Help-seeking as a threat to self-reliance and self- esteem of an individual with mental health problems: a questionnaire survey

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ABSTRACT

Background: Individuals differ whether they are healthy or not. They have different personalities and lifestyles, so that consequences of an illness are perceived in individual ways. Therefore, they use to seek different types of help.

Aim: To explore the way in which self-reliance and self-respect affect help-seeking behaviour of individuals suffering from mental health problems.

Method: A self-report questionnaire was administered and completed by a total of 290 participants who sought help from the Community Mental Health Centre (CMHC) during 2003-2007.

Participants: The total sample was divided into those who had sought help from other mental health care service prior to their visit to CMHC (former visitors: group A) and those who visited a mental health care service for the first time in their live (first-time-visitors, group B).

Results: Subjects who totally believed that help-seeking is an acknowledgment of one's insufficiency and inability, had the most positive attitudes towards help- seeking from a mental health professional, the most positive orientation towards the utilization of social support network and the greatest fear for mental health interventions, in both groups A and B. Moreover, in group B, the aforementioned acknowledgement was directly related with subject's positive opinions about psychiatry, but these patients would also wait for longer until they ask for help for their first time.

Conclusions: Exploring the factors affecting the process of help-seeking may offer useful information to the mental health professionals, enabling them to detect the individuals with mental health problems and to intervene in earlier stages.

Key- words: help-seeking, mental health, self- esteem, self-reliance

INTRODUCTION

Despite the availability of mental health services, a great number of individuals don't cope with their needs and problems or they deal with them much later, when their symptoms are more severe. The continuously increasing focus of psychiatry on early intervention underscores the importance of identifying delays in help-seeking and providing appropriate and sufficient mental healthcare, as well as the significance of early referral of those with mental health problems to specialized services.

People are different, either in health or in illness. They belong to different cultures and they have different personalities and personal histories, all of which make them perceive their diseases in a specific manner. They cope with the consequences of diseases in individual ways and thus they require different types of help. Some of them do not want anyone to help them; others want more help than could sensibly be expected for a certain degree of impairment or suffering that their disease produces.

The exploration of some personality traits which possibly influence help- seeking behaviour from a Community Mental Health Centre (CMHC) or other specialized mental health service may help health professionals understand the factors affecting the process of help-seeking.

Only a small percentage of individuals seek professional psychological help (Cui & Vaillant, 1997; Horwitz, 1987). If this phenomenon is not due to a lack of the actual need, it should highly concern community members and health professionals.

This body of literature related to help-seeking pathways examine the concept of individual's "need" in the context of other factors affecting the utilization of health services. This study is a part of an effort to examine other dimensions of help-seeking behaviour of community residents with mental health problems, beyond individuals' needs, as well as the factors contributing to an individual's unmet need. Better knowledge of the contributing factors will help mental health professionals to understand the factors that may inhibit or promote early detection of individuals suffering from mental health problems and early intervention in order to meet their needs.

REVIEWING THE LITERATURE: PERSONALITY CHARACTERISTICS AND HELP-SEEKING

There are many personality traits that affect help-seeking behaviour and attitudes (Feldman et al., 1999). The characteristics that have been extensively studied in this body of literature are: self-respect, self-esteem, locus of control, shyness and authoritarianism, autonomy, dominance, introversion, secrecy, need for success, dependency, conservatism, rigidity and individuality. Personal factors leading to higher rates of help-seeking or more positive attitudes towards receiving specialized help include greater academic performance and achievement (Berdie & Stein, 1966; Kirk, 1973), older age, female gender (Sharp & Kirk, 1974; Tracey et al., 1984), internal locus of control (Fischer & Turner, 1970; Robbins, 1981) and low self-esteem (Nadler, 1986; Raviv et al., 1991).

Individuals may believe that they control all situations in their lives (internal locus of control) or that these situations are controlled by others (external locus of control). Persons may believe that they can control the status of his health (e.g. "I am directly responsible for my health"), or that their health depend on fate (e.g. "Whether I am healthy or not is a matter of luck") or they may consider their health as being controlled by some other serious circumstances (e.g. "I can do only what my doctor tells me") (Halter, 2004). All of these beliefs seem to influence whether a person may try to change his behaviour or not, as well as the type of communication the individual may require from health professionals. For example, if a health professional encourages a person -who seems to believe in an overall external locus of control- to change his lifestyle, that person is difficult to cooperate (Ogdenn, 2004).

