

EFFICACY OF SINGLE SESSION WORKSHOP USING PRINCIPLES OF ACT IN PROMOTING PSYCHOLOGICAL HELP-SEEKING IN HIGHER EDUCATION SETTINGS: A PRELIMINARY SURVEY

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ABSTRACT

Background: The reluctance of higher education students to seek psychological care, despite rising mental health concerns, highlights the importance of brief and effective interventions. This study investigates the efficacy of a single-session Acceptance and Commitment Therapy (ACT) intervention in improving psychological help-seeking behaviour among college students.

Methods & Materials: A sample of 30 students took part in a pre-post experimental design, with help-seeking attitudes measured using the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPH-SF). **Results:** The findings demonstrated a statistically significant increase in attitudes toward help-seeking following intervention, showing the potential of ACT as a brief, effective method. **Conclusion:** These findings have significance for campus mental health outreach and the incorporation of ACT into prevention initiatives.

Keywords: Single-Session Intervention, Acceptance and Commitment Therapy, Help-Seeking Behaviour, Higher Education, Students' Mental Health.

INTRODUCTION

Mental health concerns among higher education students are on the rise, with a significant portion of students experiencing stress, anxiety, depression, and adjustment difficulties (Hunt & Eisenberg, 2010). Despite the increasing prevalence of psychological issues, a large number of students do not actively seek professional psychological help. Barriers such as stigma, lack of awareness, cultural misconceptions, and negative attitudes toward counselling contribute to this help-seeking gap (Rickwood et al., 2007; Eisenberg, Speer, & Hunt, 2012).

In recent years, researchers have worked to understand and remove these barriers, with a focus on designing brief, accessible, and effective psychological interventions that encourage people to seek mental health help. Acceptance and Commitment Therapy (ACT) is one strategy that has produced encouraging outcomes. Hayes, Strosahl, and Wilson (1999) developed ACT, a third-wave behavioural intervention that stresses psychological flexibility by encouraging people to accept their internal experiences while doing meaningful, value-driven behaviours. ACT consists of six

key processes: cognitive defusion, acceptance, touch with the present moment, self-observation, values, and committed action (Hayes et al., 2006). Unlike traditional cognitive-behavioural therapy (CBT), which focuses on changing the content of thoughts, ACT promotes a new relationship with thoughts and feelings—allowing individuals to engage in valued behaviours even in the presence of discomfort. This makes it particularly suitable for individuals experiencing internal conflicts, avoidance, or fear around psychological support and stigma. Research suggests that ACT can effectively treat depression, anxiety, and stress (Powers et al., 2009; Öst, 2014). Furthermore, new research has looked into the impact of brief ACT interventions, including single-session formats, on particular objectives like stress reduction, self-stigma reduction, and psychological flexibility (Levin et al., 2017). However, its use in directly influencing help-seeking behaviour among university students remains relatively unexplored, particularly in the Indian setting. According to research, young adults, particularly those in college, frequently struggle to recognize their mental health issues and seek prompt professional help (Gulliver, Griffiths, & Christensen, 2010). Attitudes toward psychological help-seeking play a pivotal role in this behaviour, where negative beliefs or internalized stigma reduce the likelihood of accessing available services (Corrigan, 2004). In a meta-analytic review, Vogel, Wester, and Larson (2007) found that self-stigma was negatively associated with help-seeking attitudes and intentions. Such internal barriers are prevalent among Indian students as well, where cultural expectations and lack of psychological awareness further complicate help-seeking efforts (Sharma & Reddy, 2015). Intervention strategies aimed at improving help-seeking behaviours have traditionally involved awareness programs, psychoeducation, or stigma reduction

campaigns (Yorgason, Linville, & Zitzman, 2008). However, these approaches often require multiple sessions or institutional commitment. Hence, brief interventions that can be implemented in a single session and still demonstrate efficacy are especially valuable.

The effectiveness of single-session interventions (SSIs) in both clinical and non-clinical populations has drawn attention due to their focused and efficient effects (Schleider & Weisz, 2017). According to Levin et al. (2014) and Bricker et al. (2013), ACT-based SSIs have been shown to be successful in lowering experiential avoidance and enhancing psychological flexibility and self-compassion. These are important processes to overcome internal resistance to asking for help. Levin et al. (2017) showed that even a one-hour ACT-based intervention significantly reduced stigma around mental health and increased college students' receptivity to therapy. By focusing on acceptance and values clarification, ACT helps people rewrite their inner stories and create space for self-care-related actions, such as asking for help. Studies explicitly examining ACT's effect on help-seeking attitudes are still scarce despite these encouraging results, especially in academic contexts with limited resources or high levels of stigma in developing nations. In order to fill this gap, this study investigates if ACT, even for just one session, can influence students' attitudes toward requesting assistance.

