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'I Can't See Myself Seeking Help': The Influence of Clinical Placements on Nursing Students' Stigmatising Beliefs and Intentions to Seek Help for Their Own Mental Health Issues: A Prospective Cohort Study

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ABSTRACT

Mental health conditions such as anxiety, depression and psychosis represent a global health challenge. Stigma surrounding mental health continues to hinder help-seeking behaviours for people with mental illness and as this study demonstrates, nursing students as well. However, if student nurses are reluctant to seek help for mental health issues, how can others be expected to do so? This reluctance poses challenges in mental health nursing, impacting both care provision and nursing education. The present study seeks to explore the influence of traditional versus non-traditional mental health clinical placements on second-year nursing students' stigmatising beliefs and intentions to seek help for mental health issues. Employing a prospective cohort design using the TREND checklist, the study sampled second-year nursing students assigned to either traditional hospital-based or non-traditional recovery-focused mental health clinical placements. Using validated scales, stigmatising beliefs and help-seeking intentions were measured before and after the placements. Statistical analyses were conducted to assess changes in these variables over time and across placement settings. A significant impact of placement setting on help-seeking intentions was observed, with students in non-traditional placements showing an increased willingness to seek help. Additionally, non-traditional placements were found to significantly reduce stigmatising beliefs in all measured domains, suggesting that these settings may provide a more conducive environment for fostering positive attitudes towards mental health. Recovery-focused placements appear to offer experiences that can diminish stigma and encourage more positive perceptions and intentions related to mental health support.

1 | Introduction

Mental health issues, such as anxiety, depression and psychosis, have long been common concerns but according to the World Health Organization (WHO) the COVID-19 pandemic triggered a 25% increase in the prevalence of anxiety and depression

worldwide (WHO 2022). In Australia, the setting for this study, 43% of the population reported having experienced a mental health condition in their lives (Australian Institute of Health and Welfare (AIHW) 2024). With numbers like these continuing to increase, seeking help and support from appropriately trained health professionals is crucial for individuals living with mental

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ill health. However, despite campaigns promoting mental health awareness and help-seeking, stigma remains a significant barrier to accessing professional support. The stigma towards individuals with mental health conditions extends to healthcare and nursing staff, creating significant challenges in recruiting and retaining mental health nurses (Lien et al. 2021). Appropriate nurse training programmes though, can have a direct impact on stigma (Productivity Commission 2020).

2 | Background

The wellbeing of nurses is known to impact practice, patients, health care organisations and society (Flaubert et al. 2021). It affects nurse physical and mental health, sense of professional purpose, job satisfaction and overall engagement in their work (Flaubert et al. 2021). This is of particular concern given the global challenges of recruiting and retaining nurses. Indeed, a significant shortage of nursing staff has been identified globally, with Australian projections suggesting a shortfall of over 100 000 registered nurses by 2025 and 1230 000 by 2030 (Health Workforce Australia 2014). Promoting nursing wellbeing is essential for the growth and sustainability of the workforce, and it is crucial to identify ways to encourage nurses to seek help when needed.

2.1 | Stigma and Help-Seeking

Help-seeking intentions and behaviours have long captured the attention of scholars (Jiao et al. 2023) and in the context of mental health are known to be impacted by stigma (Fekih-Romdhane et al. 2023). According to Morris and Schomerus (2023, 1264) stigma is 'a process of social devaluation in which people become targets for discrimination and status loss as a result of perceived difference and labelling'.

The impact of stigma on help-seeking intention for undergraduate nursing students has been highlighted, with Özdemir, Kaya, and Adagide (2023) finding a strong correlation between self-stigma and help-seeking intentions. A literature review on help-seeking intentions for pre-registration nursing students (Morton 2022, 25) found that the most prominent barrier to accessing professional mental health support was stigma. Nursing students are hesitant to seek help; though students may seek support from family and friends, they report feeling particularly reluctant to seek professional support (Morton 2022). For the pre-registration nursing student cohort, stigma around seeking professional mental health support led to the avoidance of help-seeking behaviours, for fear of the negative implications to their career and perceived future suitability and competence as a nurse (Morton 2022).

Understanding mental health stigma in undergraduate nursing students was the focus of a study by Perlman et al. (2020). Their study of undergraduate nursing students on a mental health nursing clinical placement found the clinical placement experience can 'influence students' stigmatising beliefs about people living with mental illness' (Perlman et al. 2020, 227). They conclude it is imperative to understand the clinical placement settings to foster positive outcomes for students (Perlman et al. 2020).

