

SEEKING HELP FOR MENTAL ILLNESS: A QUALITATIVE STUDY AMONG GREEK- AUSTRALIANS AND ANGLO-AUSTRALIANS

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Abstract: Despite the high prevalence of mental illness, research indicates that many people who experience mental illness do not access help and therefore go unnecessarily without treatment. It was the aim in this study to investigate reasons why people do not seek help for mental illness and to determine if there were any cultural differences between Anglo-Australians and the large Greek-Australian population. Nine Greek-Australians (six males) (age $M = 29.84$ years, $SD = 8.75$) and eight Anglo-Australians (one male) (age $M = 34.93$ years, $SD = 14.10$) participated in interviews focused on their attitudes towards, and willingness to seek help for, mental illness. Results revealed participants had a poor understanding of mental illness per se, and in terms of help seeking suggested similar factors to those reported in the literature. Participants indicated embarrassment is associated with mental illness despite ongoing media campaigns and awareness-raising concerning mental illness. While both groups acknowledged that professional help may be useful they stressed the importance of a trusting and confidential relationship with the therapist. Anglo-Australians sampled were somewhat more willing to utilise professional help, while the Greek-Australian participants were more likely, in the first instance, to seek-out informal support such as from a priest.

Key words: Cultural effects, Help-seeking, Mental illness, Therapeutic relationship

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INTRODUCTION

In Australia, approximately 2.38 million adults aged 18 years and over (1.15 million men and 1.23 million women) suffer a mental illness in a 12-month period (Slade, Johnston, Browne, Andrews, & Whiteford, 2009). Yet, Andrews, Henderson, and Hall (2001) reported that in a similar 12-month period only 35% of Australians with a mental illness sought help for their disorder. This gap in service provision, referred to by Andrews and Henderson (2000) as the 'unmet need' for treatment, is in fact a global phenomenon, and may be especially relevant for high prevalence issues such as anxiety and affective disorders (Andrews et al., 2001).

Specifically, in Europe and the USA 52% - 74% of people with mental disorders do not receive treatment (Alonso et al., 2004; Kessler et al., 2005; Thornicroft, 2007; Wittchen & Jacobi, 2005). In low- and middle-income settings, where provision is lower, even more go untreated (Balkir, 2012; Wang et al., 2007). Even if mental health issues could be self-limiting or respond to self- or lay-help (Oliver, Pearson, Coe, & Gunnell, 2005), when individuals postpone or avoid formal care this can have detrimental consequences.

Researchers such as Barnow and Balkir (2012), Helman (1985, 1990), Herlizch and Pierret (1987) have shown that the way in which individuals comprehend their mental health issues is strongly related to their wider cultural background. Kleinman (1987) and Helman (1990) found that culture influences people's explanations of mental illness, their perceptions of its aetiology, as well as determining patterns of help-seeking attitudes and behaviours.

Stigma, embarrassment, denial, and a desire to avoid being labelled are the main reasons identified in the literature as factors preventing people from seeking professional help for a mental illness (Atkinson & Gim, 1989; Balkir, 2012; Barnow & Balkir, 2012; Bui & Takeuchi, 1992; Corrigan, 2000, 2004; Link, Cullen, Frank, & Wozniak, 1987; Penn, Mueser, & Doonan, 1997; Penn & Martin, 1998; Schumacher, Corrigan, & Dejong, 2003; Socall & Holtgraves, 1992). Another reason that contributes to the stigmatization of people with mental illness as displayed by the finding of Mueser, Bellack, Douglas, and Morrison (1991) is that the lay public perceives mentally ill individuals to have poor social skills.

Over the past 30 years, considerable effort has been expended to provide the public with knowledge about mental health problems, to correct false beliefs concerning the mentally ill, and to increase the accessibility of mental health services for those in need (Balkir, 2012; Jorm, 2011; Leaf, Bruce, Tischler, & Holzer, 1987). Evidence indicates that over this period the public has become more knowledgeable about mental illness (Crocetti, Spiro, & Siassi, 1974; Jorm, 2000, 2011) and while

there has been an increase in the proportion of the population seeking help for mental and emotional problems this figure remains low (Andrew & Henderson, 2000; Veroff, Kulka, & Douvan, 1981). Research has pointed to socio-cultural issues as a potential influence on the underutilisation of mental health services (Balkir, 2012; Barnow & Balkir, 2012; Echeverry, 1997; Schwarzbaum, 2004; Suan & Tyler, 1990). Another similar and related issue might be ethnicity.

