Which Depressive Symptoms are Associated with Help-Seeking Behavior?

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Objective The purpose of this study is to understand the effect of perceived need and help-seeking behaviors on mental health problems in Korea and investigate which depressive symptoms are associated with help-seeking behavior.

Methods Participants were selected from a random sample of 365 people in 3 different Korean cities. A self-reported survey assessing the effect of perceived need and help-seeking behavior on mental health problems and the Beck Depression Inventory (BDI) were performed. Participants were divided into 3 groups, 1) those with perceived need and help-seeking behavior (PN with HS) 2) those with only perceived need (only PN) 3) those without perceived need (no PN). The intergroup differences in each specific symptom (affective, cognitive, neurovegetative) of the BDI were analyzed by analysis of variance (ANOVA) and Bonferroni’s post hoc test.

Results 139 (40.9%) of the respondents exhibited perceived need, while only 40 (28.7%) demonstrated help-seeking behavior. The mean score of neurovegetative symptoms was significantly higher in the subjects with help-seeking behaviors (PN with HS) than in those without help-seeking behaviors (only PN, no PN).

Conclusion Only a small proportion (11.8%) of the sample ever sought help for mental problems, in spite of the high lifetime prevalence of depression. Lack of understanding of psychiatric problems is one of the major barriers to seeking help for mental health problems, indicating that widespread psychoeducation is needed to solve the disparity between the unmet needs and receipt of mental health services.

KEY WORDS: Depression, Help-seeking, Community.

Introduction

The majority of persons with mental disorders do not get professional help.1-3 Although 80 to 90% of people with depression can be treated successfully, most people with potentially remediable depression do not receive treatment.4 Depressive disorders often impair social and occupational functions.5 Understanding the factors that determine the unmet need for treatment of depression would allow professionals and policy-makers to close the gap between the need for, and receipt of, mental health services. Such information is pivotal for determining optimal referral patterns, planning mental health services, and effectively allocating human and financial resources.6

Within health care, the concept of need has been used to determine service provision, which has to be defined by experts. However, increased attention has also recently been paid to the self-perceived need for mental health treatment in the community.7 This concept takes into account theoretical models of help-seeking. These models posit that individuals suffering from emotional problems pass through several stages prior to seeking help for their emotional symptoms: 1) they experience symptoms, 2) they evaluate the severity and consequences of the symptoms, 3) they assess whether treatment is re-
quired, 4) they assess treatment feasibility and options, 5) they seek or do not seek treatment.8,10

In previous studies, many factors have been found to be associated with help-seeking behavior concerning mental health problems. Females, older people and better-educated people are known to be more likely to exhibit help-seeking behaviors.11,12 People with physical problems or a maternal history of mental illness, and who experienced divorce or separation were reported to have higher perceived need.13-16 However, demographic factors such as sex, age, and education level in the prediction of help seeking behavior for mental health problems remain controversial.13,15

In depression, Have et al. reported that vegetative symptoms, more complex or dangerous symptoms (suicidal ideation) were more likely to have received specialized treatment as opposed to primary care only.17 It is not yet known whether it is possible to predict help-seeking behaviors according to the various symptoms of depression.

The purpose of this study is to understand perceived need and help-seeking behaviors regarding mental health problems in Korea and investigate which depressive symptoms are associated with help-seeking behavior.

Methods

Subjects and design

The participants were chosen from a random sample of 365 people in 3 different Korean cities (Osan, Suwon, and Pyeongtaek). Surveys on perceived need and help-seeking behavior were performed by researchers, in April, 2006. 340 (93.1%) of the participants gave valid responses to the perceived need and help-seeking questionnaire and 293 (80.3%) completed the Beck Depression Inventory (BDI). The following questions were posed: ‘Have you ever experienced the need for treatment of mental health problems in the last 12 months?’; ‘Have you ever sought help for mental health problems in the last 12 months?’

The responses to these two questions were recorded as dichotomous variables (yes or no). Additional questions were ‘What were the reasons for not seeking help despite the need to do so?’; ‘What types of help seeking behavior were used?’ These questions were asked in the form of multiple choices allowing multiple answers. The BDI18 and basic demographic data were also included in the survey.