2.2 | Mental Health Clinical Placement

For mental health, clinical placements are mostly in acute care settings in hospitals, which are considered traditional settings. Non-traditional clinical placements are generally beyond acute care settings within the community (Molloy et al. 2020). In a qualitative investigation by Foster et al. (2021) into pre-registration nurses' experiences on a traditional mental health clinical placement, students reported a greater understanding of mental health recovery and an increased desire to pursue mental health nursing upon registration. Completing a traditional mental health placement has shown reductions in stigma related to social distance and recovery attitudes (Foster et al. 2019), with attending a mental health-specific clinical placement an important part in developing knowledge and confidence in mental health nursing skills (Happell et al. 2015).

There are, however, contentions surrounding the effectiveness and appropriacy of traditional placement settings. Slemon et al. (2020) revealed that traditional mental health clinical placements can negatively influence interest in pursuing mental health nursing with students expressing a desire to be exposed to practicum opportunities outside these contained and institutionalised settings. A comparison study between traditional and non-traditional mental health clinical placements by Patterson et al. (2018) highlighted that students in a non-traditional setting felt better prepared for mental health clinical practice than their peers in traditional placements. Additionally, non-traditional clinical placements have shown significant decreases in mental health-related stigma compared to traditional settings (Moxham et al. 2016), with lower stigmatising attitudes also correlating with a greater desire to pursue mental health nursing upon registration (Lim et al. 2020).

In their mixed-method systematic review of the influencing factors of stigma towards people with mental illness among nursing students, Zeng, Pan, and Sun (2024) discuss how most research focuses on educational interventions, particularly clinical placements. They note that these studies are often based on contact theory, which suggests that intergroup contact can reduce prejudice (Zeng, Pan, and Sun 2024). Therefore, clinical placements can serve as effective settings for stigma reduction based on this theory.

Mental health clinical placements play an important role in affecting nursing student stigma towards mental illness. If a clinical placement can influence nursing students' mental health stigma, it stands to reason it can influence self-stigma and therefore help-seeking intentions and behaviours. However, scant attention has been given to understanding the types of mental health clinical placements and their impact on stigma, self-stigma and help-seeking.

2.3 | Aim

This study hypothesised that a non-traditional placement—a community-based non-clinical placement known for reducing mental health stigma (Moxham et al. 2016) and characterised by immersive contact (Patterson et al. 2017) with individuals experiencing mental health issues and a focus on recovery education

(Picton et al. 2018)—would have a greater impact on reducing self-stigma and improving help-seeking intentions compared to a traditional placement.

This study aimed to compare the effects of traditional and non-traditional clinical placements on mental health stigma, including self-stigma and on help-seeking intentions.

3 | Methods

3.1 | Design

A prospective cohort design guided analysis of changes in stigmatising beliefs and help-seeking intentions in association with attending either a traditional (i.e., hospital-based) or non-traditional (recovery-focussed) mental health clinical placement. Second-year nursing students were purposively sampled based on their allocation to a mental health clinical placement as part of their tertiary course requirements.

To determine minimum sample size requirements, power analyses were conducted using G*Power software (v.3.1.9.6). To achieve at least 80% statistical power for detecting moderately-sized effects ($f=0.30$) as well as any within-between interaction effect, the analysis indicated a minimum sample size of 63 participants per group when conducting a repeated-measures multivariate analysis of variance (RM-MANOVA; No. of groups = 2, No. of measures = 4, $1-\beta=0.80$, total sample $N=126$) (Faul et al. 2009). The statistical significance threshold for the RM-MANOVA analysis was $\alpha=0.05$. The TREND checklist was adhered to as per Des Jarlais et al. (2004).

3.2 | Participants

The initial sample of participants comprised 296 pre-registration nurses completing their first mental health clinical placement as part of their second-year undergraduate course requirements. The sample contained two groups, of which 103 students ($M_{AGE}=24.06$, female = 91.26%) were allocated to a traditional mental health placement setting (i.e., hospital-based mental health ward or unit). A separate 187 students ($M_{AGE}=31.67$, female = 90.86%) attended a non-traditional clinical placement (an immersive five-day programme alongside consumers that emphasised social contact and was therapeutic recreation).

