TECHNIUM
SOCIAL SCIENCES JOURNAL

Vol. 25, 2021

A new decade for social changes

www.techniumscience.com

ISSN 2668-7798

9 772668 779000

Attitudes toward Psychological Help and Coping Behavior of Senior High School Students

Ralph Vendel Emborgo Musni

Bukidnon State University, Bukidnon, Philippines

redcarousel8@gmail.com

Abstract. Senior High School students are further uncovered to numerous shapes of psychological trouble (i.e. enthusiastic, social and scholastic issues) that can lead to passionate precariousness and sadness (Peterson, 2002). With this situation, guidance services are regarded vital. This study seeks to investigate among senior high school students on their attitude towards psychological help and their coping behavior. The study used the descriptive survey method among the Grade-11 and 12 students in one of the Universities in Cagayan de Oro City. Finding of the study revealed that Grade 11 and Grade 12 respondents were mostly 18 years of age and dominated by males. STEM strand was the biggest in group and most respondents came from the Public schools. Of the ATSPPHS four factor measurements, Factor-3 Interpersonal Openness got the highest mean value. Factor-4 Confidence in Mental Health Professional got the lowest mean value. Thus, the Grade -11 and 12 respondents have *slight tendency and somehow positive attitude* to seek professional and psychological help when they are confronted with problems and issues in life. Grade-11 coping response was through listening to music while the Grade-12 students' coping response would to apologize to people whom they have in conflict with. Moreover, the result showed *no significant difference* on the respondents' attitudes toward psychological help based on the four factors of ATSPPHC. However, there was *a significant difference* on students' attitude under HUMMS and GAS strands toward psychological help particularly on factors two and three namely: Tolerance of Stigma Associated with Psychological Help and Interpersonal Openness respectively. The study revealed that there was *no significant difference* on the respondents' coping behavior and attitude towards psychological help. It is imperative to conclude that there is a strong need to promote more awareness on the guidance related programs to encourage more Grade 11 and 12 students to trust and submit themselves for counseling whenever they face personal problems and issues in life. It therefore recommended the following: Develop a program that will address the student's attitude and coping behavior toward seeking psychological help; Enrich the general guidance services program of the school; School personnel, teachers and counselors must undergo enrichment trainings, seminars to better understand why some students display high anxiety, fear, and depression in the campus.

Keywords. Attitudes, Behavior, Coping, Psychological Help

Introduction

Psychological help among higher instruction students is a worldwide concern (Gore, 2011). Senior High School students are further uncovered to numerous shapes of psychological trouble (i.e. enthusiastic, social and scholastic issues) that can lead to passionate precariousness and sadness (Peterson, 2002). With this situation, guidance services are regarded vital.

According to Marchand (2007) that there were models of self-regulated learning and of children's coping both consider help-seeking an adaptive response to academic problems, yet students do not always seek help when it is needed, and help-seeking generally declines across early adolescence. A study among children during fall and spring of the same school year investigated whether motivational resources predicted help-seeking and whether losses in motivational supports across the middle school transition mirrored age declines. The major interest of this study was to investigate the attitudes toward psychological help and coping behavior of Senior High School Students. Specifically, the study sought to answer the following questions:

What is the demographic characteristics of the students according to:

- 1.1 Sexual Orientation
- 1.2 Academic Strand
- 1.3 Previous school attended
2. What are the attitudes of the Senior High School students toward psychological help in terms of:
 - 2.1 Recognition of Personal need for Professional help
 - 2.2 Tolerance of Stigma associated with Psychological help
 - 2.3 Interpersonal Openness
 - 2.4 Confidence in Mental Health Professional
3. What are the coping behaviors of the Senior High School students?
4. Is there a significant difference in the attitudes toward psychological help among Senior High School students considering their profile?
5. Is there a significant difference in the coping behavior among Senior High School students Considering their profile?
6. Is there a significant relationship between attitude towards psychological help and coping behavior among Senior High School students

Methodology

The current study used the descriptive survey method which was dealt with quantitatively. A descriptive research design is a valid method for researching specific subjects and as a precursor to more quantitative studies.

Moreover, the use of the descriptive type of research method in this study is considered to be the most appropriate for this noble purpose. The descriptive method provided an accurate portrayal of a class or a particular individual situation or group. This involved discussing new meanings, describing what exists, determining the frequency with which something occurs and categorizing information. It collects a large amount of notes for a detailed study (Prieto et al. 2017).

Specifically, this study focused on the respondents' demographic data, attitudes toward seeking psychological help and their coping behaviors.

Profile of the Respondents

The respondents of the study were composed of 342 students from the Senior High School department of the school ages 16 to 20 years old where the study was conducted. The number of respondents was determined using the Slovin's formula.

Results and Discussion

Table 2 shows that the respondents in terms of sexual orientation were dominated by males, specifically 60 percent or 123 from grade 11 and 53 percent or 72 from grade 12

respectively. Evidently the LGBT group was the smallest in number from both Grade-11 and 12 grade level.

Table 2

Frequency and Percentage Distribution of the Respondents
 According to their Grade Level, Sexual Orientation

Grade Level	Sexual Orientation	f	%
Grade-11	Male	123	60
	Female	75	37
	LGBT	7	3.4
Grade-12	Male	72	53
	Female	64	47
	LGBT	1	0.7
Total		342	100

The male dominance in the conducted study was due to the fact that STEM strand and Pre-Baccalaureate Maritime were male dominated academic strands in the school where the study was conducted. The result further implied that male dominance showed a positive indicator in the division of economic tasks and even in the political build-up in the campus organizations. Guidance programs must be carefully designed to address the needs of the male students.

Table 3 shows that the respondents in terms of academic strands were dominated by STEM students. Specifically for Grade-11, STEM strand got the highest value percentage in population with 80 students or 39%, followed by MARITIME with 52 students or 25 percent, ABM strand with 36 students or 18 percent. Seemingly, the lowest in population would be the GAS strand.

Table 3

Frequency and Percentage Distribution of the Respondents
 According to their Grade Level, Academic Strands and Previous School Attended

Grade Level	Academic Strand	F	%	Previous School Attended	f	%
Grade-11	STEM	80	39	Public School	137	67
	MARITIME	52	25			
	ABM	36	18	Private School	68	33
	HUMMS	31	15			
	GAS	6	3			
Grade-12	STEM	50	36	Public School	76	55
	MARITIME	37	27			
	ABM	27	20	Private School	61	45
	HUMMS	19	14			
	GAS	4	2.9			
Total		342	100			100

Also for Grade-12, still STEM strand was dominant with 50 students or 36 percent, followed by MARITIME with 37 students or 27 percent, ABM strand with 27 or 20 percent.

