SOCIO DEMOGRAPHIC AND PSYCHOLOGICAL BARRIERS TO UTILIZATION OF MENTAL HEALTH SERVICES

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Abstract

Large epidemiological surveys have demonstrated an alarming increase in prevalence of mental disorders. Despite that utilization of mental health services has not increased accordingly. There are different practical, physical, affective, cognitive and cultural deterrents to seeking professional psychological help. The availability, accessibility and nature of psychological services have improved over the years. However, still the percentage of people availing these services has not increased proportionately. The current study dwells upon unraveling socio demographic, affective and cognitive barriers which affect propensity to seek help.

Key Words: Help Seeking, Stigma, Barriers

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Introduction

Seeking help is essential if people are to access appropriate mental health services. While there are different sources of help, both formal and informal (Rickwood et al., 2005), there is acknowledged value in seeking formal help. Although Counselors and therapists ability to help individuals, couples and families with their problems has been increasing over the decades, there has not been a commensurate increase in the utilization of those services (Corrigan, 2004). Due to the complex nature of psychological disorders, successful treatment often requires regular access to mental health care professionals and a variety of support services. In developed countries, the treatment gap (the percentage of individuals who need mental health care but do not receive treatment) ranges from 44% to 70% whereas in developing countries, the treatment gap can be as high as 90% .In an effort to understand the discrepancy between the potential need for, and utilization of mental health services, numerous studies have explored and identified perceived barriers to seeking psychological help (Vogel, Wads., & Hackler, 2007; Vogel & Wester, 2003). In addition to documenting high rates of mental illness, these studies have highlighted comparatively low rates of mental health service use. In an attempt to understand low rates of mental health service use a great deal of attention has been devoted to exploring various personal, interpersonal, and professional barriers to their use of services (Bartels, 2003; Rhodes, Goering, To, & Williams, 2002)

Barriers to utilization of Mental Health Services

Cognitive Barriers

Culturally evolved and shared conceptions of mental issues encompassing nature, symptoms, causes, prevention and cure governs the willingness and propensity to seek help of mental health contacts. Culture driven cognitive information processing also influences identification and phenomenological experience of mental illness (Leong & Lau, 2001). Another deterrent to less use of mental health services is the concept of mind body holism which is particularly more prevalent in Asian culture. This explains the attributed cause of mental illness that there is no distinction between physical and psychological ailments. The same has been substantiated by the empirical research indicating that older people particularly in Asian culture prefer to disclose and discuss their mental health problems to a primary care physician rather than a mental health

professional (Mackenzie & Knox, 2006). Another potent cognitive barrier is the culturally informed concept of cure, perceived credibility of mental health provider and treatment outcome. Help-seeking attitudes have been the most consistent and strongest predictor of intentions to seek psychological help (Morgan et al., 2003; Vogel & Wester, 2003). Intentions are the most immediate determinant and strongest predictor of behaviours such as help-seeking (Ajzen, 1985; Sutton, 1998). The Theory of Planned Behavior (TPB) posits that one's intention to perform a behavior can be predicted by assessing one's attitude towards the behavior, subjective norms associated with the behavior, and perceived control over performing it (Ajzen, 1985).

Socio Demographic Barriers

A variety of demographic groups are particularly unlikely to receive professional psychological help (Mackenzie & Knox, 2006). Research has consistently found that women have more favorable attitudes toward seeking psychological help and express more willingness to seek that help than men irrespective of level of education (Wallace & Constantine, 2005). Whereas men have consistently been shown to have less positive attitudes toward seeking mental health services than women (Ang, Lim, & Tan, 2004; Vogel & Wester, 2003). Every year nearly 70 percent of college men experiencing mental health concerns do not seek out counseling or other mental health services (Eisenberg, Hunt & Speer,2012). The plausible explanation for the same could be strict adherence to societal defined gender norms which has been consistently associated with negative attitudes. Empirical studies have also reported that men who are emotionally controlled and self reliant are reluctant to seek help (Heath et al., 2017). Numerous studies have indicated that women's willingness to openly acknowledge and disclose emotional distress is affected by the intended source of help. Women are more likely than men to say that they would like to talk to mental health professional (Mackenzie & Knox, 2017).

