



SEEK WISDOM, ELEVATE YOUR INTELLECT AND SERVE HUMANITY!



**REFUGEE COMMUNITIES' INTENTIONAL MENTAL HEALTH
SERVICE HELP SEEKING AT BAMBASI REFUGEE CAMP IN
BENSHANGUL GUMUZ REGIONAL STATE, ETHIOPIA**

ADDIS ABABA UNIVERSITY

COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES

SCHOOL OF PSYCHOLOGY

**Master's Thesis, SUBMITTED TO THE SCHOOL OF PSYCHOLOGY,
ADDIS ABABA UNIVERSITY IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR DEGREE OF MASTERS OF ARTS IN SOCIAL
PSYCHOLOG,**

BY: BEZANESH ESUBALEW

OCTOBER, 2024

ASSOSA, ETHIOPIA



SEEK WISDOM, ELEVATE YOUR INTELLECT AND SERVE HUMANITY!



**REFUGEE COMMUNITIES' INTENTIONAL MENTAL HEALTH
SERVICE HELP SEEKING AT BAMBASI REFUGEE CAMP IN
BENSHANGUL GUMUZ REGIONAL STATE, ETHIOPIA**

ADDIS ABABA UNIVERSITY

COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES

SCHOOL OF PSYCHOLOGY

**Master's Thesis , SUBMITTED TO THE SCHOOL OF PSYCHOLOGY,
ADDIS ABABA UNIVERSITY IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR DEGREE OF MASTERS OF ARTS IN SOCIAL
PSYCHOLOGY**

BY: BEZANESH ESUBALEW

ADVISOR: DR. ABEBAW M. (PhD)

October, 2024

ASSOSA, ETHIOPIA

DECLARATION

Here, I declare that this thesis entitled “Refugee Communities’ Intentional Mental Health Service Help Seeking at Bambasi Refugee Camp in Benshangul Gumuz Regional State, Ethiopia”, is submitted as partial fulfillment of the requirements for the degree of Master of Arts in Social Psychology at Addis Abeba University. It is my original work, and all sources used have been properly acknowledged. Therefore, I confirm that, this thesis has not been submitted to any other institutions or organizations as degree requirement or other purpose.

© 2024 Bezanesh Esubalew

Researcher’s Name: Bezanesh Esubalew, Signature Date, October 2024 E.C

Contact addresses:

Mobile: +251968571823

Email: bezaneshesu@gmail.com

Addis Ababa University

College of Education and Behavioral Studies

School of Psychology

Thesis Approval for Defense

I hereby certify that I have supervised, read, and evaluated this thesis entitled “Refugee Communities’ Intentional Mental Health Service Help Seeking at “Bambasi” Refugee Camp in Benshangul Gumuz Regional State, Ethiopia,” It is prepared by Bezanesh Esubalew under my supervision. I agreed this thesis to be submitted for oral defense.

Advisor: Abebaw M. (PhD) and Signature _____ Date _____

Addis Ababa University

College of Education and Behavioral Studies

School of Psychology

Thesis Approval for Defense Result

As members of the board of examiners, we examined this thesis entitled Refugee Communities' Intentional Mental Health Service Help Seeking at Bambasi Refugee Camp in Benshangul Gumuz Regional State, Ethiopia, conducted by Bezanesh Esubalew. We, certify that the thesis is accepted for fulfilling the requirements for the award of the degree of Masters of Arts in Social Psychology.

Board of Examiners

Advisor

Name _____ Signature _____ Date _____

External Examiner

Name _____ Signature _____ Date _____

Internal Examiner

Name _____ Signature _____ Date _____

Chair Person

Name _____ Signature _____ Date _____

DEDICATION

May this thesis be dedicated to those refugees who are suffering a lot in the refugee camps.

ACKNOWLEDGMENTS

First, I would like to take a moment to express my profound gratitude to God for the blessings and opportunities that have come my way during my pursuit of a master's degree. Your guidance and support have been a source of strength and inspiration throughout this journey. I am thankful for the good fortune to learn and grow, and I recognize that my achievements are a reflection of your grace. Thank you for lighting my path and for instilling in me the determination to succeed.

And, I wish to express my deep appreciation to my advisor ABEBAW M. (PhD) for his inspiration, encouragement, and advice from the initial to the current stage of the study. The feedback he provided me was so helpful in writing the entire thesis and I want to say thank you all participant and cooperatives person.

Next, I would like to express my heartfelt gratitude to my family for their unwavering support throughout my journey in pursuing my master's degree. Your financial assistance and encouragement have been invaluable, allowing me to focus on my studies without the burden of financial stress. Your belief in my potential has motivated me to strive for excellence, and I am truly grateful for the sacrifices you have made to help me achieve my academic goals. Thank you for being my pillars of strength and for always standing by my side.

Then, I would like to extend my sincere appreciation to my friends for their constant support during my master's degree journey. Whether it was through encouraging words, study sessions or simply being there to listen, your presence has made a significant difference in my life. Your camaraderie and understanding have provided me with the motivation and strength to overcome challenges. I am grateful for each of you and cherish the memories we have created together during this time.

ABSTRACT

The primary objective of this study is to analyze the intentional help-seeking behaviors for mental health services among refugee communities at the Bambasi Refugee Camp in the Benishangul Gumuz Regional State, Ethiopia. The research employs a Descriptive research design with mixed-research approach, incorporating interviews, focus group discussions (FGDs), and observational techniques to gather comprehensive data from 325 respondents, who are members of the refugee community residing in the camp. The study involved in-depth interviews and FGDs to explore the attitudes and perceptions of refugees regarding mental health services. Observational methods were also utilized to contextualize the findings within the camp environment. Data collected from these sources revealed significant insights into the comfort levels of refugees when discussing mental health issues with healthcare providers, their awareness of available services, and the impact of stigma and cultural beliefs on their help-seeking behaviors. The conclusion highlight the necessity of fostering an environment where refugees feel comfortable addressing mental health concerns, as well as the importance of overcoming language barriers and addressing stigma. Recommendations for enhancing mental health service delivery in the camp include raising awareness about available services, providing cultural competence training for healthcare providers, integrating mental health services into existing community programs, and actively involving community leaders in the planning process. By addressing these barriers and understanding cultural influences, the study underscores the potential for improved mental well-being among refugees in the Bambasi Refugee Camp.

Keywords: Refugee communities, intentional mental health service, help-seeking behaviors, Bambasi refugee camp, Benishangul Gumuz Regional State, Ethiopia

Contents

ACKNOWLEDGMENTS	i
ABSTRACT	ii
Chapter One	6
Background of the Study	6
1.1. Introduction.....	6
1.4. Objective of the Study.....	10
1.4.1. General Objective.....	10
1.4.2. Specific Objectives.....	10
1.6. Scope of the Study	11
1.7. Limitation of the Study	11
1.8. Organization of the Paper.....	12
1.9. Operational Definition	12
Chapter Two	13
2. Review of Related Literature	13
2.1. Refugees' Mental Health.....	13
2.2. Help-seeking	13
2.3. Theoretical standpoint.....	14
2.4. Theory of Planned Behavior	15
2.5. Attitudes on Intentions to Seek Mental Health Help	16
2.6. Psychological Distress and Mental Health Services.....	17
2.7. Conceptual Framework	18
Chapter Three	19
3. Research Methodology	19
3.1. Research Approach	19
3.2. Research Design	20
3.3 Setting or Study Area.....	20
3.4. Target population	22
3.5. Sampling Technique	22
3.5.1. Sample Size.....	23
3.6. Data Sources	25
3.7. Data Collection Methods.....	26

3.7.1. Interview	26
3.7.2. Focus Group Discussions	27
3.7.3. Observation	28
3.7.4. Questionnaires.....	28
3.8. Method of Data Analysis	30
3.9. Integration of Data	31
3.10 Ethical Considerations	31
Chapter Four	33
Findings of the Study	33
4.1. Background Information of Respondents.....	33
4.2. The Perceived Barriers to Seeking Mental Health Services among Refugee Populations	34
4.2.1. Discomfort in Discussing	35
4.2.2. Perceived stigma	35
4.2.3. Lack of Awareness.....	36
4.2.4. Language Barriers	36
4.3. The Factors That Facilitate Help-Seeking Behavior for Mental Health Services	37
4.3.2. Influence of Cultural Beliefs	39
4.3.3. Comparing Traditional Healing Methods to Western Mental Health Services	40
4.4. Beliefs and Cultural Factors that Influence Refugee Communities' Intentions to Seek Mental Health Support	41
4.4.1. Discussing Mental Health Concern with Religious Leaders:.....	42
4.4.2. Perceived Conflict with Cultural Norms in Seeking Mental Health Services:.....	43
4.4.3. Accessibility of Comprehensive Information about Mental Health Services:	43
4.4.4. Social Support and Encouragement from the Community:	43
4.5. The Way of Improving Mental Health Service Delivery Systems for Refugee Communities.....	44
4.5.1. Perceiving seeking mental health services as conflicting with cultural norms:	45
4.5.2. Discussing mental health concerns with religious leaders:	45
4.5.3. Providing Cultural Competence Training:.....	45
4.5.4. Active Involvement of Refugee Community.....	46
4.6. Discussion of the Study	46
4.6.1. Comfort in Discussing Mental Health.....	47

4.6.2. Awareness of Available Services	47
4.6.3. Stigma as a Barrier	47
4.6.4. Language Barriers.....	48
4.6.5. Cultural Factors and Community Support	48
Chapter Five	49
5. Conclusion and Recommendation	49
5.1. Conclusion	49
5.2. Recommendation	51
References	53
Appendices	59

Chapter One

Background of the Study

1.1. Introduction

For many refugee groups escaping violence, persecution, and other hardships in their native countries, the Bambasi Refugee Camp in Ethiopia's Benshangul Gumuz Regional State provides a temporary residence. Since refugees frequently encounter major psychological difficulties as a result of their traumatic experiences and the stressors associated with displacement, their mental health and well-being are crucial in this setting. Often referred to as common mental illnesses (CMDs), anxiety and depression disorders made up the majority of mental disorders diagnosed globally in 2015. In the same year, an estimated 264 million people worldwide suffered from anxiety disorders, and 322 million from depression (Gebre-Egziabher, Girma, & Tesfaye, 2019).

