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Exploring demographics, anxiety, and fear as predictors of help-seeking during covid-19 pandemic

Help-seeking predictors during covid-19 pandemic

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BACKGROUND: Despite many research about mental health problem during COVID-19 pandemic, research related to help-seeking intention for mental health, particularly in Indonesia, is very limited. In this specific condition, it is important to determine help-seeking intention, so mental health services could provide appropriate intervention to avoid the worst scenario. The aims of this study are to determine the factors predicting help-seeking intention during the COVID-19 pandemic.

METHODS: The instruments consist of demographical questions, Fear of COVID-19 Scale, and Coronavirus Anxiety Scale as predictors and General Help-seeking Questionnaire as criterion. The online version of the instrument was distributed via email, Facebook messenger, and WhatsApp during August 11 – 21, 2020 and 1,340 (Female = 971, Male =

369) participants were involved in the study. The data were analyzed using descriptive analysis and multiple linear regressions.

RESULTS: The results showed that age, education, occupation, living in infected area, and fear significantly predict help-seeking intention.

CONCLUSIONS: Mental health services should be available for various public demographical backgrounds during COVID-19 pandemic. To improve the help-seeking intention, the mental health services should consider providing appropriate mental health service based on age, education, occupation, living in infected area, and fear that experienced by participants.

Keywords: anxiety; COVID-19; fear; general public; help-seeking intention.

Introduction

Mental health problem in general public increased dramatically during 2019 novel coronavirus (COVID-19) pandemic. The mental health problem does not only affect medical personnel who directly treat infected patients, but also to the general public (1,2). In Indonesia, the anxiety and fear felt due to the Covid-19 pandemic is highly visible (3). More people seek mental health assistance because they feel they are experiencing mental health issues (4). In some districts, there have even been cases of suicide after they were dismissed from their workplace due to the COVID-19 pandemic crisis (5). The story could be ended differently if they were sought for help, particularly mental health help.

There are limited research focusing on help-seeking for mental health during covid-19 pandemic (4,6-8). It is important for the mental health services to know public help-seeking intention and its predictors. People will not take advantage of the mental health services if they have no interest in seeking mental health help (9,10). Knowing help-seeking intention might prevent the worst scenario that could happened. Therefore, in this study, authors focused in the help-seeking intention during covid-19 pandemic and what are the predictors that could predict help-seeking intention.

Literature review

The planned behavior theory is commonly cited in studies that involves seeking help intention (11). The intention to seek help is closely related in predicting help-seeking behavior (9,10). Therefore, the higher a person's intention, the more the likelihood behavior related to that desire will occur.

To understand the help-seeking intention, authors used gender, age, education, occupation, living in infected area, smoking, and alcohol use as the predictors. Authors divided these predictors in to three groups. First, demographical (age, gender, education, occupation, and living in infected area). Second, affective (anxiety and fear). Lastly, risky behavior (smoking and alcohol).

Research showed that female has relatively consistent association with positive help-seeking intention than male (12,13). Feminine and gender roles are significantly encourage female to seek and receive mental health help (14). Research also suggests that education (15,16), living in the infected area (6–8), anxiety (17–19), and fear (20,21) have positive association with help-seeking.

Unlikely, age found inconsistently associated with positive help-seeking (15,22–24). Specific group such as older adults showed positive help-seeking intention (15) and also showed a negative help-seeking intention than younger adults in other circumstances (22). As well as occupation (25,26), smoking (27), and alcohol use (28,29) negatively influence help-seeking intention for mental health.

People with mental health problems should have a desire to seek help, either from formal or informal sources. However, most of them reluctant to do so and tend to avoid it (30,31). Research suggests that there are three factors could prevent someone from seek help (32) those are cultural barrier such as stigma (31,33–35), structural barrier such as finance (36), and barriers specific to the refugee experience (32).

While many study focus on the campaigning for the urgent provision of mental health services to infected patients (37–46). Present study focuses on help-seeking during covid-19 pandemic and address the limitation of prior research, such as lack of help-seeking measurement (8), limited group of participants to alcohol user only (7), and limited to online help-seeking (6). Present study used a specific help-seeking measurement (47), broader participants, and both offline and online help-seeking sources.

Objective and Implication

The objective of this study is to determine the factors predicting help-seeking intention during the COVID-19 pandemic. The results obtained is expected to provide an overview for mental health practitioners and policy makers in formulating appropriate mental health services models for people with mental health problems due to the COVID-19 pandemic.