Individuals who don't seek help are likely to believe that they are able to change things they don't like and solve their problems on their own (Simoni et al., 1991). Halgin and Weaver (1986) and Halgin, Weaver and Donaldson (1985) examined the advantages and disadvantages of receiving psychotherapy. Many researchers concluded that college students and patients perceived similar advantages and disadvantages in psychotherapy. The perceived benefits of psychotherapy were: improved self- knowledge, relief from anxiety and problem-solving. The disadvantages were: the time and money required, coping with painful issues, and the belief that help-seeking is an admission of weakness.

Raviv, Raviv and Arnon (1991) point out that help-seeking from mental health professionals may lead to the feeling of embarrassment. It is possible that the extent to which an individual's self-respect is threatened by help-seeking is a crucial element of this process (Wills & De Paulo, 1991).

There is a correlation between dependency and likelihood of an individual to seek help (Dawkins et al., 1980; O'Neill & Bornstein, 1970). The dependent people feel helpless and seek guidance and support from others (Bornstein, 1992; Bornstein et al., 1993; Roy-Byrne et al., 2000).

Students who seek counselling and those who don't differ as far as autonomy and self-efficacy are concerned (Anderson et al., 2006; Apostal, 1968). The clients who seek help are less judgemental, more intuitive, introspective and sensitive. Also, they

are more likely to internalize their problems and feel they have less control over them, compared to non-clients (Mendelsohn & Kirk, 1962; Simoni et al., 1991). They also indicate greater knowledge of their emotions and reactions (Rickwood & Braithwaite, 1994). Self-reliance is one of the barriers that delay help-seeking. Denial, repression and control of emotions are key features of stoicism, leading people to believe they should cope with their problems alone and suffer silently, so they are more likely to delay help- seeking until symptoms become more severe (Tang et al., 2007).

West et al (1991) reported that one of the major barriers is that individuals don't feel comfortable to reveal their

TABLE 1: Sociodemographic characteristics of groups A and B (N=290)

	GROUP A		GROUP B		
	N	%	N	%	P
Gender					
Male	35	26.1	30	19.2	0.204
Female	99	73.9	126	80.8	
TOTAL	134	100.0	156	100.0	
Marital status					
Single	66	49.3	78	50.0	0.063
Married	40	29.9	60	38.5	
Divorced / widowed	28	20.9	18	11.5	
TOTAL	134	100.0	156	100.0	
Education					
Elementary	17	12.7	31	19.9	0.128
High school	50	37.3	44	28.2	
College /university graduates	67	50.0	81	51.9	
TOTAL	134	100.0	156	100.0	
Lifestyle					
Parental family & With relatives	42	31.3	46	29.5	0.942
Own family	58	43.3	69	44.2	
Lives alone	34	25.4	41	26.3	
TOTAL	134	100.0	156	100.0	
Occupation					
Professionals	31	24.4	52	33.3	0.438
Medium/small business owners/ clerks Skilled workers	37	29.1	41	26.3	
Pensioners & housekeepers	36	28.3	38	24.4	
Students	23	18.1	25	16.0	
TOTAL	127	100.0	156	100.0	
Employment					
Full time	45	33.6	74	47.4	0.000
Part time	21	15.7	26	16.7	
None	53	39.6	56	35.9	
None / for psychiatric reasons	15	11.2	0	0.0	
TOTAL	134	100.0	156	100.0	

TABLE 2: Diagnostic categories in group A & B

		GROUP A		GROUP B		TOTAL	
		N	%	N	%	N	%
Diagnostic categories	Affective disorders	71	53.0%	72	46.1%	143	49.3%
	Neurotic stress related & somatoform disorders & Personality disorder	43	32.1%	50	32.1%	93	32.1%
	Relationship problems & Schizophrenia and delu-sional disorder	20	14.9%	34	21.8%	54	18.6%
	TOTAL	134	100.0%	156	100.0%	290	100.0%
		P=0.284				df = 2	

personal problems to a stranger. Emotional openness is another variable related to personality traits and associated to help-seeking attitudes.

Neuroticism is a personality trait that affects individuals' perceptions about their vulnerability to the symptoms and the seriousness of their health status (Brown & Moskowitz, 1997; Costa & McCrae, 1987; Katon & Walker, 1998; Neitzert et al., 1997). Individuals may experience tension, anxiety, and agitation. These feelings are reflected in their tendency to exaggerate minor symptoms. They are more likely to complain about symptoms and consider themselves vulnerable to diseases (Brownhill, 2003; DiMatteo & Martin, 2006; McClure et al., 1982). Other people experiencing the same symptoms may fail to notice them at all.

