

## **Influence of Beliefs on Help-Seeking Behaviour among Caregivers of Mental Health Patients in Gilgil Sub County Hospital, Nakuru County, Kenya**

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### **ABSTRACT:**

The purpose of this study was to establish the influence of beliefs on help-seeking behaviour among caregivers of mental health patients in Gilgil Sub County Hospital, Nakuru County, Kenya. The study was based on the ex post facto design. The target population was 77 caregivers of mental health patients in Gilgil Sub County Hospital. Purposive and stratified sampling was used to select 66 respondents. The study utilized the semi-structured questionnaire for caregivers to collect data. A pilot study was carried out in Nakuru County Referral Hospital to ensure that the instrument was reliable and valid. A reliability coefficient of 0.78 was established using Cronbach alpha. The validity of the research instruments was also guaranteed by generating them in line with the research objective and consultation with the supervisors. Data was analyzed using descriptive statistics, which included mean, standard deviation, frequencies, percentages, and inferential statistics, which included correlation and regression analysis. Data was analyzed with the aid of the Statistical Package for Social Sciences (SPSS) version 25. From the findings, the study concluded that the variance in help-seeking behaviour among caregivers of mental health patients in Gilgil Sub County Hospital. The most significant influence was explained by caregivers' beliefs. The study recommends that the hospital should formulate programs for caregivers to overcome the psychosocial challenges that inhibit help-seeking behaviour. The study findings are expected to provide relevant information on the influence of psychosocial factors on help-seeking behaviours among caregivers of mental health patients.

**Key Terms:** beliefs, caregivers, help-seeking behaviour, mental health, psychosocial factors

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### **How to cite this article in APA (6<sup>th</sup> Edition)**

Ogada, K. A., Ikenye, N. J. B.; Mukadi, E. B. (2019). Influence of Beliefs on Help-Seeking Behaviour among Caregivers of Mental Health Patients in Gilgil Sub County Hospital, Nakuru County, Kenya. *Editon Cons. J. Psychol. Guid. Couns.*, 1(3), 62-74.

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## Introduction

Mental illness is a health condition that changes a person's thinking, feelings or behaviour, resulting in the individual's distress and malfunctioning. This disorder can be acute mild, or chronic depending on the period the person has been affected. People who suffer from mental health problems do not look like they are sick, especially if their condition is mild. Others may show more implicit and explicit symptoms characterized by agitation, misunderstanding or isolation (Desjarlasi, 2015). Many mentally ill patients have grandiose beliefs, manic and cannot make sound judgments. These patients run away from home and are often left behind in the care of troubled caregivers who are themselves desperate for help (Kausch, 2011). However, help-seeking practices among caregivers are influenced by many factors, such as competing work demands for mental health service delivery.

Help-seeking behaviour is a form of social behaviour emitted to seek support from others (Jorm, 2000). Psychosocial factors such as attitude and social networks, availability of resources, closeness to the health facility and quality of treatment services are known to influence help-seeking behaviour (WHO, 2011). For instance, if health facilities are not accessible, it is likely that there will be no health care services. According to Bonita and Mathers (2017), psychosocial factors are often considered a barrier to an individual's help-seeking behaviour. These factors can influence knowledge and beliefs about help seeking and the course of treatment. Combined with culture, psychosocial factors can also affect an individual's help-seeking behaviour. Generally, early identification of the signs and symptoms of burnout among caregivers is vital because immediate intervention is ideal for restoring caregiver competency (WHO, 2015). However, caregivers' beliefs, perception, gender and attitudes towards help seeking have generally shaped their help-seeking behaviour (Nguyen, 2017; Barker, 2017; Anderson, 2000).

Although adherence to mental health provision guidelines is essential, the extent of help seeking among caregivers is not clear. Studies have reported poor practice of health seeking among caregivers, mainly due to career concerns. Yet the logistics of being a caregiver can lead to problems such as absenteeism and work interruptions. These and other care-related stress factors can have an impact on caregivers' health and the quality of care provided to the mental health patients (Quittner, 2015). It is therefore important to understand the psychosocial factors influencing help seeking among caregivers during the process of provision of mental health services.

