argued that the PBC construct should be split into two distinct constructs which reflect the internal (self-efficacy) and external control (perceived control) aspects of PBC. Ajzen (2002a) has argued against this model, insisting rather that the PBC construct should be viewed hierarchically with self-efficacy and perceived control being distinguished from each other in a conceptual manner, yet still related under the variable of PBC. Ajzen therefore argues that his original model is a more parsimonious account than that suggested by Armitage and Conner (2001). Despite Ajzen's (2002a) argument, there is evidence to support the splitting of the PBC construct (Conner, Sherlock, & Orbell, 1998; Povey, Conner, Sparks, James, & Shepherd, 2000; Terry & O'Leary, 1995).

It has been well established that individuals who serve in front-line, at-risk services for national governments experience a multitude of highly stressful events on a regular basis that can significantly contribute to the development of serious psychological distress or disturbance that requires professional intervention. These individuals encounter stressful situations such as dealing with violent individuals, facing unpredictable events, attending the scene of a sudden death and witnessing traumatic events including those that involve multiple fatalities and injuries (Anshel, Robertson, & Caputi, 1997; Brown, Fielding, & Grover, 1999). Wagner, Heinrichs, and Ehler (1998) examined the prevalence of posttraumatic stress disorder (PTSD) and co-morbid psychiatric symptoms among a German sample of 402 front-line, at-risk workers. Their results found that 18.2% of these individuals met the diagnostic criteria for PTSD while 27% were diagnosed with some kind of psychiatric disorder. These findings seem to provide at least tentative support for the assertion of Brown et al. (1999, p. 324) that a 'substantial minority of (these individuals) may be experiencing levels of distress associated with operational duties that require clinical intervention'. What is unknown at this point is how likely members of such at-risk professions are to utilise mental health treatment services if and when they are needed. This study will begin to investigate this question.

The research literature has also revealed that a considerable gender difference exists with respect to seeking out the use of mental health services, with females being significantly more likely to hold favourable attitudes towards utilising mental health services than their male counterparts (Addis & Mahalik, 2003; Leong & Zachar, 1999; Masuda, Suzumura, Beauchamp, Howells, & Clay, 2005; Morgan, Ness, & Robinson, 2003; Raunic & Xenos, 2008; Rickwood & Braithwaite, 1994; Shek, 1992; Yeh, 2002). Despite this general trend towards females viewing mental health services more favourably, there are research findings that have shown that males and females do not differ in their attitudes or intentions towards the utilisation of mental health services (Christensen & Magoon, 1974; Parish & Kappes, 1979; Snyder, Hill, & Derksen, 1972).

This study has three main objectives. The first is to investigate the utility of the TPB (Ajzen, 1991) to predict intentions to participate in psychological counselling within a sample of Irish government employees working in a front-line, at-risk occupation. This is an important area of investigation given the general scarcity of previous research testing the utility of the TPB to predict intentions to engage in psychological counselling as well as the importance of establishing intentions to engage in counselling within a sample of at-risk government employees. The second is to investigate differences in the predictive utility of the TPB model advanced by Armitage and Conner (2001) compared to the original model. This will address the question of how best to conceptualise the TPB model. The third is to determine if intentions to participate in psychological counselling differ with respect to gender.

2. Methods

Participants and procedures

Data were collected from 259 participants (171 males, 88 females) employed in a front-line, at-risk emergency service for the Irish government. The average age of the participants was 27.7 years ($SD = 6.46$). Participants involved in the study were employed throughout the Republic of Ireland and the data were collected during a routine training seminar. Once the appropriate authorisation was obtained to conduct

research with members of this at-risk organisation, questionnaires were given to the individual in charge of the training seminar with instructions for the appropriate completion. The individual overseeing the training then distributed the questionnaire to participants attending the training seminar and each participant was informed about the nature of the study and of their right to withdraw from it at any stage.

Design and measures

The current study is a quantitative cross-sectional design, descriptive in nature, and based on an opportunistic sample. A questionnaire method was applied and no treatment interventions were conducted during the course of this research.