The meaning that individuals attribute to each of their symptoms may be a crucial factor. All individuals do not react to a disease in the same way. While some patients are willing to seek help even for minor symptoms, others are unwilling to do so even for life-threatening diseases (Mechanic, 1982). Indeed, people with the same illness may have a completely different experience of the situation and a completely different attitude, especially regarding the degree to which the cause of the disease is involved.

People who seek help are likely to have also sought help in the past for emotional problems (Dew et al., 1988). This finding indicates that an individual tends to seek help all of the times (Henderson et al., 1992). These individuals don't accept living in situations they don't like and they tend to talk to others (Sorgaard et al., 1999), including health professionals (Sherbourne, 1988), about their problems.

MATERIALS AND METHODS

This research was conducted in the Community Mental Health Center (CMHC), the last of its kind, which was established in 2000 to serve a borough of the broader area of Athens, 21 years after establishment of the first Community Mental Health Centre. The CMHC is administered by the University of Athens and it includes the Open Psychosocial Care Clinic, the Outreach Program and the Day Care Centre. A multiprofessional team staffs the CMHC.

The purpose of the present study was to explore the way in which self-reliance and self-respect affect help-seeking behaviour of individuals with mental health problems.

Two hundred and ninety individuals who sought help from the CMHC during a 4-years period, from 1/1/2003 to 12/31/2007, who agreed to participate in the survey and completed a questionnaire. The participants were informed about the purpose of our research. The questionnaires administered took 35 to 50 minutes to complete. The participants were told that there are no right or wrong answers. The researcher was available to answer any question. Participation in this study was voluntary and the participants were free to withdraw at any point. The data were strictly confidential and no names, codes, or any means that could reveal the identity of the participants were used. Only the researcher had access to the data. The participants completed an informed consent sheet.

The researcher conducted a pilot study before the actual distribution of the questionnaires. Twenty volunteers participated in the pilot study. Feedback and comments were obtained from each participant so that the final version of the instrument should be of appropriate length, clear, and free from biased language. The questionnaire was translated from English to Greek and back to English. The final version was checked by two bilingual professionals for possible inaccuracies in translation.

The population was divided in two groups: individuals who had sought help from other mental health care services before visiting our Centre (group A: former visitors) and individuals whose visit to the Centre was the first contact with a mental health service in their

lives (first-time-visitors, group B). The variables included in the questionnaire are presented below:

Demographic Data: The demographic questionnaire consisted of questions regarding the participant's gender, educational level, occupation, marital status, lifestyle, and employment.

Duration of untreated disorder: The untreated period for each individual was defined as the time (in months) between the onset of psychopathological symptoms and the time when the suffering individuals first contacted a mental health service or a professional. Diagnostic categories (information taken from medical records): Organic brain syndrome, Schizophrenia and delusional disorders, Affective disorders, Neurotic stress related & somatoform & Personality disorders, Relationship problems, Certificates and information, Substance abuse.

Attitudes toward Seeking Professional Psychological Help scale (ATSPPHS) is developed by Fischer & Turner (1970). ATSPPH scale consists of 29 items that are related to the Recognition of Personal Need for Professional Help, the Tolerance of Stigma Associated with seeking Psychological Help, and the Interpersonal Openness and Confidence in Mental Health Professional. Factor analysis in the population of community residents who sought help from the C.M.H.C during 2003-2007 (Zartaloudi, 2008), resulted in 4 factors/subscales; FACTOR 1: Assertiveness toward help-seeking; FACTOR 2: Isolation; FACTOR 3: Ambivalence toward help-seeking; FACTOR 4: Stigma. Higher scores represent more positive attitudes toward seeking professional help for psychological problems.

Orientation toward Utilization of Social Resources Scale (OTUSRS) is a 20-item scale developed by Vaux, Burda & Stewart (1986). OTUSRS is designed to measure people's orientation to having a social network, by assessing their feelings about advisability or usefulness of seeking social help, their past history of having actually sought social help, and the extent to which they feel that others cannot be trusted. Factor analysis in the population of the community residents who sought help from the C.M.H.C during 2003-2007 (Zartaloudi, 2008) resulted in 3 factors/subscales; FACTOR 1: Interpersonal communication; FACTOR 2: Distrust; FACTOR 3: Isolation. A higher score was indicative of a positive social-network orientation, and a lower score was indicative of a negative one.

Thoughts about Psychotherapy Survey (TAPS) is a 19-item scale developed by Kushner & Sher (1989). This measure assesses fears about therapist competence, stigma concerns and fear of change. Factor analysis in the population of the community residents who sought help from the CMHC during 2003-2007 (Zartaloudi, 2008) resulted in 2 factors/subscales; FACTOR 1: Fear of change; FACTOR 2: Fear about therapist competence. Low scores indicate fewer concerns about therapy while higher scores indicate greater concerns.