Narrow, Regiet, Rae, Manderscheid, and Locke (1993) reported that European-Americans with mental health issues were more likely to use professional mental health services than ethnic minorities in the USA, such as Hispanic people, whose culture shares some similarities with that of Greek people. However, in their study there was an indication that Hispanic people were less likely to consider the medical system as a useful source for mental health interventions, possibly reflecting basic prejudices in the health care system. Bhui, Bhugra, Goldberg, Dunn, and Desai (2001) also found that English participants were more likely to seek help from mental health professionals than participants from other ethnicities such as English-Indians.

Previous studies (Horwitz, 1978; Pescolido, 1992; Rickwood & Braithwaite, 1994) reported that help-seeking attitudes and intentions to seek mental health-professional help were enhanced by support from family, being educated or informed about mental illness and the availability of services, factors are often shaped by the socio-cultural environment of the individual.

Balkir (2012) and Cauce et al. (2002) noted that the impact of a socio-cultural context can be very strong across the entire help-seeking pathway for mental illness from recognizing the problem to choosing from whom to seek help.

In addition Zhang, Snowden, and Sue (1998) reported that the mismatch of perceptions of mental health professionals by laypersons and clients may lead to a distrust of mental health professionals and thus lower service utilization. Atkinson, Worthington, Dana, and Good (1991) also suggested that distrust of a counsellor and perceived lack of the effectiveness of the treatment are shaped by socio-cultural factors and can be impediments for seeking effective professional help.

Aim

The focus of this study was to explore and compare the attitudes of Greek-Australians and Anglo-Australians towards mental illness and help-seeking for mental illness. The expectation was that there will be differences in the two ethnic groups particularly as regards help seeking in mental health problems due to cultural effects.

METHOD

Participants

Eight Anglo-Australians (one male aged 57; seven females age $M = 38.86$ years, $SD = 12.59$), and nine Greek-Australians (six males, age $M = 32$ years, $SD = 9.50$; and three females, age $M = 27.67$ years, $SD = 5.13$) participated in this study.

Interviews

Participants' age and gender were recorded, followed by a series of open-ended questions based on their knowledge of mental illness/health, whether they or if they thought others of their acquaintance would seek professional help if they were to experience a mental illness, and possible factors that could influence their decision to seek help or not. Participants were also asked their views on whether they thought professional help was beneficial to those with a mental illness. Participants were encouraged to provide any further comments they chose.

Following Creswell's (2013) exploratory qualitative approach, data analysis procedures began with a verbatim transcription and cautious reading of all transcripts to acquire an overall sense of the data. To warrant intercoder reliability (Frey, Botan, & Kreps, 2000), coding of the data was made using the following procedures: The coders (the authors) tried to carefully narrow down a list of themes that had emerged from the data. Next, the two coders met to present, discuss, and agree on the definitions of the themes and coded units. Disagreements between the coders were resolved through discussion. In this manner, the coders reached 100% agreement on the identification of the themes. Following phenomenological approaches outlined by Moustakas (1994), and based on the themes, the researchers then identified "significant statements" in the data that illustrated each of the themes.

The audio recordings were transcribed and participants' responses are summarised in Table 1 by broad question categories and by ethnicity of the respondents: Anglo-Australians and Greek-Australians. The table contains only representative statements of participants' response to the interview questions and are the exact words used by them.

Procedure

Following approval by the University's ethics committee, convenience samples of participants were recruited from the Greek-Cypriot community and from the administration staff of the university and a local organisation. Those attending a

function at the Greek-Cypriot hall were invited to participate in an interview regarding their knowledge of mental illness and their attitudes to mental illness and help seeking. An arrangement was made for interested parties to be interviewed one-on-one in a private room at the hall. Prior to interview they were provided with a Plain Language Statement and signed a consent form. The Anglo-Australian participants responded to an email invitation to participate in the current study, and were invited to schedule an interview time at the University.

All participants were asked their permission to audio-record the interviews as well as the researcher taking notes. They were advised that these recordings were confidential and no identifying information was sought or recorded.

At the conclusion of the interviews a summary of points discussed was presented to each participant to ensure accuracy of the data. Once the interviews were transcribed the audio recordings were destroyed.

RESULTS AND DISCUSSION

The responses of the two samples in the interview are given in Table 1.