The TPB questionnaire was constructed according to the guidelines set forth by Ajzen (1991, 2002b). The questionnaire was based upon a fictitious scenario which included the four elements of time, context, action and target, as proposed by Ajzen and Fishbein (1977). The scenario describes an event that took place six weeks previously in which an individual witnesses a severe road traffic accident. In the intervening six weeks this individual begins to experience significant personality changes. The individual is reported to now experience prolonged periods of extreme sadness, lack of energy, distressing thoughts related to the traumatic event, low energy levels, reduced interest in normally pleasurable activities, severe panic attacks while outside and just recently has refused to leave the house even for work. A friend of this individual visits a GP about this matter and the GP recommends that the described person should attend a professional psychologist for counselling in the next week. An appointment is thus made. Participants in this study are asked to place themselves in the position of this fictitious person and complete the questions that follow.

All items within the questionnaire begin or end with a sentence stem that relates to the described scenario and all items were measured on a seven-point Likert scale. A copy of the questionnaire can be found in the Appendix of this paper.

Attitude

The attitudinal component of the TPB contained three items. Each item began with a prompt, '*For you to go along to see a professional psychologist within the next week would make you feel*'. The three attitudinal components included 'Good–Bad', 'Valuable–Worthless' and 'Proud–Ashamed'. The Cronbach alpha reliability for the attitudinal measure was $\alpha = .69$.

Subjective norms

Subjective norms were measured via by the summation of two items: '*It is likely that most people you know would think that you should participate in counselling with a professional psychologist within the next week*' and '*Generally speaking, you want to do what most people you know think you should do*'. These items assessed the degree to which the participant wanted to comply with the perceived desires of significant others in his or her life in respect to deciding whether or not to participate in counselling.

Perceived behavioural control

The PBC construct was measured by six items. Three items measured the perceived level of internal control regarding counselling-seeking behaviour:

1. *'To what extent do you see yourself capable of participating in counselling with a professional psychologist within the next week?'*
2. *'Do you think you would have the ability to participate in counselling with a professional psychologist within the next week?'*
3. *'Do you feel confident that you would be able to participate in counselling with a professional psychologist within the next week?'*

Three items measured the perceived level of external control:

1. *'Do you feel that participating in counselling with a professional psychologist within the next week is beyond your control?'*
2. *'How much personal control do you feel you have to participate in counselling with a professional psychologist in the next week?'*
3. *'Do you feel that whether or not you participate in counselling with a professional psychologist within the next week is entirely up to you?'*

The Cronbach alpha reliability for the PBC construct was $\alpha = .76$. The Cronbach alpha reliability for the two components of PBC was $\alpha = .79$ for self-efficacy and $\alpha = .61$ for perceived control.

Behavioural intentions

Intentions to participate in psychological counselling were measured via three items:

1. *'How likely is it that you will intend to participate in counselling with a professional psychologist within the next week?'*
2. *'You will try to participate in counselling with a professional psychologist within the next week.'*
3. *'You have decided to participate in counselling with a professional psychologist within the next week?'*

The Cronbach alpha reliability for intentions was $\alpha = .77$.

Descriptive statistics were initially carried out to measure means and standard deviations of the sample population and the different variables under investigation. Pearson's correlations were first employed in order to measure the relationships between intentions and the predictor variables of the TPB. Linear multiple regression analyses were then carried out in order to assess the total amount of variance explained by each TPB model and to determine which variables within each TPB model were significant predictors of intentions to participate in psychological counselling. Independent samples t-tests were also used to compare differences in intentions to participate in counselling between males and females.

3. Results

Descriptive statistics including means (M) and standard deviations (SD) for the TPB models (intentions, PBC, subjective norms, attitudes, perceived control, and self-efficacy) are presented in Table 1, together with t-test results. The results obtained suggest that overall males (N = 171) and females (N = 88) employed by the Irish government in a front-line, at-risk occupation do not significantly differ with regard

Table 1. Descriptive statistics and gender and group differences of TPB variables.