The lowest in percentage would still be the GAS strand. From the results, it is imperative to say that the Grade-11 and 12 respondents were really inclined for Science and Technology courses in College.

In terms of the respondents previous school attended, both Grade-11 and 12 respondents came from the Public schools. This result is expected since in Region -10 or even in the Province; public school students' population is relatively higher than those in the private schools. On statistics, most of the students who enrolled in private schools in Cagayan de Oro were those graduates from public schools. The result further implied that the school must be ready in terms of facilities and other academic support programs to address the needs of the STEM and Maritime dominating the population in the long run.

Table 4 shows that on Factor 1- Recognition of Personal Need for Professional Help, the indicator stating that "There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help" got the highest mean value of 2.85 with means that the respondents have slight tendency and somehow positive attitude towards psychological help.

Table 4

Mean Distribution on the Attitude of the Grade -11 & 12 Respondents ` in terms of Recognition of Personal Need for Professional Help

Indicators for Factor-1	Mean	SD	Verbal Description
24. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.	2.85	0.71	Slightly Agree
5. There are times when I have felt completely lost and would have welcomed professional advice for a personal or emotional problem.	2.84	0.80	Slightly Agree
4. A person with a strong character can get over mental conflicts by himself or herself, and would have little need of a counselor.	2.78	0.71	Slightly Agree
26. A person should work out his or her own problems; getting psychological counseling would be a last resort.	2.76	0.70	Slightly Agree
6. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.	2.65	0.72	Slightly Agree
25. I might want to have psychological counseling in the future.	2.64	0.77	Slightly Agree
18. I resent a person, professionally trained or not, who wants to know about my personal difficulties.	2.56	0.68	Slightly Agree

9. Personal and emotional troubles, like many things, tend to work out by themselves	2.55	0.80	Slightly Agree
Overall Mean	2.70	0.73	Slightly Agree

Legend: Verbal Description 1 – 1.75 (Strongly Disagree); 1.76– 2.50 (Slightly Disagree); 2.51 – 3.25 (Slightly Agree); 3.26- 4.00 (Strongly Agree)

This was followed by the indicator stating that “There are times when I have felt completely lost and would have welcomed professional advice for a personal or emotional problem” with the mean value of 2.84, having slight tendency and somehow positive attitude towards psychological help. Apparently, the indicator stating that “Personal and emotional troubles, like many things, tend to work out by themselves got the lowest mean value of 2.55 which means that the respondents have slight tendency and somehow positive attitude towards psychological help.

From the overall mean of 2.70, all of the eight indicators for Factor 1- Recognition of Personal Need for Professional Help, the tabulated result implied that the respondents have *slight tendency and somehow positive attitude* to seek professional and psychological help when they are confronted with problems and issues in life.

With this result, it is implied that the students were not fully aware and oriented on the necessity for seeking psychological help and don’t have full personal belief that emotional stress and troubles should be resolved with psychological help from a professional guidance counselor. Thus their responses would be on slightly agree level. This implied further that respondents don’t have full confidence, motivation and guidance in referring personal matters to the counselors.

In the FGD question, what do you do when you think you need expert’s help but are not able to receive it? From whom and how do you try to solve your psychological problems? A student answered “I’ll solve it on my own just how I used to. But sometimes the only person I talk and share with is my boyfriend”

The result affirmed that help-seeking attitudes of the students were also influenced by awareness of the provision of guidance and counseling services. Studies had also showed that awareness of such programs determines students' attitudes and whether they are utilized (Mwangi, 1991). In the study of Rutondoki (2000), he found out that although students generally have a favorable attitude towards counseling related services, only a few have a basic awareness of what opportunities are offered. Some students did not seek help because they felt capable of solving their issues or getting help from their friends.

Table 5 shows that on Factor 2- Tolerance of Stigma Associated with Psychological Help, the indicator stating that “If I thought I needed psychological help, I would get it no matter who knew about it” got the highest mean value of 2.76 which means that the respondents have slight tendency and somehow positive attitude towards psychological help.

Table 5

Mean Distribution on the Attitude of the Grade -11 & 12 Respondents Toward Psychological Help in terms of Tolerance of Stigma Associated with Psychological Help

Indicators for Factor-2	Mean	SD	Verbal Description
28. If I thought I needed psychological help, I would get it no matter who knew about it.	2.76	0.67	Slightly Agree
14. Keeping one's mind on a job is a good solution for avoiding personal worries and concerns.	2.74	0.73	Slightly Agree
3. I would feel uneasy going to see a counselor because of what some people would think.	2.61	0.76	Slightly Agree
20. Having been mentally ill carries with it a burden of shame.	2.60	0.79	Slightly Agree
27. Had I received treatment in an inpatient psychiatric unit, I would not feel that it ought to be —covered up.	2.57	0.70	Slightly Agree
Overall Mean	2.65	0.73	Slightly Agree

Legend: Verbal Description 1 – 1.75 (Strongly Disagree); 1.76– 2.50 (Slightly Disagree); 2.51 – 3.25 (Slightly Agree); 3.26- 4.00 (Strongly Agree)

This was followed by the indicator stating that “Keeping one's mind on a job is a good solution for avoiding personal worries and concerns” with the mean value of 2.74 which imply that respondents have slight tendency and somehow positive attitude towards psychological help . Moreover, the indicator stating that “Had I received treatment in an inpatient psychiatric unit, I would not feel that it ought to be—covered up” got the lowest mean value of 2.57 still saying that they have slight tendency and somehow positive attitude towards psychological help.

From the overall mean of 2.65, all of the five indicators for Factor 2- Tolerance of Stigma Associated with Psychological Help among the Grade-11 and 12 respondents, the result showed that the respondents have *slight tendency and somehow positive attitude* to seek professional and psychological help when they are confronted with problems and issues in life. This further implied that respondents may slightly able to forebear such stigma (forebearance of the shame attached to psychological help-seeking). The respondents don't have yet the full courage to overcome shame attached to psychological help seeking.

In light with the advances made in the counseling profession, stigma is still experienced by individuals who need or use psychological and mental health services (Gaw,1993). As hypothesized by Hill, Clara(2010),that stigma, seriousness of problems, student attitudes, counseling experience, and information or lack of it would affect the use of university counseling facilities.