According to epidemiological research, Sub-Saharan African asylum seekers have significant prevalences of post-traumatic stress disorder (PTSD). More information regarding treatment preferences is required in order to provide this group with adequate and culturally sensitive mental health care (Grupp, Moro, Nater, Skandrani, & Mewes, 2019). Over 340 million people worldwide suffer from mental illness, which is a rising public health concern (Bifftu, Takele, Guracho, & Yehualashet, 2018). Long-term impairment and poor mental health outcomes, including suicide, are linked to not seeking treatment. Compared to people at any other period of life, young people have the highest frequency of mental health issues; up to 20% of adolescents are likely to suffer from mental health disorders (Aguirre, Velasco, Cruz, Billings, Jimenez, & Rowe, 2020).

Given the diversity of the Muslim population, which includes a vast range of cultures, languages, and traditions, the emphasis on Muslim communities in this context is especially pertinent. People from many nations and backgrounds, including those from the Middle East, South Asia, Africa, and Southeast Asia, are included in this variety. As a result, there may be wide variations in the community's experiences and viewpoints regarding mental health. Mental illness is frequently stigmatized in many Muslim-majority societies, which makes people reluctant to ask for assistance or have candid conversations about mental health concerns. This stigma is compounded by a cultural mistrust of Western mental health systems, which may be perceived as

incompatible with traditional beliefs and practices. As a result, many individuals within the Muslim immigrant community may live with untreated mental health conditions. These untreated conditions not only affect individuals but can also have a ripple effect on their families and the larger community, leading to broader social and emotional challenges (Amri & Bemak, 2013).

Understanding the cultural background and the unique obstacles that people encounter is essential when addressing mental health concerns in the Muslim community. Mental health practitioners might endeavor to develop more efficient and culturally aware treatment alternatives that motivate people to seek support by recognizing and addressing the particular difficulties faced by this population. Despite the high prevalence of depression and the effectiveness of its treatment, little is known about its combined prevalence and how people in Ethiopian communities seek care (Bifftu, Takele, Guracho, & Yehualashet, 2018). The decision to seek help, and from whom to seek help, may be influenced by culture, demographics, service accessibility, symptom severity, and personal attitudes towards mental illness, such as the individual's understanding of the illness, their perceived usefulness of treatments, and impressions from their past help-seeking experiences (Chin et al., 2015).

According to research, migrants are more likely to suffer from psychological illnesses, anxiety, depression, PTSD, and other mental health conditions. Refugee communities frequently experience a substantial disparity in access to and use of mental health care, despite the frequency of these mental health issues. In the Bambasi Refugee Camp, creating efficient interventions and support networks requires an understanding of the variables influencing refugee communities' intentions to seek mental health assistance. In order to shed light on the particular difficulties experienced by refugee communities and to guide the creation of culturally sensitive and contextually relevant mental health services, this study intends to investigate the factors that encourage and hinder help-seeking behavior among refugees in this particular setting.

This study aims to add to the body of knowledge on refugee mental health by thoroughly analyzing the deliberate mental health service-seeking behaviors of refugee communities at the Bambasi Refugee Camp. It also aims to offer insightful information to policymakers, humanitarian organizations, and mental health professionals who work with refugee populations in comparable environments. In order to ensure relevance to the study's goals, this introduction

lays the groundwork for a focused investigation of mental health issues and help-seeking behaviors among refugees, especially among the Muslim population.

1.2. Statement of the problem

There is a notable disparity in the availability and use of mental health care in refugee camps, like the Bambasi Refugee Camp in Ethiopia's Benshangul Gumuz Regional State, despite the high prevalence of mental health problems among refugee populations. The well-being and resilience of people who have suffered trauma and displacement are seriously threatened by this disparity in the behavior of refugee communities when seeking mental health assistance.

Research has repeatedly demonstrated that mental health issues are becoming increasingly prevalent worldwide, especially among refugee groups, who are frequently more vulnerable as a result of their particular circumstances. Mackenzie, Gekoski, and Knox (2006), for example, investigated how attitudes toward seeking professional psychological help differed by age and gender. They found that negative attitudes can have a significant impact on intentions to seek help, especially for men and older adults (Chin, Chan, Lam, & Wan, 2015). The intricacy of these dynamics was also highlighted by Mesidor and Si (2014), who investigated the relationship between social-cognitive factors—such as attitudes, subjective norms, and perceived behavioral control—and help-seeking intentions among a sample of African American and international college students.

Amri and Bemak (2013) pointed out that various Muslim groups in the United States suffer a number of psychosocial issues, such as identity difficulties and discrimination, which can negatively impact their mental health and help-seeking behaviors when it comes to immigrant populations. cused interventions.

According to Gebre-egziabher et al. (2019), a sizable fraction of college students in Ethiopia were at high risk for common mental disorders (CMDs), and many of them turned to unofficial sources for assistance rather than official mental health care. This pattern emphasizes the need for more studies that examine the obstacles to obtaining official mental health care as well as the repercussions of inadequate support.

It is clear from the corpus of research that although numerous studies have brought attention to the mental health problem among refugee populations, little is known about the precise factors impacting the intentions of those who are seeking care in the Bambasi Refugee Camp. By investigating the obstacles and enablers of help-seeking behavior in this setting, our study seeks to close this gap.

This study will aid in the creation of efficient and culturally aware mental health interventions by determining the fundamental causes of refugee populations' underutilization of mental health care. In order to make sure that the interventions are pertinent to their cultural context and particular experiences, it will concentrate on the particular obstacles that the refugee communities in the Bambasi Refugee Camp confront.

In order to ground the interventions in the realities of the immigrant population, the study will also entail cooperation with local stakeholders, such as mental health specialists and community leaders. It is anticipated that this cooperative approach will improve the suggested therapies' efficacy and acceptance.

The ultimate goal of this study is to inform the creation of focused initiatives that support resilience and mental health by compiling information on the preferences and requirements of the immigrant population. In order to reduce the mental health burden that refugees experience, the results will be used as a basis for the implementation of scalable and sustainable mental health services that enhance access and utilization. The purpose of this study is to comprehend the deliberate behavior of refugee communities at the Bambasi Refugee Camp in the Benshangul Gumuz Regional State of Ethiopia in seeking mental health care.

1.3 Research Questions

To investigate, Refugee Communities Intentional Mental Health Service Help Seeking at Bambasi Refugee Camp in Benshangul Gumuz Regional State, Ethiopia. This research is led by the following research questions.

- What are the perceived barriers to seeking mental health services among refugee populations in the Bambasi Refugee Camp communities?

- What factors facilitate help-seeking behavior for mental health services among refugee communities at the Bambasi Refugee Camp?
- How do beliefs and cultural factors influence refugee communities' intentions to seek mental health support in the context of the Bambasi Refugee Camp?
- How can we improve mental health service delivery systems for refugee communities at the Bambasi Refugee Camp.?

1.4. Objective of the Study

1.4.1. General Objective

The current study seeks to achieve its General Objective of investigating, Refugee Communities' Intentional Mental Health Service Help Seeking at "Bambasi" Refugee Camp in Benshangul Gumuz Regional State, Ethiopia by focusing on the following specific objectives.

1.4.2. Specific Objectives

- To identify the perceived barriers to seeking mental health services among refugee populations in the Bambasi Refugee Camp.
- To explore the factors that facilitates help-seeking behavior for mental health services among refugee communities at the Bambasi Refugee Camp.
- To examine beliefs, and cultural factors that influence refugee communities' intentions to seek mental health support in the context of the Bambasi Refugee Camp.
- To propose recommendations for improving mental health service delivery systems for refugee communities at the Bambasi Refugee Camp.

1.5. Significance of the Study

I believe that this study will identify relevant recommendations that will help to address problems related to Refugee Communities Intentional Mental Health Service Help Seeking behavior at ‘‘Bambasi’’ Refugee Camp in Benshangul Gumuz Regional State, in Ethiopia. The study provides important feedback for NGOs and the government to plan and include it policies in the area. It can also bridge the gap of previous research related to Refugee Communities Intentional Mental Health Service Help Seeking behavior. I also hope that in the future, it will be used as a starting point for researchers who will study related to the issues.

Kothari wrote that like business and industry, research has its special significance in solving various operational and planning problems of business and industry. It is also equally important for social scientists in studying social relationships and in seeking answers to various social health related problems (Kothari, 2004).

1.6. Scope of the Study

Even though today, mental health problem exists in refugees hosted in camps in different regional state in Ethiopia, this study concentrates only on the Refugee Communities at Bambasi Refugee Camp.