Variables	Group	N	M	SD	<i>t</i>	<i>p</i>
Intentions	Male	171	10.53	4.23	1.03	.31
	Female	88	9.95	4.41		
Perceived Behavioural Control (PBC)	Male	171	17.63	6.54	.32	.75
	Female	88	17.36	6.28		
Subjective Norms	Male	171	3.61	1.50	.50	.61
	Female	88	3.51	1.64		
Perceived Control	Male	171	8.17	3.49	-.23	.82
	Female	88	8.27	3.42		
Self-efficacy	Male	171	9.46	3.98	.69	.49
	Female	88	9.09	4.34		
Attitudes	Male	171	12.01	2.97	1.72	
	Female	88	11.34	2.97		

Note: *p* significant at .05 level.

to the intentions to participate in psychological counselling ($t_{(257)} = 1.03$, $p > .05$). Further analyses also indicated no significant difference between groups on PBC ($t_{(257)} = .32$, $p > .05$), subjective norms ($t_{(257)} = .50$, $p > .05$), attitudes ($t_{(257)} = 1.72$, $p > .05$), perceived control ($t_{(257)} = -.23$, $p > .05$) and self-efficacy ($t_{(257)} = .69$, $p > .05$).

Multiple linear regression was employed to help determine intentions to participate in psychological counselling and investigate differences in the predictive utility of the TPB model advanced by Armitage and Conner (1991) compared to Ajzen's (1991) model.

Initially, the correlations among the TPB components were examined using Pearson product-moment correlation coefficients and these are presented in Table 2. The correlations between the predictor variables and the dependent variable (intentions) were all positive and weak to strong, ranging from $r = .30$, $p < .01$ (perceived control) to $r = .63$, $p < .01$ (PBC). This indicates that the data were suitably correlated with the dependent variable for examination through multiple linear regression to be reliably undertaken.

Since no *a priori* hypotheses had been made to determine the order of entry of the predictor variables, a direct method was used for the multiple linear regression analyses. In the first model the three predictor variables (PBC, subjective norms and attitudes) explained 49.9% of variance in intentions to participate in psychological counselling ($F(3, 255) = 86.82$, $p < .01$) (Table 3). The strongest predictor was PBC

Table 2. Correlations between TPB variables.

Variables	1	2	3	4	5	6
1. Intentions	—					
2. PBC	.63**	—				
3. Subjective Norms	.44**	.25*	—			
4. Perceived Control	.30**	.82**	.09	—		
5. Self-efficacy	.73**	.87**	.31**	.44**	—	
6. Attitudes	.40**	.35**	.17**	.19**	.40**	—

Note: **Correlation is significant at the .01 level (2-tailed).

Table 3. Standard multiple regression of selected TPB variables (Model 1) on intentions to participate in counselling reported by government employees in a front-line, at-risk occupation.

	<i>R</i>	<i>adjR</i> ²	<i>t</i>	β	<i>p value</i>
Model TPB	.711	.499			
Perceived Behavioural Control			10.28	.50	.000**
Subjective Norms			6.26	.29	.000**
Attitudes			3.71	.18	.000**

Note: *b* indicates standardised slopes of predictors with associated *p* values; **significant at .01 level.

($\beta = .5$, $p < .01$), followed by subjective norms ($\beta = .29$, $p < .01$) and attitudes ($\beta = .18$, $p < .01$).

In the second model suggested by Armitage and Conner (2001), the four predictor variables (attitudes, subjective norms, perceived control and self-efficacy) explained 58.8% of variance in intentions to participate in psychological counselling ($F(4, 254) = 93.07$, $p < .01$) (Table 4). Therefore, after splitting PBC into two distinctive variables (perceived control and self-efficacy) the model explained an additional 8.9% of the variance in intentions. In the final model, only three predictor variables were statistically significant, with self-efficacy recording a higher beta value ($\beta = .62$, $p < .01$), than subjective norms ($\beta = .23$, $p < .01$) and attitudes ($\beta = .12$, $p < .05$).

4. Discussion

The main purpose of this study was to investigate the utility of the TPB to predict intentions to engage in psychological counselling, if needed, among a large sample of front-line, at-risk Irish government employees. This was an important question to investigate because such individuals work in a profession in which experience of traumatic events is routine and high levels of psychological distress are common (Wagner et al., 1998). Furthermore, very little research has been conducted examining the utility of the TPB to determine intentions to participate in psychological counselling.

The results for the first aim of the study support the use of the TPB in this respect. Ajzen's (1991) original model explained 49.9% of variance in participants' intentions to participate in psychological counselling, if they were to suffer from a psychological

Table 4. Standard multiple regression of selected TPB variables (Model 2) on intentions to participate in counselling reported by government employees in a front-line, at-risk occupation.