Table 6 shows that on Factor 3- Interpersonal Openness, the indicator stating that “There are experiences in my life I would not discuss with anyone” got the highest mean value of 2.97 indicating that the respondents have *slight tendency and somehow positive attitude* psychological help.

Table 6

Mean Distribution on the Attitude of the Grade -11 & 12 Respondents Toward Psychological Help in terms of Interpersonal Openness

Indicators for Factor-3	Mean	SD	Verbal Description
21. There are experiences in my life I would not discuss with anyone	2.97	0.83	Slightly Agree
7. I would willingly confide intimate matters to an appropriate person if I thought it might help me or a member of my family.	2.94	0.71	Slightly Agree
10. There are certain problems, which should not be discussed outside of one's immediate family.	2.89	0.78	Slightly Agree
29. It is difficult to talk about personal affairs with highly educated people such as doctors, teachers, and clergymen.	2.75	0.78	Slightly Agree
17. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.	2.73	0.76	Slightly Agree
22. It is probably best not to know everything about oneself.	2.68	0.79	Slightly Agree
13. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.	2.53	0.80	Slightly Agree
Overall Mean	2.78	0.77	Slightly Agree

Legend: Verbal Description 1 – 1.75 (Strongly Disagree); 1.76– 2.50 (Slightly Disagree); 2.51 – 3.25 (Slightly Agree); 3.26- 4.00 (Strongly Agree)

This was followed by the indicator stating that “I would willingly confide intimate matters to an appropriate person if I thought it might help me or a member of my family” with the mean value of 2.94, having the description of Slight tendency and somehow positive attitude towards psychological help. Basically, the indicator stating that “If I believed I was having a mental breakdown, my first inclination would be to get professional attention.” got the lowest mean value of 2.53 with the description of Slight tendency and somehow positive attitude towards

psychological help.

From the overall mean of 2.78, all of the 7 indicators for Factor 3- Interpersonal Openness among the Grade-11 and 12 respondents, the result showed that the respondents have *slight tendency and somehow positive attitude* to seek professional and psychological help when they are confronted with problems and issues in life. This further implied that respondents would have the slight tendency and willingness to reveal one's personal problems to others. According to the study of Hill, Clara (2010), students considered their friends as the 1st choice for asking help, close relatives would be the 2nd, faculty and psychological experts would be the last choice.

Table 7 shows that on Factor 4- Confidence in Mental Health Professional, the indicator stating that “A person with a serious emotional disturbance would probably feel most secure in a good counseling center” got the highest mean value of 2.81 indicating that the respondents have *slight tendency and somehow positive attitude* psychological help.

Table 7

Mean Distribution on the Attitude of the Grade -11 & 12 Respondents Toward Psychological Help in terms of Confidence in Mental Health Professional

Indicators for Factor-4	Mean	SD	Verbal Description
12. A person with a serious emotional disturbance would probably feel most secure in a good counseling center.	2.81	0.68	Slightly Agree
2. If a good friend asked my advice about an emotional / personal problem, I might recommend that he or she see a counselor.	2.74	0.74	Slightly Agree
11. A person with a serious emotional disturbance would probably feel most secure in a good inpatient psychiatric unit.	2.73	0.69	Slightly Agree
23. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.	2.69	0.73	Slightly Agree
16. I would rather be advised by a close friend than by a psychologist, even for an emotional problem.	2.63	0.77	Slightly Agree
19. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.	2.50	0.73	Slightly Disagree
1. Although there are clinics for people with emotional/ personal problems, I would not have much faith in them.	2.40	0.73	Slightly Disagree
15. Having been a counseling client is disgraceful on a person's life.	2.28	0.79	Slightly Disagree

8. I would rather live with certain mental conflicts than go through the ordeal of getting psychological help.	2.21	0.79	Slightly Disagree
Overall Mean	2.55	0.73	Slightly Agree

Legend: Verbal Description 1 – 1.75 (Strongly Disagree); 1.76– 2.50 (Slightly Disagree); 2.51 – 3.25 (Slightly Agree); 3.26- 4.00 (Strongly Agree)

This was followed by the indicator stating that “If a good friend asked my advice about an emotional / personal problem, I might recommend that he or she see a counselor” with the mean value of 2.74, indicating that the respondents have *slight tendency and somehow positive attitude* psychological help.

However, 4 out of the 9 indicators for Factor-4 namely 1, 8,15 and 19 , it is empirical to say that the Grade -11 and 12 respondents have *slightly low tendency and somehow negative attitude* to seek professional and psychological help when they are confronted with problems and issues in life.

From the overall mean of 2.55, the 9 indicators of Factor-4 Confidence in Mental Health Professional among the Grade-11 and 12 respondents revealed to have *slight tendency and somehow positive attitude* psychological help.

Evidently, the respondents have *slightly low tendency and somehow negative attitude* to seek professional and psychological help when they are confronted with problems and issues in life. In the study of Ward, Doherty and Moran (2007), it showed that there was a significant difference in the level of disclosing problems to mental health professionals among high school students. They somehow manifest less confidence in the mental health professionals.

Table 8 shows the summary responses of the Grade-11 and 12 respondents towards the four-factor measurements for ATSPPHS.

Table 8

Summary Mean Distribution on the Attitude of the Grade -11 & 12 Respondents Toward Psychological Help in terms of the Four Factors

Four Factors	Mean	SD	Verbal Description
3. Interpersonal Openness	2.78	0.77	Slightly Agree
1. Recognition of Personal Need for Professional Help	2.70	0.73	Slightly Agree
2. Tolerance of Stigma Associated with Psychological Help	2.65	0.73	Slightly Agree
4. Confidence in Mental Health Professional	2.55	0.73	Slightly Agree
Overall Mean	2.67	0.74	Slightly Agree

Legend: Verbal Description 1 – 1.75 (Strongly Disagree); 1.76– 2.50 (Slightly Disagree); 2.51 – 3.25 (Slightly Agree); 3.26- 4.00 (Strongly Agree)

In ranking, Factor-3 on Interpersonal Openness got the highest tabulated mean value of 2.78, followed by Factor-1 Recognition of Personal Need for Professional Help with the mean value of 2.70, then Factor-2 Tolerance of Stigma Associated with Psychological Help. However, Factor-4 Confidence in Mental Health Professional got the lowest mean tabulated value of 2.55.

However, the four-factor indicators for ATSPPHS, it is empirical to say that the Grade -11 and 12 respondents have *slight tendency and somehow positive attitude* to seek professional and psychological help when they are confronted with problems and issues in life.

