



ON THE COUCH OR IN THE SHADOWS? PREDICTORS OF SEEKING MENTAL HEALTH SUPPORT

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Abstract

The purpose of the study was to examine the predictors of seeking professional psychological help among patients of common mental disorders. Specifically, the study investigated whether, Self-Stigma, perceived social support (family, friends and significant others) and Health locus of control (internal, external and chance) predicts attitudes towards seeking professional psychological help (need for psychological help, Confidence on health provider, interpersonal openness and stigma tolerance). Three hundred (male & female) outdoor psychiatric patients were purposively selected from Government hospital of Rawalpindi district. Symptom checklist (Rahman, 2009), Mini mental state examination (Awan, 2015), Self-stigma of seeking help scale (Haake, Vogel & Wade, 2006), Multidimensional health locus of control scale (DeVellis, Wallston, & Wallston, 1978), Multidimensional Perceived social support scale (Ruksana & Zafar, 2013) and Attitudes towards seeking professional psychological help scale (Fishcher & Turner, 1970) was used for data collection. Permission from original authors were also taken for the translation of the tools. The findings of the study revealed that Self- Stigma, positively predict (Need, Confidence, Interpersonal and Stigma tolerance) attitudes. Perceived social support from friends, family and significant others dose not significantly predict (need) attitudes. Chance health locus of control is a negative and powerful other is a positive predictor of (need) attitudes. It was also found that perceived social from others significantly and social support from family negatively predict (openness) attitudes, internal and chance health locus of control positively predict (openness) attitudes of seeking professional psychological help. Further, perceived social support from family negatively predict (stigma tolerance) and social support from significant others positively predicts (stigma tolerance attitudes) towards seeking professional psychological help.

Keywords: Self-Stigma, Social support, Help-seeking attitudes, Health Locus of Control, common mental disorders

1. Introduction

Globally, mental health disorders are proved to be an extensive burden for society (Christensen, Lim, Saha, Cannon, & Presley, 2020). Ordinarily, 29.2% of adults emerges to develop common mental

disorders once in a lifetime (Steel et al., 2014). In today's stressful environment, there is an increase in psychological distressing issues that is emerging the need for psychological services to help the individuals in finding their functional living and to facilitate them in coping their existing problems. Many people having mental disorders are reluctant to seek help from any professional health care, even though seeking help for mental health problems early reduces the chances of further dysfunction (Campion, Bhui, & Bhugra, 2012).

Help seeking is a behavior in which one eagerly wanted to take help from others in a form of advice, useful information, for treatment purpose or just need a supporting hand when faces any trouble. In order to improve the mental health conditions in any community, it is necessary to explore and understand different factors of help seeking behaviour (Rickwood et al., 2005).

There are many predictors related to health seeking behavior, majorly self-stigma, defined as the labeling of people based on their social individuality or giving them an undesirable and negative social category (Goffman, 1963). It is revealed through studies that it hinders any individual suffering from mental disorders to consult professional due to undesirable social response (Hatzenbuehler & Link, 2014). It is seen that there are some people who are having psychological or interpersonal issues, forbade themselves from getting any type of counseling or mental health service due to stigmatization linked to mental-illness and they doubt seeking psychological help (Corrigan, 2004).

A study was conducted in which the people who are dealing with depression stated that they had been stigmatized by their family members, they faced it at their work place and even sometimes got episodes of depression due to this labelization linked with their mental illness (Kulesza, Raguram & Rao, 2014). One of the possible reasons of not getting mental services is because it is defined as a negative term in community earlier. As concluded from different surveys that had been conducted earlier shows that the reaction of public towards people having any kind of disorder was negative and not accepting (Crisp et al, 2000). There are some researches exploring family presence as a major cause in self-stigma. Those clients who do not have any family or friends, feel lonely and experience lack of support. They feel stigma related to mental health mostly and avoid seeking help from professionals (Golberstein et al., 2008).

Furthermore, predictor of help seeking behavior like perceived social support has also its significant impact on it. The definition given by World health Organization explained social support as a type of interpersonal relationships and acquaintances that impacts majorly on the functioning of individuals (WHO, 2007). Social support is discussed in three further types; perceived social support, enacted support and social integration. Perceived social support is the personal sense of decision of an individual to receive support and help by others in the time of need. Enacted support is the certain helpful and supportive actions that are presented by the suppliers in relation of need, whereas social integration is the amount in which a person is associated to a social network (Barerra, 1986).