	<i>R</i>	<i>adjR</i> ²	<i>t</i>	β	<i>p value</i>
Model TPB	.771	.588			
Perceived Control			-0.41	-.02	.611
Self-efficacy			12.54	.62	.000**
Subjective Norms			5.34	.23	.000**
Attitudes			2.66	.12	.008**

Note: *b* indicates standardised slopes of predictors with associated *p* values; **significant at .01 level.

illness. The amount of variance explained by the model exceeds the level of variance explained in intentions identified by Armitage and Conner (2001) in their meta-analytic review of the effectiveness of the TPB, supporting the use of the model in understanding mental health-related behaviours. Moreover, the level of variance explained in this study is congruent with the findings of Skogstad et al. (2006). Furthermore, in line with the findings of Mo and Mak (2009) and Skogstad et al. (2006), attitudes, subjective norms and PBC were all found to be significant predictors of intentions to participate in psychological counselling. Unlike any of the other studies employing the TPB model, the current research found that PBC was the strongest predictor of intention. This finding further supports the use of the TPB in understanding counselling-seeking behaviour as it demonstrates that although attitudinal and social stigma factors, which have historically been the focus of this area of research, are certainly important factors in explaining intentions to seek psychological help, the level of control a person believes they have appears to be the most significant factor in one's decision-making process regarding seeking out psychological counselling. This finding could potentially open up a new area of research for psychologists to explore in order to better understand the psychological factors preventing individuals from utilising mental health services.

As can be seen in Table 1, intentions to participate in counselling were in the neutral range for the current sample. However, given the standard deviation level (which was considerably high), it is clear that some of the participants held strongly positive or negative intentions towards participating in counselling. The overall level of intention to participate in counselling identified within the current study was noticeably higher than the level of intentions identified by Westerhoff et al. (2008) in their study and was consistent with findings from Skogstad et al. (2006).

It is possible to interpret this finding in a positive manner, especially when compared to Westerhoff et al.'s (2008) findings of low intentions to seek psychological help and preventative psychological help. Since intentions to participate in psychological counselling were, on average, neutral, this reflects a level of openness on the part of the participants to engage in psychological counselling. Any interventions that could be developed to increase the use of mental health services among such front-line, at-risk population groups would therefore only be required to increase the positivity of how one views counselling services rather than transforming negative perceptions into positive ones. On the basis of this study's findings, these interventions could focus on the traditional attitudinal and normative factors, but particularly on perceived behavioural control factors given how strong a predictor of intentions PBC was found to be.

The second aim of the study sought to test the differential predictive utility of an alternative TPB model in which the PBC construct is split into two distinct factors reflecting internal and external control. This model was found to explain 58.8% of variance in intentions to participate in psychological counselling, considerably more than Ajzen's (1991) original model. The increase of 8.9% in the total amount of variance explained by this model lends further credence to suggestions from Armitage and Conner (2001) that the PBC factor should be split to reflect the distinct components of the PBC construct.

What this model demonstrates, which is of particular interest, is that while self-efficacy (internal control) is a strong, significant predictor of intentions, perceived control (external control) is not a predictor of intentions. This distinction is important as it reveals that what matters when it comes to intending to participate

in psychological counselling is a person's belief in their own ability to go through the process of counselling. This distinction is crucial when developing interventions to increase utilisation of mental health services, especially given the strength of the predictive influence of self-efficacy on intentions. This distinction would likely go undetected in Ajzen's (1991) original model, further arguing for the utility of splitting the PBC construct.

With respect to the third aim of the study, the present findings revealed that there was no difference in intentions to participate in psychological counselling between males and females, a finding that stands in contrast to the majority of research in this area (Addis & Mahalik, 2003; Leong & Zachar, 1999; Masuda et al., 2005; Morgan et al., 2003; Raunic & Xenos, 2008; Rickwood & Braithwaite, 1994; Shek, 1992; Yeh, 2002). Given that this finding is inconsistent with the literature, this may be due to issues with the particular sample used in this study. It is possible, given the nature of the occupation in which they were employed, that the females who participated in this study have more masculine-like beliefs regarding this issue than females within the general population. It is also possible that the failure to find any gender differences in intentions to seek out psychological counselling is a cultural issue or due to the young age of the participants. These findings may simply be reflective of generally more favourable attitudes towards mental health services among young adults irrespective of gender.