The BDI was categorized into subscales consisting of affective, cognitive and neurovegetative symptoms. The affective symptoms corresponded to item numbers 1, 10, and 11, the cognitive symptoms to item numbers 2, 3, 5, 8, 9, and 13 and the neurovegetative symptoms to item numbers 16, 17, 18, 19, and 21. To evaluate the differences of the BDI subscale scores according to the perceived need and help-seeking behavior, the participants were divided into 3 groups, viz. 1) those with perceived need and with help-seeking behavior (PN with HS), 2) those with only perceived need (only PN), 3) those without perceived need (no PN).

Statistics

We first calculated summary statistics (percentages) to describe the sample between the 3 groups (PN with HS, only PN, no PN). To analyze the mean differences between the three groups in each specific subscale of symptoms (affective, cognitive, neurovegetative) of the BDI we performed analysis of variance (ANOVA) and post hoc pairwise comparisons using Bonferroni’s significant difference test. Statistical Package for Social Science (SPSS) 12.0 for Windows was used to perform all of the statistical analyses. All of the significance tests were performed using two-tailed probabilities with an alpha level of 0.05.

Results

Description of the sample

139 (40.9%) of the respondents had perceived the need for help for mental health problems, while only 40 (28.7%) respondents exhibited help-seeking behavior. There were no differences in the sex, age, marital status or education level between the three groups (PN with HS, only PN, no PN) (Table 1).

Among the 40 respondents who sought help, 14 (26.9%) exhibited help seeking behavior through their religion, 11 (21.2%) went to a psychiatrist and 10 (19.2%) sought help through traditional medicine. The total number of

| TABLE 1. | Sociodemographic data | | | |
| --- | --- | --- | --- |
| | A | B | C | χ² |
| Sex | Male | 11 (27.5) | 26 (26.3) | 68 (33.8))<.05 | 68 (33.8) |<.05 |
| | Female | 29 (72.5) | 73 (73.7) | 133 (66.2) | 133 (66.2) | |
| Age | Under 20 | 8 (20.0) | 23 (23.2) | 63 (31.3) | 63 (31.3) | |
| | 21–30 | 12 (30.0) | 41 (41.4) | 78 (38.8) | 78 (38.8) | |
| | 31–40 | 7 (17.5) | 14 (14.1) | 29 (14.4) | 29 (14.4) | |
| | 41–50 | 7 (17.5) | 8 (8.1) | 7 (3.5) | 7 (3.5) | |
| | 51–60 | 3 (7.5) | 5 (5.1) | 11 (5.5) | 11 (5.5) | |
| | Over 60 | 3 (7.5) | 8 (8.1) | 13 (6.4) | 13 (6.4) | |
| Marital status | Single | 27 (67.5) | 72 (72.0) | 146 (72.6) | 146 (72.6) | |
| | Married | 13 (32.5) | 27 (27.0) | 55 (27.4) | 55 (27.4) | |
| Education level | <High school | 32 (80.0) | 69 (70.0) | 150 (74.6) | 150 (74.6) | |
| | College | 8 (20.0) | 30 (30.0) | 51 (25.4) | 51 (25.4) | |
| Total N (%) | 40 (100) | 99 (100) | 201 (100) | 201 (100) | |

A: group who perceived need and exhibited help seeking behavior, B: group who only perceived need, C: group who did not perceive need

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responses was 52 because multiple answers were allowed (Table 2).

99 respondents felt they needed some kind of help for their mental health problems but had not sought help. They gave a total of 180 answers concerning their reasons for not seeking help. The 3 most common reasons were “preferred to manage by self” (26.1%), “had no time” (19.4%), and “afraid of visiting” (14.5%) (Table 3).

Which depressive symptoms are associated with the use of mental health services?