Through the research it has been shown that there is a strong influence of social support on making a decision for seeking mental help (Vogel, Wade & Hackler, 2007). It is evident from various studies that perceived social support has considerably positive impact on well-being and it most likely protect the victims that have faced distressing events from depression, anxiety and stress. Moreover, people who receive lower perceived social support are dealing with high levels of distress (Yap & Devilly, 2004).

Another predictor which is linked to help seeking behavior is Health Locus of Control, it is defined as a state in which an individual is in charge of his/her own success and failures. Persons with perceived locus of control trust that they own their life and so they take every blame of whatever happens to them either good or bad. Opposite to this, persons with perceived external locus of control have faith in external powers like their fate and luck are controlling their life and so as their success and failures occur due to these factors. Through this concept it is explained that individuals with perceived health locus of control have their mind set according to internal and external locus of control (Rotter, 1954).

A study conducted by Shapiro, Schwartz and Bonner (1998) projected that in locus of control dysfunction is making a serious deal on person's psychological health and is one of the most important

factor in common disorders. The results suggested that the individuals who are psychologically well or healthy have a great sense of control, whereas those who are involved in any psychological dysfunction or distress have less sense of control (Shapiro, Schwartz & Bonner, 1998).

1.1. Rationale

Mental well-being is considered an important factor in quality living and personal growth. Mental health also involves finding equilibrium to all aspects of life like physical, mental, emotional and spiritual. Although efficacious treatment for Common Mental Disorder is available yet there is 42 to 44 percent people globally seek treatment from medical, professional service provider both in public and private sector. However, in case of developing, this ratio is much lower in low and middle income countries which may be up to 5 percent of population. This state of affair at world-Wide clearly reflects a Treatment Gap in cases of Common mental disorders (Haque, 2005). In Pakistan, 4 percent of total disease relates to Mental Disorder whereas women's rate is higher. According to estimates, 24 million people in Pakistan needs psychiatric help (WHO, 2019). People mostly take mental health for granted and act as a failure to acknowledge the factors that are important for mental well-being until the problems and disasters surface. There is a point when an individual feels so overwhelmed and cannot able to cope up with stress, its high time for him/her to seek professional psychological services. At that point, client still faces different types of societal barriers such as unawareness, dogmas, stereotypes, gender biasness, self-stigma, towards seeking the psychological help from professional due to poor socio-economic indicators of society, however exceptions are always there subject to regional and demographic variance (Naeem et al., 2006).

2. Method

2.1. Objectives

This study was guided by following objectives.

1. To explore the relationship between Self-Stigma, Perceived Social Support, Health Locus of Control and Attitudes towards Seeking Professional Psychological help.
2. To investigate Self-Stigma as a negative Predictor of Seeking Psychological help among diagnosed patients of Common mental disorders (Depression, Anxiety and Somatoform).
3. To Investigate Perceived Social Support (Friends, Family and Significant others) as a Positive Predictor of Seeking Professional Psychological help among diagnosed patients of Common mental disorders (Depression, Anxiety and Somatoform).
4. To investigate Health Locus of Control (Internal, Chance and Powerful others) as a significant predictor of Seeking Professional Psychological help among diagnosed patients of Common mental disorders (Depression, Anxiety and Somatoform).
5. To investigate difference on Self-Stigma, Perceived Social Support, Health locus of control and Attitudes towards Seeking Professional Psychological help on the basis of demographic variables i.e, age, gender, Marital Status, Joint/Nuclear family system Diagnosis and educational level.
6. To investigate diagnosed patients with Depression, Anxiety and Somatoform disorder on Symptom checklist for exclusion of patients with comorbid disorders.
7. To investigate diagnosed patients with Depression, Anxiety and Somatoform on Mini Mental Status Examination for exclusion of comorbidity with cognitive impairments.

2.2. Hypotheses

Based on the literature review following hypothesis were formulated.

1. There is a significant relationship between Self-Stigma, Perceived Social Support, Health Locus of Control and Attitudes towards Seeking Professional Psychological help.
2. Self-Stigma is a significant negative Predictor of Seeking Psychological help among diagnosed patients of Common mental disorders (Depression, Anxiety and Somatoform).
3. Perceived Social Support (Friends, Family and Significant others) is a significant Positive Predictor of Seeking Professional Psychological help among diagnosed patients of Common mental disorders (Depression, Anxiety and Somatoform).