The informants are refugees who are settled at Bambasi Refugee Camp in Benshangul Gumuz Regional State, Ethiopia. And methodologically, this study used mixed method research approach, and it will implement descriptive research design.

1.7. Limitation of the Study

Even though I have tried to conduct this research as much as possible free from major setbacks, it has limitations related to the language applying to some members of the communities to be studied because the researcher can’t speak the refugees’ community’s language. I have used language translator during data collection during the interview. The other limitation may be the current countrywide conflict situation. The current political instability is so frightening, and the informants/participants have seen the researcher as a political missionary. But, the researcher tried to create a good relationship (rapport) and elaborated the purpose of the study in detail.

1.8. Organization of the Paper

The paper is divided into five chapters. Each chapter contains many key topics and sub-topics related to the main purpose of the research. For example, the focus of chapter one is introduction, background of the study, statements of the problem, objectives of the study, significance of the study, scope of the study and organization of the paper. Chapter two focuses on related literature. Chapter three is related to research methods and methodologies; Chapter four covered all the findings of the study. In chapter five, the researcher tried to summarize the conclusions, and recommendations based on the findings of the study.

1.9. Operational Definition

Mental Health: - is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well and contribute to their community

Intention: - the thing that you plan to do or achieve: an aim or purpose

Help Seeking Behavior: - the process of recognizing a problem, identifying it as something that may need outside help and then seeking that help.

Intentional mental health service:- any interventions offered in private, public, inpatient, or outpatient settings for the maintenance or enhancement of mental health or the treatment of mental or behavioral disorders.

Refugee communities are a groups of people who have fled their homes by force and are seeking international protection.

Refugee camp: - intended as a temporary accommodation for people who have been forced to flee their home.

Chapter Two

2. Review of Related Literature

2.1. Refugees' Mental Health

Refugees are one of the most psychologically vulnerable groups. An average refugee has survived more than six highly traumatic events in the country of origin or on route from country of origin (Schlaudt et al., 2020). This contributes to several times higher prevalence of different psychological hardships. According to the international standards for mental health screening, 88.5% of refugees should be treated as psychologically vulnerable – i.e. in need for immediate psychological assistance and continuous psychosocial support. The most prominent mental health difficulties are symptoms of depression, anxiety, and post-traumatic stress disorder. The positive note here is that 56% of refugees believe that they have sufficient capacities for successfully dealing with everything or almost everything that comes their way in life. In addition, 80% of refugees are highly optimistic and believe they can accomplish great things in life. On top of this 96% of refugees find psychosocial support important and useful (Schlaudt et al., 2020).

2.2. Help-seeking

The high prevalence of mental health problems is not matched by a commensurate level of service use and associated help seeking behavior. Instead, there is a marked mismatch between prevalence of mental disorder and professional help-seeking (Slade, Johnston, Teesson, Whiteford, Burgess, Pirkis, & Saw, 2009). Similar patterns are evident internationally (Zachrisson, Rödje, & Mykletun, 2006; Mauerhofer, Berchtold, Michaud, & Suris, 2009). Even in countries with good access to health care, there is a marked reluctance to access professional care for mental health problems. Consequently, a focus on understanding and encouraging help-seeking behavior, particularly for young people, has emerged and become a high priority for research, policy and program initiatives.

Previous studies revealed that many different definitions have been applied in the mental health context and there is no commonly referenced single definition that is routinely referred to. Many

studies provided minimal definitions, such as “visiting a doctor”, “utilization of care”, “seek advice and assistance”, and “willingness to seek help”. One of the most comprehensive attempts to define help-seeking comes from a World Health Organization study of adolescent help seeking, (Barker, 2007). They defined it as:

Any action or activity carried out by an adolescent who perceives herself/himself as needing personal, psychological, affective assistance or health or social services, with the purpose of meeting this need in a positive way. This includes seeking help from formal services – for example, clinic services, counselors, psychologists, medical staff, traditional healers, religious leaders or youth programmers – as well as informal sources, which includes peer groups and friends, family members or kinship groups and/or other adults in the community. The help provided might consist of a service (eg, a medical consultation, clinical care, medical treatment or a counseling session), a referral for a service provided elsewhere or for follow-up care or talking to another person informally about the need in question. We emphasize addressing the need in a positive way to distinguish help-seeking behavior from behavior such as association with anti-social peers, or substance use in a group setting, which a young person might define as help seeking or coping, but which would not be considered positive from a health and well-being perspective.

2.3. Theoretical standpoint

Behavioral theorists conducted experiments to conclude that behaviors are acquired and learned through conditioning (Jones-Smith, 2019). However, cognitive theorists emphasize perception, thinking, belief systems, and other processes of remembering and learning for mental health experiences (Cherry, 2014). Likewise, sociocultural theory focuses on how acquisition of behavior is influenced by cultural beliefs and attitudes, apart from peers and adult influences (Shaffer, 2009).

According to Vygotsky’s sociocultural theory, when a child is born, he/she has fundamental biological constraints on his/her mind; it is the culture that provides chances for learning, and as a result, children start using abilities of their mind in order to adapt to their culture (Choudhry, Mani, Ming, & Khan, 2016). Reasoned action and planned behavior theory proposes that

individuals have the ability to act in rational ways and their behavior is influenced by their intentions (Sutton, 2001).

However, social cognitive theory puts forth those observations of an individual influence his/her behavior through two kinds of modeling, direct modeling and symbolic modeling (Sutton, 2001). According to Tudor's (2013) dual factor model, mental health and mental well-being have been presented as two separate concepts. This model views mental health as the presence or absence of mental illness or psychiatric symptoms, whereas mental well-being refers to emotionally prosperous and resilient at one end of continuum and weakening at the other end (Janz, & Becker, 1984.)

Rosenstock et al proposed the "Health Belief Model" that focuses on beliefs and attitudes to predict health behaviors (Rosenstock et al, 1988). It understands the severity of illness and barriers to dealing with it in terms of how it is perceived by an individual. This model explains the causes of not utilizing health services by focusing on four constructs such as perceived susceptibility, perceived severity, perceived benefits, and perceived barriers (Tudor, 2013). These four constructs have been seen to combine additively and affect the probability of executing certain health-related behavior (Tudor, 2013). Perceived barriers have been shown to be the best predictors of behavior (Janz, & Becker, 1984).

Therefore, focusing on perception and belief systems is an important aspect of understanding any health-related issue. Specifically, discussing mental health, the term "mental health literacy" was introduced by Jorm et al, (1997) and described as beliefs and knowledge regarding mental disorders, as well as awareness or information about their causes, risk factors, prevention, treatment, and help-seeking behavior (Jorm, Korten, Jacomb, Christensen, Rodgers, & Pollitt, 1997). Focusing on the Health Belief Model of Rosenstock et al, this review has targeted the cognitive elements of perception and belief systems (Rosenstock et al, 1988).

2.4. Theory of Planned Behavior

Despite substantial support for the theory of Planned Behavior (TPB) as a way of predicting health behavior, there have been few studies that have investigated the role of psychosocial factors (intentions, subjective norms, perceived behavioral control, and psychological distress) in mental health seeking intentions among international and African-American college students.

Ajzen's (1991) Theory of Planned Behavior is a model that may help to explain the different psychosocial factors that contribute to the students' intentions to utilize mental health services (Ajzen's, 1991).

Theory of Reasoned Action (Fishbein & Ajzen, 1975), suggests that a person's attitudes toward a given behavior, subjective norms in relation to the behavior and perceived control over the behavior are typically good predictors of intentions to perform the behavior. Ajzen's (1991) Theory of Planned Behavior has been used in a wide variety of research to predict and understand a range of behaviors, and help-seeking intentions (Skogstad, Deane, & Spicer, 2006; Mo & Mak, 2010; Westerhof, Maessen, de Bruijin, & Smets, 2008). To better understand this theory's utility for predicting mental health help-seeking intentions among international and African-American college students, it is critical to explore the influence of the components of this model on mental health utilization among these students.

2.5. Attitudes on Intentions to Seek Mental Health Help

Most studies that have examined the nature of attitudes towards help-seeking behaviors have not focused on the relationship between attitudes, intentions and help-seeking behavior, and even fewer have examined help seeking-behavior among diverse groups. Attitude describes the extent to which an individual has a positive or negative appraisal toward a specific behavior. Mitchell, Cort, Young, and Robert (2007) studied the attitudes and beliefs of African-American college students toward mental health treatment. Less than 5% of their sample reported that they would choose to talk to either a member of the clergy or a health professional. In addition, most of those students reported that they were more likely to rely on religion to deal with mental health issues because of perceived stigma associated with mental health treatment and negative attitudes towards seeking mental health services.

Other studies have found that African-American male college students reported having negative attitudes toward counseling and were significantly less likely to utilize these services (Henderson, Geyen, Rouce, Griffith, & Kritsonis, 2007; Williams & Justice, 2010). Yakunina and Weigold (2011) studied Asian international students' intentions to seek counseling. They explored the relationship between cognitive variables (i.e., counseling attitudes and stigma concerns) and cultural factors (i.e., acculturation, Asian values, and loss-of-face concerns). They

found that students who endorsed more traditional Asian values had fewer positive attitudes toward counseling and also reported lower help-seeking intentions. They found that students were receptive to seeking help by traditional face-to-face help than online counseling services. Ramos-Sánchez and Atkinson (2009) examined the relationships between Mexican American acculturation, cultural values, gender, and help-seeking intentions among Mexican American community college students. The results of this study suggested as Mexican American students became more acculturated their attitudes toward help seeking become less favorable. All of these studies suggest that attitudes about mental health services can influence intentions to seek mental health treatment. Masuda, Suzumura, Beauchamp, Howells, and Clay (2005) found that a person's attitude toward mental health services was one of the most important factors in determining help-seeking behavior.