Table 9 shows the responses of the Grade-11 respondents on the 54 indicators for Adolescence Coping Orientation for Problem Experiences (A-COPE). Basically, indicator 5- “Listen to music-stereo, radio, etc.’ got the highest mean value of 4.21 with the verbal description of “Always”.

Table 9

Mean Distribution of the Grade -11 Respondents on the Adolescence Coping Orientation for Problem Experiences

Four Factors	Mean	SD	Verbal Description
5. Listen to music-stereo, radio, etc.	4.21	1.0	Always
4. Apologize to people	4.07	0.94	Often
7. Eat food	4.06	1.23	Often
3. Try to be funny and make light of it all	3.82	0.93	Often
13. Try to improve self (get body in shape, get better grades, etc.)	3.80	1.00	Often
45. Try to see the good things in a difficult situation	3.78	1.19	Often
44. Pray	3.77	1.22	Often
15. Try to think of the good things in life	3.73	1.32	Often
29. Be close with someone who care about	3.70	1.18	Often

30. Try to help other people solve their problems	3.63	1.18	Often
1. Go along with parents' requests and rules	3.61	0.91	Often
38. Daydream about how things would like to be done	3.60	1.13	Often
32. Try to figure out how to deal with problems or tension	3.58	1.06	Often
25. Organize the things to do in life	3.54	1.13	Often
46. Drink beer, wine, liquor	3.53	1.44	Often
27. Work hard on schoolwork or other school projects	3.51	1.29	Often
54. Do a strenuous physical activity (jogging, biking, etc.)	3.49	1.13	Often
18. Say nice things to others	3.48	1.21	Often
37. Watch a movie	3.48	1.05	Often
14. Cry	3.46	1.24	Often
48. Sleep	3.44	1.25	Often
47. Try to make your own decisions	3.44	1.22	Often
36. Tell yourself the problem is not important	3.44	1.16	Often
2. Read books or any material	3.44	0.88	Often
53. Play video games (Space Invaders, Pac-Man) pool, pinball, etc.	3.43	1.09	Often
10. Get more involved in activities at school	3.43	1.08	Often
31. Talk to mother about what bothers yourself	3.38	1.12	Sometimes
41. Do things with your family	3.36	1.27	Sometimes
49. Say mean things to people; be sarcastic	3.33	1.25	Sometimes
26. Swear or give promises	3.32	1.07	Sometimes
33. Work on a hobby (sewing, model building, etc.)	3.28	1.08	Sometimes
39. Talk to a brother or sister about how you feel	3.26	1.29	Sometimes

11. Go shopping; buy things most like	3.23	1.09	Sometimes
23. Go to church	3.22	1.37	Sometimes
34. Get professional counseling (not from a school teacher or school counselor)	3.17	1.24	Sometimes
12. Try to reason with parents and talk things out; compromise	3.16	1.08	Sometimes
20. Joke and keep a sense of humor	3.14	1.22	Sometimes
42. Smoke	3.13	1.40	Sometimes
52. Talk to a friend about how you feel	3.09	1.15	Sometimes
35. Try to keep up friendships or make new friends	3.06	1.15	Sometimes
51. Let off steam by complaining to your friends	3.06	1.28	Sometimes
40. Get a job or work harder at one	2.95	1.34	Sometimes
43. Watch T.V.	2.94	1.50	Sometimes
50. Talk to your father about what bothers yourself	2.93	1.23	Sometimes
19. Get angry and yell at people	2.91	1.20	Sometimes
17. Ride around in the car	2.90	1.27	Sometimes
22. Let off steam by complaining to family members	2.85	1.11	Sometimes
28. Blame others for what's going wrong	2.74	1.36	Sometimes
8. Try to stay away from home as much as possible	2.68	1.32	Sometimes
6. Talk to a teacher or counselor at school	2.66	1.21	Sometimes
9. Use medicine as prescribed by a doctor	2.64	1.44	Sometimes
21. Talk to a minister/priest/rabbi	2.60	1.13	Seldom
16. Be with a boyfriend or girlfriend	2.50	1.39	Seldom
24. Use drugs (not prescribed by doctor)	2.19	1.48	Seldom
Overall Mean	3.29	3.90	Sometimes

Legend: Verbal Description 1 – 1.80 (Never); 1.81– 2.60 (Seldom); 2.61 –3.40 (Sometimes); 3.41-4.20 (Often) and 4.21-5.00 (Always)

This means further that the respondents *regularly able* to manage the hardships and relieve the discomfort associated with life events through music that serves as therapy for them when they experience problems in life.

On the other hand, of the 55 indicators of A-COPE, 25 of them got the verbal description of “Often”. This means further that the Grade -11 respondents *frequently able* to manage their hardships and relieve their discomfort associated with life events through the following measures: Go along with parents’ requests and rules; Read books or any material; Try to be funny and make light of it all; Apologize to people; Eat food; Get more involved in activities at school; Try to improve self (get body in shape, get better grades, etc.); Cry; Try to think of the good things in life; Say nice things to others; Organize the things to do in life; Work hard on schoolwork or other school projects; Be close with someone who care about; Try to help other people solve their problems; Try to figure out how to deal with problems or tension; Tell yourself the problem is not important; Watch a movie; Daydream about how things would like to be done; Pray; Try to see the good things in a difficult situation; . Drink beer, wine, liquor; Try to make your own decisions; Sleep; Play video games (Space Invaders, Pac-Man) pool, pinball and Do a strenuous physical activity (jogging, biking, etc.)

Also, 25 of the 54 indicators of A-COPE where the Grade-11 respondents *occasionally able* to manage their hardships and relieve their discomfort associated with life events through the following measures : Talk to a teacher or counselor at school; Try to stay away from home as much as possible; Use medicine as prescribed by a doctor; Go shopping; buy things most like; Try to reason with parents and talk things out; compromise; Ride around in the car; Get angry and yell at people; Joke and keep a sense of humor; Let off steam by complaining to family members; Go to church; Swear or give promises; Blame others for what’s going wrong; Talk to mother about what bothers yourself; Work on a hobby (sewing, model building, etc.); . Get professional counseling (not from a school teacher or school counselor); Try to keep up friendships or make new friends; Talk to a brother or sister about how you feel; Get a job or work harder at one; Do things with your family; Smoke; Watch T.V; Say mean things to people; be sarcastic; Talk to your father about what bothers yourself; Let off steam by complaining to your friends and Talk to a friend about how you feel.