4. Health Locus of Control (Internal, Chance and Powerful others) is a significant predictor of Seeking Professional Psychological help among diagnosed patients of Common mental disorders (Depression, Anxiety and Somatoform).
5. There is a significant difference on Scores of Self-Stigma, Perceived Social Support, Health locus of control and Attitudes towards Seeking Professional Psychological help on the basis of demographic variables i.e, age, gender, Marital Status, Joint/Nuclear family system, Diagnosis and education level.

2.3. Sample

The sample of the current study was comprised of N=300 (n=117 Males, n=183females). The sample was collected from Benazir Bhutto Hospital Rawalpindi. The sampling technique used for the data collection was purposive sampling.

2.4. Research Design

This study was quantitative in nature. Research design of study was cross sectional.

2.5. Inclusion and Exclusion Criteria

- For Inclusion, patients must be of age range from 20 years and above with education of metric and above.
- Patients attending Psychiatric Facility since three to six months and then will be reassessed on symptom checklist to screen out any comorbid disorders than common mental disorders.
- Patients who are suffering from any other Disorder other than Depression, Anxiety and Somatic symptoms and related disorder will not be included.
- Any general medical condition, neurological impairment, physical disability, dual diagnoses or chronic physical illness would not be included in this research.

2.6. Instruments

2.6.1. Mini Mental Status Examination. The mini mental status (MSE) examination has the purpose to identify any neurological impairment. The MMSE consist of 30 statements which helps to rule out and measure the cognitive impairment in an individual (Guse, Pangman, & Sloan, 2000). This test touched several areas in which the time and place of test means orientation, word repetition like recalling, arithmetic's in a series of seven numbers, use of language and comprehension, and other basic motor skills (Folstein & McHugh, 1975). In this research the Urdu version of Mini Mental Status Examination is been used (Awan, Shahbaz, Akhtar, Ahmad, Iqbal, Ahmed, Naqvi, & Wasayet, 2015).

2.6.2. Symptom Checklist-90. This symptom checklist-90 is a self-report inventory used extensively in multidimensional scenario to measure psychiatric morbidity. It consist of 90 items which measures six mental distress like: anxiety, depression, somatization, obsessive-compulsive behavior, low frustration tolerance and Schizophrenia. Each of their items defined their physical and psychological symptoms that will be rated on five-point scale that ranges from 1(= not at all) to 5 (= extremely). The elevated result scores for scale and its subscale reflects the need for further assessment of client (Derogatis, 1983). In this study the Urdu version of symptom checklist translated by Rahman et.al (2009) was used to screen out patients for comorbid disorders.

2.6.3. Demographic Information Sheet. The demographic data sheet consists of self-designed questions which include: Age, Gender, Religion, Marital status, level of education, family system, primary diagnosis, income, number of children and questions like have you ever been a client to any Psychiatric facility before attending the current treatment programmed, If yes then who do you consulted for mental health service (e.g. Clinical Psychologist, Psychiatric and Counselor). How many sessions you did? The demographic sheet will also include two questions regarding their current choice of treatment whether it's voluntary or involuntary and how much this service by a psychologist or psychiatrist was helpful for them.

2.6.4. Multidimensional Health Locus of Control Scale – Form A. Multi-dimensional locus of Control that was established by DeVellis, Wallston, and Wallston (1978) with 18 items which

assessed the participant's health control. The authors developed the three forms Form A, B and C. For the current study Form A was adopted which is comprised of three subscales. The internal health related locus of control has subscales that are used to evaluate the degree to which one has to believe that many inner causes were in control for well-being and illness. The influential others wellbeing related locus of control (PHLC) subscale is verily used to evaluate the perception that an individual's life was been determined by the powerful people like doctors or health care workers. Chance related Health locus of control (CHLC) subscale is used to measure the degree to which an individual believed that the wellbeing is under the control of fate, chance or luck. Permission from the original author was taken to use the scale and about the Urdu translation of the scale.