2.6. Psychological Distress and Mental Health Services

Evidence from community studies amongst recently resettled refugees suggests that refugees have higher rates of mental disorders, in particular depression, PTSD and other anxiety disorders, than those usually found in the non-war affected general population (Gallagher, 2010).

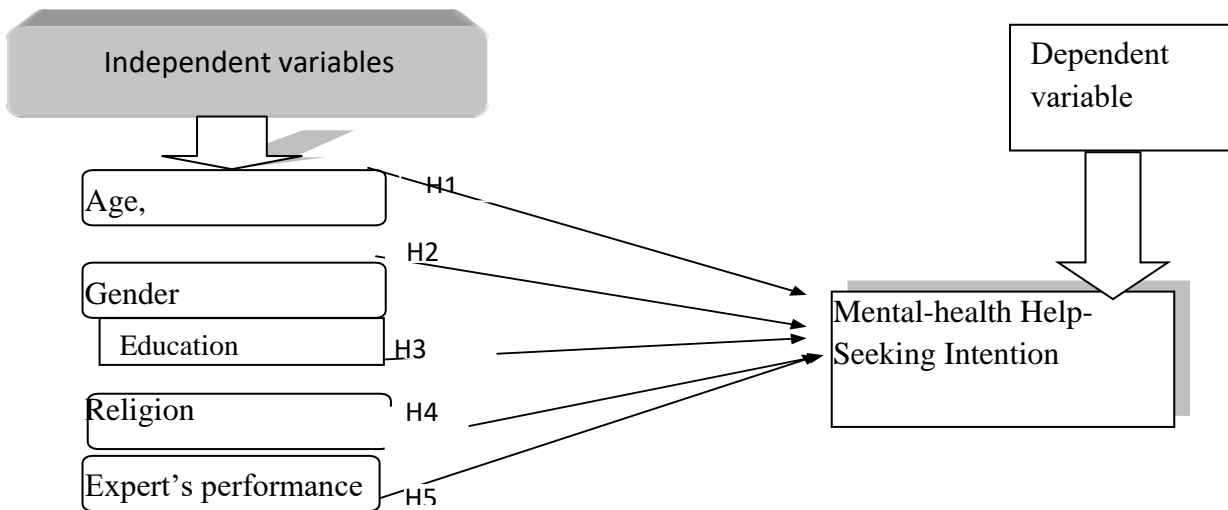
Providing mental health care for refugees and asylum seekers should be done in partnership with the other social, cultural, and family supports around the individual. Such an approach highlights the influence of environment on mental well-being. Clinicians can serve as advocates by linking refugees with psychosocial support to assist with housing, legal aid, access to health care, education, and employment. Refugees and asylum seekers may be resistant to seeking mental health care due to beliefs that diagnosis will interfere with jobs and housing, that there is no treatment²⁶, cultural values surrounding silence/disclosure (Song, S.J. & de Jong, J. 2013).

However, research on the role of psychological distress and utilization of mental health services has been inconclusive. One study found a positive relationship between use of counseling services and level of psychological distress among college students. Students who reported having experienced higher levels of psychological distress were more likely to utilize mental health services (Rosenthal & Wilson, 2008; Yorgason et al., 2008).

2.7. Conceptual Framework

A conceptual framework is a structured approach to organizing and understanding complex ideas, theories, or concepts. It provides a systematic and coherent way of thinking about a problem or topic, and helps to guide research or analysis in a particular field. A conceptual framework typically includes a set of assumptions, concepts, and propositions that form a theoretical framework for understanding a particular phenomenon. It can be used to develop hypotheses, guide empirical research, or provide a framework for evaluating and interpreting data.

Figure1. Conceptual framework



Chapter Three

3. Research Methodology

3.1. Research Approach

Research Approach were plans and procedures for research that span the steps from broad assumptions to detailed methods of data collection, analysis, and interpretation (Creswell, J., 2014). It informs the philosophical assumptions the researcher brings to the study; procedures of inquiry; and specific research methods of data collection, analysis, and interpretation. In research, Quantitative, Qualitative, or Mixed Methods approach can be applied to study a certain issue including differences in mean or variance of a given variable. Quantitative research design is used to examine the relationship between variables and test theory. The main emphasis of quantitative research is on deductive reasoning that tends to move from the general to the specific. It is proved suitable for researches that will use structured questionnaires to collect data, depend on large sample size and results will be presented and analyzed using statistical methods. It places greater emphasis on the numerical data and statistical test to achieve conclusion that can be generalized (Saunders, 2012). Qualitative research approach is applied for exploring and understanding the meaning individuals or groups ascribe to social or human problems. Followers of this approach support inductive style, a focus on individual meaning and the importance of rendering the complex from the specific (Creswell, 2014).

This study employed a mixed-methods research approach to investigate refugee communities' intentional mental health service help-seeking behaviors at the Bambasi Refugee Camp in the Benishangul Gumuz Regional State of Ethiopia. The methodology involved both quantitative and qualitative data collection and analysis methods to provide a comprehensive understanding of the factors influencing refugees' decisions to seek mental health services.

3.2. Research Design

The purpose of the study is to assess refugee communities' intentional mental health service help seeking behavior at Bambasi refugee camp in Benishangul Gumuz regional state, Ethiopia. The study employed descriptive and phenomenological research design. Descriptive research design is used to allow the researchers in collecting data within a relatively short period of time from a good number of respondents. In a descriptive study, the investigator measures the outcome and the exposures in the study participants at the same time. By using, self-prepared help-seeking questionnaire the investigator estimated the prevalence of the outcome in those surveyed.

Phenomenology is concerned with the study of experience from the perspective of the individual, 'bracketing' taken-for-granted assumptions and usual ways of perceiving. Epistemologically, phenomenological approach is used mainly to address the perceived barriers to seeking mental health services among refugee populations in the Bambasi Refugee Camp communities? And how do beliefs and cultural factors influence refugee communities' intentions to seek mental health support in the context of the Bambasi Refugee Camp?

It is also based in a paradigm of personal knowledge and subjectivity, and emphasizes the importance of personal perspective and interpretation. Phenomenological research with interview, FGD, and observation, has overlaps with other essentially qualitative approaches including ethnography, hermeneutics and symbolic interactions. Pure phenomenological research seeks essentially to describe rather than explain, and to start from a perspective free from hypotheses or preconceptions (Husserl, 1970).

3.3 Setting or Study Area

Bambasi District is located in Assosa Zone of Benishangul- Gumuz National Regional State. The District Administrative Town is Bambasi which is 640 kms away from the capital city of the country, Addis Ababa, and 46 kms away from the Regional and Zonal Administrative Town Assosa to the eastern direction. Bambasi District is bordered by Oda Bildigilu District of Benishangul Gumuz Region in Western Ethiopia, by Begi District of Oromia Region and Mao-Komo Special District of Benishangul Gumuz Region in the south, by Menesibu District of

Oromia Region in the east, and by Assosa District of Benishangul Gumuz Region in the west (BWAO, 2019). This District has 38 Kebeles out of which 2 are urban Kebeles.

Kebele is the smallest administrative structure in the Ethiopian government structure. The district is inhabited by six different ethnic groups mainly by the Berta, Mao, Oromo, Amhara, Agew and Tigrian (Deressa, 2017). The agro-ecological zone of the Bambasi District is categorized as 15% Weynadega 5% Dega and 80% Kolla. The annual rainfall ranges between 900mm-1500mm and the average temperature is 28⁰ c. The rainy season, extends from May to October and the dry season extends from November to April. During the rainy season most of the crops in the district are cultivated by using the moisture which is obtained from the rainfall (Bambasi District Agricultural Development Office, 2019).