Hypotheses

It was hypothesized that age (H1), gender (H2), education (H3), living in infected area (H4), anxiety (H5), and fear (H6) significantly and positively predict help-seeking intention. Otherwise, occupation (H7), smoking (H8), and alcohol (H9) significantly and negatively predict help-seeking intention.

Materials and Methods

Procedures and Participants

During August 11-21, 2020, authors disseminated online self-reported questionnaires to general public in Indonesia. Participants were invited via personal email, Whatsapp, and Facebook messenger. If they agreed with the informed consent, they will be asked to fill out self-reported questionnaires. All agreed participants were 1,350 from various backgrounds (Female = 977, Male = 373).

After initial examination of the data, 10 responses were excluded because we found they responses were outliers. Finally, 1,340 (Female = 971, Male = 369) responses were used for analysis. The authors use the minimum number of samples with scale 10:1, at least 10 participants for each variable (48). This means the amount of data meet the sample size standard.

Instruments

Demographical questions such as gender, age, education, occupation, living in infected area, smoking, and alcohol use were given to the participants. Furthermore, the General Help-seeking Questionnaire (GHSQ) (47), Fear of COVID-19 Scale (FCV-19S) (38), dan Coronavirus Anxiety Scale (CAS) (49). Initially, GHSQ, FCV-19S, and CAS were English instruments but later authors conducted instruments adaptation to Bahasa Indonesia (local language) based on the guidelines was made by the International Test Commission (50). At the test development stage, the instruments were translated by two English translator in language center IAIMNU Metro Lampung, Indonesia (Translator A and Translator B) which used to help lecturers, students, and researchers to translate their documents. Translator A translated the instruments into Bahasa Indonesia, while Translator B back translated to English. After the translation, authors conducted the readability test to determine whether the translation is appropriate to Indonesian participants or not.

The GHSQ consists of 11 items to determine the tendency to seek help from various sources, both formal (counselors, psychologists, doctors) and non-formal (spouses, parents,

friends, relatives) when experiencing mental health problems. Furthermore, COVID-19 pandemic phrases were added to properly suit the research context (47). The instruction goes like this “If you have emotional problems such as fear or anxiety during the COVID-19 pandemic, how likely are you to seek help from the following sources? Help can be provided in person or online. Please provide your feedback by selecting the number (1 = highly unlikely to 7 = very likely) that best describes your intention to seek help from each of the assistance sources listed below”. Furthermore, the higher score indicates higher intention to seek help. This instrument is stable to measure constructs according to the context of the study, for instance suicidal thoughts ($\alpha = .83$) and emotional problems ($\alpha = .70$). In present study, the reliability was good ($\alpha = .81$).

FCV-19S (38) to determine the fear experienced by the participants. It consists of 7 items with five alternative choices (1 = strongly disagree to 5 = strongly agree). Examples of the statements are “It makes me uncomfortable to think about coronavirus” and “I am afraid of losing my life because of coronavirus”. The higher the score, the higher fear experienced. The initial reliability of the FCV-19S was as good ($\alpha = .82$) as the one used during present research ($\alpha = .90$).

CAS (49) was used to determine the anxiety experienced by participants. It consists of five items with five choices (1 = never to 5 = almost every day). Examples the statements are “I felt dizzy, lightheaded, or faint, when I read or listened to news about the coronavirus” and “I had trouble falling or staying asleep because I was thinking about the coronavirus”. The higher the score, the higher anxiety experienced. The initial reliability of CAS was good ($\alpha = 0.93$) and same goes for the one used in present research ($\alpha = .87$).

Data analysis

Data were analyzed with SPSS 16. Descriptive analysis was used to characterize demographics, fear, and anxiety of the participants. Furthermore, two criterias were used in the classic assumption test for the multiple linear regression, 1) the residual value or error should be normally distributed with the significance ($p > .05$) (51,52) and 2) there is no multi collinearity by looking at the VIF value < 10 (Alin, 2010). The residual value is normally distributed based on the Kolgomorov Smirnov test ($p > .05$) and all VIF values are < 10 . The result of classic assumption test showed all assumptions are met the criteria, thus the regression analysis can be done. The hypotheses were tested using multiple linear regression.