Table 1. The descriptives of the study variables as a function of sex

Question	Anglo-Australians	Greek-Australians
What is mental illness?	Physical Imbalance in the brain; brain pushed to its limit Psychological Absence of psychological health Social - affects relationships - functioning - social deviation - reduced coping - disability	Many forms - severe and light - people are not in correct state of mind - someone who doesn't think logically - physiological deficiency with the brain - affects the brain how they think - ranges from depression to fear, lack of understanding
Many people with a mental illness do not seek help. Why do you think this is so?	Embarrassing - to have a label - affects your position in relation to others Fear - of how you will be perceived Self-assessments - people make own decisions on whether they need help or not	Embarrassed - to admit symptoms - to seek help Stigma - especially among Greeks - he's mad - degrading

(continued)

Table 1. (continued)

	<ul style="list-style-type: none"> - might discuss with a colleague Denial - that they have an issue - lack of knowledge of symptoms Little support from others Stigma <ul style="list-style-type: none"> - negative connotations Culture expects you to cope People, including family, are judgmental Do not know where to go Men expected to cope, women talk with each other no time or money. 	<ul style="list-style-type: none"> Culturally embedded - to cope Avoid labels - men should be tough Want to believe they are ok, that nothing is wrong, seeking help means someone is not strong enough, not normal Scared of no confidentiality European culture-high stigma, especially among males <ul style="list-style-type: none"> - just get on with work Greek males <ul style="list-style-type: none"> - a weakness Pressure from family Scared to admit something is wrong
<p>What would make someone feel comfortable to seek help for symptoms such as anxiety and depression?</p>	<ul style="list-style-type: none"> Being open and responsive Support from family and quality of that impact Being committed If mental illness were “normalized” and resources were available Sessions to be confidential; trust therapist If help genuine then it will be effective Acknowledging that brain is just a “muscle” pushed beyond its capacity Education about symptoms and services 	<ul style="list-style-type: none"> Go to GP as no stigma there Media campaign to promote that is OK to seek help - high profile models Support from family and friends and especially to don’t be judgmental Education Informal Support is crucial for direct help but also to encourage to seek professional help Good relationship with therapist Need to want help Being Greek, male Hit bottom, no choice
<p>Do you think mental health professional help could be helpful?</p>	<ul style="list-style-type: none"> Yes but it depends on the relationship between person and therapist - individual therapy should be anonymous - therapist should suggest limiting number of sessions and engendered trust and hope that things will get better Depends on the person and therapist Definitely, if people are willing to be open, yes, need someone to normalise things-provide strategies, perspective Sometimes, in severe instances. 	<ul style="list-style-type: none"> Absolutely, make life easier Easier for Anglo-Australians, Greeks tend to hide it. Depends how severe, if it is just temporarily probably not Might be, need the right person Informal help could be as useful and even more useful sometimes because is more relaxed and comfortable Yes but help offered is not always best (e.g., medication) Where there is no supportive community. It is an individual thing Special leaders, church, priest who you trust is also important

As shown in Table 1, participants in both groups lacked a clear understanding of what constitutes mental illness although in both groups there was the suggestion that mental illness is a physical imbalance or deficiency in the brain. There was also the suggestion, especially by Anglo-Australians, that mental illness has a negative effect on social functioning and coping and that mental illness is a disability. These comments support Mueser et al.'s (1991) findings that the lay public perceives mentally ill individuals to have poor social skills. Some Greek-Australian participants suggested that people with mental illness do not think logically and that they are not in a correct state of mind as mental illness affects how people think.

When asked why they thought people do not seek help for a mental illness, common responses included stigma, embarrassment, denial, and a desire to avoid being labelled. All of these reasons have been identified in the literature as factors preventing people from seeking professional help for a mental illness (Atkinson & Gim, 1989; Balkir, 2012; Barnow & Balkir, 2012; Bui & Takeuchi, 1992; Corrigan, 2000; Corrigan & Dejong, 2003; Corrigan & Miller, 2004; Link et al., 1987; Penn, Mueser, & Doonan, 1997; Penn & Martin, 1998; Socal & Holtgraves, 1992). The mention of stigma was especially relevant among the Greek-Australians, for example, one person stated: "In the Greek community there is a lot of stigma around mental illness" and another said: "European culture there is a huge stigma... to seek anyone's help".