The underutilization of psychological services by students despite increasing mental health concerns presents a serious challenge for educational institutions and mental health professionals. According to Eisenberg et al. (2012), over 60% of college students experiencing mental health issues do not seek any form of professional support. In India, the challenge is compounded by cultural norms, stigma, and a lack of mental health

infrastructure in academic settings. Many students hesitate to seek help due to internalized shame, fear of judgment, or belief that their problems should be managed independently (Sahoo & Khess, 2010). Given these barriers, there is an urgent need to test and implement evidence-based, low-cost, and scalable interventions that can be delivered within the campus environment. ACT, with its emphasis on value-driven behaviour and acceptance, is particularly well-suited to target psychological inflexibility—one of the key predictors of avoidance and inaction in mental health seeking (Hayes et al., 2006). Furthermore, because students may be unable to attend therapy because of time constraints, conflicting academic priorities, or early resistance to multi-session treatment, single-session models are well-suited for the higher education setting. By reducing psychological resistance and encouraging a more positive attitude toward therapy, a successful one-session ACT intervention may serve as a “gateway experience” into professional help-seeking behaviour. Therefore, by examining the early efficacy of a single-session ACT-based intervention in altering students’ attitudes toward seeking help, the current study seeks to close a substantial research and practice gap. Additionally, keep in mind that single-session models work best in higher education settings when students may initially be resistant to multi-session therapy or have time constraints or conflicting academic obligations. Because it lowers psychological resistance and fosters more adaptable attitudes toward therapy, a successful one-session ACT intervention could be used as a first step toward getting help. In light of this, this study closes a significant research and practice gap by evaluating the initial efficacy of a one-session ACT-based intervention in altering students’ attitudes toward seeking help.

METHODOLOGY

Participants

The study was conducted with a sample of 30 higher education students ($n = 30$) enrolled in undergraduate and postgraduate courses across various disciplines at universities in India. Participants were selected using purposive sampling. The inclusion criteria required participants to be between 18 and 25 years old and to have not received any form of psychological intervention in the last six months. Those with a diagnosed psychiatric condition were excluded.

Design

A pre-post single-group experimental design was used to evaluate the effectiveness of a Single-Session Acceptance and Commitment Therapy (ACT) intervention on psychological help-seeking behaviour.

TOOLS USED

1. Acceptance and Action Questionnaire – II (AAQ-II): The AAQ-II is a 7-item self-report instrument developed by Bond et al. (2011) to assess psychological inflexibility or experiential avoidance. Each item is rated on a 7-point Likert scale ranging from 1 (“never true”) to 7 (“always true”). Higher scores indicate greater psychological inflexibility. The AAQ-II has demonstrated good internal consistency ($\alpha = .84$) and test-retest reliability ($r = .81$) (Bond et al., 2011).
2. Self-Stigma of Seeking Help Scale (SSOSH): The SSOSH is a 10-item scale designed by Vogel et al. (2006) to assess the degree to which individuals believe they would be devalued if they sought psychological help. Items are rated on a 5-point Likert scale from 1 (“strongly disagree”) to 5 (“strongly agree”). Higher scores suggest higher levels of self-stigma. The scale has shown adequate internal consistency ($\alpha = .86$).
3. Attitudes Toward Seeking Professional

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Psychological Help Scale – Short Form (ATSPPH-SF): This is a 10-item scale developed by Fischer and Farina (1995) to measure general attitudes toward seeking psychological help. It uses a 4-point Likert scale ranging from 0 ("disagree") to 3 ("agree"). Higher scores represent more positive attitudes. The ATSPPH-SF has demonstrated acceptable internal reliability ($\alpha = .77$) and validity across different populations.

INTERVENTION

Single-Session Acceptance and Commitment Therapy (SSACT) based intervention was applied with students as a therapeutic module, adapted from Thomas, K. (2021) 's A One-Session, Brief Acceptance and Commitment Therapy Workshop. The module has been adopted for the current study. However, few therapeutic techniques had been tailored to meet their need, and a better understanding of the students was needed to meet the treatment efficacy. This adapted and culturally relevant therapeutic module has been approved by the university ethics committee. The details of the Single-Session Acceptance and Commitment Therapy Workshop are presented in Table 1.

Table-1: Single-Session Acceptance and Commitment Therapy.

Module	Content
Cognitive Fusion	Definition of cognitive fusion, thought evolution, defusion exercise (e.g., leaves on a stream), defusion task (e.g., observing thoughts), defusion exercise (e.g., hands as thoughts).
Acceptance	Definition of acceptance, willingness video, metaphor (e.g., passengers on the bus) and related task, acceptance exercise (e.g., struggle switch), metaphors (e.g., unwanted party guest), benefits of practicing acceptance.
Mindfulness and the Observer Self	Mindfulness definition, formal and informal mindfulness task, video on presence, tasks (e.g., practicing mindfulness), metaphor (e.g., classroom metaphor), observing self-video, observer self-exercise (e.g., relaxation observation exercise).
Values and Committed Action	Definition of values, working towards values video, values exercises (e.g., contemplating what is important in your life, 80-year-old birthday speech, values drop), committed action exercise (e.g., SMART goal training), troubleshooting (e.g., FEAR and DARE).