Conclusion and limitations of the study

This research has supported the use of the TPB as an appropriate theoretical model for understanding counselling-seeking behaviour. Moreover, the current study demonstrates that employees of this front-line, at-risk government occupation group are, on average, relatively open to utilising professional psychological counselling services were they to suffer from a psychological disorder. The current study has also demonstrated the importance of the PBC factor (in particular self-efficacy) in the determination of intentions to participate in counselling above and beyond the impact of attitudinal and normative factors. Furthermore, this investigation has supported the explicit distinction between the internal and external control components of the PBC construct, as suggested by Armitage and Conner (2001). This study has also shown that no significant differences appear to exist between males and females within this at-risk group in terms of their intentions to engage in psychological counselling.

As to be expected, there were several limitations in the current study which should be considered when interpreting the results. Although the sample was drawn from individuals throughout the Republic of Ireland, the mean age of the sample was quite young (27.7 years), suggesting that the current findings may not generalise well to the entire at-risk population. It would also be necessary to investigate whether this model is supported in similar population groups in other countries. This study would be of interest if similar findings would be found within other at-risk populations around the world. Another issue for future investigation relates to determining the level of association between intentions and actual behaviour. The difference between intending to participate in psychological counselling and actually participating in psychological counselling may be greater than for many other health-related behaviours. Research testing this question is certainly warranted.

Notes on contributors

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Appendix 1

Demographic Details

1. Gender (circle one) Male Female

2. Age: _____

3. Would you classify your home neighbourhood as (please tick one box):

Rural

Suburban

Urban

4. (If employed) Number of years' service in your employment (please tick one box)

Between 0–2 years

Between 3–5 years

Between 6–10 years

Between 11–15 years

More than 15 years

5. Race/Ethnicity (tick one box)

White Other

Please specify 'Other' _____

6. Currently living (please tick one box)

With one or both of my parents/guardians

With family other than parents/guardians

Husband/Wife/Partner/Friend

Own residence

7. Religious affiliation (please circle one)

Catholic	Orthodox	Protestant	No Religion
Jewish	Muslim	Hindu	Buddhist

Other _____

8. How often do you attend your place of worship? (please circle one)

Never	Once a year	Once or twice a year	Once or twice a month
	Once or twice a week	Every day	

9. How many siblings/half-siblings are in your family?

How many of these are: Male _____ Female _____

10. What is your birth order/position in relation to your siblings? (please tick one box)

First born/Eldest	<input type="checkbox"/>
Second born	<input type="checkbox"/>
Third born	<input type="checkbox"/>
Fourth born	<input type="checkbox"/>
Fifth born	<input type="checkbox"/>
Sixth born	<input type="checkbox"/>
Last born/Youngest	<input type="checkbox"/>

PLEASE READ THE FOLLOWING SCENARIO AND ANSWER THE QUESTIONS, WHICH ARE BASED ON THE SCENARIO.

Six weeks ago while out walking Terry witnessed a severe road traffic accident. Terry, having basic first aid training, attempted to aid the victims of the accident. In the six weeks since witnessing the accident Terry has shown noticeable behavioural and personality changes. Terry has reported feeling no energy and extremely sad for most of each day. Terry has also been plagued by disturbing thoughts since witnessing the road traffic accident. Due to these disturbing thoughts Terry's sleep patterns have become erratic. Terry has become socially withdrawn, refusing to go out with friends and has lost interest in activities that were once a source of enjoyment. Two weeks ago Terry suddenly began to feel extremely anxious when out walking and in the last week Terry has refused to leave the house at all, even for work.

Terry's best friend Chris, worried about the noticeable changes in Terry's behaviour, sought the advice of the local GP. The GP advised Chris that Terry should go along to see a professional psychologist to receive counselling for these problems as soon as possible. Chris made an appointment with a professional psychologist on Terry's behalf for the next week and has urged Terry to keep the appointment and go along to see the psychologist.