Moreover, the Grade-11 respondents *barely able* to manage their hardships and relieve their discomfort associated with life events through the following measures: Be with a boyfriend or girlfriend; Talk to a minister/priest/rabbi and use drugs (not prescribed by doctor).

Thus, indicators with the verbal descriptions of always, often were considered to be *strong /positive coping responses* of the respondents while those indicators with sometimes, seldom were seem to be the *weak coping responses* of the respondents.

In relation to the study of Edwin Bru (2006) on adolescence coping style, results revealed that a relatively large percentage of students employ rather passive coping styles when facing academic or interpersonal problems at school. These results may indicate room for improvement regarding students’ use of active or problem-focused coping.

In the study of Danile Leubner (2010) on “Reviewing the Effectiveness of Music interventions”, it showed that music intervention is a potential alternative for depression therapy but the number of up-to-date research literature is quite limited. In particular, the participants showed impressive improvements when they listened to music or participated in music therapy projects.

Table 10 shows the responses of the Grade-12 respondents on the 54 indicators for Adolescence Coping Orientation for Problem Experiences (A-COPE). On the tabulation, indicator 4- “Apologize to people” got the highest mean value of 4.23 with the verbal description of “Always”.

Based on the FGD conducted a respondent answered a question, In overcoming your emotional problem, is it helpful for you to share private information about your problem with a mental health professional? “Yes. For them to be able to give you advice.”

Table 10

Mean Distribution of the Grade -12 Respondents on the Adolescence Coping Orientation for problem Experiences

Four Factors	Mean	SD	Verbal Description
4. Apologize to people	4.23	0.79	Always
5. Listen to music-stereo, radio, etc.	4.09	1.17	Often
7. Eat food	4.04	1.23	Often
3. Try to be funny and make light of it all	3.88	1.04	Often
13. Try to improve self (get body in shape, get better grades, etc.)	3.74	1.10	Often
45. Try to see the good things in a difficult situation	3.72	1.09	Often
15. Try to think of the good things in life	3.69	1.27	Often
32. Try to figure out how to deal with problems or tension	3.60	1.06	Often
18. Say nice things to others	3.57	1.17	Often
54. Do a strenuous physical activity (jogging, biking, etc.)	3.54	1.16	Often
53. Play video games (Space Invaders, Pac-Man) pool, pinball, etc.	3.52	1.09	Often
1.Go along with parents' requests and rules	3.52	1.04	Often
25. Organize the things to do in life	3.51	1.31	Often
2. Read books or any material	3.45	1.12	Often
44. Pray	3.44	1.24	Often

30. Try to help other people solve their problems	3.44	1.13	Often
48. Sleep	3.42	1.16	Often
27. Work hard on schoolwork or other school projects	3.40	1.28	Sometimes
38. Daydream about how things would like to be done	3.40	1.10	Sometimes
49. Say mean things to people; be sarcastic	3.39	1.25	Sometimes
26. Swear or give promises	3.38	1.11	Sometimes
37. Watch a movie	3.36	1.13	Sometimes
12. Try to reason with parents and talk things out; compromise	3.35	1.05	Sometimes
46. Drink beer, wine, liquor	3.33	1.30	Sometimes
31. Talk to mother about what bothers yourself	3.33	1.15	Sometimes
29. Be close with someone who care about	3.32	1.29	Sometimes
33. Work on a hobby (sewing, model building, etc.)	3.31	1.06	Sometimes
14. Cry	3.29	1.28	Sometimes
36. Tell yourself the problem is not important	3.29	1.09	Sometimes
20. Joke and keep a sense of humor	3.27	1.14	Sometimes
10. Get more involved in activities at school	3.19	1.15	Sometimes
52. Talk to a friend about how you feel	3.18	1.16	Sometimes
41. Do things with your family	3.17	1.20	Sometimes
11. Go shopping; buy things most like	3.10	1.00	Sometimes
23. Go to church	3.04	1.29	Sometimes
35. Try to keep up friendships or make new friends	3.06	1.08	Sometimes
39. Talk to a brother or sister about how you feel	3.12	1.12	Sometimes
47. Try to make your own decisions	3.13	1.33	Sometimes

40. Get a job or work harder at one	3.07	1.08	Sometimes
51. Let off steam by complaining to your friends	2.99	1.14	Sometimes
43. Watch T.V.	2.98	1.23	Sometimes
34. Get professional counseling (not from a school teacher or school counselor)	2.96	1.27	Sometimes
42. Smoke	2.94	1.39	Sometimes
50. Talk to your father about what bothers yourself	2.93	1.18	Sometimes
19. Get angry and yell at people	2.81	1.29	Sometimes
17. Ride around in the car	2.81	1.28	Sometimes
28. Blame others for what's going wrong	2.67	1.38	Sometimes
22. Let off steam by complaining to family members	2.59	1.24	Seldom
9. Use medicine as prescribed by a doctor	2.53	1.35	Seldom
6. Talk to a teacher or counselor at school	2.51	1.23	Seldom
8. Try to stay away from home as much as possible	2.50	1.30	Seldom
21. Talk to a minister/priest/rabbi	2.50	1.22	Seldom
16. Be with a boyfriend or girlfriend	2.44	1.29	Seldom
24. Use drugs (not prescribed by doctor)	2.29	1.44	Seldom
Overall Mean	3.22	1.18	Sometimes

Legend: Verbal Description 1 – 1.80 (Never); 1.81– 2.60 (Seldom); 2.61 –3.40 (Sometimes); 3.41-4.20 (Often) and 4.21-5.00 (Always)

This means further that the respondents *regularly able* to manage their hardships and relieve their discomfort associated with life events through apologizing people whenever they have conflicts or issues.

On the other hand, of the 55 indicators of A-COPE, the Grade -12 respondents rated the following indicators with the verbal description of “Often” which further mean that they *frequently able* to manage their hardships and relieve their discomfort associated with life events through the following measures: Go along with parents’ requests and rules; Read books or any material; Try to be funny and make light of it all; Eat food; Listen to music-stereo, radio, etc; Try to improve self (get body in shape, get better grades, etc.); Try to think of the good things in life; Say nice things to others; Organize the things to do in life ; Try to help other people solve their problems; Try to figure out how to deal with problems or tension; Pray; Try

to see the good things in a difficult situation; Sleep; Play video games (Space Invaders, Pac-Man) pool, pinball, etc; Do a strenuous physical activity (jogging, biking, etc.).