3.3 | Ethics Statement

Ethical approval for the study was obtained from the Human Research and Ethics Committee at the University of Wollongong (approval no: 2019/ETH03767). Students enrolled in their second year of an Australian undergraduate nursing or paramedicine degree were eligible to participate if allocated to a mental health clinical placement as part of their course requirements. Information about the research project, confidentiality, and an invitation to respond were emailed to eligible students at two time points: Time 1 (pre-placement survey) was within the 5 days prior to attending a mental health clinical placement; Time 2 (post-placement) was sent on the final day of the placement, with 5 days provided to

respond. Written informed consent was collected electronically from all participants prior to each instance of data collection. Data were collected from September 2023 through January 2024.

3.4 | Measures

Data collection at each timepoint recorded demographic characteristics (age, gender), degree, year of study and location of mental health clinical placement. Responses were also collected on scales measuring help-seeking intentions in the context of struggling with a mental health problem, as well as attitudes and beliefs in relation to mental illness stigma.

3.4.1 | The General Help-Seeking Questionnaire (GHSQ)

The GHSQ uses a standard probe question to assess the likelihood of seeking help from 10 distinct sources in the individual's private environment (Wilson et al. 2005). The GHSQ has been validated for use in undergraduate student populations (Goodwin et al. 2016) and demonstrated good internal reliability in the present study (Cronbach's $\alpha=0.71$). The probe question in the present study stated, 'If you were having a personal or emotional problem, how likely is it that you would seek help from the following people?'. Ten potential sources of help were listed comprising *Intimate Partner, Friend, Parent, Other Relative/Family Member, Mental Health Professional, Phone Helpline, Doctor/GP, Minister/Religious Leader, I would not seek help from anyone*, and lastly, *I would seek help from another source not listed above*. Responses were given on a 7-point Likert scale (1 = *Extremely Unlikely*, 7 = *Extremely Likely*), with a text box included on the final item for participants to indicate any 'other' source of help they would seek. Scores range from a minimum of 10 to a maximum of 70, with higher scores indicating greater intentions to seek help. Mean scores can also be examined per item to yield the most likely sources participants would seek help from.

3.4.2 | The Opening Minds Scale for Healthcare Providers (OMS-HC)

The OMS-HC (Kassam et al. 2012) is a 15-item psychometric scale developed to index mental illness-related stigma among healthcare providers. The scale contains three subscales which measure: (i) the attitudes of healthcare providers towards individuals living with mental illness (Attitudes: 6 items, e.g. (item-1) 'I am more comfortable helping a person who has a physical illness than I am helping a person who has a mental illness'), (ii) desire for social distance (Social Distance: 5 items, e.g. (item-7, reverse-scored) 'I would still go to a physician if I knew that the physician had been treated for a mental illness') and (iii) disclosure and help-seeking (Disclosure: 4 items, e.g. (item-5) 'I would be reluctant to seek help if I had a mental illness'). Items 2, 6, 7, 8 and 14 are reverse-scored. Scores range from 5 to 75, with higher scores indicating greater stigma. A total stigma score can be calculated across all items; domain-specific stigma scores can be obtained through summing the relevant items per subscale. The OMS-HC demonstrates acceptable internal reliability

at the general level ($\alpha=0.79$), as well as within each stigma-specific subscale (Attitudes: $\alpha=0.71$, Social Distance: $\alpha=0.70$, Disclosure: $\alpha=0.67$) (Modgill et al. 2014). Cronbach's alpha calculations for the present study showed acceptable internal reliability for scores within each stigma domain (Attitudes: $\alpha=0.73$, Social Distance: $\alpha=0.72$, Disclosure: $\alpha=0.68$).

3.5 | Procedure

Surveys were distributed via the Qualtrics online survey platform to eligible students via their institutional email address. Pre-placement surveys were sent to students in the 5 days preceding their attending a mental health clinical placement (Time 1). Post-placement surveys were distributed via a second email on the final day of placement (Time 2). Each survey first provided information about confidentiality, withdrawal of consent, and time required to participate (approximately 10 min). Students who responded to the invitation indicated their consent and completed the demographic and degree/placement location questions, followed by the GHSQ and OMS-HC. Surveys could be completed using a smartphone or desktop computer. The time frame to complete each survey was 5 days.

3.6 | Data Processing and Statistical Analysis

Data were analysed using SPSS (v23). All data across pre- and post-test time points were exported from the Qualtrics platform and assessed for exclusion based on missing values (GHSQ: Pre = 7, Post = 6, OMSS: Pre = 9, Post = 10). Most nursing students who responded to the pre-placement survey also completed the post-placement survey (76.5%). Data were prepared (e.g., reverse-scoring of items) per the requirements outlined in the Measures section for subsequent statistical analysis. Descriptive and reliability statistics were computed for the GHSQ and OMS-HC subscales. Repeated-measures multivariate analyses of variance were used to test for differences between groups over time on each instrument: the first RM-MANOVA compared scores between the two placement setting groups over time on the 10 variables of the GHSQ. A separate RM-MANOVA was used to test for differences over time between groups in the stigma domains of Attitudes, Social distance and Disclosure. Pearson product-moment correlations were calculated to examine the strength and direction of any associations between stigmatising beliefs and willingness to seek help. The alpha threshold for statistical significance was set at 0.05. All post hoc analyses were Bonferroni corrected.