2.6.5. Multidimensional Scale of Perceived Social Support (MSPSS). The MSPSS is a multidimensional 12 itemed questionnaire which is been assessed at 7 point Likert scale established by Zimet, Dahlem, Zimet and Farley (1988). 1 indicates that an individual disagrees strongly to that statement and on the other hand 7 indicate that the individual agrees strongly to that. After factor analysis, it indicated that this scale has three possible factors like perceived social support from their significant ones, family and friends. Perceived social support would be higher when the score on the scale indicates higher figure. The Urdu version of MSPSS was translated by Rukhsana and Zafar (2013) Institute of Applied Psychology, University of Lahore, Punjab, Pakistan. The MSPSS internal consistency alpha is .91 for the whole score and .90 to .95 for the subscales of MSPSS (as cited in Pfeifer, 2011).

2.6.6. Self-Stigma of Help Pursuing Scale. Self-stigma of help pursuing scale was established by Vogel, Wade and Haake (2006). The reversed score items are 2,4,5,7 and 9 to score the items. The total score of the items will be range concerning 10-50 points. This scale consists of three levels: High, Low, moderate, in which 10-22 score indicates low self-stigma, 23-32 is responsible for moderate stigma and 35-50 tells about the high stigma scoring. After doing the reliability tests, the SSOSH represented an internal consistency, co-efficient alpha of .81 and a test-retest correlation of .72 (Vogel, Wade & Haake., 2006). The scale was translated in Urdu after taking permission from the original author.

2.6.7. Attitudes towards Seeking Professional Psychological Help (ATSPPH) scale is established by Fischer and Turner (1970) to gather the evidence on the association towards help seeking professionally to the other possible variables. To measure the help seeking behavior professionally is made up of 29 items that are evaluated on the 4 point likert-type scale ranges 45 from strongly agree to strongly disagree. This scale has the capability to measure 4 factors which evaluates an individual's need for psychological help (i) knowledge of need for the psychological help, (ii) tolerance related to stigma (iii) openness to interpersonal (iv) being confident about the mental health professional. The scale has the internal consistency score of .86 and the reliability estimate was added at .83. The test retest reliability of the scale is .83 (Fisher and Turner, 1970). The scale was translated in Urdu after taking permission from original author.

2.7. Procedure

The current study was considering two phases; in the initial phase of study, permission from the original authors was taken to translate the scales in Urdu. After getting the permission from the authors the next step was to translate it in Urdu with the help of bilinguals (English and Urdu) following guidelines of (Brislin, 1970). The second phase of the research study was the main study of data collection. A Government hospital Benazir Bhutto hospital was approached in order to get permission for the recruitment of the Participants. Permission from the Head of Department was also obtained. Initially there were 320 patients who were assessed on symptom checklist to rule out any comorbidity and on mini mental status examination to screen out cognitive impairment, finally 300 candidates were those who met the inclusion criteria of the research and were provided the questionnaires.

3. Results

Table 1 Mean, standard deviation and alpha reliability of Self- stigma of seeking help scale, Health locus of control scale, perceived social support scale and Attitudes towards seeking Professional Psychological help scale (N=300)

Variables	N	M	SD	Range		Skewness	Kurtosis	a
				Actual	Potential			
SSOSH	10	35.6	5.17	1-50	26-61	1.15	3.08	.47
ATSPPH	28	52.6	11.8	0-88	31-83	.37	-.28	.63
Need	8	15.4	3.6	0-24	7-34	.47	1.21	.41
Confidence	8	13.1	5.3	0-24	6-44	3.2	16.5	.25
Interpersonal	7	13.5	4.8	0-21	5-45	3.4	20.7	.24
Stigma	5	8.8	2.9	0-15	2-18	-.13	-.33	.23
HLC	18	64.0	11.9	1-108	36-90	-.25	-.40	.80
Internal	6	24.0	5.4	1-36	13-35	-.22	-.85	.57
Powerful	6	25.0	4.9	1-36	14-36	-.18	-.68	.53
Chance	6	23.6	5.2	1-36	14-36	.35	-.41	.59
MSPSS	12	51.1	13.7	1-84	24-122	.77	1.5	.77
Family	4	17.4	6.8	1-28	4-78	2.8	25.1	.59
Friends	4	16.3	5.6	1-28	4-28	-.11	-.43	.79
Significant others	4	17.2	5.9	1-28	4-28	.03	-.96	.74