Around the world, concerns have been raised about help-seeking behaviour among caregivers. In the United States of America (USA), the challenges encountered by caregivers when seeking help have included time constraints and other external logistical challenges. In Asia, studies have shown that timely and appropriate help-seeking behaviours can have a significant impact on patient recovery. However, Khan and Khan (2011) have indicated that attitudes and beliefs of caregivers are critical issues associated with help-seeking behaviours. In particular, cultural beliefs laced with undertones of witchcraft can influence the propensity to seek treatment for mental health illnesses. In Canada, the nature of mental health services and organizational factors has been reported as the primary factors contributing to problems related to caregiver's help-seeking behaviour.

In Africa, psychosocial factors are seen to affect the help-seeking behaviours of caregivers. In Nigeria, Idemudia (2017), cultural beliefs and professional pride are presented to be the main determinants of help-seeking behaviour among caregivers. In addition, professional pride and cultural beliefs appear to be the main determinants of help-seeking behaviour caregivers' help-seeking behaviour. In Kenya, beliefs and attitudes of caregivers have been identified as some of the psychosocial factors influencing

help-seeking behaviours (Ngatia, Kariuki, & Njonge, 2016). However, inadequate literature has been published on help-seeking behaviour among caregivers in public hospitals. Nonetheless, public hospitals provide mental health services to help patients to deal with mental health concerns. The hospitals often attend to many mental health patients, and the ratio of the caregivers to mental patients is lopsided. Given, the large numbers of mental health patients, caregivers are often left depleted and stressed, but the caregivers appear adamant in seeking help themselves. This means that caregivers are overburdened and stressed at any given time. However, the caregivers are also adamant in seeking help themselves.

Every day, in every community around the world, caregivers providing care for mental health patients often put their own lives at risk. While there are benefits in caring for the mental health patients, many caregivers soon find out that they themselves are in need of help in order to cope with the challenges of providing mental health services. However, many caregivers rarely seek help to manage stress and burnout associated with providing mental health services. Nevertheless, caregivers continue to offer mental health services in public hospitals to help patients live as independently as possible and achieve the best possible of life. Therefore, it is apparent help-seeking behaviour among caregivers appears to be influenced by psychosocial factors. Yet little research has been conducted on the factors influencing caregivers' help-seeking behaviour. Previous studies have not addressed the psychosocial factors influencing caregivers' help-seeking behaviour not only nationally but also in Gilgil Sub County Hospital. Therefore, the study sought to establish how beliefs influence help-seeking behaviour among caregivers of mental health patients in Gilgil Sub County Hospital, Nakuru County.

## LITERATURE REVIEW

### **Beliefs and Caregivers' help-seeking behaviours**

According to Pearce (2011), the provision of mental health care could result in psychosocial disturbances. Approximately 450 million people worldwide experience a mental disorder, which accounts for about 12% of the total global burden of disease (Pearce, 2011). All countries experience similar prevalence for mental disorders, yet large discrepancies exist between resources dedicated to mental health services in low-income countries. However, in sub-Sahara Africa studies have reported a preference for unconventional and spiritual healing. For instance, a survey conducted in southwestern Nigeria revealed that spiritual healers were a preferred treatment option compared to western medicine (Idemudia, 2017). In Kenya and Uganda, statistics suggest that about 30% of people seeking primary health services suffer from mental challenges. In Kenya, with a population of approximately 45 million, there are less than 500 mental health professionals (Ezeabasili, 2017). According to Todd and Bohart (2017), beliefs about mental illnesses are rooted in acknowledged patterns of social interactions and societal norms, which help, perpetuate patterns of mental health, thereby motivating help-seeking behaviour. It is therefore important to recognize how beliefs are significant determinants from the onset, manifestation and outcome of mental illness. Beliefs about help-seeking behaviour deserve to be understood as anthropological, historical, social and political concepts. Cross-cultural studies have greatly enhanced the understanding of beliefs their influence on help-seeking behaviour in the context of mental health illness (Sloan, 2001). In western countries, studies have revealed that beliefs often influence the choice of treatment in Germany, Canada and Eastern Europe. For example, the Surgeon General's report revealed that African Americans, Hispanics and Asian Americans were more likely than whites to express distress through physical symptoms were. Some beliefs define mental health patients as madness, others as a curse, others as punishment from supernatural powers,