4 | Results

4.1 | General Help-Seeking

Overall, help-seeking intentions were similar between the two placement groups and mostly stable over timepoints. Descriptive statistics showed that irrespective of placement group, nursing students were most willing to seek help from an intimate partner, friend or parent in the context of struggling with a personal or emotional problem. Students were least willing to seek help from religious or spiritual leaders, to not seek help at all, or to

seek help from 'Other' (a source not listed). Commonly cited among the 'Other' sources of help were a work colleague, boss, Employee Assistance Programme, website/internet, university lecturer/staff member or work/university provided counselling services. These findings are illustrated in Figure 1.

A 2 (Time: Pre, Post) $\times$ 2 (Placement: Traditional, Non-traditional) RM-MANOVA found no within-subjects main effect of time on help-seeking intentions ($p>0.05$), indicating that attending a hospital-based or recovery-focussed clinical placement had no influence on student willingness to seek help after their placement. A significant between-subjects main effect of placement setting was identified ($F(10, 210)=2.72$, Wilks' Lambda $\Lambda=0.885$, $p=0.004$, $h_p^2=0.115$). This effect size can be considered large (Cohen 1988). Follow-up univariate tests of between-subjects effects showed that help-seeking scores significantly differed between the placement groups in willingness to seek help from a Parent ($p=0.012$, $h_p^2=0.028$), Mental Health Professional ($p=0.033$, $h_p^2=0.021$), and Other source of help not listed ($p=0.034$, $h_p^2=0.020$).

To determine the nature of the differences between groups in help-seeking intentions, post hoc pairwise comparisons were inspected for the help-seeking scores towards a 'Parent', Mental Health Professional and Other source. The analyses showed that prior to attending the mental health clinical placement, students in the traditional placement group had reported marginally yet significantly greater willingness to seek help from a Parent compared to students in the non-traditional (recovery-focussed) placement group ($p=0.048$, $h_p^2=0.018$). However, the scores no longer significantly differed post-placement ($p>0.05$). This was due to students that had attended a traditional mental health placement reporting they were *less* willing post-placement to seek help from a parent, whilst students that had attended a recovery-focussed mental health placement reported they were *more* willing to seek help from a Parent (Figure 2, left). For help-seeking intentions towards a mental health professional, all nursing students were equally willing to seek help pre-placement ($p>0.05$). Post-placement, students that had attended a recovery-focussed mental health placement were significantly *more* willing to seek help from a mental health professional ($p=0.018$, $h_p^2=0.025$), whereas help-seeking intention remained at approximately the same level for those who attended a traditional placement (Figure 2, centre). Lastly, scores for each group did not differ before attending a clinical placement regarding willingness to seek help from any 'Other' source not listed ($p>0.05$), but significantly differed post clinical placement ($p=0.002$, $h_p^2=0.044$). Nursing students that had attended a traditional placement reported a *decreased* willingness to seek help from any other source, whereas this type of help-seeking intention *increased* in nursing students that had attended a recovery-focussed placement (Figure 2, right).

4.2 | Stigma

To examine whether the stigmatising beliefs of nursing students differed in association with attending either a traditional or non-traditional mental health clinical placement, a RM-MANOVA was conducted on the pre-and post-placement stigma scores (Attitudes, Social Distance, Disclosure/Help-Seeking). The