4. Note: a= Reliability, SSOSHS=Self-Stigma of seeking help Scale, ATSPHH= Attitude towards seeking Professional Psychological help, HLC=Health locus of Control Scale, MSPSS= Multidimensional Scale of Perceived Social Support

Table 2 Inter Scale correlation among Self-stigma of seeking help scale, Health locus of control scale, perceived social support scale and Attitudes toward seeking professional psychological help scale (N=300)

Scales	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. SSOSHS	-	.43**	.36**	.22**	.51**	.20**	.18**	.09**	.17**	.34**	.27**	.47**	.12**	.23**
2. HLC		-	.85**	.83**	.83**	.35**	.27**	.23**	.27**	.37**	.34**	.28**	.22**	.22**
3. Internal-HLC			-	.57**	.57**	.32**	.22**	.28**	.22**	.37**	.30**	.21**	.29**	.25**
4. Powerful-HLC				-	.60**	.33**	.25**	.28**	.22**	.33**	.39**	.18**	.15**	.23**
5. Chance-HLC					-	.21**	.11**	.26**	.27**	.19**	.26**	.31**	.12*	.18**
6. MSPSS						-	.80**	.74**	.67**	.12*	.11*	.14*	.10**	.02**
7. Family							-	.45**	.28**	.07	.00	.00	.05	.03
8. Friends								-	.23**	.06	.09	.11*	.06	.01
9. Significant others									-	.21**	.11	.23**	.27**	.01
10. ATSPPH										-	.66**	.50**	.66**	.71**
11. Need											-	.39**	.24**	.38**
12. Stigma												-	.33**	.10
13. Interpersonal													-	.25**
14. Confidence														-

Note: **p<.01, *p<.05

Table 3 Hierarchical Regression Results for testing Self-Stigma, Perceived Social support (family, friends & Significant others) Health locus of Control (Internal, Powerful others and Chance) and Attitudes towards seeking professional psychological help (Need).

Variable	B	95% CI		SE B	B	R ²	ΔR ²
		LL	UL				
Step 1						.27	.07***
Constant (Need ATSPPH)	8.42***	5.6	11.2	1.4			
Self-Stigma	.19***	.11	.27	.04	.276***		
Step 2						.28	.007
Constant (Need)	7.6***	4.6	10.6	1.5			
Self-Stigma	.19***	.10	.26	.04	.26***		
Family	.04	-.03	.12	.03	.06		
Friends	-.01	-.05	.05	.04	-.02		
Significant others	.03	-.03	.10	.03	.05		
Step 3						.25	.17***
Constant (Need)	2.7	.79	6.8	1.5			
Self-Stigma	.21***	.06	.22	.04	.30***		
Family	-.05	-.09	.03	.03	-.10		
Friends	-.01	-.08	.07	.04	-.02		
Significant others	.02	-.05	.07	.05	.04		
Internal	.08	-.00	.17	.05	.12		

Chance	-.22***	-.33	-.11	.05	-.32***
Powerful others	.35***	.25	.46	.05	.47***

Note: CI = Confidence Interval; LL = Lower Limit; UL = Upper Limit ***p < .001, * p<.05

Table 4 Hierarchical Regression Results for testing Self-Stigma, Perceived Social support (family, friends & Significant others) Health locus of Control (Internal, Powerful others and Chance) and Attitudes towards seeking professional psychological help (Confidence).

Variable	B	95% CI		SE B	B	R ²	ΔR ²
		LL	UL				
Step 1						.23	.05***
Constant (Confidence)	4.5	.43	8.6	2.0			
Self-Stigma	.24***	.12	.35	.05	.23		
Step 2						.23	.97
Constant (Need)	4.8	.43	9.2	2.2			
Self-Stigma	.24***	.12	.36	.06	.23		
Family	-5.2***	-.10	.10	.05	.000		
Friends	-.006	-.12	.11	.06	-.007		
Significant others	-.02	-.12	.08	.05	-.02		
Step 3						.33	.05***
Constant (Need)	.97	-3.7	5.6	2.3			
Self-Stigma	.24***	.08	.35	.06	.21		
Family	-.03	-.14	.06	.05	-.05		
Friends	-.05***	-.17	.06	.06	-.05		
Significant others	-.04	-.14	.06	.05	-.04		
Internal	.15	.01	.29	.07	.15		
Powerful others	.22***	.06	.39	.08	.20		
Chance	-.11	-.28	.05	.08	-.11		

Note: Note: CI = Confidence Interval; LL = Lower Limit; UL = Upper Limit ***p < .001

Table 5 Independent Sample t-test to investigate gender differences in Self-Stigma of seeking help scale, Health locus of control, Multidimensional Perceived social support and Attitudes towards seeking professional psychological help scale.