PROCEDURE

Participants were given informed permission and instructed on the study's aims. Three standardized self-report measures were used to conduct the baseline assessment: the Acceptance and Action Questionnaire - II (AAQ-II), the Self-Stigma of Seeking Help Scale (SSOSH), and the Attitudes Toward Seeking Professional Psychological Help - Short Form. Following that, participants received a 90-minute structured single-session ACT intervention that emphasized cognitive defusion, acceptance, value clarification, and committed action. A week later, post-intervention assessments utilizing the same three measures were done.

RESULTS

Table-2: Sociodemographic Profile.

Variable	Categories	Frequency (n)	Percentage (%)
Gender	Male	14	46.7%
	Female	16	53.3%
Age Group	18–20	12	40%
	21–23	13	43.3%
	24–25	5	16.7%
Academic Status	Undergraduate	20	66.7%
	Postgraduate	10	33.3%
Residence Background	Urban	18	60%
	Semi-urban	8	26.7%
	Rural	4	13.3%

Table-2: explained sample included 16 females (53.3%) and 14 males (46.7%), with a mean age of 21.4 years ($SD = 2.01$). The majority of participants were from urban backgrounds (60%), while the rest were from semi-urban (26.7%) and rural (13.3%) areas. Academic levels included undergraduate (66.7%) and postgraduate (33.3%) students.

Table-3: Clinical Variable.

Measure	Pre-Mean (SD)	Post-Mean (SD)	t	p	Cohen's d
AAQ-II	27.10 (5.60)	21.40 (4.90)	5.13	.0001	0.94
SSOSH	30.20 (4.80)	25.00 (5.10)	4.65	.0002	0.85
ATSPPH-SF	16.30 (3.20)	20.10 (2.90)	-6.41	.0000	1.17

The results revealed statistically significant differences in the pre-and post-intervention scores for all three measures:

1. Psychological Inflexibility (AAQ-II):

Scores significantly decreased post-intervention ($t(29) = 5.13, p < .001$), indicating improved psychological flexibility. A large effect size (Cohen's $d = 0.94$) suggests the ACT session had a substantial impact.

2. Self-Stigma (SSOSH):

Participants showed a significant reduction in self-stigma ($t(29) = 4.65, p < .001$). The effect size ($d = 0.85$) indicates a substantial change in perception toward stigma about help-seeking.

3. Attitudes Toward Help-Seeking (ATSPPH-SF):

Scores significantly increased ($t(29) = -6.41, p < .001$), reflecting improved attitudes toward seeking professional help. The very large effect size ($d = 1.17$) highlights the intervention's robust impact.

DISCUSSION

The present study aimed to evaluate the effectiveness of a single-session Acceptance and Commitment Therapy (ACT) intervention in increasing psychological help-seeking behaviour among higher education students. This work was motivated by growing concerns about poor mental health care utilization rates among college students despite rising psychological discomfort (Eisenberg et al., 2012). The study's findings give early evidence that even a brief ACT session can drastically change students' attitudes toward obtaining professional psychological treatment.

The findings revealed a statistically significant change in post-intervention ratings on the Attitudes Toward Seeking Professional

Psychological Help - Short Form (ATSPPH-SF), indicating more positive help-seeking attitudes following the ACT session. The pre-to post-intervention difference was associated with a substantial effect size (Cohen's $d = 1.14$), indicating both statistical and practical importance. These findings are consistent with previous research demonstrating the effectiveness of ACT in reducing psychological avoidance and boosting readiness to seek help (Levin et al., 2016; Roush et al., 2018). This study expands on existing literature by using ACT in a single-session format, which has previously been proven to be helpful in juvenile populations for a variety of psychological disorders (Schleider & Weisz, 2017). The current findings align with the notion that psychological flexibility—ACT's central mechanism—may play a critical role in changing maladaptive attitudes toward professional help-seeking.

Psychological Flexibility and Help-Seeking Behavior

One of the fundamental concepts of ACT is to improve psychological flexibility, which refers to the ability to be open to new experiences, stay present, and act on personal ideals (Hayes et al., 2006). In the context of psychological help-seeking, this flexibility enables people to face the unpleasantness that comes with seeking help (e.g., stigma, self-doubt) and commit to behaviours that promote personal well-being. Previous studies have demonstrated that more psychological flexibility is associated with more positive attitudes about mental health care (Masuda et al., 2012). In the present study, methods like values clarification, defusion, and mindfulness were probably crucial in fostering acceptance of mental health needs and combating internalized stigma. Through the use of ACT metaphors, such as "Passengers on the Bus" or "Tug-of-War with a Monster," students who might ordinarily view asking for

help as a sign of weakness may be able to shift their viewpoint and break free from these damaging narratives. A mental shift brought about by these hands-on activities can make people more receptive to receiving support services.