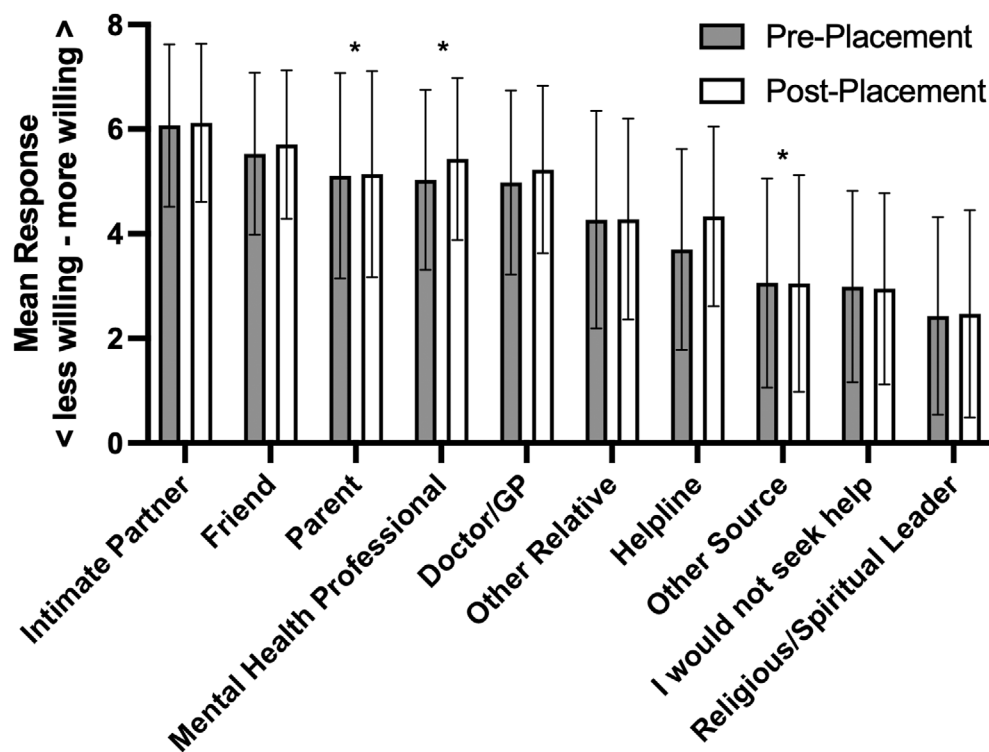


FIGURE 1 | Mean scores for all nursing students' willingness to seek help pre- and post-clinical placement, decreasing from left to right per source of potential help listed in the GHSQ. Higher scores indicate greater willingness to seek help, which remained at an equivalent level pre-post placement regardless of placement group. Nursing students in each placement group reported similar willingness to seek help from each potential help source, except for a parent, mental health professional or 'other' source not listed (marked with *). Error bars show standard deviation.

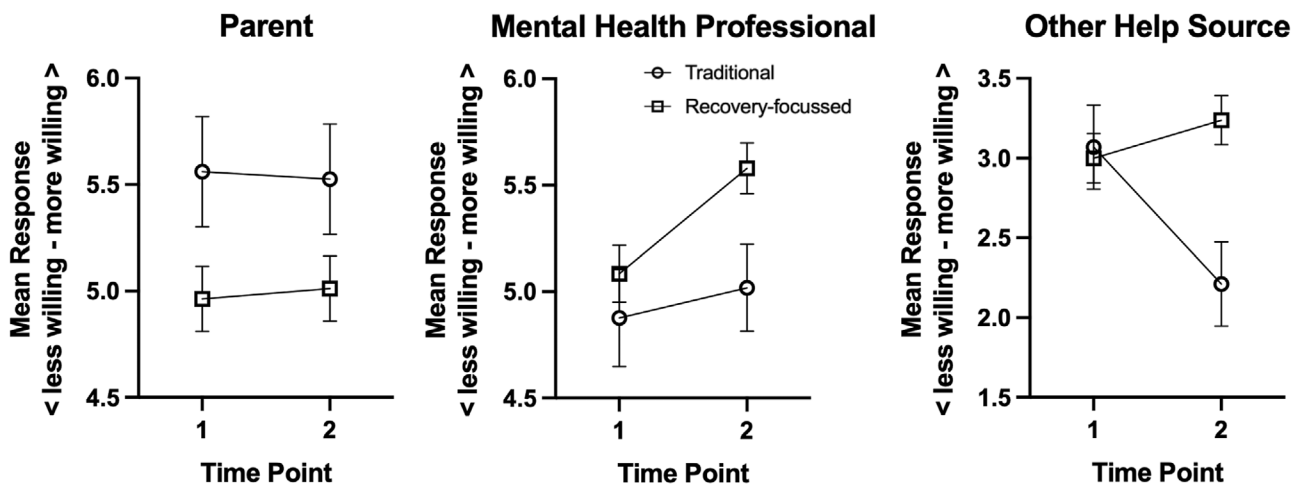


FIGURE 2 | Nursing students differed based on placement setting in reported willingness to seek help from a Parent, Mental Health Professional and 'Other' source. Attending a recovery-focussed mental health clinical placement led to increased willingness to seek help from each source; however, students that attended a traditional (i.e., hospital-based) mental health clinical placement *decreased* in willingness to seek help from a parent or other source, and did not change in willingness to seek help from a mental health professional. Error bars depict standard error.