50 (17.1%) respondents out of the 293 who completed the BDI, were self-diagnosed with depression by a cutoff score of 16.19 29 respondents had a perceived need and help-seeking behavior, 87 had only perceived need and 177 did not have perceived need. On the ANOVA, the average scores of the 3 specific symptoms (affective, cognitive, neurovegetative) were significantly different (p<0.000) in all three groups: PN with HS, only PN and no PN. The mean score of the affective symptoms was significantly higher in those with perceived needs (PN with HS, only PN) than in those without perceived needs (no PN), implying that those with perceived needs for mental health services have severe affective symptoms of depression. The mean score of the cognitive symptoms was also significantly higher in those with perceived needs (PN with HS, only PN) than in those without perceived needs. However, the mean score of the neurovegetative symptoms was significantly higher in those with help-seeking behaviors (PN with HS) than in those without help-seeking behaviors (only PN, no PN).

Discussion

The purpose of this study was to understand the help-seeking behavior, perceived need and specific symptoms of depression as regards the mental health problems of the general population in Korea. 17.1% of the participants had depression at the time of the survey. This is consistent with other population-based epidemiological surveys of mental disorder.3,20,21 Only a small proportion (11.8%) of the sample reported ever having sought help for mental problems, in spite of the high lifetime prevalence of depression. In summary, many people who have a perceived need for mental health services are not receiving appropriate treatments that would improve their health, well-being and functioning.

The most preferred source for help seeking turned out to be religion (35%) rather than psychiatrists (27.5%). In general, people prefer to manage their mental health problems by themselves, have no time to seek treatment, are afraid of visiting psychiatrists or do not consider their problems as needing treatment. Compared to western societies, the Asian and minority groups prefer to seek help from informal resources rather than obtaining specialized mental health treatment. According to the research conducted by A.F. Jorm on the public belief in treatment and the outcome of mental disorders in Australia and Japan, there are obvious cultural differences between these two countries. The Japanese prefer to obtain help from their close family and deal with their problems on their own and have a tendency to consider mental disorder to be a private issue.22 Korean culture is similar to that of Japan, in that mental health issues are considered to be a
private matter, to be dealt with by oneself, and Korean people are therefore less positive about receiving treatment.

The results of this study show that severe neurovegetative symptoms are associated with help-seeking behavior. The major barriers to seeking help were ignorance and stigma surrounding mental health problems. On account of this stigma, as a result of which all mental health problems are labeled as major psychiatric illnesses, people prefer to seek moral or religious counseling and neurovegetative symptoms tend to be socially accepted help-seeking behavior. From a cross-cultural perspective, Asians are more likely to consider depression as a physical or somatic problem, whereas, on the other hand, Americans have a cultural tendency to consider it as a psychological problem. Therefore, when Asians experience depression, they naturally shape it into a physical experience.

We showed that only a small part of this population admits that they have sought help. Connecting the perceived need for professional help to the actual receipt of treatment is one of the fundamental tasks in the arrangement and organization of mental health services in Korea. Perceiving the need for treatment is now recognized as playing a pivotal role in initial help seeking behavior therefore a reduced threshold for help-seeking behavior is needed. Also, symptom pattern and severity determines the timing of treatment seeking. For those individuals who do perceive such a need, public information on mental health, specifically the affective and cognitive symptoms of depression, concerns about cultural discrepancies and a more accepting attitude toward professional help may facilitate help-seeking behavior. Psychiatric knowledge of both mental health professionals and non-psychiatric doctors would allow more referrals to professional treatment and, thus, education on the management and treatment of psychiatric problems should be included in planning policies for mental health.

The under-reporting of help-seeking, consciously or unconsciously, and recall bias may contribute to the low prevalence of help-seeking. We presume that the risk of false negative responses to the help seeking question is far higher than the risk of false positive ones, due to the general attitude towards mental illness in the population. The influence of age on the perceived need and various patterns of help-seeking behavior was excluded from the discussion, because most of the participants were between their 20’s and 40’s and far too few were in their 50’s and 60’s to represent the help-seeking behaviors of older people. Future studies of help-seeking behavior should be conducted with a larger sample population for the sake of the generalizability of the results.

REFERENCES

7. Spitzer RL. Diagnosis and need for treatment are not the same. Arch Gen Psychiatry 1998;55:120.
21. Wittchen HU, Essau CA, von Zerssen DV, Krieg JC, Zaudig M. Life-