Also, of the 54 indicators of A-COPE, the Grade-12 respondents rated the following indicators with “Sometimes” which further mean that they *occasionally able* to manage their hardships and relieve their discomfort associated with life events through the following measures : Get more involved in activities at school; Go shopping; buy things most like; Try to reason with parents and talk things out; compromise; Cry; Ride around in the car; Get angry and yell at people; Joke and keep a sense of humor; Go to church; Swear or give promises; Work hard on schoolwork or other school projects; Blame others for what’s going wrong; Be close with someone who care about; Talk to mother about what bothers yourself; Work on a hobby (sewing, model building, etc.); Get professional counseling (not from a school teacher or school counselor); . Try to keep up friendships or make new friends; Tell yourself the problem is not important; Watch a movie; Daydream about how things would like to be done; Talk to a brother or sister about how you feel; Get a job or work harder at one; Do things with your family; Smoke; Watch T.V.; Drink beer, wine, liquor; Try to make your own decisions; Say mean things to people; be sarcastic; Talk to your father about what bothers yourself; Let off steam by complaining to your friends; Talk to a friend about how you feel.

Moreover, the Grade-12 respondents *barely able* to manage their hardships and relieve their discomfort associated with life events through the following measures: Use drugs (not prescribed by doctor); Talk to a minister/priest/rabbi; Let off steam by complaining to family members; Talk to a teacher or counselor at school; Try to stay away from home as much as possible; Use medicine as prescribed by a doctor and Be with a boyfriend or girlfriend.

Thus, indicators with the verbal descriptions of always, often were considered to be *strong /positive coping responses* of the respondents while those indicators with sometimes, seldom were seem to be the *weak coping responses* of the respondents.

Evidently, the Grade -11 strong/positive coping response when they have problems would be through listening to music-stereo and others while the Grade-12 strong/positive coping response would to apologize to people whom they have conflicts or issues. Thus the various coping skills must be learned by the student not just apologizing to people or listening to music when they have problems.

Relatively, the results with regard to adolescents’ coping in general may suggest that there is room for improvement in students’ coping skills and schools should increase their efforts to teach students effective coping styles for dealing with school-related stress. The results of previous studies indicate that students can be taught more effective coping skills and that such training has positive effects on adjustment (Durlak, 2008).

Table 11 statistical data revealed that on factor-1- Recognition of Personal Need for Professional Help, the Grade-11 and 12 male, female and LGBT respondents got the P –values relatively greater than 0.05.

Table 11

Test of Significance on the Respondents' Attitudes Toward Psychological Help based on the Four Factors and their Sexual Orientation

Four Factors	Sexual Orientation	F-Value	Test of Significance (Tested at 0.05 level)	Verbal Interpretation
			<i>P-Value</i>	
Recognition of Personal Need for Professional Help	Female	19.140	2.447	Not Significant
	Male	138.95	1.684	Not Significant
	LGBT	1.045	0.410	Not Significant
Tolerance of Stigma Associated with Psychological Help	Female	26.483	7.079	Not Significant
	Male	199.14	3.075	Not Significant
	LGBT	0.799	0.555	Not Significant
Interpersonal Openness	Female	25.949	5.108	Not Significant
	Male	148.01	3.828	Not Significant
	LGBT	2.115	0.064	Not Significant
Confidence in Mental Health Professional	Male	110.36	5.810	Not Significant
	Female	24.613	1.867	Not Significant
	LGBT	0.816	0.602	Not Significant

For factor-2- Tolerance of Stigma Associated with Psychological Help, seemingly the male, female and LGBT respondents still got the P-values relatively greater than 0.05. Factors 3 & 4- Interpersonal Openness and Confidence in Mental Health Professional respectively got the P-values higher than 0.05. Hence statistically, the F statistics would result to accept the null hypotheses.

Thus, the above statistics proved that there was *no significant difference* on the respondents' attitudes toward psychological help based on the four factors of ATSPPHC and their social orientation.

As a result it does not conform with Good, Dell, and Mintz (1989) which indicated that traditional attitudes about the male role, concern about expressing emotions, and concern about expressing affection toward other men were each significantly related to negative attitudes toward seeking professional psychological help. Several years later, Komiya, Good & Sherrod (2000) conducted a similar study wherein the findings have indicated that a significant relationship exists between male gender role conflict and attitudes toward seeking professional psychological help.

Pologe (2001) said that therapeutic approaches to behavioral problems vary from Psychoanalysis, Cognitive-Behavioral Therapy, Person-Centered Counseling and etc. Many therapists, counselors, physicians, social workers, teachers support the use of counseling for psychological or mental health concerns (Hobson, 2008), as these are proven to be an effective method in reducing depressive symptoms, anxiety, stress and negative emotions on relationship

difficulties. Furthermore, Psychological help or counseling contributes to having positive effects not only on the mental health of the individual but also on the physical health as well (Buetler, 2007). .

Table 12 statistical data revealed that on factor-1 & 4- Recognition of Personal Need for Professional Help and Confidence in Mental Health Professional respectively , the grade-11 and 12 students under ABM, GAS, HUMMS, STEM and MARITIME strands got the P – values relatively greater than 0.05 statistical level .

Table 12

Test of Significance on the Respondents' Attitudes Toward Psychological Help based on the Four Factors and their Academic Strands

Four Factors	Academic Strand	F-Value	Test of Significance (Tested at 0.05 level) <i>P-Value</i>	Verbal Interpretation
Recognition of Personal Need for Professional Help			<i>P-Value</i>	
	ABM	49.346	3.980	Not Significant
	MARITIME	157.06	5.654	Not Significant
	STEM	38.318	1.262	Not Significant
	HUMMS	6.951	1.219	Not Significant
	GAS	1.283	0.263	Not Significant
Tolerance of Stigma Associated with Psychological Help				
	ABM	58.193	1.192	Not Significant
	MARITIME	263.36	2.746	Not Significant
	STEM	55.763	1.624	Not Significant
	GAS	1.948	0.101	Not Significant
	HUMMS	3.883	0.002	Significant
Interpersonal Openness				
	HUMMS	34.306	9.821	Not Significant
	STEM	34.306	3.256	Not Significant
	MARITIME	81.556	3.240	Not Significant
	ABM	39.781	2.375	Not Significant
	GAS	2.242	0.040	Significant
Confidence in Mental Health Professional				
	ABM	42.690	4.444	Not Significant
	STEM	52.422	3.624	Not Significant
	MARITIME	105.29	2.152	Not Significant
	HUMMS	52.422	1.492	Not Significant
	GAS	1.640	0.137	Not Significant

Also, on factor Tolerance of Stigma Associated with Psychological Help and on Interpersonal Openness, the ABM, STEM and MARITIME students respectively got the P-

values greater than 0.05 statistical level . From the above statistics, majority of the ATSPPHC indicators showed a P-values greater than 0.05 statistical level.