analysis identified a significant large main effect of placement type on stigma scores ($F(3, 213) = 8.29$, Wilks' Lambda $\Lambda = 0.895$, $p < 0.001$, $h_p^2 = 0.105$). A moderately-sized main effect of time was also observed ($F(3, 213) = 3.79$, Wilks' Lambda $\Lambda = 0.949$, $p = 0.011$, $h_p^2 = 0.051$) which interacted significantly with placement type ($F(3, 213) = 4.66$, Wilks' Lambda $\Lambda = 0.938$, $p = 0.004$, $h_p^2 = 0.062$).

Following these main effects, two-way univariate tests were conducted on scores within each stigma domain to determine the nature of the differences between placement groups. A significant interaction between time and group was identified for each stigma domain, indicating that the stigma scores for each placement group were affected differently over time (Attitudes: $F(1, 215) = 8.286$, $p = 0.004$, $h_p^2 = 0.037$, Social

Distance: $F(1, 215) = 6.088$, $p = 0.014$, $h_p^2 = 0.028$, Disclosure: $F(1, 215) = 11.453$, $p < 0.001$, $h_p^2 = 0.051$). Bonferroni-corrected pairwise comparisons showed that for students placed in a traditional clinical setting, stigmatising attitudes and desire for social distance did not change over time ($p > 0.05$). However, stigma surrounding disclosure significantly *increased* after attending a traditional clinical placement ($p = 0.014$). For students who attended a non-traditional mental health clinical placement, stigmatising beliefs significantly *decreased* in all three domains (Attitudes: $p < 0.001$, Social Distance: $p < 0.001$, Disclosure: $p = 0.013$). These relationships are illustrated in Figure 3.

4.3 | Correlations Between Help-Seeking and Stigma

Pearson product-moment correlations were performed to investigate the strength and direction of any relationships between help-seeking intentions and stigmatising beliefs. Significant associations are reported in Table 1.

Results from the correlational analyses showed several meaningful associations. Lower stigmatising attitudes towards people with a mental illness were weakly associated with a greater willingness to seek help from a mental health professional. Higher stigmatising attitudes were weakly and positively associated with an unwillingness to seek help if struggling with a personal or emotional problem. For stigma relating to desiring social distance from people with mental illness, three positive associations were identified. Higher desire for social distance was positively associated with a higher willingness to seek help from a parent, religious or spiritual leader, as well as unwillingness to seek help. Finally, lower stigma surrounding disclosure was positively associated with a greater willingness to seek help from a partner, friend, relative, mental health professional, doctor/GP or other source not listed. Unsurprisingly, higher stigma surrounding disclosure was shown to be moderately and positively associated with greater unwillingness to seek help.

5 | Discussion

This prospective cohort study investigated the impact of traditional versus non-traditional mental health clinical placements on nursing students' stigmatising beliefs and their help-seeking intentions. The findings provide insight that the type of clinical placement can influence nursing students' perceptions of mental illness and impact their attitudes towards seeking help for their own mental health concerns.

5.1 | Impact on Stigmatising Beliefs

Our findings demonstrated that non-traditional placements significantly reduced stigmatising beliefs across all three domains of stigma measured (Attitudes, Social Distance, Disclosure/Help-Seeking), whereas traditional placements did not result in significant changes in stigma attitudes. This aligns with existing literature suggesting that contact-based education and exposure to mental health consumers can be effective in reducing stigma (Morgan, Wright, and Reavley 2021; Waqas et al. 2020).

Clinical placement models based on contact theory have been researched and identified as stigma-reducing education interventions (Zeng, Pan, and Sun 2024). Zeng et al. (2024, 9) discuss that 'contact provides individuals with opportunities to encounter stigmatised group members who did not conform to the negative expectations of the individual's stereotype'. The immersive experience of the non-traditional placement in this study may have facilitated students' interactions with individuals experiencing mental illness who did not meet negative expectations, thus providing them with opportunities to challenge preconceived notions and biases. Traditional placement settings, where individuals are often at their most symptomatic and unwell, have been considered as settings that continue or not lessen, stigma (Moxham et al. 2016).