Variables	Males (n=117)		Females (n=183)		t(298)	p	95% CL		Cohen's d
	M	SD	M	SD			LL	UL	
SSOSHS	35.3	4.5	35.7	5.5	-.76	.44	-1.6	.74	0.07
HLC	61.4	12.7	65.6	11.0	-3.0	.003	-6.9	-1.9	0.41
Internal	22.4	5.1	25.1	5.4	-4.2	.000	-3.9	-1.4	0.51
Powerful	24.5	5.4	24.9	5.4	-.25	.79	-1.2	.99	0.07
Chance	22.5	5.1	24.4	5.2	-2.9	.003	-3.0	-.62	0.36
MSPSS	48.0	13.9	53.1	13.2	-3.2	.002	-8.2	3.5	0.37
Family	17.0	7.6	17.7	6.2	-.90	.366	-2.3	.86	0.01
Friends	16.3	4.8	16.4	6.1	-.11	.907	-1.4	1.2	0.01
Significant Others	14.7	5.8	18.9	5.4	-6.3	.000	-5.5	2.8	0.74
ATSPPH	53.1	13.0	52.2	11.0	.59	.55	-1.9	3.5	0.07
Need	15.4	3.8	15.3	3.6	.17	.861	-.78	.93	0.02
Stigma	8.5	2.6	9.0	3.1	-1.3	.179	-1.1	2.1	0.17
Confidence	14.1	7.4	12.5	3.1	2.5	.011	.36	2.8	0.28
Interpersonal	13.4	3.1	13.6	5.7	-.31	.751	-.3	.96	0.04

Note: M= Mean, SD= Standard Deviation, LL= Lower Limit, UL= Upper Limit

Table 6 Mean, Standard Deviation and One Way Analysis of Variance of Diagnosis in Self-Stigma scale for seeking Psychological help, Health locus of Control Scale, Perceived Social Support Scale and Attitudes towards seeking professional psychological help scale (N=300).

Variables	Depression n=(163)		Somatoform n=(33)		Anxiety n=(104)		f(2, 57)	η ²	Post-Hoc
	M	SD	M	SD	M	SD			
SSOSHS	35.8	5.1	40.0	6.3	33.8	3.7	21.3***	.12	1<2>3
HLC	64.2	11.9	74.9	8.6	60.2	10.5	21.7***	.12	1<2>3
Internal	24.2	4.9	27.9	5.8	22.3	4.8	12.8***	.07	1<2>3
Powerful	25.2	5.0	28.6	2.6	23.4	4.4	16.3***	.09	1<2>3
Chance	23.6	5.2	28.4	4.1	22.2	4.7	19.5***	.11	1<2>3
MSPSS	50.3	13.9	59.3	13.9	49.7	12.6	6.8**	.04	1<2>3
Friends	16.1	5.8	18.0	4.5	16.2	5.5	1.5	.01	1<2>3
Family	17.2	5.3	21.5	5.7	16.5	8.5	7.3	.04	1<2>3
Significant others	16.9	5.7	19.7	6.3	17.0	6.0	3.0	.02	1<2>3
ATSPPHS	52.8	12.2	59.8	7.2	49.9	11.3	6.8**	.02	1<2>3
Need	15.5	3.8	16.7	1.9	14.7	3.7	4.3	.02	1<2>3
Stigma	8.6	2.8	11.5	2.5	8.3	2.9	17.2***	.10	1<2>3
Confidence	13.4	6.6	14.9	3.1	12.1	2.8	4.2	.02	1<2>3
Interpersonal	13.0	3.2	15.4	2.3	13.8	7.0	3.5		1<2>3

Note: ***p<.001, **p<.01

4. DISCUSSION

To start the discussion of results the first most important thing to consider was the tools reliability for any research. After the compilation of data, the results of the study revealed that the reliability of the scales was way reliable for a study. In table 1 the results shown that the reliability of two scales Health locus of Control scale (HLC) and Multidimensional scale of Perceived Social Support (MSPSS) is >.70. The reliability i.e. Cronbach alpha for Attitudes towards Seeking Professional psychological help Scale (ATSPPH) is .63, Self-Stigma Scale (STS) is .47.