Now please answer the following questions putting yourself in the position of Terry, so that to the best of your ability, you are answering these questions as if you were in Terry's situation:

1. How likely is it that you would intend to go along to see a professional psychologist for counselling within the next week if you were in Terry's position?

Likely _____ _____ _____ _____ _____ _____ **Unlikely**
 extremely quite slightly neither slightly quite extremely

2. For you to go along to see a professional psychologist within the next week would make you feel:

Good _____ _____ _____ _____ _____ _____ **Bad**
 extremely quite slightly neither slightly quite extremely

Valuable _____ _____ _____ _____ _____ _____ **Worthless**
 extremely quite slightly neither slightly quite extremely

Proud _____ _____ _____ _____ _____ _____ **Ashamed**
 extremely quite slightly neither slightly quite extremely

Now please evaluate the following consequences of Terry participating in counselling with a professional psychologist within the next week:

3. Being a beneficial thing to do (i.e., *if the situation resulted in being a beneficial thing to do, would that be a good or a bad thing?*).

Good _____ _____ _____ _____ _____ _____ Bad
 extremely quite slightly neither slightly quite extremely

4. Being viewed as 'crazy'/unstable (*if the situation resulted in Terry being viewed as 'crazy'/unstable, would that be a good or a bad thing?*).

Good _____ _____ _____ _____ _____ _____ Bad
 extremely quite slightly neither slightly quite extremely

5. Being an emotionally painful experience (*if the situation resulted in being an emotionally painful experience, would that be a good or a bad thing?*).

Good _____ _____ _____ _____ _____ _____ Bad
 extremely quite slightly neither slightly quite extremely

6. Finding solutions to the problems Terry is experiencing (*if the situation resulted in Terry finding solutions to the problems being experienced, would that be a good or a bad thing?*).

Good _____ _____ _____ _____ _____ _____ Bad
 extremely quite slightly neither slightly quite extremely

7. Being a waste of time (*if the situation resulted in being a waste of time, would that be a good or a bad thing?*).

Good _____ _____ _____ _____ _____ _____ Bad
 extremely quite slightly neither slightly quite extremely

Now please evaluate your best estimate of the likelihood that each of the following consequences would occur if Terry were to participate in counselling with a professional psychologist within the next week:

8. How likely would it be that Terry's participation in counselling with a professional psychologist within the next week would result in being a beneficial thing to do?

Likely _____ _____ _____ _____ _____ _____ Unlikely
 extremely quite slightly neither slightly quite extremely

9. How likely would it be that Terry's participation in counselling with a professional psychologist within the next week would result in Terry being viewed as 'crazy'/unstable?

Likely _____ _____ _____ _____ _____ _____ Unlikely
 extremely quite slightly neither slightly quite extremely

10. How likely would it be that Terry's participation in counselling with a professional psychologist within the next week would result in being an emotionally painful experience?

Likely _____ _____ _____ _____ _____ _____ Unlikely
 extremely quite slightly neither slightly quite extremely

11. How likely would it be that Terry's participation in counselling with a professional psychologist within the next week would result in Terry finding solutions?

Likely _____ _____ _____ _____ _____ _____ Unlikely
 extremely quite slightly neither slightly quite extremely

12. How likely would it be that Terry's participation in counselling with a professional psychologist within the next week would result in being a waste of time?

Likely _____ _____ _____ _____ _____ _____ Unlikely
 extremely quite slightly neither slightly quite extremely

And again, if you were in Terry's position...

13. Do you think you would have the ability to participate in counselling with a professional psychologist within the next week?

Definitely Do Have The Ability _____ _____ _____ _____ _____ _____ Definitely Do Not Have The Ability
 1 2 3 4 5 6 7

14. Do you feel that whether or not you participate in counselling with a professional psychologist within the next week is entirely up to you?

