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**Research Paper** 



# Attitude Towards Mental Health Problems and Seeking Professional Help

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## **ABSTRACT**

Acknowledging the attitude towards mental health problems among healthcare workers is necessary as they are the ones who can encourage other people to seek professional help when in emotional distress. The purpose of the study was to determine whether there is any difference between the two professions in attitudes toward mental health problems and seeking professional help among healthcare employees. The Attitude Towards Mental Health Problems Scale and Attitude Towards Seeking Professional Help Scale were used to gather data. In order to correlate the two variables and compare means, we used inferential statistics after doing descriptive statistics. The findings showed no significant relationship between the attitude toward seeking professional help and mental health problems, however there was a positive correlation between the two variables' sub-domains. It was also shown that there are significant differences among healthcare professionals when it comes to seeking professional help.

**Keywords:** Attitude, Mental Health Problems, Seeking Professional Help, Healthcare Workers

ental health is an important component of our health and it goes beyond the absenteeism of mental illnesses. Mental wellbeing is the basis of the individual's welfare and productive functioning (Mental Health, 2019). In 2016, there were more than 7% of mental and neurological illnesses in the world. (Rehm J, Shield KD, 2019). 19, 73, 00,000 people in India are estimated to have prevalence of mental illnesses in 2017 (Sagar R et al., 2020). However, despite the fact that there are effective therapies available, several studies shown that a significant part of those who experience mental health issues do not seek professional assistance and do not receive care (Kohn R, et.al. 2004; WHO, 2001). Only one-third of persons with diagnosable mental problems have been proven to seek professional assistance (Andrew G. et.al, 2001; Alonso J, et.al. 2004).

## Attitudes Towards Mental Health Problems

People's beliefs and attitudes regarding mental disease would possibly predict whether to or not to disclose their symptoms and look for support and treatment. Information's and

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beliefs which will aid for the acknowledgement, handling, or determent of mental health problems, is known by way of mental health literacy (Jorm et al.1997). According to Indian research, in which one third of them were suffering from mental illnesses and only 10% of them sought help (Panigrahi A, Padhy AP, Panigrahi M, 2014). A global phenomenon which has been prevalent over a period of time is public stigma (Basu R. et al., 2022). Patients with mental illness have long been stigmatized in all communities. This stigma goes beyond mere "labelling" of patients (SM Laawrie,1999). Social stigma and folklore around mental illnesses is a significant barrier to effective mental health policy and program implementation in India (Kishore J, Gupta A, et al., 2011). Being unemployed, struggling to make ends meet, being socially isolated, or experiencing other social disadvantages can all further lower self-esteem, exacerbate the symptoms of mental illness, and increase the stigma associated with such conditions (Sartorius, 2005).

## Seeking Professional Help

Help-seeking is characterised as an active and adaptive process that involves making an effort to deal with issues or symptoms by turning to outside resources for support. Help can be requested from a variety of outside parties, including those who play different roles and have varying relationships to the individual requesting it (Kerebih H, et al. 2017). The utmost reliable and powerful prognosticator of intents to pursue psychiatric assistance has been help-seeking attitudes. In certain research, it has been demonstrated that prior help-seeking and psychological distress have an impact on intentions. (Morgan et al., 2003). According to studies, community attitudes have an impact on how people with mental health issues behave while seeking care (MJ Dear, 1982.) It has been suggested that increasing awareness of the causes and remedies of mental health issues, as well as belief in the efficacy of treatment modalities, should lead to an upsurge in the number of people on the lookout for help (R Mojtabai, 2002). Stigma towards mental health problems was also considered to be one of the problems towards seeking help (S Clement et al. 2015). There are different types of stigma which can influence seeking help they are perceived stigma, self-stigma, structural, personal and anticipated stigma. (ML. Hatzenbuehler, 2014).

