Supplemental Material

Table of Contents

|  |  |
| --- | --- |
| Page 2… | Supplemental Material for Expected Effect Sizes |
| Page 7…. | Supplemental Material Study 1 Measures Section – Reliability, Validity, and Purpose of Administration |
| Page 10…. | Supplemental Material References for Study 1 Measures Section |
| Page 15…. | Supplemental Material Table A – Factor Loadings for the Exploratory and Bifactor Confirmatory Factor Analyses. |
| Page 18…. | Supplemental Material Table B – Correlations among factors (EFA) |
| Page 19…. | Supplemental Material Table C – Hierarchical Regression Models |
| Page 21…. | Supplemental Material Figure A – Bifactor Model |

**Supplemental Material for Expected Effect Sizes**

This section describes the hypothesized effect size for the associations between the six barriers of the BMHC scale and other criterions in our study. The hypotheses for each barrier were informed by the statistical results from prior empirical studies on theoretically-related constructs. Some help-seeking barriers (e.g., cognitive or attitudinal barrier) are more extensively researched than others (e.g., logistical or cultural barrier); as such, some hypothesized relationships are more exploratory in nature. The predicted effect size for each effect roughly follows the same order as the hypotheses are presented the manuscript.

Hypothesis 1 is related to cognitive barriers of the BMHC scale. The most frequently studied cognitive barrier is negative attitude or negative perception toward seeking counseling; few studies examined problem recognition or perceived need (e.g., Schomerus et al., 2018).

Hypothesis 1a: Cognitive barriers of the BMHC scale should demonstrate a moderate to large association with self-stigma (e.g., Vogel et al., 2017).

Hypothesis 1b: Cognitive barriers of the BMHC scale should demonstrate a small association with emotional control (Kim, Kendall, & Chang, 2016).

Hypothesis 1c: Cognitive barriers of the BMHC scale should demonstrate a moderate to large and inverse association with help-seeking attitude (Schomerus et al., 2018).

Hypothesis 1d: Cognitive barriers of the BMHC scale should demonstrate a moderate to large association with subjective norm/perceived social stigma of help-seeking (Hess & Tracey, 2013; Mo & Mak, 2009).

Hypothesis 1e: Cognitive barrier of the BMHC scale should demonstrate a moderate to large, and inverse association with perceived behavioral control of help-seeking (Hess & Tracey, 2013, Mak & Davis, 2014).

Hypothesis 1f: Cognitive barrier of the BMHC scale should demonstrate a moderate to large, and inverse association with help-seeking intention (Mak & Davis, 2014).

Hypothesis 2 is related to affective barriers of the BMHC scale. Affective barriers such as

discomfort with experiencing or disclosing emotions are commonly measured by the level of emotional openness, restraint or concealment.

Hypothesis 2a: Affective barrier of the BMHC scale should demonstrate a small to moderate association with self-stigma (Heath, Brenner, Vogel, Lannin, & Strass, 2017; Komiya, Good, & Sherrod, 2000).

Hypothesis 2b: Affective barrier of the BMHC scale should demonstrate a large association with emotional control (Mahalik et al., 2003).

Hypothesis 2c: Affective barrier of the BMHC scale should demonstrate a small to moderate, and inverse association with help-seeking attitude (Good & Wood, 1995; Komiya, et al., 2000).

Hypothesis 2d: Affective barrier of the BMHC scale should demonstrate a small association with subjective norm/perceived social stigma of help-seeking (Good & Wood, 1995; Komiya et al., 2000).

Hypothesis 2e: There’s no prior empirical finding on the association between affective barriers and perceived behavioral control. We surmise that affective barriers of the BMHC scale should demonstrate an inverse association with perceived behavioral control of help-seeking.

Hypothesis 2f: Affective barriers of the BMHC scale should demonstrate a small to moderate, and inverse association with help-seeking intention (Good & Wood, 1995).

Hypothesis 3 is related to Ingroup Stigma of the BMHC scale. Past studies have mostly

examined public or social stigma.