while others define it as lack of self-actualization. This study sought to determine how beliefs influence help-seeking behaviour among caregivers of mental health patients in Gilgil Sub County Hospital, Kenya.

Many studies have demonstrated how beliefs about the causes of mental health problems may affect patterns of help-seeking, follow up and responses to treatment. For example, a study conducted in Nigeria showed that negative attitude towards mentally ill persons was fuelled by ignorance concerning mental illness. The study further reported that the help-seeking behaviour of mentally ill persons was widely affected by public attitudes and beliefs about the causes of mental health problems (Chikomo, 2012). In Malaysia, another study showed that people linked the cause of mental illnesses to possessions by spirit and witchcrafts and supernatural agents (Khan, & Khan, 2011). There also existed strong myths that psychologically disturbed people were unpredictable, abnormal, dangerous and violent and considered subjects of psychiatric treatment. These beliefs can majorly hinder help-seeking behaviour among mentally ill persons (Khan, & Khan, 2011).

Ruud and Beek (2016) explored the intrinsic factors and considerations influencing help-seeking behaviour of relatively healthy participants, confronted with stroke situations. Symptoms were recognised, interpreted and evaluated, and the various factors regulating help-seeking behaviour explored in-depth using the thematic synthesis method for data analysis. Five themes influencing help-seeking behaviour in a stroke situation were identified as: views about seriousness, the influence of knowledge, beliefs about the emergency medical system and ideas about illness and health, attitudes towards others. All these factors seem to play a significant role in help-seeking behaviour even among caregivers, which this study established.

Chilale (2017) carried out a study to establish health care help-seeking behaviours and identify barriers that exist between service users and health care providers. The study also sought to establish the beliefs that clients had regarding the causes of mental health problems, which profoundly shape help seeking, caregiving process and outcomes. The study applied the exploratory phenomenological method, utilizing Focus Group Discussions (FGDs). The results showed a bio-psycho-social inclination of disease causation and help-seeking behaviour. The socio-cultural explanation of spirit possession and witchcraft was a major determinant of help-seeking behaviour. Although the study looked at the sociocultural explanation of help-seeking behaviour, it failed to examine the selected factors in the context of the provision of mental health care services.

In India, Kumar, Sanjay, Chandra and Raman (2012) carried out a study to describe and compare the help-seeking behaviours among caregivers of psychotic patients visiting psychiatric clinics at two distinct cities. The study was based on a cross-sectional exploratory study of key caregivers of patients with a DSM-IV TR diagnosis of schizophrenia and other psychotic disorders. The results in one of the study reported fear of medication adverse effects and stigma as perceived disadvantages of psychiatric help. Although the study is significant, it was largely comparative and differs from the present study in its methodological orientation.

In Korea, Denise, Arnault and Moonhee (2017) sought to identify factors influencing mental health help-seeking behaviour among women in the community. The study was based on a cross-sectional design. Participants were 402 women in South Korea. There was a significant but weakly positive correlation between perceived need and help-seeking intentions for formal mental health help. In the path analysis, significant the factors influencing help-seeking intentions were perceived need, attitude, and

belief toward mental illness and the attitude of them had the greatest effect. These factors accounted for 12.2% of the total variance, and the model fit was acceptable. The findings of the study revealed that positive mental health patients' interpretation and the consequence could predict mental health help-seeking behaviour of women as well as the perceived need for mental health help.