Thus, there was *no significant difference* on the respondents' attitudes toward psychological help for Factor -1 and 4 since their P-values were greater than 0.05 level of significance. However, for factors 2 & 3, the HUMMS strand got a P-value of 0.002 and for GAS strand with the P-value of 0.040 respectively where both values smaller than 0.05 statistical level. This proved to reject the null hypothesis since there was *a significant difference* on the HUMMS and GAS students' attitudes toward psychological help particularly on factors 2 & 3. Further, the results implied that the respondents from HUMMS and GAS strands were relatively sensitive on the matters concerning tolerance for shame in seeking help and on openness to others whenever they have personal problems. Tolerance to Stigma and Interpersonal openness really matters among the HUMMS and GAS respondents.

Table 14 statistical data revealed that on the four factors of ATSPPHC versus their profile on the previous school attended, All of the Grade-11 and 12 respondents obtained the P-values relatively greater than 0.05 statistical level.

Table 14

Test of Significance on the Respondents' Attitudes Toward Psychological Help based on the Four Factors and their Previous School attended

Four Factors	Previous School	F-Value	Test of Significance (Tested at 0.05 level)	Verbal Interpretation
Recognition of Personal Need for Professional Help			<i>P-Value</i>	
	Private	87.614	2.272	Not Significant
	Public	39.378	2.048	Not Significant
Tolerance of Stigma Associated with Psychological Help				
	Public	45.151	7.358	Not Significant
	Private	124.85	1.056	Not Significant
Interpersonal Openness				
	Public	45.155	7.358	Not Significant
	Private	89.838	2.554	Not Significant
Confidence in Mental Health Professional				
	Private	88.844	4.971	Not Significant
	Public	38.732	1.100	Not Significant

Legend: *P-value higher than 0.05 means Not Significant*
P-value lesser than 0.05 means Significant

From the statistical tabulation in Table 14 , on the four factors of ATSPPHC, all of the Grade-11 and 12 respondents coming from both Private and Public schools manifested the P-values greater than 0.05 statistical level . Hence statistically, the F statistics would result to accept the null hypotheses.

Thus, the above statistics proved that there was *no significant difference* on the respondents' attitudes toward psychological help based on the four factors of ATSPPHC and their previous school attended. This further implied that the school origin of the respondents did not matter on their interest and decision to seek help whenever they have personal problems or issues.

On the other hand, Nyingi (2014) found students from public schools to be more aware of guidance and counselling services than their counterparts in private schools. Additionally, though most students were not informed of the importance of guidance and counseling, they rated it highly. Gitonga (1999) also found out that majority of the sample were aware of the existence of guidance and counseling services.

From the statistical tabulation in Table 16, data revealed that on the 54 indicators of A-COPE, all of the Grade-11 and 12 male and female respondents got the P-values greater than 0.05 statistical level.

Table 16

Test of Significance on the Respondents' Coping Behavior and their Sexual Orientation

A-COPE	Sexual Orientation	F-Value	Test of Significance (Tested at 0.05 level)	Verbal Interpretation
54 Indicators			<i>P-Value</i>	
	Male	22.774	5.993	Not Significant
	Female	17.748	4.283	Not Significant
	LGBT	1.873	0.0004	Significant

Legend: P-value higher than 0.05 means Not Significant

P-value lesser than 0.05 means Significant

Thus, the above statistics proved that there was *no significant difference* on the respondents' coping behavior among the male and female respondents. However, the LGBT respondents showed a significant difference on their coping behavior based on the obtained P-value of 0.0004, relatively smaller than 0.05 statistical level. This further implied that the 54 A-COPE indicators matter most among the LGBT respondents. They were relatively sensitive in responding to the A-COPE indicators.

According to Kipke (2010), the pervasiveness of heterosexism in the lives of gay and bisexual youth is well established, little is known about the strategies these youth use to cope with stigma and discrimination based on their sexual minority status. The narratives from the current study suggest that the emotion regulation paradigm is well suited to understanding the functions of strategies for coping with heterosexism and similar types of stigma.

In light with the advances made in the counseling profession, stigma is still experienced by individuals who need or use psychological and mental health services (Gaw, 1993). In relation to gender, it was found that males are more likely to experience greater stigma associated with seeking help and tend to have less emotional openness compared to their female counterparts (Komiya et al. 2000). In terms of confidence in the mental health professional, females reported more confidence in mental health practitioners than did males. Previous

research provided possible explanation of these differences, in that males have more self-ego involvement when seeking professional help, leading to more feelings of incompetence than females. In addition, masculinity norms for male students discourage expression and sharing of emotions (Fischer & Turner, 1970).

Table 17 statistical data revealed that on the 54 indicators of A-COPE, the Grade-11 and 12 respondents from the ABM, HUMMS, STEM and MARITIME strands manifested the P-values greater than 0.05 statistical level.

Table 17

Test of Significance on the Respondents' Coping Behavior and their Academic Strands

A-COPE	Academic Strands	F-Value	Test of Significance (Tested at 0.05 level)	Verbal Interpretation
54 Indicators			<i>P-Value</i>	
	ABM	14.497	1.332	Not Significant
	GAS	1.816	0.006	Significant
	HUMMS	9.654	1.022	Not Significant
	STEM	17.044	9.980	Not Significant
	MARITIME	24.318	1.017	Not Significant

Legend: P-value higher than 0.05 means Not Significant

P-value lesser than 0.05 means Significant

Thus, the above statistics proved that there was *no significant difference* on the respondents' coping behavior based on their academic strands. However, GAS respondents showed a *significant difference* on their coping behavior based on the obtained P-value of 0.006, relatively smaller than 0.05 statistical level. This further implied that the 54 A-COPE indicators matter most among the GAS strand respondents. They were relatively sensitive in responding to the A-COPE indicators.

Moreover, among all the strand, GAS have the least number of students, so the result of each student surveyed would greatly affect the entire strand's result which has a significant difference on their coping behavior.