There was a finding of study in table 2 which shows Self-Stigma also has a significant relationship with Perceived social support and its subscales family, friends and significant others. In support of this finding a study was conducted by Guan and Yin (2014) in the results it is revealed that self-stigmatization is related with having low perceived social support from significant ones of the patient’s having any mental disorder. Previous studies also revealed that the patient’s family and friends goes through same stigmatization like them (Guan & Yin, 2014).

The study results which shows that Self-Sigma was also showing a significant relationship with Attitudes towards seeking professional psychological help have a literature support. There is a systematic review of studies examining the relationship between public, personal and self-related stigma for the mental disorder anxiety. In relationship to it many demographics and cultural factors that impacts directly on the help seeking process is considered in terms of stigma. The findings of the research revealed that for public stigma most of the participants have weak not sick attitude. (Curcio, & Corboy, 2020).

The correlation findings revealed for current study in table 2 that Health locus of control has significant relationship with Attitudes towards seeking professional psychological help and the subscales Need, Stigma, interpersonal and confidence. To support this result there is a study conducted on people who quitted their help seeking behavior and make a comparison with the ones who seeks for professional help. The participants in the research responded that it all happened because of internal causality in which they don’t have control over their problems. It is revealed that those who have internal locus of control is linked positively to help seeking behavior (Simoni, Adelman, & Nelson, 1991).

There was a Hierarchical Regression conducted for testing Self-Stigma, Perceived Social support (family, friends & Significant others) Health locus of Control (Internal, Powerful others and Chance) and Attitudes towards seeking professional psychological help (Need). In the first step of table 3, it is shown that the self-stigma is a significant predictor of Need attitudes of seeking professional

psychological help that was not in the favor of current research hypothesis and it got rejected with this result. This can be explained from the point of view that the respondents used in this study were mostly from urban area and were educated that might have had their stigma level diffused as education has been found to present this effect (Bland & Altman, 1997).

Another study also shows that when an individual faces the mental disorder and there is a need to seek professional help then they mostly experience stigmatization. As from the study conducted by Wills and Depaulo (1991) explained that most of the people while preparing themselves to approach any kind of mental help faces some uncertainties like stigmatization of being called mentally disturbed, a person's attitude regarding professional help, perceived social support and decision of seeking help among others. These factors tangled them in further complications and they take time to be sure about it.

In second step of table 3, the study results shown that that friends, family and significant others social support does not predict attitudes towards seeking professional psychological help which is also aim opposite to current study and got rejected by these results findings. To give proof to current findings, prior studies has supported the result as the experience of psychological health apprehensions like anxiety and depression and their help seeking behavior. This study proposed that mental health issues and self-stigma predicts the intentions to seek the counseling. Through the structural analysis the results revealed that there is a positive prediction of intentions to seek help in terms of stigma. However, on the other hand the mediation study has showed indirect or negative relationship in seeking help intention through self-related stigma (Cheng, McDermott, & Lopez, 2015).

In the third step of table 3, regression results findings reveal that chance health locus of control is a negative predictor of need attitudes of seeking professional psychological help and powerful others positively predict need attitudes towards seeking professional psychological which is accepted by current study hypothesis. In evidence to the results there was study finding that gives the idea that the individuals who believed in powerful others positively expresses their attitude towards professional help seeking. It is also seen that chance has been explored as a negative predictor of attitude towards seeking psychological for individuals that are graduated (Andrews, Tres Stefurak, & Mehta, 2011).

To discuss table 4, it has done analysis through hierarchal regression with Self Stigma, Perceived Social support (family, friends & Significant others) Health locus of Control (Internal, Powerful others and Chance) and Attitudes towards seeking professional psychological help (Confidence) shows in its first step of table 4 that self-stigma positively predicts confidence attitudes towards seeking professional psychological help. In support of this result there is a study which examined the predisposing factors associated with help seeking behavior among depression patients. The inclusion criteria specify the people who have received the mental help for past six months. The results have shown that the clients which have received the help for more than 3-4 months are more immune towards seeking help without feeling any stigma. They want to seek help and have full confidence in getting over the disorder as soon possible (Boerema, et al., 2016).