In India, Anusha and Usha (2017) studied the factors affecting generalized help-seeking behaviours in caregivers of persons with mental illness. The study was based on a cross-sectional design employing purposive sampling procedures. Two groups emerged. In the low help-seeking group, drug compliance was good and caregivers' education level was higher compared to the high help-seeking group, which was characterized, by higher scores of hope and compassion on reactions to mental health patients' scale and the coping mechanisms of humour, denial, use of instrumental and emotional support, acceptance and planning were frequently used. The study established that help-seeking behaviour was influenced mainly by mental health patients' response to treatment, thus presenting impetus for the present study.

In Uganda, Nsereko (2011) sought to examine the help-seeking behaviours of individuals with mental health problems and the factors that may influence such behaviours. Data was collected using interviews and focus groups discussion with stakeholders drawn from national and district levels. Thematic analysis of the data revealed that help was mostly sought from traditional healers initially, whereas the western form of care is usually considered as a last resort. The factors found to influence help-seeking behaviour include beliefs about the causes of mental illness, the nature of service delivery, accessibility and cost, stigma. However, the study did not include caregivers as study participants.

In Kenya, Ngatia, Kariuki and Njonge (2016) examined how beliefs held by caregivers influenced help-seeking behaviour in the treatment of mental health patients in Nakuru municipality. The study was based on a descriptive survey research design and involved 269 caregivers and 10 mental health professionals. The study found out that caregivers held various beliefs and attitudes towards mental health problems, which influenced their propensity to seek help. Moreover, Ndetei, Khasakhala, Mutiso and Mbwayo, (2011) have carried out studies focusing on the effect of knowledge, attitude and beliefs on the treatment of mental illnesses among staff in general medical facilities. The study established that despite knowledge on the recognition, diagnosing and treatment of mental illnesses, cultural views regarding mental illnesses played retrogressive roles particularly when victims of mental health problems were labelled worthless, dirty, senseless, dangerous and unpredictable. It is the same stereotypical beliefs that could be hindering caregivers from seeking help.

#### **Help-Seeking Behaviours among Caregivers**

Caregiving behaviours are often emotionally, and physically stressful, yet mental health caregivers often fail to seek care for themselves. Although caregivers are viewed as moral agents responsible for helping others, it has been thought that caregivers themselves do not need help though they experience greater stress. Interestingly, caregivers often report feeling strong and believe that they need less help because they adopt the caregivers' role and forget that they also can be patients. While caregiving is stressful, caregivers are often hesitant to receive help. Givens and Tija (2016) assessed the incidence of depression among medical students and found that 55% of medical students did not seek some sort of needed health care. The primary reasons for not seeking help were time constraints and perceptions that the problem would resolve itself with time. However, the study acknowledged that there are numerous barriers, which inhibited access to treatment for

caregivers. Furthermore, caregiving goals were acknowledged to be probably a higher priority than providing help for caregivers. Several studies support the idea that assuming the role of a caregiver leads to both moral typecasting and moral transformation (Schroeder, & Fishbach 2014).

While caregiving may indeed increase stress and mental illness, caregivers will still feel empowered if they are responsible for others. It is probable that there are huge amounts of stress that negatively affect those who care for loved ones, yet caregivers remain alive because of their duty to care for loved ones. The study seeks to establish the psychosocial factors influencing help-seeking behaviour among caregivers of mental health patients. In order to determine the likelihood of caregivers who are in need of mental health treatment to seek such interventions, researchers have focused on studying help-seeking behaviours in the public.