Hypothesis 3a: Ingroup Stigma barrier of the BMHC scale should demonstrate a moderate to large association with self-stigma (Vogel et al., 2017).

Hypothesis 3b: Ingroup Stigma barrier of the BMHC scale should demonstrate a small association with emotional control (Komiya et al., 2000).

Hypothesis 3c: Ingroup Stigma barrier of the BMHC scale should demonstrate a small association with help-seeking attitude (Shea & Yeh, 2008).

Hypothesis 3d: Ingroup Stigma barrier of the BMHC scale should demonstrate a moderate association with perceived social stigma of help-seeking (Vogel, Wade, & Ascheman, 2009).

Hypothesis 3e: Ingroup Stigma barrier of the BMHC scale should demonstrate moderate to large association with perceived behavioral control of help-seeking (Mak & Davis, 2014, Mo & Mak, 2009)

Hypothesis 3f: Ingroup Stigma barrier of the BMHC scale should demonstrate a moderate to large association with help-seeking intention (Mak & Davis, 2014; Mo & Mak, 2009).

Hypotheses 4 and 5 are related to logistical and cultural barriers of the BMHC scale. Most of the findings from prior studies are descriptive (e.g., a checklist) or derived from qualitative studies (e.g., interviews). A few studies have examined the associations between cultural mistrust and other constructs such as psychological openness, stigma tolerance, help-seeking attitude and propensity (David, 2010; Duncan & Johnson, 2007; Nickerson et al., 1994;

Soorkia et al., 2011). Hence, our hypothesized associations between these two barriers and our criterions measures are tentative and focus on direction, not strength of the correlations.

Hypothesis 4a: Logistical barrier of the BMHC scale should demonstrate a positive association with self-stigma (Shea et al., 2012).

Hypothesis 4b: Logistical barrier of the BMHC scale should demonstrate a positive association with emotional control (Shea et al., 2012).

Hypothesis 4c: Logistical barrier of the BMHC scale should demonstrate an inverse association with help-seeking attitude (Shea et al., 2012).

Hypothesis 4d: Logistical barrier of the BMHC scale should demonstrate a positive association with perceived social stigma of help-seeking (Shea et al., 2012).

Hypothesis 4e: Logistical barrier of the BMHC scale should demonstrate an inverse association with perceived behavioral control of help-seeking (Eisenberg et al., 2007; Shea et al., 2012).

Hypothesis 4f: Logistical barrier of the BMHC scale should demonstrate an inverse association with help-seeking intention (Eisenberg et al., 2007; Shea et al., 2012)

Hypothesis 5a: Cultural barrier of the BMHC scale should demonstrate a positive association with self-stigma (Calton, Cattaneo, & Gebhard, 2016; David, 2010).

Hypothesis 5b: Cultural barrier of the BMHC scale should demonstrate a moderate association with emotional control (David, 2010).

Hypothesis 5c: Cultural barrier of the BMHC scale should demonstrate a moderate and inverse association with help-seeking attitude (Duncan & Johnson, 2007; Nickerson et al., 1994).

Hypothesis 5d: Cultural barrier of the BMHC scale should demonstrate a moderate association with perceived social stigma of help-seeking (Calton et al., 2016; David, 2010).

Hypothesis 5e: Cultural barrier of the BMHC scale should demonstrate an inverse association with perceived behavioral control of help-seeking.

Hypothesis 5f: Cultural barrier of the BMHC scale should demonstrate a moderate and inverse association with help-seeking intention (David, 2010).

**Supplemental Material for Study 1 Measures Section of the Manuscript Regarding Reliability, Validity, and Purpose of Administration**

This section of the supplemental material provides reliability and validity information for each measure used in Study 1, and describes for what purposes the measures were used.

**Self-Stigma of Seeking Help Scale** (SS; Vogel, Wade, & Haake, 2006). In prior studies, SS scores were negatively associated with attitudes and intention toward seeking professional psychological help, and positively correlated with perceived public stigma (Vogel et al., 2006). Studies using ethnic minority samples also reported adequate internal consistency coefficients from .86 to .89 (Cheng, Kwan, & Sevig, 2013; Cheng, Wang, McDermott, Kridel, & Rislin, 2018). This measure was for criterion-related validity testing in the current study.