The results of this study echo the broader discourse on the need for clinical placement opportunities that allow health students

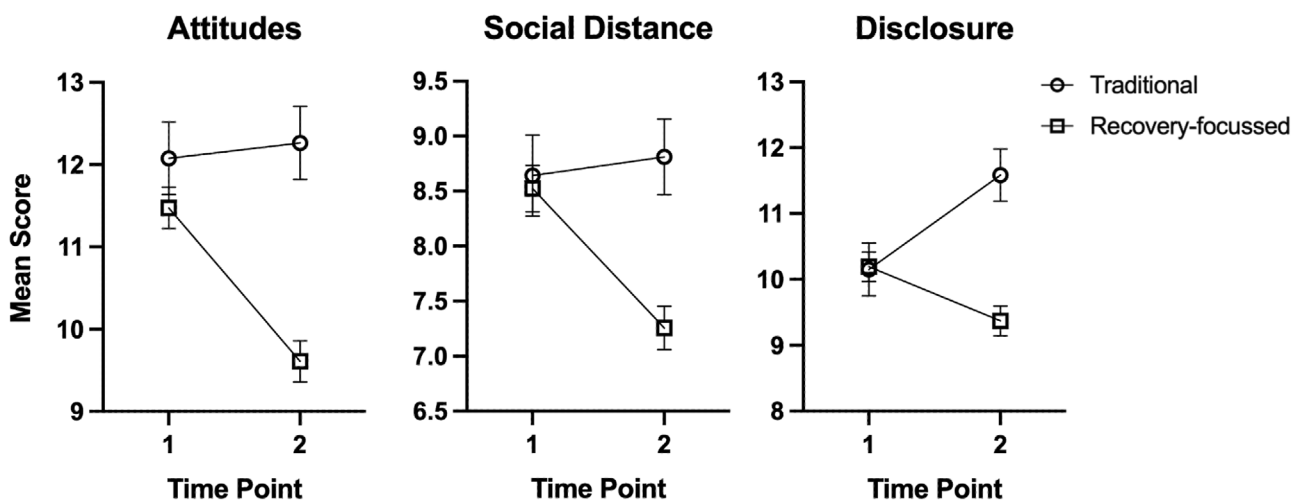


FIGURE 3 | Among student nurses attending a traditional (hospital-based) mental health clinical placement, stigmatising attitudes and desire for social distance remained stable after post-placement, whilst stigma regarding disclosure increased. For student nurses that attended a non-traditional (recovery-focussed) mental health clinical placement, stigmatising beliefs significantly decreased in all three domains. Error bars indicate standard error.

TABLE 1 | Significant Pearson's (*r*) correlations between willingness to seek help and stigmatising beliefs.

Help source	OMS-HC stigma subscale					
	Attitudes		Social distance		Disclosure	
	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>
Partner	—	—	—	—	−0.192**	0.004
Friend	—	—	—	—	−0.170*	0.012
Parent	—	—	0.188**	0.005	—	—
Relative	—	—	—	—	−0.267**	<0.001
Mental health professional	−0.136*	0.045	—	—	−0.292**	<0.001
Helpline	—	—	—	—	−0.157*	0.021
Doctor/GP	—	—	—	—	−0.243**	<0.001
Religious/Spiritual leader	—	—	0.176**	0.010	—	—
I would not seek help	0.167*	0.014	0.152*	0.026	0.474**	<0.001
Other	—	—	—	—	−0.167*	0.014

*Correlation is significant at the 0.05 level (2-tailed).

**Correlation is significant at the 0.01 level (2-tailed).

to engage with mental health consumers in environments that reflect recovery-oriented approach to mental health care (Productivity Commission 2020). Such experiences are crucial for developing empathetic, competent and less stigmatising future nursing professionals (Patterson et al. 2018), and impact help-seeking.

5.2 | Influence of Placement Setting on Help-Seeking Intentions

Our study found that the type of mental health clinical placement (traditional vs. non-traditional) had a significant impact on nursing students' help-seeking intentions. Specifically, students, who attended the non-traditional placement exhibited a greater willingness to seek help from a parent, a mental health professional or other unidentified sources.

Intergroup contact is an established means to reduce mental health stigma (Gronholm et al. 2017; Maunder and White 2019). Contact theory suggests positive spaces, where there is equal status between those in contact is optimal (Maunder and White 2019). However, contact experienced in traditional health settings is unlikely to be of this nature (Maunder and White 2019). In contrast, the non-traditional placement of this study emphasises immersive contact in recovery-focused environments, encouraging positive, shared experience among participants (Patterson et al. 2018). This study's findings suggest that non-traditional placements which emphasise immersive social contact, and result in reduced measures of stigma, may provide a more supportive environment that encourages the seeking of help.