In step 2 of table 4, the study findings shown that overall self-stigma model does predict confidence attitudes towards seeking professional psychological help. To help the study findings to be in favor there was a study conducted on the self and public stigma linked with ones attitude to seek professional help. The results of the study were analyzed through hierarchical regression which manifested that both self-related stigma is linked with help seeking behavior and it predicts the attitude toward seeking help (Topkaya, 2014).

In step 3 of table 4 shows that powerful others health locus of control is statistically significant and positively predicts attitudes towards seeking professional psychological help which goes in the favor of current study's hypothesis and got accepted. To make it in the approval of study results the literature has shown that the personalities which believes that their health is in control of powerful others like doctors and professionals have more belief in seeking help behavior than any kind of luck or fate (as cited in Wallston et al., 1976).

The results of table 5 shows that there is no significant gender difference in Self Stigma and Attitudes towards seeking professional psychological help. In evidence to that there is a study revealed that the role of gender on the stigma and public stigma for getting help related to psychological issues or

seeking help related behavior both of them are not significant as there is no gender difference among them (Pfohl, 2010).

Another result through t- test suggests in table 5 that there is a significant difference among gender in health locus of control and perceived social support which was accepted by study's hypothesis. In this finding females have more health locus of control than men. In evident to that research the literature findings revealed that both males and females have an external locus of control. However, females tend to more external than men in regard to locus of control.

There is a result on subscale that shows that males have more internal locus of control than females and they are better predictors of perceived social support (Adrian, Sherman, Higgs & Robert, 2007). There is a study revealed in support of these findings that gender has an important role in perceived social support and health locus of control. According to Sharir, Tanasescu, Turbow and Maman (2007) who studied perceived social support from significant others find that females receive more support than males as they have more frequent and longtime visits.

Gender plays a part in perceived social support. According to Sharir, Tanasescu, Turbow and Maman (2007), who studied quality of life in psychiatric patients, females are more likely to receive social support from friends and significant others, than males.

Table 6 have shown the Mean, Standard Deviation and F-values of the Self-Stigma of seeking help scale, Health locus of control scale, perceived social support scale and Attitudes towards seeking professional psychological help across the educational group of common mental disorder patients. Results indicates significant mean differences in the scores of Self-Stigma, Health locus of control, Attitudes towards seeking professional psychological help and Perceived social support scale. To discuss the self-stigma on the education level there is a study that emphasizes on the education level and feeling of stigma when faced with any mental disorder. It is revealed through study findings that people who have faced common disorders like depression and anxiety faces stigma having lower level of education. It is also seen that their family members also gives them poor environment with low education level and when it comes to stigma (Huang, 2009).

Another finding in table 6 related to locus of control and attitude towards help seeking behavior in regard to education level indicated that higher level of education has higher mean difference than low level of education patients facing any disorder. To proof this finding valid, there is a study conducted by Andrews, Tres, Stefurak, and Mehta's (2011) indicated that how some people have positive attitude towards seeking psychological help from professionals who have graduate degrees. It is also believed that alone locus of control and religious behavior are not enough for help seeking behavior.

Conclusion

The current study examined the predictors of seeking psychological help among patients with common mental disorders. Specifically, it explored whether self-stigma, perceived social support and health locus of control predicts attitudes of seeking professional psychological help. From the findings it was revealed that there was a significant relationship among all the study variables. Further, it was found that self-stigma significantly predicts attitudes towards seeking professional psychological help. Perceived social support from friends, family and significant others dose not significantly predict (need) attitudes of seeking professional psychological help.

Implications of study

- The study has manifold implications for academia and for the clinical practitioners. This study is also a valuable addition to existing literature on predictors of seeking psychological help.
- This study will help policy makers to frame and launch awareness raising program to minimize behavioral barriers especially Self Stigma and enhancing social support system in the way of seeking professional psychological help.
- This study will provide updated information on study variables to clinicians and to understand cultural and personal dynamics of their clients in order to have a good therapeutic relationship.
- Moreover, this study may be used as reference for the researcher who wants to conduct research with these variables to generalize the outcome of this study.

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