**Emotion Control of Conformity to Masculine Norms Inventory** (EC; Mahalik et al., 2003). The scale has shown strong internal consistency in a sample of Chinese men living in Hong Kong (α =.86; Yeung, Mak, & Cheung, 2015), and was found to be negatively correlated with attitudes toward seeking psychological help (Mahalik et al., 2003). This measure was for criterion-related validity testing.

**Balanced Inventory of Desirable Responding-16** (BIDR-16; Paulhus, 1988)**.** The shortened version used in this study was adapted from the original 40-item scale. The BIDR-16 has demonstrated satisfactory internal consistency with alpha coefficients from .64 to .82 for SDE and from .66 to .73 for IM; and a satisfactory two-week test-retest reliability with *r* = .79 for SDE and *r* = .74 for IM (Hart, Ritchie, Hepper, & Gebauer, 2015). Both SDE and IM scores were found to be significantly and positively correlated to the scores of self-esteem. The scores of SDE, but not IM, were also positively related to the scores of narcissism. In Study 1, SDE and IM were used for discriminant-related validity testing.

**Attitudes Toward Seeking Professional Help Scale-Short-form** (ATSPH-S; Fischer & Farina, 1995). The ATSPH-S yielded an internal consistency of .84 and 1-month test-retest reliability of .80 (Fischer & Farina, 1995). ATSPH-S has also shown satisfactory alpha coefficients (.81 and .77, respectively) in Latina (Gloria, Castellanos, Segura-Herrera, & Mayorga, 2010) and Asian American samples (Shea & Yeh, 2008). This measure was for criterion-related validity testing.

**Stigma for Receiving Psychological Help** (SRPH; Komiya et al., 2000). The scores of SRPH were shown to be negatively correlated with the scores of attitudes toward seeking help (Komiya et al., 2000), and yielded satisfactory internal consistency ranging from .67 to .84 in an Asian American sample (e.g., Shea & Yeh, 2008) and in a Puerto Rican and Cuban American sample (Rojas-Vilches, Negy, & Reig-Ferrer, 2011). This measure was for criterion-related validity testing.

**Perceived Behavioral Control** (PBC; adapted from Mo & Mak, 2009). This measure was for criterion-related validity testing. The scores of PBC were shown to be positively

correlated with the scores of subjective norm and intention to seek professional counseling (Mo & Mak, 2009).

**Help-seeking Intention** (HIS; adapted from Mak & Davis, 2014). This measure was for criterion validity testing. HIS had a significantly positive correlation with attitudes toward help-seeking, subjective norm, perceived behavior control and individuals’ mental health in a Chinese non-student sample in Hong Kong (Mak & Davis, 2014).

**Perceived Stress Scale** (PSS; Cohen et al., 1983). The scores of PSS were positively associated with the scores of depressive symptoms and social anxiety (Cohen et al., 1983; Lee, 2012). The measure has also demonstrated satisfactory internal consistency (α = .84) in a Latinx college students sample (O’Neal et al., 2016). This measure was for incremental validity testing.

**Culture Orientation Scale (Individualism & Collectivism)** (COS; Triandis & Gelfland, 1998). The current study used the 16-item form adapted from the 27-item version, which has demonstrated strong internal consistency ranging from .73 to .82 (Triandis & Gelfland, 1998). COS consists of four subscales: horizontal individualism (HI), vertical individualism (VI), horizontal collectivism (HC) and vertical collectivism (VC). COS scores were shown to be significantly predicted by scores of various components of individualism and collectivism. HI score was predicted by self-reliance score, whereas VI was predicted by competition and hedonism. The VC score was predicted by both family integrity and sociability; and HC was predicted by interdependence and sociability. This measure was for incremental validity testing in the current study.