Results and Discussion

Results

Table 1 shows all participants characteristics. To determine factors that predict help-seeking intention, multiple linear regression analysis based on age, gender, education, occupation, living in infected area, smoke, alcohol use, fear, and anxiety were carried out (Table 2). A significant regression equation was found ($F(9, 1330) = 24.576, p < .000$), with an R^2 of .143. Predictors that significantly predict Help-seeking Intention were age ($b = .054, p = .042$), education ($b = 754, p = .002$), occupation ($b = .088, p = .020$), living in infected area ($b = -.072, p = .006$), and fear ($b = .318, p = .000$). Meanwhile gender ($b = -.039, b = .177$), smoke ($b = .027, p = .365$), alcohol use ($b = -.052, p = .059$), and anxiety ($b = 0.33, p = .316$) were not significantly predict help-seeking intention.

Table 2 showed age (H1) ($b = .054, p = .042$) is accepted after showed a significant and positive to predict help-seeking intention. Gender (H2) ($b = -.039, b = .177$) rejected not significant and negative. Education (H3) ($b = 754, p = .002$) accepted significant and positive. Living in infected area (H4) ($b = -.072, p = .006$) rejected significant and negative. Anxiety (H5) ($b = 0.33, p = .316$) rejected not significant and positive. Fear (H6) ($b = .318, p = .000$) accepted significant and positive. Occupation (H7) ($b = .088, p = .020$) accepted significant and positive. Smoking (H8) ($b = .027, p = .365$) rejected not significant and positive. Alcohol (H9) ($b = -.052, p = .059$) rejected not significant and negative

Discussion

The result shows that help-seeking intention among the participants is directly related to the COVID-19 pandemic in Indonesia. This study demonstrated that predictors such as age, education, occupation, living in infected area, and fear were significantly predict help-seeking intention. In the other hand, specific factors like gender, smoke, alcohol use, and anxiety were not significantly predict help-seeking intention. These results suggest that intervention efforts to help people with mental health problems during COVID-19 pandemic may be effective when considering demographical (i.e., age, education, occupation, and living in infected area) and affective (i.e., fear) factors.

Consistent with previous literature, age is a significant contributor to help-seeking intention (15,22–24). As the majority age group of the participants in 12-30 years old, this finding suggests that the intervention efforts may be more effective targeting a relatively young individual compared to the old individual.

As prior research findings, education (15,16) and living in infected area (6–8) found significantly predict help-seeking intention. This information also may be useful for

educational institution in the infected area, which has the highest participants proportion in present study, to provide psychoeducational intervention for the students and teachers who still have activities during the pandemic.

Present study showed a consistent findings with prior research that fear significantly predict help-seeking intention (20,21). The people with fear, particularly during pandemic, should be receive treatment to reduce risks such as psychological distress and psychiatric disorders which could lead to a deadly behaviour (53). As research suggest that the fear of disease indirectly causes higher mortality than the disease its self (53).

While several studies found that there were differences in help-seeking between male and female (54–59). Current study found that gender is not significantly predict help-seeking during Covid-19 pandemic, which is consistent with Ando et al. (2018) findings. Despite higher burden of depression and anxiety symptoms in females, there were no differences of gender in help-seeking intention rates (59). The experience of attitudinal/knowledge barriers to receiving the types of assistance they need might affect their help-seeking behavior, particularly in the pandemic situation (60).

We found an interesting result that anxiety is not significantly predict help-seeking. On the other hand, anxiety turned out to be the most prevalent and serious mental health issue for general public (3,17–19). This result does not anticipated by authors, as suggested by several researchers, anxiety is a significant predictor for help-seeking (61–63). Possible reason for this finding is not clear from present study. Further investigation of this finding is recommended.

Some weakness in current study can be found in the small amount of participants, for instance the participants who used to smoke cigarettes (N = 93 or 6.94%) and alcohol use (N = 24 or 1.79%). It is might be one of the reasons why smoking and alcohol use are not significant to predict help-seeking. While there are no researchers consensus about it, few researchers suggest that smokers and alcohol user showed lower score to seek help (59,64–66), other findings showed the opposite results (67–69).

Limitations

Present study has some limitations. First, the absence of cultural predictors (70–72). Present study did not measure how cultural factors, such as collectivism and social conformity (73) associated with the help-seeking intention. Future research should provide the cultural model for help-seeking intention during disease outbreak or pandemic. Despite large participants in this study (n = 1340), most of the participants are female, majority in 12-

30 age group, and low level of anxiety. Therefore, the big differences between characteristic groups may have been cause in the results. Future research encouraged to address these limitations by including representative participants.

Conclusions

Mental health services should be reaching out various demographical backgrounds during COVID-19 pandemic. To improve the help-seeking intention, the mental health services need consider to provide appropriate mental health service based on age, education, occupation, living in infected area, and fear that experienced by participants. Further investigation is needed to address all limitations in current study.

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