

Help Seeking Behavior among Caregivers of Psychotic Patients- Influence of Select Demographic Factors

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ABSTRACT

The present study is an attempt towards assessing the extent of help seeking behavior among caregivers of psychotics and association of health seeking behaviour with demographic factors including age, domicile, diagnosis, gender and educational qualification. A total of 300 caregivers were included in the study, of which 151 of them were male caregivers and 149 were female care givers. The study assessed help seeking behavior through the 'Attitudes Towards Seeking Professional Help' (Fischer & Farina, 1995). To analyse the data, chi-square and Cramer's V tests were employed. Results revealed that majority of the sample expressed moderate to high levels of help seeking behaviour to an extent of 75%. Caregivers from urban areas expressed more help seeking behaviour than care givers from rural areas. Caregivers in the age group of above 45 years expressed more help seeking behaviour than care givers belonging to rest of the age groups. Type of disorder, gender, and educational level of the caregivers did not have significant influence over help seeking behaviour.

Keywords: *Help seeking behavior, Caregiving, Psychotic Patients*

Help seeking behavior is basically understood as a behavior of actively seeking help from other people. It is about communicating with other people to obtain help in terms of understanding, advice, information, treatment and general support in response to a problem or distressing experience. Help seeking is a form of coping that relies on other people, and is therefore often based on social relationships and interpersonal skills.

Help can be sought from a diversity of sources varying in their level of formality. Informal help-seeking is from informal social relationships, such as friends and family. Formal help-seeking is from professional sources of help; that is, professionals who have a recognised role and appropriate training in providing help and advice, such as mental health and health professionals, teachers, youth workers, and clergy (Avanzo, Barbato, & Valsecchi, 2011). Increasingly, however, help can be sought from sources that do not involve direct contact with other people, such as the internet (Nicholas, Oliver, Lee & O'Brien 2004). Appropriate help-seeking behaviour is regarded as an adaptive mode of coping with concerns or problems

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Help Seeking Behavior among Caregivers of Psychotic Patients- Influence of Select Demographic Factors

(Gourash as cited in Fallon & Bowles, 2004). Dubois *et al* (1996), found that seeking help can buffer a person's reaction to stress, which can lead to reduced emotional and behavioural problems.

As mentioned earlier help seeking can be considered in any of the areas and caregiving is one important among them. Care giving is an act of providing unpaid assistance and support to family members or acquaintances who have physical, psychological or developmental needs. Caring for others generally takes on three forms: instrumental, emotional and informational caring. The present study attempts to help seeking behaviors of caregivers especially psychosis. Psychosis interests the investigator since a lot of stigma is centered on mental illness of any kind and this according to a lot of research is responsible for setback in help seeking behavior.

The purpose of this study is to analyze the relationship of help seeking behavior to select socio demographic factors namely: age, diagnosis, gender, domicile and education. It is hypothesized that demographic variables have an influence on the help seeking behavior among caregivers of psychotics.

METHOD

Sample:

The sample was considered from mental health facilities in Shimoga and Mangalore. A total of 300 caregivers were included in the study. After seeking consent the Attitude Towards Seeking Professional Help was administered to the participants and the data was collected.

Tools:

The Attitude Towards Seeking Professional Psychological Help Scale (ATSPPHS) is a 10 item scale which is a 4-point likert scale ranging from "disagree" to "agree". The tool was developed by Fisher and Farina (1995) for understanding the idea of people towards seeking professional psychological help. Items 2,4,8,9 and 10 are scored reverse and the scores are added up to get a sum. The total scores range from 0 to 30, with higher scores indicating more positive attitudes towards seeking help. For the purpose of this study score of 9 and below was considered as low help seeking behavior, between 10 & 19 moderate help seeking behavior and scores above 20 as high help seeking behavior. Internal consistency was .84 and test-retest reliability was .80. The Cronbach alpha for ethnic minority group was .73.

Procedure

The first author visited 2 mental health facilities one each in Shimoga and Mangalore, obtained permission from the respective authorities for data collection. The test was administered to caregivers of psychotic patients. Caregivers were asked to fill up the basic socio demographic details and further guided on answering the Attitudes Towards Professional Help Seeking Behavior Scale. They were asked to indicate their responses in the respective sheets given to them. Once the data was collected, they were screened for completeness and scored. The data obtained were analyzed using Chi Square and Cramer's V test.

Help Seeking Behavior among Caregivers of Psychotic Patients- Influence of Select Demographic Factors

RESULTS

Table 1: Distribution of the respondents on levels of help seeking behaviour by various demographic factors and results of test statistics

Variables			Levels of help seeking behaviour			Test statistics		
			Low	Moderate	High			
Overall	-	F	75	125	100	$X^2=12.5$; $p=.002$		
		%	25.0%	41.7%	33.3%			
Diagnosis	Schizophrenia	F	30	48	36	CV=.122; $p=.354$		
		%	26.3%	42.1%	31.6%			
	Mania	F	7	15	9			
		%	22.6%	48.4%	29.0%			
	Depression	F	17	41	38			
		%	17.7%	42.7%	39.6%			
	Bipolar disorders	F	5	3	2			
		%	50.0%	30.0%	20.0%			
	Postpartum Psychosis	F	16	18	15			
		%	32.7%	36.7%	30.6%			
	Gender	Male	F	40	60		51	CV=.043; $p=.756$
			%	26.5%	39.7%		33.8%	
Female		F	35	65	49			
		%	23.5%	43.6%	32.9%			
Domicile	Rural	F	51	62	37	CV=.234; $p=.001$		
		%	34.0%	41.3%	24.7%			
	Urban	F	24	63	63			
		%	16.0%	42.0%	42.0%			
Age (in years)	<25	F	15	22	23	CV=.145; $p=.048$		
		%	25.0%	36.7%	38.3%			
	26-35	F	31	69	46			
		%	21.2%	47.3%	31.5%			
	36-45	F	23	25	15			
		%	36.5%	39.7%	23.8%			
	45+	F	6	9	16			
		%	19.4%	29.0%	51.6%			
Education	Illiterate	F	4	6	3	CV=.150; $p=.198$		
		%	30.8%	46.2%	23.1%			
	Primary	F	5	10	3			
		%	27.8%	55.6%	16.7%			
	Secondary	F	19	31	23			
		%	26.0%	42.5%	31.5%			
	Pre University	F	29	34	28			
		%	31.9%	37.4%	30.8%			
	Under graduation	F	7	26	29			
		%	11.3%	41.9%	46.8%			
	Post-graduation	F	11	18	14			
		%	25.6%	41.9%	32.6%			