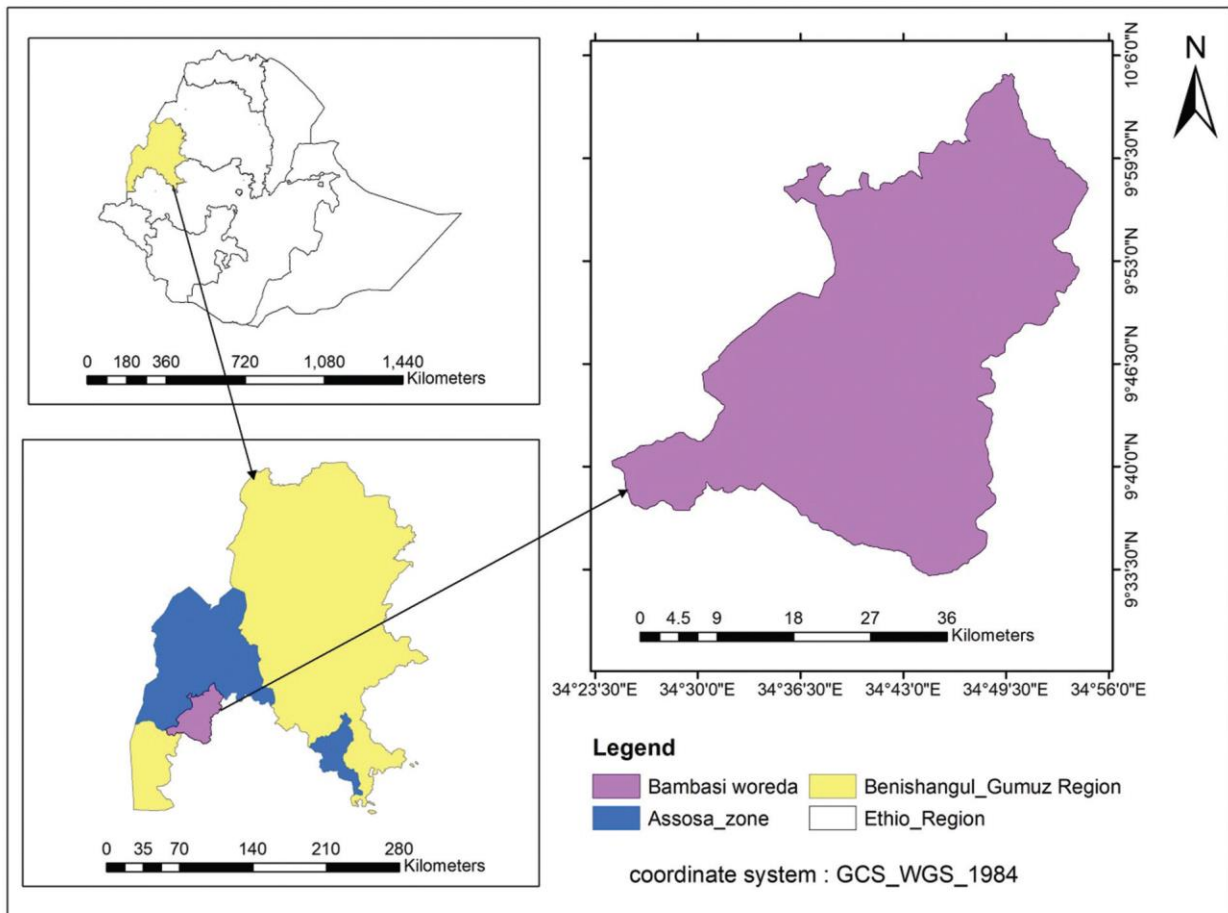


Fig. 1 Map of Ethiopia, Benshangul gumuz region, Assosa Zone and Bambasi District with its 38 Kebeles and one refugee camp. Source: Bambasi District Administration Office (2023).

The Bambasi refugee camp was established in June 2012 in Benishangul Gumuz National Regional State. The camp is found in Assosa zone, Bambasi district at the distance of 640 km from Addis Ababa and 50 km from Assosa, the capital of the Regional State of Benishangul Gumuz. The camp has three zones namely zone A, B and C. Zone A has seven blocks and 860 households. Zone B has four blocks and 1088 households. Zone C has five blocks and 1146 households. Now the camp has 3094 households. Each zone has its own leader and as the whole the refugee camp has the central committee. Now the total population of refugees at Bambasi refugee camp as 29/02/2024 is (14784) individuals (Bambasi refugee camp protection offices, 2024).

3.4. Target population

Target population is defined as identifiable total set of elements of interest being investigated by a researcher. Therefore, the target populations for the study were 8031 individuals from 18 up to 59 years old, of the 14784, refugee communities of Bambasi refugee camp, which are located in Benshangul gumuz region, Assosa Zone and Bambasi District.

3.5. Sampling Technique

According to (Kothari, 2004), two general approaches to sampling are used in social science research i.e., Probability sampling or non-probability sampling. Probability samples are those based on simple random sampling, systematic sampling, stratified sampling, cluster/area sampling whereas non-probability samples are those based on convenience sampling, judgment sampling and quota sampling techniques.

In non-probability sampling, population components are chosen according to their accessibility or the researcher's assessment of their appropriateness for the study. Instead of using random selection, this approach depends on the researcher's familiarity with the topic under study. Researchers employ their judgment in choosing which subjects to include, as mentioned by Parahoo (1997). This can result in a more focused approach, but it can also bring bias.

To increase the randomization effect of the sample, or to select samples from each of the three zones or branches of Bambasi refugee communities like, from zone A, zone B, zone C, none probability sampling **technique** have been used.

3.5.1. Sample Size

There are various formulas for calculating the required sample size based upon whether the data collected is to be of a categorical or quantitative nature. To address specific objective 2 and specific objective 4 quantifiable data have been needed. Therefore, as different literatures recommended, for populations that are large, Cochran (1977) developed the below formula to yield a representative sample for proportions.

Determining sample size is directly proportional to the desired confidence level of the estimate (z) and to the variability of the phenomenon being investigated, and it is inversely proportional to the error that the researcher is prepared to accept (Corbetta, 2003). When the size of population is unknown and previous researches are unavailable to determine the variability of an estimate over all possible samples, the sample size is calculated for the list favorable case $p = q = 0.5$ (Corbetta, 2003) which assumes the maximum variability. Indeed, as the variability is measured by \sqrt{pq} , it is easy to see that this index assumes its highest value when $p = q = 0.50$ (Corbetta, 2003).

In this study, the following formula is used based on the recommendation of Corbetta (2003) in determining the sample size based on standard deviation, 95% confidence interval and 5% sampling error.

$$n = \frac{z^2 p * q}{e^2}$$

Where:

n = required sample size

Z = Degree of confidence (i.e., 1.96)²

P = Probability of positive response (0.5)

Q = Probability of negative response (0.5)

e = Tolerable error (0.05)²

$$n = \frac{z^2 p * q}{e^2} \quad n = \frac{1.96^2 \times 0.5 * 0.5}{0.05^2}$$

n= 385 respondents

The calculation provided is used to determine the required sample size (n) for a survey or study, based on specific parameters related to confidence level, probability of responses, and tolerable

error.

Parameters:

Z-score: For a 95% confidence level, the z-score is approximately 1.96. This value is derived from the standard normal distribution.

Probability of positive response (p): It is assumed to be 0.5, which is often used when there is no prior estimate, as it provides the maximum variability.

Probability of negative response (q): Since $(q = 1 - p)$, it is also 0.5 in this case. Tolerable error (e): The margin of error is set at 0.05.

The questionnaires will be distributed according to the quota calculated based on the number of refugee communities in each refugee zones, (like zone A, B, and C) and each selected zones are presented or described in the table below.

In the context of determining sample size for research, the sample size calculated for an infinite population is applicable when the population is very large. However, when dealing with finite populations, it is essential to apply a correction for proportions to ensure the sample size is representative of the population. This correction is achieved through a specific formula designed for finite populations.

For the study based on the UNHCR report from Bambasi Camp, Assosa, Ethiopia, dated 29/02/2024, it is crucial to utilize this correction formula to accurately determine the sample size. This adjustment accounts for the limited number of individuals in the population, ensuring that the sample reflects the characteristics of the entire population more accurately.

The population for this study is about 8031, among them, 4105 are males and 3926, are females which are finite. This is because a given sample size provides proportionately more information for a small population than for a large population. The sample size (n_0) can thus be adjusted using the corrected formula. To determine the number of samples needed from a total population of 8031, we can use the formula:

$$n = (Z^2 * p * q) / E^2$$

Where:

n is the sample size needed

Z is the Z-score corresponding to the desired confidence level (e.g., for a 95% confidence level, Z 1.96)

p is the estimated proportion of the population that has a particular characteristic

q is $1 - p$

E is the margin of error

Assuming a 95% confidence level (Z

1.96), an estimated proportion of 0.5 (for maximum variability), and a margin of error of 5% ($E = 0.05$), the calculation would be:

$$n = (1.96^2 * 0.5 * 0.5) / 0.05^2$$

$$n = (3.8416 * 0.25) / 0.0025$$

$$n = 0.9604 / 0.0025$$

$$n = 384$$

Therefore, approximately 384 samples would be needed from a total population of 8031 for a 95% confidence level with a margin of error of 5%. But the researcher has used 325 respondents because 59 respondents were not interested to fill the questionnaire.

Table 3.1. Total sample population selected

zones in the camp	Population size of each camp	Percentage proportion	Sample size	
Zone A	2677	$\frac{2677}{8031} \times 325 = 108.33333.2$	108.33333.2	
Zone B	2677	$\frac{2677}{8031} \times 325 = 108.33333.2$	108.33333.2	
Zone C	2677	$\frac{2677}{8031} \times 325 = 108.33333.2$	108.33333.2	<u>Total = 325</u>

Source: Based on the data from management information system of the Bambasi refugee camp, in 2024.

3.6. Data Sources

Both primary and secondary data sources used to collect data to address the listed research questions. The researcher obtained primary data through interviews, observation, informal conversation, focus group discussions with refugees and self-filled questionnaires. And the

researcher used secondary data sources from published or unpublished documents, like Secondary data are reports, institutional records, diary...etc.

3.7. Data Collection Methods

Notably, this psychological study is highly enriched with several data collection methods. To acquire a deep understanding, to offer a holistic description, to address the objectives, and to get accurate and reliable data about the issue under study, the researcher employed multiple data collection techniques. Therefore, the data collection techniques or methods for this research were interviews, observation, focused group discussion, document review.

3.7.1. Interview

In this research in-depth interviews were used to understand the Refugee Communities Intentional Mental Health Service Help Seeking at Bambasi Refugee Camp. Individuals of both sexes (male and female) participated based on their capability to generate relevant information. The number of participants 48. So, for the current study, the primary advantage of an in-depth interview with those informants was to find more detailed information about the issue than the other available data collection methods such as observation and focused group discussion especially to examine how refugees evaluate the appropriateness of the mental health service, they are receiving at Bambasi camp, and how is the mental health service provision practiced among Bambasi Refugee Camp communities?