Role of Stigma in Help-Seeking Barriers

Stigma continues to be one of the most significant barriers to student mental health service utilization (Corrigan, 2004). ACT addresses stigma by increasing acceptance of stigmatizing beliefs and diminishing their behavioural influence rather than aiming to erase them. This method differs from cognitive-behavioural models in that it focuses on the process of defusion rather than the content of stigmatizing beliefs (Hayes et al., 1999). The current study's excellent findings indicate that even in a brief intervention format, ACT can successfully reduce the functional impact of stigma on help-seeking behaviour. By reframing mental health support as a values-based action rather than a sign of personal inadequacy, students may become more inclined to seek help, particularly when guided by the principle of living a meaningful life.

Effectiveness of Single-Session Interventions Utilizing a single-session approach, which is scalable and resource-efficient, was one noteworthy feature of the study. Although multi-session therapies have historically been the standard in clinical psychology, new studies have shown the benefits of brief and ultra-brief interventions, especially for populations that are reluctant to commit to longer-term therapy or have time constraints (Schleider & Weisz, 2016). Key therapeutic components were crammed into a 90-minute ACT session, which was intended to be intense and highly experiential in the current study. Although brief, the intervention resulted in a notable change in attitudes, indicating

that content quality and relevance may be more important than duration, especially in preventive or attitudinal treatments. This finding is crucial in higher education settings since counselling clinics are frequently underfunded and overburdened (Gallagher, 2014). Implementing brief, ACT-informed workshops could be a viable first-line method to enhance psychological openness among students, thereby increasing the adoption of additional therapies as needed.

Implications for Practice

The present findings carry several practical implications:

1. The intervention is cost-effective and needs minimal resources, making it suitable for widespread implementation across academic institutions.
2. ACT can help improve clinical therapy and mental wellness. As a result, the intervention concentrating on attitudes has the potential to improve the early detection and intervention processes.
3. ACT is adjustable and may be adjusted to different groups based on cultural and gender factors, making it incredibly versatile.
4. Non-clinical practitioners, such as academic counsellors or peer mentors, can effectively apply ACT-based therapies with proper training and supervision, expanding their reach.
5. Digitization aligns well with the ACT paradigm. Previous research (Levin et al., 2014) has demonstrated that online delivery of ACT modules improves availability for students who are unwilling to attend face-to-face sessions.

Limitations

While the study offers valuable preliminary insights, several limitations must be acknowledged:

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1. With only 30 participants, the study's findings cannot be generalized. Larger sample sizes would provide better statistical power.
2. The absence of a control or comparison group prevents causal inference. A randomized controlled design would improve internal validity in future research.
3. Attitudes were assessed shortly after the intervention. Longitudinal research would be required to assess whether improved attitudes may be converted into actual help-seeking behaviour, as well as whether such an effect is long-lasting.
4. The use of self-report measures, such as the ATSPPH-SF, may result in social desirability or response bias. Accepting behavioural evidence of help-seeking or follow-up usage data from the university counselling service may provide methodological enhancements in future research.

Recommendations for Future Research

1. Comparing ACT against control groups or other brief therapies, such as psychoeducation or motivational interviewing, can provide more conclusive evidence of success.
2. Tracking help-seeking behaviours for 3 to 6 months after intervention can assess the long-term impact of attitudinal change.
3. To further understand how ACT affects help-seeking behaviour, it's important to investigate if psychological flexibility or stigma plays a role.
4. Adapting ACT to varied student demographics, particularly those with collectivistic ideals, can increase its acceptability and effectiveness.
5. Collaborating with student mental health groups or peer counsellors can increase reach and engagement, especially for

students who are unsure about formal psychological services.

CONCLUSION

The current study provides hopeful evidence that one session of Acceptance and Commitment Therapy (ACT) can positively influence higher education students' psychological help-seeking attitudes. Though the intervention was brief, the impact on students' willingness to seek professional psychiatric care was significant and important. Given the critical need to address mental health issues in higher education settings, time-limited, low-threshold, and scalable therapies like ACT have enormous potential. The ACT process works by increasing psychological flexibility, normalizing experiencing discomfort, and beginning action that aligns with personal beliefs. As a result, it could play an important role in lowering obstacles to mental health treatment. Although further research is required to analyze and expand on these preliminary findings, the therapeutic implications are promising and practical.

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