## Need for the study

The illnesses with the most stigma are mental disorders. Despite advancements in social psychiatry and the implementation of strategies to increase public understanding, stigma towards mentally ill people persists. In order to address the concerns created by those behaviours, nurses and other health care providers are collaborating with patients and their families. An emergent area of the researchs demonstrates that many persons with mental illness claim that Health care professionals, who work on both physical and mental health services, are a noteworthy cause of stigma and prejudice in many nations throughout the world (O'Reilly, C.L, 2010; Y Rong et al. 2011). It has been discovered that stigma related with mental illness are a substantial impediment to treatment and recovery as well as a significant contributor to the lower quality of physical care provided for people with mental illnesses (S Knaak, et al., 2015). As a result of health care provider's bias, medical issues could go unnoticed, resulting in improper treatment (S Jones, 2008). Another reason that may be at play is that some physicians may not have had adequate training in treating mental illnesses. To put it another way, stigmatizing attitudes or actions on the part of HCPs have the potential to result in a failure to attend to patients' medical requirements, improper care of patients with mental illness, and even social marginalization (Mantler E., 2017).

#### METHODOLOGY

The present studies examine the relationship between Attitude towards Mental Health Problems and Seeking Professional Help among health care workers. To achieve this objective the study will be using correlational study design which is a quantitative approach. The study with finding the relationship also finds if there is any significance difference among the gender and educational qualifications.

Aim: To find out whether there is any significant relationship between Attitude Towards Mental Health Problems and Seeking Professional Help.

## Objectives of the study

- To find out whether there is any relationship between attitude towards mental health problems and Seeking Professional Help.
- To find if there is any gender difference in attitude towards mental health problems.
- To find if there is any gender difference in Seeking Professional Help.

## Hypotheses

- H01 There is no significant relationship between Attitude towards Mental Health Problems and Seeking Professional Help among Health Care Workers.
- H02 There is no significant correlation between subdomains of Attitude Towards Mental Health Problems and the sub domains of Seeking Professional Help.
- H03- There is no significant difference in Attitude Towards Mental Health Problems among healthcare workers.
- H04 There is no significant difference in Seeking Professional Help among Healthcare
- H05 There is no significant difference in Attitude Towards Mental Health Problems based
- H06 There is no significant difference in Seeking Professional Help based on gender.

#### **Operational Definition**

- Attitude Towards Mental Health Problems: Every individual understands and interprets mental health in different ways. It can be interpreted in both ways as positive and as negative. And this attitude plays an important role in how a person with mental health problems is perceived in society.
- Seeking Professional Help: In the current study it can be defined as the interest or the ability of individuals to seek help from professionals for example counselors, psychologist and psychiatrist when they feel they are in an emotional distress or in a difficult situation.

#### Sample

The universe of the population studied is the healthcare professionals (Doctors, Nurses) which were collected from the hospitals of Bangalore, Karnataka. The questionnaire was filled by 160 participants in those were 80 doctors and 80 nurses. The data was collected through purposive sampling which is a non - probability sampling technique.

#### **Tools**

Attitude mental health problem scale: This is a 35 items self - report scale given by Paul Gilbert, 2007. It comprises 35 items which is divided across 5 sub sections which helps in assessing various aspects of attitude towards mental health. The

responses are 0 which means do not agree at all to 3 which means completely agree. Analysis showed that the mentioned scale has good internal consistency which has cronbach alpha of 0.85-0.97.

Attitude towards seeking professional help: This is a 10 item scale given by Fisher and Farina in 1995. It comprises of 10 items which is divided into 2 different aspects i.e., openness to seeking professional help for emotional problems (items 1, 3, 5, 6, 7) where items scores as 0 as disagree - 3 as agree and value and need of seeking professional help corresponds to items of 2, 4, 8, 9, 10) where items are scored in reverse i.e. 0= agree - 3= disagree. Analysis showed that there is internal consistency which ranges from 0.82-0.84. This test can differentiate if they are willing to seek psychological help professionally.

## RESULT AND DISCUSSION

The data was collected and was analyzed using SPSS 22. Correlation analysis was performed to find the relationship between attitude towards mental health problems and seeking professional help. Independent sample t-test was used to find out the significance differences among the population.