For Greek-Australian males, it was stated that they should "just get on with work" discussing mental illness or seeking help for it was said to be a sign of weakness. While some Anglo-Australians also suggested that men are expected to cope while women talk with each other, the expectation that males need to be "tough" was more dominant in the Greek-Australian group than among Anglo-Australians. These findings are aligned with Leaf et al. (1987) who found that women were more inclined to seek help for mental health problems than men and they were also less concerned about the reactions of their families. However, Leaf et al. (1987) found that the effect of gender on service use varied with the level of need and with the individual's attitudes toward mental health.

There was also an element of denial expressed by one Greek-Australian "want to believe they are OK" and "seeking help means [one] is not strong enough". An echo of this last statement can be seen in a comment from one Anglo-Australian "how you will be perceived by others". These comments are also indicative of perceptions of stigma.

Other comments included not knowing where or how to access help, and feeling scared that there would be a lack of confidentiality or lack of trust between clients and therapist which can be considered as barriers to seeking help. These comments are similar to Atkinson et al. (1991) who also found that distrust of a counsellor and

perceived lack of the effectiveness of the treatment are shaped by socio-cultural factors and can be impediments for seeking effective professional help.

In terms of what factors would enable seeking help for a mental illness were non-judgmental support from friends and family; education about mental illness and the services available, including media campaigns that indicate seeking help is OK: this last was mentioned only by the Greek-Australian participants. These results support previous studies (Horwitz, 1978; Pescolido, 1992; Rickwood & Braithwaite, 1994) where help-seeking attitudes and intentions to seek mental health professional help were enhanced by support from family, being educated or informed about mental illness and the availability of services.

One Greek-Australian suggested that people might attend a General Practitioner (a medical doctor) as there is no stigma associated with this, while another stated that informal support, from family and friends, is crucial not only to provide direct help but to encourage seeking professional assistance. Informal support was also stated to sometimes be more useful as it was “relaxed and comfortable”, while another Greek-Australian stated that professional help offered “is not always the best (e.g., medication)”. These findings resonate with the work of Narrow et al. (1993) who reported that European-Americans with mental health issues were more likely to use professional mental health services than Ethnic minorities in the USA, such as Hispanic people, whose culture shares some similarities with that of Greek people. However, in their study there was an indication that Hispanic people were less likely to consider the medical system as a useful source for mental health interventions, possibly reflecting basic prejudices in the health care system.

Both samples in this study referred to elements that indicated it was important to have an openness and commitment to therapy as well as the importance of having a trusting relationship with the therapist.

One Anglo-Australian participant indicated that the brain “is just a muscle pushed beyond its capacity” and as such needed treatment. However, a Greek-Australian male implied that people would seek therapy as a last resort: “to have hit bottom, no choice” while another indicated that people need to ask for help clearly this is also indicative of openness to help. As Cauce et al. (2002) noted, the impact of a socio-cultural context can be very strong across the entire help-seeking pathway for mental illness from recognizing the problem to choosing from whom to seek help.

When participants were asked if they thought seeking help could be useful for people with a mental illness, most agreed, however, there were some contrasts. Members of each group stated that it was important to have the right therapist in a trusting relationship where the client can be open and where the therapist outlines the process of therapy “therapist should suggest limiting the number of sessions”. This

idea of trust with the right therapist resonates with the findings from Zhang et al. (1998) who reported that the mismatch of perceptions of mental health professionals by laypersons and clients may lead to a distrust of mental health professionals and thus lower service utilization.

Some Greek-Australian participants suggested that it is easier for Anglo-Australians than Greek-Australians to seek professional help and also that sources of help beyond professionals, such as friends, family colleagues or special leaders such as their priest whom they trust, are also important sources of help. Both groups stated that “it is an individual thing”. These findings support Bhui et al. (2001) who found that English participants were more likely to seek help from mental health professionals than participants from other ethnicities such as English-Indians.

Limitations

These findings are limited by the small, self-selected sample, and by limited demographic data about these participants. Furthermore, it is not known whether they or any family member or close friend had ever been diagnosed with a mental illness and whether this may have influenced their views.

Conclusion

Despite these limitations, the data suggest that help seeking is influenced negatively by perceptions of stigma associated with having a mental illness and, especially among the Greek-Australian group being a male. Other stated barriers to help seeking were poor family support or, alternatively, good family and peer support as well as openness to therapy, could be positive predictors. There was a suggestion from the Greek-Australians that it was more difficult for them than Anglo-Australians to seek professional help and that others, such as their priest, might be valid alternate sources of help.

While these participants cannot be said to be representative of their respective populations, these data do provide some insight into reasons why people may or may not seek professional help for mental illness, and these reasons reflect the literature around the area of help seeking for mental illness.

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