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Supplemental Material Table A

*Factor Loadings for the Exploratory and Bifactor Confirmatory Factor Analyses.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | EFA | | | | | | Bifactor CFA | | | | | | |
| Items | *h2* | NPV | DWE | IGS | LK | LA | CB | NPV | DWE | IGS | LK | LA | CB | Gen |
| 2. I don’t think talking with a mental health counselor would be useful. | .40 | .54 | .07 | .10 | .00 | -.01 | .03 | .33 |  |  |  |  |  | .50 |
| 3. I like to count on my friends or family for support rather than reach out to a mental health counselor. | .28 | .49 | -.01 | -.19 | -.03 | .08 | -.08 | .60 |  |  |  |  |  | .11+ |
| 6. I think talking with a mental health counselor would only make me dwell on the problem without necessarily resolving the issue. | .51 | .58 | .11 | .16 | .04 | -.09 | .08 | .19 |  |  |  |  |  | .71 |
| 7. Because I have enough social support, I would not need to seek mental health counseling for my personal problems. | .36 | .72 | -.19 | -.11 | .04 | .06 | -.03 | .70 |  |  |  |  |  | .20 |
| 8. I don’t like to rely on a mental health counselor to tell me what to do about my problems. | .45 | .64 | .10 | .04 | -.05 | .01 | .07 | .48 |  |  |  |  |  | .50 |
| 10. My family or significant other would judge me poorly if I disclose my problems to a mental health counselor. | .60 | .03 | .05 | .82 | -.01 | .04 | -.11 |  |  | .62 |  |  |  | .52 |
| 11. Most people in my cultural group would not approve of my decision to seek mental health counseling. | .50 | -.11 | -.02 | .61 | -.02 | .09 | .19 |  |  | .65 |  |  |  | .27 |
| 12. My friends would think less of me if they knew I sought mental health counseling. | .52 | -.11 | -.06 | .74 | .04 | .00 | .03 |  |  | .60 |  |  |  | .44 |
| 13. Seeking mental health counseling would bring shame to my family. | .64 | -.02 | -.05 | .89 | -.05 | .00 | .01 |  |  | .66 |  |  |  | .45 |
| 15. My family or significant other would not see me negatively if I share my problems with a mental health counselor. | .49 | -.08 | .04 | .76 | .01 | -.04 | -.06 |  |  | .57 |  |  |  | .35 |
| 19. I would feel embarrassed about sharing my feelings with a mental health counselor. | .58 | .12 | .67 | .09 | .02 | .02 | -.04 |  | .56 |  |  |  |  | .58 |
| 21. I would feel nervous about showing the emotional side of me during the mental health counseling process. | .65 | -.20 | .95 | .00 | -.03 | .06 | -.01 |  | .70 |  |  |  |  | .48 |
| 22. I feel comfortable expressing my feelings to a mental health counselor. | .42 | -.03 | .67 | -.03 | -.02 | -.02 | .07 |  | .49 |  |  |  |  | .41 |
| 23. It would be awkward for me to talk about my feelings in counseling. | .53 | .11 | .72 | -.04 | .05 | -.08 | -.05 |  | .58 |  |  |  |  | .52 |
| 25. I fear going to counseling because I don’t like to reveal my feelings. | .58 | -.01 | .80 | -.04 | .00 | .03 | .02 |  | .58 |  |  |  |  | .49 |
| 27. I don’t know how to where to seek mental health counseling. | .66 | -.01 | -.03 | .00 | .81 | .06 | .03 |  |  |  | .69 |  |  | .42 |
| 28. I don’t know what kind of mental health counseling services are available. | .73 | -.01 | -.02 | -.04 | .98 | -.06 | -.02 |  |  |  | .91 |  |  | .42 |
| 29. I don’t know how mental health counseling works. | .64 | .05 | .07 | .03 | .79 | .00 | -.02 |  |  |  | .57 |  |  | .46 |
| 30. I don’t have the time to seek or stay in counseling. | .53 | .11 | .04 | -.02 | .14 | .65 | -.05 |  |  |  |  | .58 |  | .51 |
| 31. I have no financial means (e.g. insurance, money) to afford mental health counseling services. | .39 | -.19 | -.01 | .01 | .24 | .49 | .10 |  |  |  |  | .37 |  | .39 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 32. I have too many responsibilities to other people (e.g. family, friends, significant others) that would prevent me from seeking mental health counseling. | .52 | .06 | -.05 | .14 | -.02 | .71 | -.01 |  |  |  |  | .60 |  | .49 |
| 33. I have too many academic or work-related obligations that would deter me from talking to a mental health counselor. | .58 | .04 | .03 | -.05 | -.14 | .93 | -.02 |  |  |  |  | .80 |  | .39 |
| 34. I perceive that most mental health counselors would not be sensitive to issues related to my cultural identity. | .40 | -.02 | .06 | -.05 | -.03 | .01 | .67 |  |  |  |  |  | .54 | .30 |
| 35. I don’t think that most mental health counselors would understand my cultural values. | .62 | .07 | .02 | -.08 | -.04 | .04 | .86 |  |  |  |  |  | .76 | .42 |
| 36. I doubt that most mental health counselors have adequate training to explore issues related to my cultural identity. | .62 | -.03 | -.01 | -.06 | -.01 | -.02 | .88 |  |  |  |  |  | .69 | .36 |
| 38. I don’t think culture would be an obstacle to my seeking help from a mental health counselor. | .35 | -.03 | -.02 | .19 | .01 | -.12 | .51 |  |  |  |  |  | .53 | .22 |
| 39. I think that cultural differences between most mental health counselors and myself would be a barrier in counseling. | .40 | .01 | -.05 | .06 | .07 | .05 | .59 |  |  |  |  |  | .60 | .39 |