Table 1 shows the socio demographic details of the population

Sample characteristics	N	%		
Gender				
Male	53	33.5%		
Female	107	67%		
Education qualification				
Doctors	80	50%		
Nurses	80	50%		
Age				
Less than 25	53	33%		
26-50	96	60%		
50+	12	8%		
Years of experience				
Less than 10	79	49.4%		
More than 10	81	51%		
Area of residence				
Urban	130	80%		
Rural	30	20%		

Table 1 demonstrates the socio-demographic details of the characteristics of sample collected. In this study a total of 160 participants participated in which 53 (33.5%) and 107 (67%) were males and females respectively. The education qualification of the population was doctors = 80 (50%) and nurses = 80 (50%), age was classified as less than 25 = 53(33%), 26-50 = 96 (60%) and 50+ = 12 (8%). The years of experience which this healthcare had were less than 10 years = 79 (49%) and more than 10 years = 81 (51%). The area of residence was found to be urban = 130 (80%) and 30 (20%).

Table 2 Shows the Descriptive statistics of the sample

N= 160	Mean	Std. Deviation
Attitude toward mental health problems	42.90	24.00
Seeking professional help	18.41	4.55

Table 2 shows the difference in attitude towards mental health problems and seeking professional help among health care workers. The total sample of the study is 160 healthcare professionals. In attitude towards mental health problems, the mean value is 42.90, while the standard deviation is 24.00 and in seeking professional help the mean score being 18.41 with the standard deviation of 4.55.

Table 3 correlation between attitude towards mental health problems and seeking

professional help among healthcare workers

Variable	n	M	SD	1	2
1. attitude towards mental health					
problems	160	42.90	24.00	-	-0.05
2. seeking professional help	160	18.41	4.55	-0.05	-

Table 3 shows the correlation score of attitude towards mental health problem and seeking professional help among health care workers. The table shows a correlation, r = -0.052 for attitude towards mental health and seeking professional help. The p value is 0.513 (p>0.05). As the p value is greater than 0.05, hence the null hypothesis, there is no significant correlation between attitude towards mental health problems and seeking professional help is accepted. This study revealed there isn't any relationship between the attitudes towards mental health problems and seeking professional help among health care workers. But contradicting this result a study was conducted among older adults, which found that there was negative correlation between the attitudes about mental illness's association with seeking help (D. L. Segal et al., 2005). College students where they found those opinions about mental illness and a significant impact on help seeking (Leong & Zachar, 1999).

Table 4 shows the Correlations between all the subdomains of attitude towards mental

health problems and seeking professional help among healthcare workers

Variable	N	M		-	Values and need
1 ATMILD	160	11 10		-	.40**
1. ATMHP	160		5.79	.61**	
2. External Shame	160	12.89	8.13	.74**	.82**
3. Internal Shame	160	5.19	4.73	.60**	.75**
4. Reflected Shame	160	8.22	6.37	.68**	.83**
5. Reflected Shame on self	160	5.43	4.78	.62**	.68**

<sup>\*\*.</sup> Correlation is significant at the 0.01 level (2-tailed).

Table 4 shows the correlation of the subdomains of the attitude towards mental health problems and the subdomains of the attitude towards seeking professional help among healthcare workers. The table shows a positive correlation between attitude towards mental health problems and openness to seek help for emotional problems with correlation r= .614\*\*which is significant at p value of 0.00 and the relationship between attitude towards mental health problems and the value and need in seeking professional help was found to be of positive correlation as r= .404\*\* at the significant level of 0.00 which indicates that there is low positive correlation between the sub domains. This implies that when the attitude towards mental health problems increases the help seeking attitude also increases. External shame, internal shame, reflected shame and reflected shame on self and openness to seek treatment for emotional problems had a favourable association where r= .744\*\*, .603\*\*, .683\*\*, .623\*\* with a corresponding p value of 0.00 which directed that there may be a positive correlation in between external shame and openness to seek help. The relationship