The selection of 48 participants for the in-depth interviews in this study was probably influenced by a number of factors, including the necessity of a varied representation of viewpoints and experiences within the refugee community as well as pragmatic factors like participant availability and study funding. This figure guarantees that the data gathered is sufficiently rich and diverse to enable a thorough investigation of the subject and enable the drawing of significant conclusions.

Due to their capacity to extract intricate and subtle information that might not be obtained through other techniques, such as focus groups or observation, in-depth interviews were chosen as the main technique for gathering data. This method is especially useful for comprehending how refugees view the suitability of the mental health care they receive and the procedures related to the delivery of mental health services in the Bambasi Refugee Camp.

In terms of the data collecting procedure, interviews were held in settings that were pleasant and convenient for the participants, guaranteeing an atmosphere that was favorable for candid discussion. Usually spanning 30 to 60 minutes, the interview was created to provide participants the opportunity to thoroughly convey their ideas and experiences. This structure allowed for in-depth conversations while honoring the participants' time and circumstance.

3.7.2. Focus Group Discussions

Four focus group discussions (FGDs) were held at the Bambasi Refugee Camp as part of the study to investigate the perceived obstacles that refugee populations face when trying to access mental health treatments. Six people participated in each FGD, chosen specifically to provide a varied representation of male and female elders and youths based on their age, gender, and societal roles.

In order to investigate the cultural elements and beliefs impacting refugee groups' aspirations to seek mental health care, the researcher led the talks. All of the conversations lasted about an hour on average. To guarantee proper data collection, audio recordings were created with the participants' permission, and a designated note-taker recorded important ideas and points during the conversations.

FGDs were used in this study primarily to better understand the obstacles refugees face when trying to get mental health treatment and to make suggestions for bettering service delivery systems that are suited to these groups' needs. Every FGD was created to encourage candid conversation amongst participants with comparable backgrounds, guaranteeing a uniform setting that was ideal for exchanging individual experiences and viewpoints.

3.7.3. Observation

Observation was another major data collecting method for this research so as to explore the visual, Refugee Communities Intentional Mental Health Service Help Seeking at Bambasi Refugee Camp. As Kothari justifies, observation becomes a scientific tool and the method of data collection for the researcher, when it serves formulated research purpose, is systematically planned and recorded and is subjected to check and control on validity and reliability. The observation method is the most commonly used, especially in studies relating to behavioral sciences (Kothari, 2004). The advantage of observation for research in the context of studying refugee communities' intentional mental health service help-seeking at Bambasi Refugee Camp in the Benishangul Gumuz Regional State, Ethiopia, lies in its ability to provide firsthand, real-time data on the behaviors, interactions, and dynamics within the community. Through observation, researchers can gather rich qualitative data that may not be captured through other research methods, such as interviews or surveys. This method allows for a deeper understanding of the community's help-seeking practices, social norms, and challenges they face in accessing mental health services. Additionally, observation can help researchers identify patterns, trends, and nuances that may inform more effective interventions and support strategies for mental health services in refugee settings.

3.7.4. Questionnaires

Based on the research objective, English, version questionnaires prepared to elicit Refugee Communities Intentional Mental Health Service Help Seeking at Bambasi Refugee Camp was prepared. The questionnaire consists of five parts. Part one was prepared to gather general information (demographic variables) about the respondents' gender, age group, educational background and religion.

Part two is prepared to ask respondents to answer on the way mental health services are practiced among in Bambasi Refugee Camp communities?

This part measures the effect of mental health service practicing among Bambasi Refugee Camp communities? Which is divided into five dimensions by using a five-point Likert scale? Part

three, includes questions related to the existence of mental health help seeking intention among Bambasi Refugee Camp communities?

Part four, focused to address research questions, on how Bambasi camp refugees evaluate the appropriateness of mental health service they are receiving and related issues. The final part of the questionnaire was about, how much refugee communities are satisfied on the mental health service they received at Bambasi camp?

For a current topic, a sequential explanatory mixed methods research design is found more appropriate. In this design, the researcher first collects and analyzes quantitative data to identify patterns, trends, or relationships within the topic. This initial quantitative phase provides a broad understanding of the topic and helps generate hypotheses. Subsequently, the researcher follows up with a qualitative phase to delve deeper into the quantitative findings, providing explanations, context, and insights that can enrich the understanding of the topic. This sequential approach allows for a comprehensive exploration of the current topic, combining the strengths of both quantitative and qualitative methods to provide a more holistic view.

3.8. Method of Data Analysis

Any research project must include data processing and analysis. To enable a full comprehension of the findings, the gathered data in this inquiry was thoroughly analyzed utilizing a combination of descriptive statistics and thematic analysis.

First, the respondents' demographic information was arranged and compiled using descriptive statistics. A clear summary of the participant characteristics was made possible by this method, which improved the contextual comprehension of the study population. In order to investigate the connections between different aspects of mental health and the intention to seek assistance within the communities of the Bambasi refugee camp, This quantitative investigation shed light on the potential influences of several factors on behaviors related to seeking help.

Thematic analysis was used to evaluate qualitative data concurrently. Using this approach, participants' qualitative comments were analyzed to find trends, themes, and insights. We were able to identify significant themes that represent the respondents' experiences and viewpoints on mental health and seeking help by methodically classifying the data.

Data from several sources were triangulated to increase the findings' robustness. Cross-checking data from both quantitative and qualitative studies was part of this process, which made sure the results were thorough and well-supported. We sought to offer a comprehensive understanding of the study topics by combining these many data sources, which would ultimately improve the interpretation of the findings as a whole. The data analysis procedure was carefully planned to arrange, examine, and cross-check results from several sources, answering the study questions in a clear and comprehensive manner.

3.9. Integration of Data

A thorough understanding of the deliberate mental health service help-seeking behaviors among refugee communities at the Bambasi Refugee Camp was obtained through the careful integration of quantitative and qualitative data. A fundamental overview of the frequency and trends of help-seeking behaviors was given by the quantitative data, which comprised statistical analyses of service use rates and demographic data. On the other hand, the qualitative information obtained from focus groups and in-depth interviews provided deep, contextual understanding of the social dynamics, cultural beliefs, and individual experiences that influence these behaviors.

A triangulation technique was used to successfully combine these two data sets. To uncover similarities and differences, the quantitative results were compared to the qualitative themes. For example, although the quantitative data showed a low rate of use of mental health services, the qualitative insights showed that stigma, ignorance, and cultural beliefs were some of the underlying barriers that contributed to this trend. A more complex understanding that highlighted not just the statistical patterns but also the lived experiences and contextual elements influencing help-seeking behavior was produced by combining these viewpoints.

A comprehensive understanding of the variables at work was made possible by this integrated approach, which also showed how qualitative narratives may enhance quantitative measurements. In the end, this thorough approach gave a better understanding of the difficulties in accessing mental health services for refugee populations, which helped to guide focused treatments and policy suggestions catered to the particular need of the Bambasi Refugee Camp community.

3.10 Ethical Considerations

Prior to starting the data collection procedure, ethical approval from the appropriate regional or zonal bodies as well as the College of Education and Behavioral Studies, School of Psychology, Addis Ababa University, must be obtained. When the self-administered questionnaire and interview guide are given to participants, their oral consent to participate in the study will be sought. The cover page of every questionnaire will have a one-page consent form that details the study's overall goal, confidentiality concerns, and study participants' assent. To protect the privacy of the information provided by participants, names will not be used as identifiers in the

surveys. Transparent reporting and strict scientific procedures was also be used to show how reliable the data gathered.

Chapter Four

Findings of the Study

4.1. Background Information of Respondents

Understanding the background information of respondents is crucial in any research study to gain insights into the demographics and characteristics of the participants. In this context, the background information of respondents includes variables such as gender, age, and education level. By analyzing these demographic factors, researchers can better comprehend the composition of the sample population and draw meaningful conclusions from the data collected. This introduction sets the stage for a detailed examination of the respondents' profiles, shedding light on their diverse attributes and providing a foundation for further analysis.

Table 1: Background information of Respondents

Variables	Category	Frequency	Percent
Gender	Female	146	44.9
	male	179	55.1
	Total	325	100.0
Age	(18-29)	124	38.2
	(30-40)	105	32.3
	(40-50)	85	26.2
	above 51	11	3.4
	Total	325	100.0
Education Level	no education	160	49.2
	high school	154	47.4
	diploma	4	1.2
	first degree	7	2.2
	Total	325	100.0

Source: from the research survey 2024

Based on the provided table, the background information of the respondents includes variables such as gender, age, and education level. The table shows that out of 325 respondents, 146 were female (44.9%) and 179 were male (55.1%). In terms of age, 124 respondents were in the 18-29 age group (38.2%), 105 were in the 30-40 age group (32.3%), 85 were in the 40-50 age group

(26.2%), and 11 were above 51 (3.4%). Regarding education level, 160 respondents had no education (49.2%), 154 had a high school education (47.4%), 4 had a diploma (1.2%), and 7 had a first degree (2.2%). This information provides a comprehensive overview of the demographics of the respondents.