Non-traditional placements, such as that in this study, can be places where students see people with mental illness in a strengths-based and positive light, despite persisting mental

health-related symptoms (Jacob 2015; Moxham et al. 2016). Non-traditional or community-based placement models align with the mental health recovery model, focusing on 'building resilience of people with mental illness', rather than symptom resolution (Jacob 2015, 118). They are discussed as most effective in reducing mental health-related stigma as there is an emphasis on lived experience narratives of recovery and education led by consumers (Morgan, Wright, and Reavley 2021). This consumer-led recovery education, as well as the immersive contact with consumers engaging in help-seeking behaviours, may be a factor in contributing to increased help-seeking intentions in students.

In contrast, where the students who attended traditional hospital-based placements did not show a similar increase in help-seeking willingness post-placement, this might reflect their immersion in acute hospital settings, which have been discussed as settings that reinforce stereotypes about mental health conditions and perpetuate stigma (Moxham et al. 2016). These findings are in alignment with Foster et al. (2019) study on stigma pre- and post-traditional mental health clinical placement, which found no change in reported disclosure or help-seeking for preregistration nurses following the intervention. Traditional hospital placements are environments where, according to Richards, O'Connell, and Dickinson (2023), nurses, whom students may understandably emulate, sometimes engage in authoritative involuntary treatment that includes forced medication, seclusion and restraint. This approach conflicts with contact theory.

These findings underscore the importance of creating educational and clinical placement environments that challenge and change stigmatising attitudes towards mental health, highlighting the critical role of the setting in shaping nursing students' perspectives (Cant et al. 2021; Samari et al. 2018), leading to improved help-seeking.

5.3 | Limitations and Future Research

Whilst this study provides important insights, it also has limitations. The self-reported nature of the measures may introduce response biases, and the specific context of the Australian nursing education system may limit the generalisability of the findings. Future research could explore similar questions in different cultural and educational contexts. Employing longitudinal designs to track changes in attitudes and intentions over a longer period would also be worthwhile. Further, investigating the mechanisms through which clinical placements influence stigma and help-seeking intentions can inform the development of more effective educational interventions.

6 | Conclusion

The study reported in this paper has provided insight into the correlation between help-seeking behaviours, stigma and the clinical placement setting. The findings underscore the significant impact of clinical placement settings on nursing students' help-seeking intentions and stigmatising beliefs towards mental health. Although clinical placements are both a requirement and an opportunity for students to explore their preferences in nursing specialties, it is the actual setting of the placement which contributes to the reduction of stigma and help-seeking behaviour. By highlighting the benefits of non-traditional placements in reducing stigma and enhancing help-seeking intentions, the study findings call for a re-evaluation of clinical placement strategies within nursing education, to better prepare future nurses for the complexities of mental health care and to make them feel safe enough to seek mental health care when and if they require it.

7 | Relevance to Practice

The findings of this study have several important implications for nursing education and practice. First, they highlight potential benefits of incorporating more non-traditional, recovery-focused clinical placements into nursing curricula to foster positive attitudes towards mental health and help-seeking. This was highlighted by the Australian Productivity Commission Inquiry into Mental Health (Productivity Commission 2020).

Second, the results suggest the need for ongoing efforts to address and reduce stigma associated with mental health issues within nursing education to prepare students to become supportive, informed healthcare professionals. Lastly, considering the strong correlations between stigma and help-seeking intentions, there is a clear need for educational strategies that simultaneously tackle stigma and promote help-seeking behaviours among nursing students.

Author Contributions

Lorna Moxham: supervision, conceptualisation, methodology, coordinating, writing, reviewing and editing. **Michelle Roberts:** software, data curation, statistical analysis. **Taylor Yousiph:** software, data

curation, reviewing and editing. **Elissa-Kate Jay:** writing – reviewing and editing. **Kelly Lewer:** writing, reviewing and editing. **Georgia Robson:** software, data curation, reviewing and editing. **Joanne Cordina:** writing, reviewing and editing. **Peta Drury:** writing, reviewing and editing. **Suzi Villeneuve-Smith:** writing, reviewing and editing. **Christopher Patterson:** conceptualisation, methodology, reviewing and editing.

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Conflicts of Interest

Recovery Camp is a research and social impact programme that has been supported by the University of Wollongong to explore its potential as a social enterprise. Authors Christopher Patterson and Lorna Moxham are directors of Recovery Camp Pty. Ltd.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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