between value, need of help seeking i.e. the sub domain of attitude towards seeking help and external, internal, reflected shame, reflected shame on self-i.e. the sub domain of attitude towards mental health problems was studied it was found that there is a positive correlation between them where r= .824\*\*, .751\*\*, .831\*\*, .688\*\* which shows that there is a strong positive correlation in between the sub domains. When the scales' subdomains were analyzed, it revealed that all of the subdomains of the attitude toward seeking help and attitude toward mental health problems had a strong positive correlation. This finding is backed up by a study conducted by Schnyder, N., et al., 2017 that actively seeking care for mental difficulties is correlated with one's attitudes toward mental illness or asking for help. In our result we discovered that internal shame and openness to seek help was positively correlated which was contradictory to other researchers conducted such as a study revealed that a negative correlation between personal stigma and the help-seeking attitude on "openness" and "value and need" and depression literacy, and help-seeking intention were positively correlated to "value and need" of professional psychological help (Chen et al., 2020). Another study on the contradiction found that there's no association between selfstigmatizing and attitude towards mental illness (Schnyder, N., et al., 2017). Community stigma was also negatively correlated to help-seeking attitude on "value and need" (Chen et al., 2020) but in our findings it has positive correlation. Recent analyses also supported the impact of stigma associated to mental health on help-seeking found that stigma, particularly self-stigma and attitude towards help, had a detrimental impact on help-seeking (Schultze-Lutter, F. et al., (2017). There is evidence that one reason people don't seek aid is because they don't know where to go for qualified assistance (Yu, Y., Liu, Z. W., 2015). In a qualitative study it was found that the participants with severe and persistent issues were more likely to show reluctance to talk to family members in order to spare them anxiety or preserve their standing within the family. Some claimed to be independent and chose not to divulge private information to others since they felt capable of managing on their own (Savage, H., Murray, J., 2016).

Table 5 Independent Samples t Test of attitude towards mental health problems and

seeking professional help among health care workers

Logistic parameter		Doctor			Nurse			t	p
	N	N	M	SD	N	M	SD		
Attitude towards mental health problems	160	80	43.07	24.15	80	42.72	24.01	0.92	0.92
Seeking professional help	160	80	19.88	4.92	80	16.95	3.62	4.29	0.00*

Table 5 shows the mean value of attitude towards mental health problems for doctors are 43.07 and 42.72 respectively. The mean score and the standard deviation (SD) for females are 42.725 and 24.011 respecttively. The t value obtained between the two groups on attitude towards mental health problem is 0.092 at corresponding p value .92 (p<.05). This clearly shows that there is no significant difference in attitude towards mental health problems between doctors and nurses. Hence, the null hypothesis, there is no significant difference in attitude towards meant health problems among health care workers is accepted. The mean

value and standard deviation of seeking professional help for doctors are 19.88 and 4.927 respectively. The mean value and the standard deviation for nurses are 16.950 and 3.628 correspondingly. The t value obtained between the two groups on seeking professional help is 4.29 at corresponding p value of .000 (p<.05). This clearly shows that there is a significant difference in seeking professional help among the doctors and nurses. Henceforth, the null hypothesis, there is no significant difference in seeking professional help among health care workers is rejected and the alternative hypothesis i.e., there is a significant difference in seeking professional help between doctors and nurses is accepted. This study also found that there is no significant difference among doctors and nurses' attitude towards mental health problems, which indicates that there is still the stigma which is external shame/ internal shame (Gilbert, 2002) prevalent in doctors and nurses. When people have unfavourable views concerning mental health issues, they may experience internal shame as a result of thinking negatively about themselves and believing they are unworthy, unattractive, or inferior. They may also experience external shame that is resulting from unfavourable emotions from the fear that one's appearance may make one look bad to others, the undesirable personal characteristics. There might be reflected shame which refers about the situations where people believe they can disgrace others (family or community) or that others can humiliate them because of mental illnesses (Gilbert, 2007). There were different studies conducted which concluded the same results as there is no difference in education, duration of posting among doctors and nurses (Garg R, et al., 2013). A study conducted by Galbraith, N. D., Brown, K. E., et al., (2014) suggested that there is no attitude towards seeking professional help among nurses because rather than sharing it with coworkers or professional organizations, they would expose their stress to family and friends and would even avoid outpatient treatments. This is in support of the conclusions of our research that there is no substantial difference in the attitudes towards mental health problems of doctors and nurses.