4.2. The Perceived Barriers to Seeking Mental Health Services among Refugee Populations in the Bambasi Refugee Camp

Table 2: Perceived barriers to seeking mental health services among refugee populations in the Bambasi Refugee Camp

Statements	Categories	Frequency	Percent
My level of comfort in discussing mental health concerns with healthcare providers in the camp positively influences my likelihood of seeking mental health services.	Disagree	9	2.8
	Neutral	54	16.6
	Agree	206	63.4
	Strongly Agree	56	17.2
	Total	325	100.0
Perceived stigma surrounding mental health services in the refugee community influences my decision to seek mental health support.	Strongly disagree	3	.9
	Disagree	41	12.6
	Neutral	98	30.2
	Agree	114	35.1
	Strongly Agree	69	21.2
My awareness of available mental health services in the Bambasi Refugee Camp impacts my willingness to seek mental health support.	Disagree	13	4.0
	Neutral	12	3.7
	Agree	227	69.8
	Strongly Agree	73	22.5
	Total	325	100.0
Language barriers present a significant challenge in accessing mental health services, impacting my ability to seek and receive appropriate care.	strongly disagree	42	12.9
	Disagree	69	21.2
	Neutral	13	4.0
	Agree	129	39.7
	Strongly Agree	72	22.2
	Total	325	100.0

Source: Constructed from the research survey 2024

The table provides a breakdown of the perceived barriers to seeking mental health services among refugee populations. The data on perceived barriers to seeking mental health services among refugee populations in the Bambasi Refugee Camp highlights several key factors that influence their access to mental health support, which could include:

4.2.1. Discomfort in Discussing

Fear of judgment or discomfort in discussing mental health concerns with healthcare providers may prevent individuals from seeking help. With regard to comfort level in discussing mental health concerns with healthcare providers a majority of the respondents (63.4%) agreed that their comfort level positively influences their likelihood of seeking mental health services. For the statement "level of comfort in discussing mental health concerns with healthcare providers in the camp positively influences their likelihood of seeking mental health services," the majority of the respondents agreed with the statement (63.4%) and 17.2% of them selected strongly agree. Only a small percentage of them disagreed or was neutral on the issue. Additionally, the performance of mental health experts, including their expertise, approachability, and cultural competence, can affect the trust and confidence that refugee communities have in seeking mental health services. A positive experience with mental health professionals can encourage help-seeking behavior, while negative experiences may deter individuals from seeking support as reported by the interviewed refugee community members.

4.2.2. Perceived stigma

Cultural beliefs or societal attitudes that stigmatize mental health issues may discourage individuals from seeking help. With regard to perceived stigma surrounding mental health services; a significant portion of respondents (35.1% agreed, 21.2% strongly agreed) indicating that for over 56% of them stigma within the refugee community impacts their decision to seek mental health support. For the statement "Perceived stigma surrounding mental health services in the refugee community influences my decision to seek mental health support," there was a more varied response. While a significant portion agreed or strongly agreed with the statement (35.1% and 21.2% respectively), there were also respondents who disagreed (12.6%) or were neutral (30.2%) on the subject.

"I have seen so much pain and loss; I don't trust anyone to help me with my feelings. The last time I tried to get help, I felt dismissed and misunderstood. I fear that it will be the same here. I remember when I reached out for help before, and it only made things worse. I keep my struggles to myself now. After everything I've been through, I can't bear the thought of opening up to someone who might not understand." (Interview with respondents on 20/06/2024)

4.2.3. Lack of Awareness

Refugees may not be fully informed about the mental health services available in the camp, leading to underutilization of resources and services. Regarding awareness of the available mental health services the data shows that awareness of services in the camp impacts willingness to seek support, with 69.8% agreeing and 22.5% strongly agreeing. When it comes to the statement "My awareness of available mental health services in the Bambasi Refugee Camp impacts my willingness to seek mental health support," the majority of the respondents agreed or strongly agreed with the statement, with 69.8% agreeing and 22.5% strongly agreeing. Only a small percentage disagreed or was neutral on the issue.

4.2.4. Language Barriers

Limited proficiency in the local language or lack of access to interpreters may hinder communication with healthcare providers and understanding of available services. The majority of respondents either agreed (39.7%) or strongly agreed (22.2%) that language barriers present a significant challenge in accessing mental health services, impacting their ability to seek and receive appropriate care. This indicates that a combined total of 61.9% of respondents recognize the hindrance posed by language barriers in accessing mental health services. On the other hand, a smaller percentage either disagreed (21.2%) or strongly disagreed (12.9%) with the statement, suggesting that there is a portion of respondents who do not perceive language barriers as a significant challenge in accessing mental health services.

These findings suggest that addressing issues related to comfort levels, stigma, awareness of services, and language barriers is crucial in improving access to mental health services for refugee populations in the Bambasi Refugee Camp. Overall, the data highlights the importance

of addressing language barriers, stigma and perceived level of comfort to improve access to mental health services for refugee populations in the Bambasi Refugee Camp.

4.3. The Factors That Facilitate Help-Seeking Behavior for Mental Health Services among Refugee Communities at the Bambasi Refugee Camp

Table 3: The factors that facilitate help-seeking behavior for mental health services among refugee communities at the Bambasi Refugee Camp

Statements	Categories	Frequency	Percent
I have a high level of trust in the competence and empathy of healthcare providers in the camp to deliver effective mental health support.	strongly disagree	4	1.2
	Neutral	22	6.8
	Agree	202	62.2
	Strongly Agree	97	29.8
	Total	325	100.0
I am confident that mental health services in the camp are tailored to respect and address my cultural background and needs.	Disagree	7	2.2
	Neutral	98	30.2
	Agree	113	34.8
	Strongly Agree	107	32.9
	Total	325	100.0
The influence of my cultural beliefs significantly affects my willingness to seek mental health support in the camp	Disagree	14	4.3
	Neutral	84	25.8
	Agree	125	38.5
	Strongly Agree	102	31.4
	Total	325	100.0
I place greater trust in traditional healing methods compared to Western mental health services.	Disagree	66	20.3
	Neutral	88	27.1
	Agree	73	22.5
	Strongly Agree	98	30.2
	Total	325	100.0
	Disagree	88	27.1

Source: from the research survey 2024

Based on the data provided, the factors that facilitate help-seeking behavior for mental health services among refugee communities at the Bambasi Refugee Camp can be categorized into four main statements: Based on the data provided, the factors that facilitate help-seeking behavior for mental health services among refugee communities at the Bambasi Refugee Camp can be categorized into four main statements:

1. Trust in Healthcare Providers: "I have a high level of trust in the competence and empathy of healthcare providers in the camp to deliver effective mental health support."
2. Cultural Competence of Services: "I have faith that the camp's mental health services are designed to honor and cater to my cultural background and requirements."
3. Influence of Cultural Beliefs: "The influence of my cultural beliefs significantly affects my willingness to seek mental health support in the camp."
4. Preference for Traditional Healing: "I place greater trust in traditional healing methods compared to Western mental health services."

Although these statements emphasize important elements that encourage behavior that involves seeking help, the analysis is still a little cursory. It is crucial to use triangulation by combining qualitative data sources, like focus groups or interviews, with the quantitative results in order to have a deeper knowledge of these elements. This method would enable a more thorough investigation of the ways in which cultural beliefs, trust in healthcare professionals, opinions of cultural competency, and inclinations for conventional treatment techniques interact and affect the choice of mental health care.

Qualitative insights could, for example, highlight particular experiences that influence trust in medical professionals or show how cultural views appear when seeking assistance. The analysis can offer a deeper, more complex understanding of the obstacles and enablers to obtaining mental health treatment by combining multiple data sources, which will ultimately help develop more successful and culturally aware interventions for the refugee populations in the Bambasi Refugee Camp.

4.3.1. Trust and Confidence on the mental health services in the camp

Trust in the competence and empathy of healthcare providers in the camp to deliver effective mental health support. A majority of respondents (62.2%) agreed with this statement, while 29.8% strongly agreed. The level of trust that refugees have in the healthcare providers' abilities and compassion to provide effective mental health support plays a crucial role in their willingness to seek help.

With regard to the issue that confidence in mental health services in the camp are tailored to respect and address cultural background and needs, a significant portion of respondents (34.8%) agreed with it, while 32.9% strongly agreed. Refugees are more likely to seek mental health services if they believe that the services offered are culturally sensitive and take into account their unique cultural backgrounds and needs.

4.3.2. Influence of Cultural Beliefs

Influence of cultural beliefs on willingness to seek mental health support in the camp. A considerable number of respondents (38.5%) agreed with this statement, while 31.4% strongly agreed. Cultural beliefs and norms can significantly impact refugees' attitudes towards seeking mental health support. Understanding and respecting these cultural influences are essential in promoting help-seeking behavior. The factors of gender, religion, culture, and the performance of mental health experts can significantly impact the intention of refugee communities to seek mental health services at the 'Bambasi' Refugee Camp in Benshangul Gumuz Regional State, in Ethiopia. Gender norms and roles may influence how individuals perceive mental health services and their willingness to seek help. Religious beliefs and practices can also play a role in shaping attitudes towards mental health and help-seeking behaviors. Cultural norms and values may impact the stigma associated with mental health issues and influence the decision to seek professional help. Understanding and addressing these factors in a culturally sensitive and gender-responsive manner is essential for promoting mental health service help-seeking among refugee communities at the 'Bambasi' Refugee Camp in Ethiopia.

Understanding the influence of refugees' socio-cultural identities on their behaviors when seeking mental health care in the camp is essential for us, the social workers at the Bambasi refugee camp. Religious and cultural backgrounds have a significant impact on the mental health needs and treatment preferences of refugees. Refugees' attitudes toward clinical interventions and mental health services are significantly shaped by these factors (Interview with social worker on 01/04/2024).