According to recent studies, few caregivers suffering from a mental disorder actually seek medical treatment (Andrews, Issakidis, & Carter, 2001). Research has been conducted over the years to determine the different factors that coincide with a person's decision to seek or to avoid mental health treatment. Studies have looked at accessibility factors, recognition of symptoms of mental illness and emotional distress, and demographic characteristics of those individuals undergoing treatment (Mojtabai, Olfson, & Mechanic, 2002). Regarding demographics, the findings of such research have indicated that gender and age discrepancies in terms of which individuals are more willing to seek treatment for mental health problem exist, but these differences are not necessarily well-understood (Andrews, 2002).

The approach to understanding the pathways and factors that affect people's decisions to seek help is characterised by various sociological and psychological factors. Not only

are studies necessary to determine whether individuals are willing to seek treatment or not, but research also is needed to determine what are the circumstances under which these individuals are making this decision. In short, researchers need to discover how, as well as when people go about receiving and using professional services. Determining the point at which individuals eventually decide to seek treatment, as well as the amount of time that passes before this decision is made, will help to elaborate on the extent of the impact that identified psychosocial factors have on the help-seeking process. When analysing the demographic characteristics of these individuals further, research findings have also identified different barriers and motivating factors that are in place for the various groups of people (Mackenzie, Scott, Mather, & Sareen, 2008; Vogel, Wade, & Hackler, 2008).

Ultimately, the sociological mechanisms function interchangeably with the psychological processes when individuals are suffering from emotional or mental distress. While people are naturally inclined, in many cases, to talk to another individual to seek support or advice for such problems, the realization or belief that they will be ostracized, labelled, and feared by other members of society if they reveal such issues works to impede their willingness to disclose such personal, volatile information (Vogel, 2008). Considering the existing research and information available concerning the factors involved in the help-seeking process, one is forced to speculate as to why caregivers are still so strongly opposed to seeking help for emotional distress.

#### **RESEARCH METHODOLOGY**

The research design adopted for this study was *ex-post facto* in nature since the phenomenon studied had already occurred. The study was carried out in Gilgil Sub County Hospital. Gilgil Sub County is a metropolitan area with a large population coming from diverse geographical, cultural, political and socio-economic backgrounds. The

population of the study was all caregivers in Gilgil Sub County Hospital. There are approximately 77 health workers in Gilgil Sub-county Hospital. Caregivers were purposively selected from those who attended to mental health patients in Gilgil Sub County Hospital at the time of the study. To determine the sample size from a population of 77 caregivers, the study adopted the table suggested by Kathuri and Pals (1983). The table recommends a sample size of 66 from a population of 77. Purposive sampling and stratified random sampling were applied in selecting the respondents of the study. The required sample size was further proportionately distributed to all the strata, and simple random sampling applied in selecting the actual study participants.

The study adopted a questionnaire for caregivers of mental health patients. The instrument was used to collect information from the sample based on the study objective. The questionnaire contained both close-ended and open-ended questions. The questionnaire was used to collect data on the social-demographic characteristics of the respondents such as age, marital status, and sex, the highest level of education, religion and occupation of the respondents. A pilot study was carried in Nakuru County referral hospital. The researcher ensured that the research instrument measured what it purported to measure in this regard a variety of items was constructed on each objective to ensure content validity of the instruments. The study also ensured that the research instrument yielded consistent results. In order to achieve this, the questionnaire was tested for reliability to determine the internal consistency of items. Cronbach alpha was employed.

The researcher collected data from the respondents after receiving permission from St. Paul’s University, National Council for Science, Technology and Innovation (NACOSTI) and Gilgil Sub County hospital. The hospital superintendent was consulted to assist the researcher in identifying the

health workers who meet the criteria of inclusion in the study. The researcher personally administered the questionnaire, allowed the respondents adequate time to respond to the items and the instruments and collected thereafter. The data was collected, organized, coded and analyzed with the aid of the statistical package for Social Science (SPSS) for window version 25. The Likert scale was used to transform the subject responses to items into mean scores. Thematic content analysis was adopted to analyze quantitative data. The mean score was then transformed into an overall mean.