Opinions about Psychiatry is a 20-item scale, on which factor analysis was conducted (Zartaloudi, 2008). The 20 items were divided into three subscales/factors; FACTOR 1: Effectiveness of Psychiatry; FACTOR 2: Ineffectiveness of Psychiatry; and FACTOR 3: Stigma. Lower score is indicative of more positive opinions about Psychiatry.

The participants were asked about their opinion regarding the statement "I then believed that help-seeking was an admission of insufficiency, weakness and inability to solve my problems on my own" with possible answers 1=totally disagree, 2= disagree, 3= not agree or disagree, 4= agree and 5=totally agree.

STATISTICS

A statistical analysis was performed by the use of the Statistical Package for Social Sciences XIII (Norusis, 2005). Student's t-test was performed to examine whether significant differences existed between means. Chi square tests were used for comparisons between the groups on several categorical variables. Statistical procedures included descriptive statistics, t-test, ANOVA, Mann Whitney test, Kruskal-Wallis test, and Fisher's Exact test.

RESULTS

The social demographic and clinical characteristics of all individuals completing the questionnaire (n: 290) were analysed. Group A included 35 men (26.1%) and 99 women (73.9%) and Group B included 30 men (19.2%) and 126 women (80.8%). Significant differences were noticed in one out of six variables. The first-timers (group B) were full-time employed more often than individuals of group A. In group A, individuals were not employed due to psychiatric reasons to a greater extent in comparison to individuals of group B. No difference was noticed between the two groups regarding educational level, marital and occupational status and lifestyle. The results are shown in Table 1.

The current diagnostic categories of group A and B by gender are presented in Table 2. There is no significant difference between diagnostic categories and groups. A proportion of 88% of group A and 76.3% of group B agreed or totally agreed with the statement "I then believed that help-seeking was an admission of insufficiency, weakness and inability to solve my problems on my own". In group A, there was a significant correlation between the individual's acknowledgement of insufficiency and incapability and his/her attitude toward seeking professional psychological help (p=0.000; Kruskal Wallis test), his/her fear about therapy (p=0.001; Kruskal Wallis test) and his/her orientation toward Utilization of Social Resources Scale (p=0.000; ANOVA). In group B, there was a significant correlation between the individual's acknowledgements of insufficiency

and incapability and his/her attitude toward seeking professional psychological help (p=0.000; Kruskal Wallis test), his/her fear about therapy (p=0.001; Kruskal Wallis test), his/her orientation toward Utilization of Social Resources Scale (p=0.045; Kruskal Wallis test), his/her Opinions about Psychiatry (p=0.000; Kruskal Wallis test) and the duration of untreated disorder (p=0.034; Kruskal Wallis test).

Individuals, who totally believed that help-seeking is an acknowledgment of insufficiency and inability had the most positive attitudes towards help-seeking from a mental health expert, the most positive orientation towards the utilization of a social support network and the greatest fear about therapy. Those who neither agreed nor disagreed achieved the next higher scores in these scales both in group A and group B. Moreover, in group B, the participants with a stronger he belief that help-seeking is an acknowledgement of weakness, were more positive in their opinions about psychiatry, but they waited longer before seeking help for the first time.

DISCUSSION

Psychic therapy is often related to "lunacy or madness" or it is perceived as an element of mental or personality weakness, decreasing individual's self-respect. Most explanations given for the individual's unwillingness to ask for help are related to the fact that the person wants to consider himself as independent and self-sufficient. In general, help-seeking is perceived as an acknowledgment of an individual's weakness and inability, an admission that leads to severe cognitive and emotional consequences for the person who asks for help (Franklin, 1992).

The individuals who totally believed that help-seeking is an acknowledgment of insufficiency and inability had the most positive attitudes towards seeking help from a mental health specialist, the most positive orientation towards utilization of a social support network and the greatest fear for mental treatment due to their insecurity and low self-confidence. Those individuals were feeling vulnerable, not being able to control their lives. Moreover, in group B, the participants' with a stronger belief that help-seeking is an acknowledgement of weakness were more positive in their opinions about psychiatry but they showed prolonged delay in seeking help for their first time. People who need help often fail to utilize the appropriate resources because help-seeking is a direct admission of insufficiency (Simmons, 2000). This means that the individuals were "open" to professionals' and non-professionals' interventions and opinions because they felt insufficient and believed that their inadequacy was the cause of their problems. They also looked for "a way out" but at the same time their self-respect was threatened and these feelings delayed them from making the final

step and actually ask for help. Negative judgments from others may inhibit individuals from seeking help, despite that they could benefit from receiving appropriate specialized services.