From the statistical tabulation in Table 18, data revealed that on the 54 indicators of A-COPE, all of the Grade-11 and 12 respondents coming from both Private and Public schools obtained the P-values greater than 0.05 statistical level.

Table 18

Test of Significance on the Respondents' Coping Behavior and their Previous School Attended

A-COPE	Previous School Attended	F-Value	Test of Significance (Tested at 0.05 level)	Verbal Interpretation
54 Indicators			<i>P-Value</i>	
	Private School	17.237	1.960	Not Significant
	Public School	24.318	2.461	Not Significant

Legend: P-value higher than 0.05 means Not Significant
P-value lesser than 0.05 means Significant

Hence statistically, the F statistics would result to accept the null hypotheses. Thus, the above statistics proved that there was *no significant difference* on the respondents' coping behavior in relation to their previous school attended.

Nyingi (2014) found students from public schools to be more aware of guidance and counselling services than their counterparts in private schools. Additionally, though most students were not informed of the importance of guidance and counseling, they rated it highly. Gitonga (1999) also found out that majority of the sample were aware of the existence of guidance and counseling services.

The data in Table 19 showed the correlation for the two variables namely: Grade-11 &12 attitudes toward Psychological Help and their Coping Behavior.

Table 19

Test of Significant Relationship on the Respondents' Attitude Towards Psychological Help and their Coping Behavior

	Test of Relationship (at 0.05 level)
G-11 & 12 Students' Attitude Towards Psychological Help and Coping Behavior	<i>Correlation Value</i>
	0.01462

The correlation value of **$r = 0.01462$** disclosed relatively a weak uphill (positive) linear relationship between the two correlated variables. This further mean that variables are said to have no linear relationship *or a very weak* linear relationship. Thus, there is no significant relationship between attitudes toward Psychological Help and their Coping Behavior. This implied further that from the conducted study, the attitudes of the respondents toward seeking psychological help would have no relation to their coping mechanism.

As a researcher and Guidance Facilitator of Senior High School, there is a need to delve into the reasons behind why some students being aware on the need for psychological help are still hesitant to seek guidance from the counselor and determine their various coping mechanisms for their suitable guidance. Hence, this study seeks to investigate on the attitudes of the Senior High School students toward psychological help and their coping behaviors.

The findings of the study can be used to help students develop positive attitude towards guidance services of the school. A develop program that will address negative attitude towards psychological help and coping behavior in order to maximize utilization of the guidance services of the school.

Conclusion

From the findings of the study, it is imperative to conclude that there is a strong need to promote more awareness on the guidance related programs in the school where the study was conducted to encourage more Grade 11 and 12 students to trust and submit themselves for counselling whenever they face personal problems and issues in life. Noting the fact that majority of the respondents would only have slight tendency and somehow positive attitudes to

seek psychological help, there must be a collaborative actions to be done by the guidance experts to maximize guidance services.

References

- [1] Abbott, T. (2001). *Social and Personality Development*. Routledge Publishing: New York.
- [2] Addis, M.E., & Mahalik, J.R. (2003). Men, Masculinity and the Contexts of Help Seeking. *American Psychologist*, 58, 5-14.
- [3] Ann-Arbor, M. (2003). Heading Back to Campus? Watch for depression triggered by college stresses. University of Michigan Health System. Retrieved on August 9, 2009 from www.med.umich.edu.
- [4] Atkinson, D.R., Morten, G., & Sue, D.W. (1991). *Counseling American Minorities: A cross-cultural perspective* (5th ed.) Boston: McGraw-Hill.
- [5] Baello, J., & Mori, L. (2007). Asian Values Adherence and Psychological Help-seeking attitudes of Filipino Americans. *Journal of Multicultural, Gender and Minority Studies*, Volume 1, Issue 1
- [6] Bem, S. (1983). Gender Schema Theory and its implications for child development: Raising gender-aschematic children in a gender-schematic society. *Signs*, 8, 598-616.
- [7] Betz, N.E., & Fitzgerald, L.F. (1993). Individuality and Diversity: Theory and research in counseling and psychology. *Annual Review of Psychology*, 44, 343-381.
- [8] Buetler, H.J. (2004). Change your Mind about Mental Health. American Psychological Association Help Center. Retrieved August 5, 2009 from www.apahelpcenter.org.
- [9] Canary, D.J., Dindia, K. (1998). *Sex Differences and similarities in communication: Critical Essays and Empirical Investigations of Sex and Gender in Interaction*. Lawrence Erlbaum Associates, Inc.: New Jersey.
- [10] Courtenay, W.H. (2000). Constructions of Masculinity and their influence on men's well-being: A theory of gender and health. *Social Science & Medicine*, 50, 1385-1401.
- [11] Cowley, C., & Hawker, S. (1996). *The Oxford Colour Dictionary & Thesaurus*. New York: Oxford University Press.
- [12] Gore F, Bloem PJN, Patton GC, Ferguson J, Joseph V, et al. (2011) Global burden of disease in young people aged 10–24 years: a systematic analysis. *Lancet* 377:2093–2102
- [13] D'Arcy, C.D., & Schmitz, J.A. (1979). Sex differences in the utilization of health services for psychiatric problems in Saskatchewan. *American Journal of Psychology*, 24, 19-27.
- [14] Kamunyu, Ruth Njeri (2016) Reasons Why University Students Do Not Seek Counseling Services in Kenya, Department of Gender and Development Studies, Kenyatta University, Nairobi, Kenya Vol.7, No.15, 2016
- [15] Kambouropoulos, Alexa, Barriers to the Utilisation of Counselling Services by International Students ,School of Psychology, Counselling and Psychotherapy, Cairnmillar Institute, Melbourne, Australia Vol. 5, No. 5; 2015
- [16] Mulhauser, G. (2009). About Counselling and Psychotherapy. Retrieved on August 5, 2009 from www.aboutpsychotherapy.com.
- [17] Mwangi, Jayne, Technical University Mobasa, September 2015, Student's Perception and Attitude towards the role of guidance and Counseling in teachers Teachers Colleges in Kenya.
- [18] Pologe, B. (2001). About Counselling and Psychotherapy. Retrieved August 5, 2009 from www.counsellingresource.com.

- [19] Rachel C. F. Sun. The University of Hong Kong, Faculty of Education, Hong Kong from <https://www.researchgate.net/The University of Hong Kong>
- [20] Sue, D.W. (1994). Asian-American mental health and help-seeking behavior. *Journal of Counseling Psychology*, 41, 292-295.