**RESULTS AND DISCUSSION**

**Influence of Caregivers’ Beliefs**

The researcher computed the means and standard deviation values of the responses to explore the respondents’ views regarding caregivers’ beliefs as a psychosocial factor influencing help-seeking behaviours. The findings are presented in table 1.

Table 1: Influence of Caregivers’ Beliefs

Statements	N	Mean	Std. Dev
As a caregiver, I believe I understand the causes of mental illnesses	52	3.79	1.03
I believe I have adequate knowledge to handle persons with mental illness	52	3.51	1.15
I need help to understand how to handle mental health patients in a humane manner	52	3.63	1.13
Caregivers’ belief in the causes of mental illnesses prevent them from seeking further help in handling mental health patients	52	2.59	0.83

Caregivers believe that they have adequate training to handle mental health patients	52	3.32	0.78
Some caregivers hold the belief that mental health patients are unpredictable, abnormal, dangerous and violent	52	3.40	0.94
Caregivers believe that no one can help them improve their ability to manage mentally ill patients	52	4.09	1.014

From the findings in table 1, it is evident that majority of the respondents agreed that they understood the causes of mental health patients as revealed by a mean response rate of 3.79 with a standard deviation of 1.03. Also, majority of the respondents believed that they had adequate knowledge to handle persons with mental health patients as shown by a mean response of 3.51 and a standard deviation of 1.15. However, the majority of the respondents agreed that they needed additional help to understand how to handle mental health patients in a humane manner. This was revealed by a mean response rate of 3.63 with a standard deviation of 1.13. This implies that adequate knowledge of mental health among health caregivers was relatively low. These findings are in agreement with those from previous studies that suggested that beliefs concerning mental health were influenced by a lack of knowledge as well as a mix of traditional and modern views. These findings point to culture-specific perceptions of mental health in relation to stress and mental overload. It is notable that participants sometimes gave traditional explanations for mental illnesses, but much less frequently than modern explanations.

These findings suggest that people have the most negative view of mental illnesses associated with socially disruptive behaviour. The discovery that people with low education levels had a more positive attitude towards mental illnesses than did respondents with higher education levels

is in contradiction with many studies suggesting that positive attitudes towards mental patients are related to higher education levels. However, there is an increased understanding of mental illnesses leading to a greater social distance, which has been considered as a major attitude indicator. Thus, more knowledge of mental illnesses can decrease the willingness to engage in social relationships with mental health patients. Similar preferences were found in other researches on perceptions of mental health (Deribew, & Tamirat, 2005). Apparently, caregivers prefer to take care of their own issues, but will rarely seek further help unless the condition is very severe. The fact that the respondents seldom raised issues for which they would seek help indicates that in many cases, the health workers were unlikely to use available mental health care services themselves. The results may reflect a perception that such services are either unavailable or inaccessible, or unacceptable, especially for the treatment of health workers' own neurotic symptoms. Thus, help-seeking behaviour is likely to be influenced by the beliefs towards mental health care services.

Similarly, the respondents agreed that caregivers' belief in causes of mental illnesses prevented them from seeking further help in handling mental health patients as shown by a mean response of 2.59 and a standard deviation of 0.83. A possible explanation for this could be that the respondents answered in a way that is socially desirable; in which the current views of mental health could be more socially desirable than the traditional views. However, it is more likely that modern views on help-seeking behaviour were dominant since the study was done with a relatively well-educated population, which is more likely to have a modern view and to prefer natural causes over supernatural causes than might less-educated populations (Nguyen, 2003). In addition, the respondents agreed that caregivers had adequate training to handle mental health patients, as revealed by a mean response of 3.32 with a standard deviation of 0.78. Moreover, some caregivers

believed that mental health patients were unpredictable, abnormal, dangerous, and violent as revealed by a mean response of 3.40 and a standard deviation of 0.94. The results further show that majority of the respondents agreed that no one could help them improve their ability to manage mental health patients as revealed by a mean response of 4.09 with a mean with a standard deviation of 1.014.