Agree _____ _____ _____ _____ _____ _____ Disagree
 strongly quite slightly neither slightly quite strongly

I would like to know how you think other people might expect you to act, if you were in Terry's position, with regard to participating in counselling with a professional psychologist within the next week. For example would you say that:

15. It is likely that your closest friends think that you should participate in counselling with a professional psychologist within the next week:

Likely _____ _____ _____ _____ _____ _____ **Unlikely**
 extremely quite slightly neither slightly quite extremely

16. It is likely that your closest family members think that you should participate in counselling with a professional psychologist within the next week:

Likely _____ _____ _____ _____ _____ _____ **Unlikely**
 extremely quite slightly neither slightly quite extremely

17. It is likely that your partner (wife/husband, boyfriend/girlfriend) thinks you should participate in counselling with a professional psychologist within the next week:

Likely _____ _____ _____ _____ _____ _____ **Unlikely**
 extremely quite slightly neither slightly quite extremely

18. It is likely that most people you know would think that you should participate in counselling with a professional psychologist within the next week:

Likely _____ _____ _____ _____ _____ _____ **Unlikely**
 extremely quite slightly neither slightly quite extremely

And how likely would you say that:

19. Generally speaking, you want to do what your closest friends think you should do:

Likely _____ _____ _____ _____ _____ _____ **Unlikely**
 extremely quite slightly neither slightly quite extremely

20. Generally speaking, you want to do what your closest family members think you should do:

Likely _____ _____ _____ _____ _____ _____ **Unlikely**
 extremely quite slightly neither slightly quite extremely

21. Generally speaking, you want to do what your partner thinks you should do:

Likely _____ _____ _____ _____ _____ _____ **Unlikely**
 extremely quite slightly neither slightly quite extremely

22. Generally speaking, you want to do what most people you know think you should do:

Likely _____ _____ _____ _____ _____ _____ Unlikely
 extremely quite slightly neither slightly quite extremely

And how likely is it that you would agree that if you were in Terry's position:

23. You will try to participate in counselling with a professional psychologist within the next week:

Likely _____ _____ _____ _____ _____ _____ Unlikely
 extremely quite slightly neither slightly quite extremely

24. To what extent do you see yourself capable of participating in counselling with a professional psychologist within the next week:

Capable _____ _____ _____ _____ _____ _____ Incapable
 extremely quite slightly neither slightly quite extremely

25. How much personal control do you feel you have to participate in counselling with a professional psychologist within the next week:

Complete Control _____ _____ _____ _____ _____ _____ No Control
 1 2 3 4 5 6 7

Below are a number of factors that might (A) prevent you or (B) encourage you to participate in counselling with a professional psychologist. Please indicate the likelihood of each of the following. For example would you say that:

26. A previous unpleasant experience related to psychological counselling may prevent you participating in counselling with a professional psychologist within the next week:

Likely _____ _____ _____ _____ _____ _____ Unlikely
 extremely quite slightly neither slightly quite extremely

27. A fear of being viewed as 'crazy'/unstable may prevent you participating in counselling with a professional psychologist within the next week:

Likely _____ _____ _____ _____ _____ _____ Unlikely
 extremely quite slightly neither slightly quite extremely

28. That someone you know has previously participated in counselling with a professional psychologist may encourage you to participate in counselling with a professional psychologist within the next week:

Likely _____ _____ _____ _____ _____ _____ _____ **Unlikely**
 extremely quite slightly neither slightly quite extremely

29. That your life is being adversely affected may encourage you to participate in counselling with a professional psychologist within the next week:

Likely _____ _____ _____ _____ _____ _____ _____ **Unlikely**
 extremely quite slightly neither slightly quite extremely

30. That your relationships are suffering may encourage you to participate in counselling with a professional psychologist within the next week:

Likely _____ _____ _____ _____ _____ _____ _____ **Unlikely**
 extremely quite slightly neither slightly quite extremely

31. That participating in counselling with a professional psychologist may be financially expensive may discourage you from participating in counselling with a professional psychologist within the next week:

Likely _____ _____ _____ _____ _____ _____ _____ **Unlikely**
 extremely quite slightly neither slightly quite extremely

32. Do you feel confident that you would be able to participate in counselling with a professional psychologist within the next week?

Agree _____ _____ _____ _____ _____ _____ _____ **Disagree**
 strongly quite slightly neither slightly quite strongly

33. Do you feel that participating in counselling with a professional psychologist within the next week is beyond your control?

Not At All _____ _____ _____ _____ _____ _____ _____ **Very Much So**
 1 2 3 4 5 6 7

34. You have decided to participate in counselling with a professional psychologist within the next week:

Agree _____ _____ _____ _____ _____ _____ _____ **Disagree**
 strongly quite slightly neither slightly quite strongly