Review Article

# Understanding the psychology of psychological help-seeking patterns in community and barriers to it: A brief discussion

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## ABSTRACT

Although help seeking is prominent at the time of distress due to medical or surgical illnesses, it is not the same when it comes for psychological causes. The psychology of such behavior or available service use is often complex and depends on variable factors. Proper pathway of care right from the community to tertiary care settings is necessary including understanding the various psychosocial barriers which may cause hindrance at any step of care.

**Key words:** *Help seeking, Pathway of care, Psychosocial barrier*

The pathways to psychiatric care in a community which has a diverse population is often complex. To complicate it further, the social and psychological factors affect the help-seeking patterns, especially in hours of psychological needs in various steps across multiple dimensions. Here, we discuss the psychology of psychological help seeking followed by the pathway over which a person with psychological distress reaches up to the best available psychiatric care providers in his community.

## NATURE OF CARE

An individual can take either formal or informal network or both of them in any sequence at the time of need. An informal network is a friend or family member where a formal network is a resource or professional individual or institutional care. The informal care is generally seeked on the basis of its easy availability, past experience, and often favored because of its quick accessibility and that also at free of cost [1,2]. The formal care is different from informal one as it operates within a bureaucratic structure, without having any prior emotional relationship with the client and provides care for a limited period [3]. Literature has showed older people preferring such informal care from whom they are familiar and involved in their daily lives such as friends and families before they actually look for any formal network [4,5]. Hierarchical preference for assistance from spouses and children first, and then, friends and neighbors have also been seen as a common pattern of informal care.

## PSYCHOSOCIAL BARRIERS TO SERVICE USE

An individual in community faces various psychological barriers when he/she needs help for his/her psychological problems. Some are solely dependable on individual's own cognition, where others are partially influenced by society and the culture in which the person is living. Mere embarrassment can be a prominent barrier to seeking help as mentioned by Shapiro [6]. People suffering from chronic disorder such as unipolar depression often faces serious hardship in their life, and further help seeking and need of admission can even increase their anxiety and psychache, contributing to the vastly prevalent stigma, and criticism associated with psychological help seeking. Older individual mostly seeks informal care and remains reluctant for community programs as they often perceive such programs are meant for adult- and middle-aged individuals who faces the stresses most [7]. Lipman and Sterne [8] suggested their wish to maintain an image of self-reliance and competency which ultimately leads to their reluctancy in using formal services. Culture which puts high value on independence and self-reliance, like in North America, people feel uncomfortable when they "impose" on others for assistance [9] through various "welfare" programs. Whites are significantly more likely to use community services than are their non-white counterparts [10]. Finally, not surprisingly, higher levels of awareness are linked to greater service use [11].

## THE PSYCHOLOGY OF HELP-SEEKING BEHAVIOR

### Reactance Theory

According to the reactance theory [12], states such as freedom of choice and autonomy are highly valued by people. A negative psychological state (or reactance) occurs when these states get threatened, followed by an attempt by them to restore the valued states. The degree of reactance experienced by an individual

depends on multiple factors, such as individual's importance to his freedom, strength of the threat, and number of freedoms lost or threatened [12,13].

### Equity Theory

Equity theory [14] is among the social exchange theories which suggest that individuals interact with one another through the exchange of valued objects or sentiments.

It is based on the premise that individuals strive to maintain equity within their relationships [15].

### Threats-to-Self-esteem Model

The threats-to-self-esteem model [16] is based on the assumption that most help-seeking situations contain a mixture of both positive and negative elements. Whether the helping situation is perceived as positive or negative depends on various factors such as aid, helper, recipient, and context. If recipients perceive the aid as highlighting their inferiority or dependency, they will view the aid as self-threatening. In contrast, if they see the aid as positive, they will perceive the assistance as self-supportive.

## PSYCHOSOCIAL THEORIES SERVICE USE

### Continuity Theory

Continuity theory [17,18] says people become invested in mental pictures that organize their ideas about themselves and their external environment. These ideas actively get constructed as people age gradually. Application of continuity theory to help-seeking behaviors suggests that the coping strategies used by older adults throughout their lives are likely to predict the circumstances under which they will seek or accept help.

### Social Behavior Model

Anderson and Newman proposed Social Behavior Model [19], which says that certain individuals are more inclined than others to use services because of personal characteristics that are present before the need for a service arises. These predisposing characteristics include the demographic factors of age and gender. They also include social structure characteristics of marital status, education, occupation, ethnicity, and social networks that are thought to determine the status of a person in the community, his or her ability to cope with the problem at hand, and the resources available to deal with the problem. General beliefs or attitudes about support services might also predict service use. The social behavior model has had varying success in predicting actual community service use. Researchers using this model have found that the predisposing characteristics of being older, female, unmarried, and more highly educated, and the enabling characteristic of income, are associated with increased likelihood of service use.

## THE PATHWAY OF CARE FROM COMMUNITY TO TERTIARY CARE: GOLDBERG HUXLEY MODEL

Goldberg and Huxley [20] tried to explain the pathway in five levels and four filters. At level one, as expected the whole community is considered where anybody can get exposed to any kind of mental disorders. Goldberg considered a specific period of 1 year for methodological convenience. At community level, the first filter is the illness behavior which brings the help seeker to the second level of pathway, i.e., the primary care and physicians working in that level. The efficiency of primary care physician is crucial as they make the second filter of ability to detect a disorder. The patients detected by the 2nd level of filter, i.e., the primary care physicians, then go through the 3rd level filter of the pathway, which consists the step of referral to proper mental health care services. This filter is of extreme importance as many help seeker can be lost from the pathway if not referred properly or if referred to a center which is difficult to access due to various logistic hindrance. The clients who cannot cross the third filter rarely goes back to previous level of care; hence, ultimately losses the opportunity of any kind of care. Level four and five consists of proper, specialized mental health service, and hospitalization and extensive inpatient care into them as the need, evaluation, and process of hospitalization creates the filter (fourth) in between.

## CONCLUSION

Mental health and care of mental health is still a much-neglected area considering the other domains of health and specialized healthcare. This turns even poorer in developing country like India where despite presence of various legislation, mental health programs, and policies the country-wise involvement in the proper care pathways is still not satisfactory promoting the presence of various modes of faith healing and culture-based rituals. These practices often looses the early and vital time for care increasing the morbidity and burden of care further. The proper understanding of care pathway and filters in between will certain improve the perception of the professionals about help-seeking options right from the community level. Furthermore, if we put an eye over the prominent psychological patterns of help seeking in mental health issues, dealing the stigma, taboos, and hesitations will certainly turn much easier.

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