The respondents also indicated that personal belief affected caregivers' willingness to seek help because of fear of sharing their experiences as caregivers. Fear also stemmed from the belief that seeking help seems to be a weak move on the part of the caregivers. Cultural and ethnic backgrounds of the respondents were also a factor when it came to seeking help, as indicated by one of the respondents;

*'You know, where I come from (ethnically) when you talk about mental health, there are a lot of cultural ties. My tribesmen believe that there must be something that one did to have mental issues. These issues do not just come. Knowing this and from my background, then, of course, I find it difficult to seek help. My cultural background bars me from seeking help if even if I know that I should' (Respondent, R2, 2019).*

Generally, these findings concur with Kleinman and Good (2015), who acknowledged the need for a comprehensive understanding of the caregivers' perception of the problems within the context of expectations of treatment outcome. Rule and Gandy (2011) also contend that perception of social stigma associated with seeking help, high level of interpersonal dependency, a tendency to conceal distressing and negative personal information and male gender are major determinants of help-seeking behaviour. This is similar to Khan and Khan (2011), who showed that people linked the cause of mental illnesses to possessions by spirit and witchcrafts and supernatural

agents. Chilale (2017) also found that socio-cultural explanation of witchcraft and spirit possession was a major determinant of help-seeking behaviour.

These results concur with Kumar, Sanjay, Chandra and Raman (2012) who reported that fear of medication and stigmas were perceived disadvantages of psychiatric help even among caregivers. Nsereko (2011) found that help-seeking behaviour was influenced by beliefs about the causes of mental illness, the nature of service delivery, accessibility, cost and stigma. Ngatia, Kariuki and Njonge (2016) concurred that caregivers held various beliefs and attitudes towards mental health patients, which influenced their propensity to seek help.

It is clear from the findings that there are discriminatory beliefs held by caregivers, which hinder them from seeking help. This is happening despite caregivers' knowledge on recognition, diagnosis and treatment of mental illnesses. The situation is further hampered by caregivers' general view about the implication of cultural views regarding mental illnesses. Hence, caregivers would be willing to seek help if there were no retrogressive labelling of those seeking help as being worthless, dangerous and unpredictable. Therefore, it is necessary to address the caregivers' beliefs that negatively influence their willingness to seek help. Moreover, the social stigma associated with mental illnesses could also play a role in hindering the health-workers' readiness to seek treatment for their own problems. This is because many health care workers would be embarrassed to consult another practitioner for debriefing and professional supervision due to their professional pride. The strong support of caregivers' beliefs as a determinant of help-seeking behaviour is in agreement with the tenets of both the threats-to-self-esteem model and attribution theory. For instance, the threats-to-self-esteem model assumes that if help recipients hold negative belief toward the helping situation and the help being offered, they will not seek

help, and this will undermine caregivers' comfort with help. Similarly, the attribution theory enshrines significant beliefs about assigned attributory factors that help to understand the occurrence of events that motivate the helper's help-seeking behaviour.

### Caregivers' Help-Seeking Behaviours

The researcher sought to establish the respondents' perceptions regarding help-seeking behaviour among caregivers of mental health patients. The results are presented in Table 2.

Table 2: Help-seeking behaviour of caregivers of mental health patients

Statements on Help-seeking behaviours	N	Mean	Std. Dev
There are certain problems which should not be discussed outside of one's immediate profession	52	4.01	0.91
I have a good idea of who to talk to if I decided to seek professional help to deal with my problems	52	3.70	0.92
I would not want my patients to know that I am suffering from psychological problems	52	3.65	1.001
If I were experiencing a serious psychological problem, I would be confident to seek help to get a relief	52	3.49	0.73
My patients would think less of me if they were to find out that I was experiencing psychological problems	52	3.68	0.70
It is easy for me to find the time to see a professional for assistance	52	3.88	1.03
If I were having a mental breakdown, my first inclination would be to get professional attention	52	2.21	0.14