Age is another demographic factor which has been explored as a barrier to utilization of mental health services. The ageist assumption is that older population is less willing to seek professional psychological help. Contrary to this, empirical evidence indicates that older men hold a more positive attitude than younger men. Older adults have been found to be more accepting of pharmacological and psychological treatments for mental health problems (Arean, Alvidrez,Barrera,Robinson, & Hicks,2002). Young people are more likely to seek help from

informal rather than formal sources, and friends and family are the main sources of help. Friends tend to be the preferred help source for personal and emotional problems, while parents are generally ranked second to friends (Boldero & Fallon, 1995; Schonert-Reichl & Muller, 1996). A review focusing on determinants of help-seeking amongst young people experiencing issues with suicide found that when past experiences of seeking help were negative, particularly when the young person felt they were not helped or that their problems weren't taken seriously, they acted as substantial barriers to future help-seeking intentions and impacted heavily upon attitudes toward professional help (Rickwood et al., 2005).

Affective or emotional Barriers

Emotional barriers may be conceptualized as intrapersonal perceptions that are influenced by apprehension about being vulnerable and weak. Propensity to seek help is gravely affected by unwillingness to disclose and communicate problems because of shame and fear of stigma. The stigma associated with seeking psychological help and engaging in mental health treatment persists, influencing public and private perceptions, as well as help seeking behavior and practices (Brown & Bradley, 2002; Corrigan & Miller, 2004; Corrigan & Penn, 1999; Komiya, Good, & Sherrod, 2000). Mental illness stigma is defined as the "devaluing, disgracing, and disfavoring by the general public of individuals with mental illnesses".(Wahl,2012) Stigma often leads to discrimination, or the inequitable treatment of individuals and the denial of the "rights and responsibilities that accompany full citizenship".(Saxena et al.,2007) In 2001, the World Health Organization (WHO) identified stigma and discrimination towards mentally ill individuals as "the single most important barrier to overcome in the community", and the WHO's Mental Health Global Action Programme cited advocacy against stigma and discrimination as one of its four core strategies for improving the state of global mental health.(Saxena et al.,2007)

In terms of self stigma (private stigma), it may be difficult for any individual to incorporate the status of a mental illness with the sense of self. Research evidence indicates that who expressed discomfort with disclosing personal information were five times less likely to seek mental health services (Diala, Mentaner, Walrath, Nickerson La Veist, & Leaf,2000). Ciarrochi and Deane (2001) studied the relationship between individuals' ability to manage emotions (emotional

competence) and their likelihood of seeking psychological help. In the study, a survey of 300 undergraduate students, those participants with indications of less emotional competence (less ability to cope with emotional problems) were also less likely to seek professional help for their emotional problems.

Conclusion

Barriers to help seeking or utilization of mental health services originate from cultural influences on cognitive processing of information regarding mental health, affective responding to emotional problems and cultural values governing communication along with physical barriers and socio-economic realities.

Suggestions & Recommendations

a)   One of the most important factors is the availability of established and trusted help seeking pathways. Professional help seeking services need to be taken to young people. In regard to this, gatekeepers and outreach community workers shall be an important focus with appropriate training and expertise.

b)   Interventions shall be designed to build emotional competence and skills to understand thoughts and feelings and to express them in words.

c)   Mental Health Literacy is an essential life skill that must be taught at primary, secondary and community.

d)   Health Promotion Interventions could be developed to help men realize that communicating about the problems and concerns does not compromise their masculinity.

e)   Educational initiatives shall be promoted to create awareness regarding nature, causes and treatment of mental health problems.

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