Many studies have shown that moral values like competitiveness, self-reliance and independence, that are dominate in western culture, don't promote help-seeking that can be regarded as a sign of dependence. From this point of view, help-seeking can be regarded as "an act of immaturity, passivity, even inability" that must be "avoided". This happens despite the fact that help-receiving is sometimes acknowledged as useful and necessary. According to this model, the individual's willingness or unwillingness to ask for help depends on his personal beliefs and self image. By asking for help, the individual acknowledges his inability to manage a failure and his self-esteem is wounded. A person considers help-seeking to be a threatening or supportive experience, depending on his/her personal and social characteristics. Women are expected to be more willing than men to realize and admit that they need help (Cepeda-Benito & Short, 1998; Halgin et al, 1987; Kelly & Achter, 1995).

When the individual makes the decision to seek (or receive) help from a mental health specialist, he/she has previously formed the intention of doing this. There is a positive relationship between attitudes towards help-seeking and help-seeking intentions (Kelly & Achter, 1995). Intention is the most important factor affecting the appearance of a certain behavior. Attitudes towards help-seeking were the most significant factor influencing the intentions to seek help from a mental heath specialist (Mackenzie, Gekoski & Knox, 2007). An intention is serious when it is accompanied by a clear understanding of the problem, an organized action plan and a high degree of self-efficiency (Stretcher et al., 1995). Self-efficiency is the individual's subjective evaluation of the self regarding personal abilities (e.g., especially regarding his/her ability to behave in certain ways or to achieve his/her goals) (DiMatteo & Martin, 2006).

Self-reliance (when a person prefers to solve his problems on his own) is one of the barriers of help-seeking. The development of the individual's intention to seek help can be influenced by personal factors (e.g. duration of the problem, feelings of loss of self-reliance, the belief that persons who solve their problems on their own are more worthy). Receiving help affects a person's self-esteem and self-respect (Wills & De Paulo, 1991). According to Fischer, Winer and Abramowitz (1983), help-seeking can be "a threatening experience because it creates a superiority-inferiority relationship between the one giving and the one receiving help and conflict with values like self-reliance and independence reinforced during the whole process of our socialization". A source of

help can also be supportive. People are more likely to seek help if they regard the source of help as supportive and less likely if they regard it as threatening for their self-esteem.

Help-seeking behaviors depend on whether individuals attribute their need for help to internal or external factors. In the first case, when the need for help is attributed to internal factors (e.g. I need help because I am incompetent), people are less likely to seek help depending on the extent to which their self-esteem is threatened. On the other hand, if they attribute the need for help to external factors (e.g. I need help because this is a difficult decision) they are more likely to seek help as their self-esteem is not wounded. Being expressive about personal inabilities, vulnerability, emotions, familiarity or personal need for help and support is an element of weakness (O'Neil, 1981). Raviv, Raviv and Arnon (1991) point out that help-seeking from experts can lead to embarrassment. It is possible that the extent to which the individual's self-respect is threatened is a central point in the help-seeking process. People with high self-respect are more sensitive, feel more threatened and seek help less often compared to people with low self-respect, who are more likely to seek help (Wills & De Paulo, 1991).

STUDY LIMITATIONS

Our results cannot be invariably generalized to other populations and other social settings. The study sample had specific socio-economical characteristics and the results cannot be generalized to populations with other socio-economical conditions.

Given the delay that certain patients apparently showed in visiting the Community Mental Health Centre (which is especially true for group A, where individuals had previously visited other mental health services) and the self-report nature of the answers given by the participants when they complete a questionnaire, there are limitations regarding recall and accuracy of certain information which is retrospectively collected. In individuals of group A there is also a limitation regarding their previous experience of treatment, possibly influencing the recall and accuracy of information. A future study could use interviews with the family members so that collected data can be duplicated.

CONCLUSION

A great number of people are being identified in epidemiological studies as fulfilling the criteria for a mental disorder but not receiving treatment.

The decision to seek treatment is a complex matter driven by a number of factors, such as the severity and chronicity, the disability produced by the disorder, the perception that treatment will be effective or not and some personality traits. A better understanding of the

contributing factors that promote treatment seeking will help health professionals to adopt more effective intervention strategies.

Exploring the influence of self-reliance and self-esteem of an individual with mental health problems to his/her pathway towards the appropriate therapeutic interventions may help mental health professionals to understand the obstacles towards the early detection and intervention regarding mental disorders.

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