The findings demonstrated that the respondents concurred that there were certain problems which could not be discussed outside of one's immediate profession as reflected by a mean response of 4.01 and a standard deviation of 0.91. However, majority of the respondents agreed that they had a good idea of who to talk to if they decided to seek professional help to deal with their problems ( $M=3.70, SD=0.92$ ) and that they would not want their patients to know that they were suffering from psychological problems ( $M=3.65, SD=1.001$ ). The respondents further agreed that if they were experiencing a serious psychological problem, they would be confident to seek help to get relief ( $M=3.49, SD=0.73$ ) but feared that their patients would think less of them if they were to find out that they were experiencing psychological problems ( $M=3.68, SD=0.70$ ). Moreover, majority of the respondents agreed that it was easy to find time to seek professional assistance ( $M=3.88, SD=1.03$ ). However, the respondents disagreed that if they were having a mental breakdown, their first inclination would be to get professional attention ( $M=2.21, SD=0.14$ ). These results concur with Givens and Tija (2016), who asserted that the primary reasons for not seeking help were due to time constraints and perceptions that caregivers had sufficient skills to handle the mental health patients. It would be perceived that seeking help was an optional decision, but many barriers exist for health workers who may have a need for further treatment. As revealed in the study, these include favourable attitudes, need for further assistance, and openness to receiving help, the nature of help and the willingness to admit they were not okay. It is also evident that women displayed more positive attitudes than men further supporting the view that gender difference is a significant determinant for the willingness to seek help. Taken together, the aforementioned findings suggest that beliefs and attitudes exercised the greatest influence on opinions of health workers towards help-seeking behaviour as stipulated by the proposed theories. In particular, the threats-to-self-esteem model assumes that help-seeking situation is

dependent on the recipient's belief that help will elevate them psychologically and enable them to be in control of their environment. Thus, in any help-seeking situation, the recipient has to assess these internal and external dimensions.

### Conclusions and Recommendations

From the findings, the researcher established that caregivers were aware of the causes of mental illness and had adequate knowledge to handle persons with mental illness. In addition, caregivers had adequate training to handle mental health patients. However, the caregivers believed that some mental health patients were unpredictable, abnormal, dangerous and violent, and no one could help them improve their ability to manage their mental health conditions. The results also demonstrated a positive relationship between caregivers' beliefs and help-seeking behaviour.

The dependent variable of the study was on help-seeking behaviours among caregivers of the mental health patients in Gilgil Sub County Hospital, Nakuru County, Kenya. The findings show that caregiver believed certain problems should not be discussed outside of one's immediate profession. Moreover, caregivers had a good idea of who to talk to if they decided to seek professional help. However, they would not want their patients to know that they were experiencing psychological problems. In this regard, if caregivers were having a mental breakdown, they would seek professional attention. Based on the conclusions drawn from the study, several recommendations are made. This study gives peculiar

insights into the perceptions of mental health workers on help-seeking behaviour. The results demonstrate a need for awareness and sensitization programs for caregivers in particular about the neglected common illnesses like mood and anxiety disorders that caregivers experience.

Programs should address the need for treatment and should attempt to encourage caregivers to seek help. In developing such programs, beliefs, attitudes, perceptions and gender issues should be taken into account. The importance of help seeking should be acknowledged, and efforts should be made to understand the needs of caregivers in order to provide support whenever necessary. The current trend in which there is a broadening of policies on mental health could create opportunities for the development of successful mental health programs for caregivers. Moreover, the hospital management should become more proactive to the psychosocial factors that influence help-seeking behaviours among caregivers.

Concerning theory and practice, it is evident that help-seeking behaviour among caregivers is influenced by different psychosocial factors. For this reason, the hospital management should create an enabling environment that is void of inhibitions to encourage caregivers to easily unlock and unleash their potentials for the benefit of patients by seeking further help whenever they experience burnout and any other psychosocial challenges.

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