Table 6 Independent Samples t Test of attitude towards mental health problems and

seeking professional help based on gender

Logistic parameter		Male			Female			t	p
	N	N	M	SD	N	M	SD		
Attitude towards mental health problems	160	53	45.28	25.93	107	41.72	23.02	0.88	0.37
Seeking professional help	160	53	17.96	4.69	107	18.64	4.49	0.89	0.37

Table 6 shows the mean value of attitude towards mental health problems for males are 45.283 and 25.9373 respectively. The mean value and the standard deviation for females were 41.720 and 23.0286 respectively. The t value obtained between the two groups on attitude towards mental health problem is 0.883 at corresponding p value .379 (p<.05). This clearly shows that there is no significant difference in attitude towards mental health problems between male and female. Hence, the null hypothesis, there is no significant difference in attitude towards meant health problems based on gender is accepted.

The mean value and standard deviation of seeking professional help for males are 17.962 and 4.694 respectively. The mean value and the standard deviation for females are 18.645 and 4.493 respectively. The t value obtained between the two groups on seeking professional help is -0.891 at corresponding p value of .374 (p<.05). This clearly shows that there is no significant difference in attitude towards mental health problems between male and female. Hence, the null hypothesis, there is no significant difference in attitude towards meant health problems based on genders is accepted. In this study it was found that there is no significant gender difference among the nurses and doctors, which may indicate that there is no difference in the thinking and understanding of the mental health. In other researches done it was found that females had more negative perceptions about mental illness (Krishnaleela G, Siva PM, 2019), and in another one study it was found that males had more knowledge about mental health (Ganesh, 2011).

# **CONCLUSION**

The current study was designed to determine the relationship between healthcare workers' attitudes towards mental health problems and their ability to seek professional help. Correlational study design was the method used for the research. The sample was obtained from the hospitals in Bangalore through purposive sampling technique. 160 people participated in total, comprising 80 doctors and 80 nurses. The participants were assessed using the attitude towards mental health problems by Gilbert (2007) and seeking professional help was assessed using the attitude towards seeking professional help which was developed by Fisher and Farina. Various socio -demographic information, such as the respondents' experience, gender, and educational background, were also gathered along with the data. Google forms were used to get the data. The data was coded in MS Excel before being imported into SPSS for analysis. According to this study, there is no relationship between one's attitude about mental health problems and seeking professional help. On the contrary, it was discovered that there was moderate to strong connection between the variable's subdomains. Additionally, it was discovered that there is no apparent difference between the genders. The study also found that doctors and nurses seek out help at significantly different rates. The limitations of the study found were that it had less population to generalize the results and that if qualitative method was used we could get clearer idea on the causal factors as to why there is still negative attitude towards seeking help and mental health problems.

## Limitations

A qualitative analysis of how people feel about mental health issues and how they feel about getting treatment would have provided greater insights into the contributing factors. The fact that there were so few earlier studies conducted on the same population was one of this research's key limitations. The sample was only collected from a specific region which is why it cannot be generalized and also the sample population was less. The use of self-rating measures that ask participants to rate their own attitudes additionally the attitude of their community, family's, and help-seeking may lead to bias since individuals may give answers that are socially acceptable.

## Further implications

- Healthcare professionals are the first people we turn to when we are ill, therefore it is crucial to understand how they feel about mental health in order for them to be able to assist those who seek their help.
- Based on these findings, it would seem plausible to include psycho-educational approaches, such cognitive-behavioral techniques and mindfulness-based

- interventions, in sessions aimed at reducing psychological distress. (Galante et al., 2016) and it need to start at the college or high school level itself.
- In order to provide information, interventions might urge people to consider their deep rooted, familial ideas and practices as well as the fresh knowledge they are exposed to, and perhaps even make an effort to resolve these opposing points of view. Alternative therapies that have some promise for lowering stigma and raising favourable perceptions about counselling place a strong emphasis on self-reflection, positive self-affirmation, and disclosure of one's mental health issues. There is still a definite need to create and assess the effectiveness of culturally tailored programes for use outside of first-world countries.
- Campaigns to reduce stigma in this area should focus on internalized stigma and its related sociocultural perspectives.

Additional research should be conducted on other elements impacting attitudes toward getting help, such as socioeconomic status, years of experience, and others.

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## Conflict of Interest

The author declared no conflict of interest.

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