Overall help seeking behaviour: On the whole we find that 42.1% of the respondents expressed moderate help seeking behaviour, 33.3% of them expressed high help seeking behaviour and remaining 25.0% of them expressed low help seeking behaviour. Chi-square test revealed a significant difference between frequencies of various levels of help seeking

Help Seeking Behavior among Caregivers of Psychotic Patients- Influence of Select Demographic Factors

behaviour ($X^2= 12.5$; $p=.002$), confirming that majority of the sample expressed moderate to high levels of help seeking behaviour to an extent of 75%.

Diagnosis and help seeking behaviour: A non-significant association was observed between diagnosis and help seeking behaviour ($CV=.122$; $p=.354$), revealing that pattern of help seeking behaviour was same among caregivers, irrespective the psychotic patients they were taking care.

Gender and Help seeking behaviour: In the case of gender also, a non-significant association was observed between gender and help seeking behaviour ($CV=.043$; $p=.756$), revealing that both male and female caregivers had similar levels of health seeking behaviour.

Domicile and Help seeking behaviour: When the help seeking behaviour levels were verified against domicile, a significant association was observed between domicile and help seeking behaviour ($CV=.234$; $p=.001$), revealing that caretakers from urban area expressed more help seeking behaviour than caregivers from rural areas.

Age and Help seeking behaviour: Age of the caregivers had a significant influence over help seeking behaviour ($CV=.145$; $p=.048$), where we find that care givers in the age group of above 45 years expressed maximum help seeking behaviour.

Education and Help seeking behaviour: A non-significant association was observed between age and help seeking behaviour ($CV=.150$; $p=.198$), revealing that caregivers in different age groups had similar levels of health seeking behaviour

DISCUSSION

Major findings of the study

- Majority of the sample expressed moderate to high levels of help seeking behaviour to an extent of 75%.
- Caregivers from urban areas expressed more help seeking behaviour than care givers from rural areas.
- Caregivers in the age group of above 45 years expressed more help seeking behaviour than care givers belonging to rest of the age groups.
- Type of disorder, gender, and educational level of the caregivers did not have significant influence over help seeking behaviour

The results of the current study are contradictory to earlier studies. Awareness of help available could be one of the reasons in differences in help seeking behaviour. However lot of studies indicate that there has been an increase in help seeking behaviour through the internet (Moreira Jr et al, 2005, Powell & Clarke, 2018,)

Mental health concerns of any nature call for seeking help. The diagnosis has no significant role to play in help seeking behaviour. Literature also does not support diagnosis having an influence on help seeking behaviour. In a study to understand help seeking behaviour among individuals with substance use disorders, mood disorders and anxiety disorders by Ramin Mojtabai, Olfson, and Mechanic, (2002), their results justify that diagnosis does not have an influence on help seeking behaviour.

Help Seeking Behavior among Caregivers of Psychotic Patients- Influence of Select Demographic Factors

Help seeking behaviour is predominantly found to be more in the urban population than the rural population. This can be attributed to levels of exposure, increased awareness and acceptance. In an Indian Study on help seeking behaviour conducted by Sudha et al (2003), on factors influencing care seeking behaviour understood increased help seeking behaviour among the urban sample and the study attributed the same to levels of education, proximity to residence, and the belief that city has good quality care.

The current study also throws light on help seeking behaviour high among people of the older age groups. The above findings incline to findings of similar studies done in the areas of help seeking behaviour. A study by Biddle, Gunnell, Sharp and Donovan (2004) on factors influencing help seeking behaviour in mentally distressed young adults identified that young adults especially men are among those who are least likely to consult health care professionals. In an attempt to understand psychiatric symptoms and help seeking behaviour among the elderly by Mackenzie, Scott, Mather and Sareen (2007), revealed that help seeking behaviour was less for mental health services and help seeking behaviour was higher among the older age.

The study identifies that there is no relationship between educational qualification and help seeking behaviour for mental health concerns. There are research studies giving mixed evidences on this line. A study done by Barney et.al (2006) revealed that stigma had a major role to play in help seeking behaviour for mental illness than any other variable including academic qualification.

The above findings indicate that there needs to be certain immediate issues that need to be addressed with regard to help seeking behaviour for mental health concerns as there is a bog number perceiving help. Focus needs to be towards psycho educating people about mental illness and the need to address the same just like a physical health concern. Thus interventions should focus on minimizing expectations of negative responses from others and negative self-responses to help seeking, and should target younger people. Research has clearly indicated that early identification is the key to better management of mental health concerns (Dickey et al, 2002, Kim-Cohen et al,2003). This can be done only when there are enough number of counsellors, psychologists, clinical psychologists and psychiatrists in the country.

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Help Seeking Behavior among Caregivers of Psychotic Patients- Influence of Select Demographic Factors

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Conflict of Interest

There is no conflict of interest.

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