*Note.* EFA = exploratory factor analysis (*n* = 524); CFA = confirmatory factor analysis (*n* = 525). DWE= Discomfort with Emotions; IGS = Ingroup Stigma; CB = Cultural Barriers; LK = Lack of Knowledge; LA = Lack of Access; NPV = Negative Perceived Value; Gen = general factor. + *p* value is .09, while all other *p* values in this table are significant.

Supplemental Material Table B

*Correlations among factors (EFA)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Measures | 1 | 2 | 3 | 4 | 5 | 6 |
| Study 1 (*n* = 524) |  |  |  |  |  |  |
| 1. Negative Perceived Value | - | .49\*\* | .31\*\* | .12\*\* | .22\*\* | .17\*\* |
| 2. Discomfort with Emotions | - | - | .39\*\* | .28\*\* | .36\*\* | .16\*\* |
| 3. Ingroup Stigma | - | - | - | .27\*\* | .33\*\* | .44\*\* |
| 4. Lack of Knowledge | - | - | - | - | .43\*\* | .26\*\* |
| 5. Lack of Access | - | - | - | - | - | .24\*\* |
| 6. Cultural Barriers | - | - | - | - | - | - |

*Note.* \* *p < .05,* \* \* *p* < .01.

Supplemental Material Table C

*Hierarchical Regression Models*

| Variable | *B* | *SE* | β | *R2* | Δ*R2* | *f2* |
| --- | --- | --- | --- | --- | --- | --- |
| Study 1 (*n*= 1049)  Outcome: Perceived Behavioral Control |  |  |  |  |  |  |
| Step 1 |  |  |  | .06\*\* |  |  |
| Perceived Stress | -.39 | .05 | -.22\*\* |  |  |  |
| Previous Experience Seeking Counseling | .21 | .07 | .09\*\* |  |  |  |
| Vertical Individualism | -.01 | .03 | -.01 |  |  |  |
| Horizontal Individualism | .09 | .03 | .09\*\* |  |  |  |
| Step 2 |  |  |  | .28\*\* | .22\*\* | .28 |
| Negative Perceived Value | .17 | .04 | .15\*\* |  |  |  |
| Discomfort with Emotions | -.02 | .03 | -.03 |  |  |  |
| Ingroup Stigma | -.10 | .03 | -.09\*\* |  |  |  |
| Lack of Knowledge | -.124 | .02 | -.17\*\* |  |  |  |
| Lack of Access | -.23 | .03\*\* | -.27\*\* |  |  |  |
| Cultural Barriers | -.22 | .03 | -.22\*\* |  |  |  |
|  |  |  |  |  |  |  |
| Outcome: Attitudes Toward Seeking Professional Help |  |  |  |  |  |  |
| Step 1 |  |  |  | .11\*\* |  |  |
| Perceived Stress | -.06 | .02 | -.07\* |  |  |  |
| Previous Experience Seeking Counseling | .31 | .03 | .27\*\* |  |  |  |
| Vertical Individualism | -.05 | .01 | -.13\*\* |  |  |  |
| Horizontal Individualism | -.04 | .01 | -.08\* |  |  |  |
| Step 2 |  |  |  | .49\*\* | .38\*\* | .61 |
| Negative Perceived Value | -.27 | .01 | -.49\*\* |  |  |  |
| Discomfort with Emotions | -.05 | .01 | -.13\*\* |  |  |  |
| Ingroup Stigma | -.04 | .01 | -.09\*\* |  |  |  |
| Lack of Knowledge | -.02 | .01 | -.05 |  |  |  |
| Lack of Access | -.03 | .01 | -.06\* |  |  |  |
| Cultural Barriers | -.05 | .01 | -.10\*\* |  |  |  |
|  |  |  |  |  |  |  |
| Outcome: Stigma for Receiving Psychological Help |  |  |  |  |  |  |
| Step 1 |  |  |  | .06\*\* |  |  |
| Perceived Stress | .15 | .03 | .14\*\* |  |  |  |
| Previous Experience Seeking Counseling | -.02 | .05 | -.02 |  |  |  |
| Vertical Individualism | .09 | .02 | .17\*\* |  |  |  |
| Horizontal Individualism | .00 | .02 | .00 |  |  |  |
| Step 2 |  |  |  | .25\*\* | .20\*\* | .25 |
| Negative Perceived Value | -.022 | .02 | -.03 |  |  |  |
| Discomfort with Emotions | .08 | .02 | .15\*\* |  |  |  |
| Ingroup Stigma | .23 | .02 | .37\*\* |  |  |  |
| Lack of Knowledge | -.02 | .01 | -.04 |  |  |  |
| Lack of Access | .02 | .02 | .04 |  |  |  |
| Cultural Barriers | .04 | .02 | .07\* |  |  |  |
|  |  |  |  |  |  |  |
| Outcome: Help-seeking Intention |  |  |  |  |  |  |
| Step 1 |  |  |  | .17\*\* |  |  |
| Perceived Stress | .54 | .07 | .23\*\* |  |  |  |
| Previous Experience Seeking Counseling | 1.05 | .10 | .31\*\* |  |  |  |
| Vertical Individualism | -.08 | .03 | -.07\* |  |  |  |
| Horizontal Individualism | -.10 | .04 | -.07\* |  |  |  |
| Step 2 |  |  |  | .26\* | .09\*\* | .10 |
| Negative Perceived Value | -.48 | .05 | -.30\*\* |  |  |  |
| Discomfort with Emotions | -.03 | .04 | -.03 |  |  |  |
| Ingroup Stigma | .08 | .04 | .05 |  |  |  |
| Lack of Knowledge | -.03 | .03 | -.03 |  |  |  |
| Lack of Access | -.03 | .04 | -.02 |  |  |  |
| Cultural Barriers | -.02 | .04 | -.01 |  |  |  |
|  |  |  |  |  |  |  |

*Note.* \* *p < .05,* \*\* *p* < .01; *f2* = effect size attributable to the addition of Barriers to Seeking Mental Health Counseling subscales at Step 2.

*Note.* \* *p < .05,* \* \* *p* < .01; *f2* = effect size attributable to the addition of predictor variables at each step.

*Figure A.* Bifactor Model

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