4.3.3. Comparing Traditional Healing Methods to Western Mental Health Services

Some refugees have a preference for traditional healing methods over Western mental health services. Building trust and understanding around these preferences can encourage refugees to seek the mental health support they need. Trust in traditional healing methods compared to Western mental health services: A significant portion of respondents (30.2%) strongly agreed with this statement, while 27.1% disagreed.

Generally, the data suggests that factors such as trust in healthcare providers, cultural tailoring of services, cultural beliefs, and preferences for traditional healing methods play a significant role in facilitating help-seeking behavior for mental health services among refugee communities at the Bambasi Refugee Camp.

4.4. Beliefs and Cultural Factors that Influence Refugee Communities' Intentions to Seek Mental Health Support in the Context of The Bambasi Refugee Camp.

Table 4: Beliefs and cultural factors that influence refugee communities' intentions to seek mental health support

Statements	Categories	Frequency	Percent
I find it comfortable and beneficial to discuss mental health concerns with religious leaders in the camp.	Disagree	27	8.3
	Neutral	22	6.8
	Agree	193	59.4
	Strongly Agree	83	25.5
	Total	325	100.0
I perceive seeking mental health services as conflicting with my cultural norms	Disagree	79	24.3
	Neutral	79	24.3
	Agree	125	38.5
	Strongly Agree	42	12.9
	Total	325	100.0
I find it convenient and straightforward to access comprehensive information about the mental health services offered in the camp."	Disagree	16	4.9
	Neutral	21	6.5
	Agree	153	47.1
	Strongly Agree	135	41.5
	Total	325	100.0
I perceive strong social support and encouragement from my community when seeking mental health services.	Disagree	72	22.2
	Neutral	93	28.6
	Agree	124	38.2
	Strongly Agree	100	30.8
	Strongly Agree	8	2.5
	Total	325	100.0

Source: from the research survey 2024

Based on the data provided regarding beliefs and cultural factors influencing refugee communities' intentions to seek mental health support in the context of the Bambasi Refugee Camp, the following insights can be derived:

4.4.1. Discussing Mental Health Concern with Religious Leaders:

A significant majority of respondents, comprising 59.4% of the total, indicated that they find it comfortable and beneficial to discuss mental health concerns with religious leaders in the camp. Additionally, 25.5% of respondents strongly agreed with this statement. This suggests that a substantial portion of the surveyed population perceives discussing mental health issues with religious leaders as a positive and supportive experience within the camp setting.

It is commonly believed in the context of Islamic belief that Muslims' ability to maintain their health and peace is greatly influenced by their faith in Allah. Praying is thought to be a way to ask a higher power for guidance and blessings. In an attempt to find protection and healing, some people may place a higher priority on spiritual activities like prayer. It is imperative to acknowledge that this belief does not diminish the significance of pursuing clinical treatment when confronted with health risks or ailments. Although prayer is regarded as a source of strength and consolation, it is acknowledged that effective treatment of health issues requires medical intervention and professional healthcare services. This methodical approach recognizes the role that practical medical care and spiritual beliefs play in fostering general well-being'' (interview with one refugee on 07/04/2024)

4.4.2. Perceived Conflict with Cultural Norms in Seeking Mental Health

Services:

In the Perceived Conflict with Cultural Norms in Seeking Mental Health Services, an important portion of respondents, specifically 38.5%, agreed that they perceive seeking mental health services as conflicting with their cultural norms. Additionally, 12.9% of respondents strongly agreed with this statement. This indicates that a notable proportion of individuals in the surveyed population feel that seeking mental health services goes against their cultural norms, highlighting a potential barrier to accessing mental health support within their community. One of the Muslim refugees at the camp said that: *I feel that asking for help with my mental health is seen as a weakness in my culture. It makes me hesitant to seek the support.*

4.4.3. Accessibility of Comprehensive Information about Mental Health

Services:

In the context of Accessibility of Comprehensive Information about Mental Health Services, a significant portion of respondents, specifically 47.1%, expressed agreement in finding it convenient and straightforward to access comprehensive information about the mental health services available in the camp. Additionally, a notable 41.5% of respondents strongly agreed with this sentiment. This indicates a positive perception among the surveyed individuals regarding the ease of obtaining detailed information about mental health services within the camp.

4.4.4. Social Support and Encouragement from the Community:

The data indicates that a notable portion of respondents, 38.2%, expressed agreement in perceiving strong social support and encouragement from their community when seeking mental health services, while 30.8% strongly agreed with this sentiment. This suggests a positive trend towards community support in mental health matters within the camp setting.

The data presented in the table investigates beliefs and cultural factors influencing refugee communities' intentions to seek mental health support in the context of the Bambasi Refugee Camp. It includes responses to statements related to discussing mental health concerns with religious leaders, the perception of seeking mental health services conflicting with cultural norms, ease of access to information about mental health services, and the level of social support

when seeking mental health services. The responses are categorized as Disagree, Neutral, Agree, and Strongly Agree, with corresponding frequencies and percentages for each statement.

Overall, the data suggests that beliefs and cultural factors, such as comfort in discussing mental health with religious leaders, perceptions of cultural norms, and accessibility of information about services, and social support from the community, play a crucial role in influencing refugee communities' intentions to seek mental health support in the Bambasi Refugee Camp.

4.5. The Way of Improving Mental Health Service Delivery Systems for Refugee Communities at the Bambasi Refugee Camp

Table 5: Statements, for improving mental health service delivery systems for refugee communities at the Bambasi Refugee Camp:

Statements	Category	Frequency	Percent
I perceive seeking mental health services as conflicting with my cultural norms	Disagree	79	24.3
	Neutral	79	24.3
	Agree	125	38.5
I find it comfortable and beneficial to discuss mental health concerns with religious leaders in the camp.	Disagree	27	8.3
	Neutral	22	6.8
	Agree	193	59.4
	Strongly Agree	82	25.5
	Total	325	100.0
I am confident that providing cultural competence training to healthcare providers is essential for improving the delivery of mental health services.	Disagree	18	5.5
	Neutral	30	9.2
	Agree	143	44.0
	Strongly Agree	134	41.2
	Total	325	100.0
I am convinced that active involvement of refugee community leaders in mental health service planning is key to achieving positive and sustainable outcomes.	Disagree	19	5.8
	Neutral	6	1.8
	Agree	131	40.3
	Strongly Agree	169	51.1
	Total	325	100

Source: from the research survey 2024

Based on the data provided regarding improving mental health service delivery systems for refugee communities at the Bambasi Refugee Camp, the variables can be categorized into four main statements:

4.5.1. Perceiving seeking mental health services as conflicting with cultural norms:

A significant portion of respondents (38.5%) agreed that they perceive seeking mental health services as conflicting with their cultural norms. This suggests that cultural beliefs and norms may act as a barrier to accessing mental health services among refugee populations in the Bambasi Refugee Camp. It highlights the importance of addressing cultural sensitivities and promoting culturally appropriate mental health services to better support the mental well-being of individuals in this community.

4.5.2. Discussing mental health concerns with religious leaders:

In relation to the comfort and benefit of discussing mental health concerns with religious leaders in the camp, the data indicates that a significant proportion of respondents find this aspect important. Specifically, 59.4% of respondents agreed that their level of comfort in discussing mental health concerns with religious leaders positively influences their likelihood of seeking mental health services. Additionally, a notable 25.5% of respondents strongly agreed with this statement, highlighting the perceived value and impact of engaging with religious leaders in addressing mental health issues within the refugee community in the Bambasi Refugee Camp.

4.5.3. Providing Cultural Competence Training:

The data highlights the importance of providing cultural competence training to healthcare providers for improving mental health service delivery. A significant majority of respondents, comprising 44.0%, agreed with this statement, indicating recognition of the need for healthcare providers to be culturally competent. Furthermore, a substantial portion of respondents, totaling 41.2%, strongly agreed with the importance of cultural competence training. This suggests a strong consensus among the respondents regarding the positive impact that culturally competent

healthcare providers can have on enhancing mental health service delivery within refugee populations in the Bambasi Refugee Camp.

...Achieving effective and culturally sensitive mental health support in the camp environment requires an understanding of and respect for the diverse socio-cultural identities of refugees. Social workers can more effectively address the mental health needs of individuals in a way that is respectful, inclusive, and sensitive to their individual backgrounds and preferences by acknowledging and incorporating refugees' religious and cultural beliefs into the provision of clinical treatment options (Interview with a social worker on 01/04/2024).

4.5.4. Active Involvement of Refugee Community

Active involvement of refugee community leaders in mental health service planning is perceived as crucial by the majority of respondents. Specifically, 51.1% of respondents strongly agreed that the active participation of refugee community leaders is essential for achieving positive and sustainable outcomes in mental health service delivery. This indicates recognition among the respondents of the significant role that community leaders play in shaping and improving mental health services within the refugee population in the Bambasi Refugee Camp.

Overall, the data suggests that addressing cultural norms, involving religious leaders and community leaders, and providing cultural competence training to healthcare providers are essential factors in improving mental health service delivery systems for refugee communities at the Bambasi Refugee Camp.

4.6. Discussion of the Study

A thorough grasp of the particular difficulties encountered by this susceptible group can be gained from the results of the current study on the perceived obstacles to obtaining mental health treatment among refugee populations in the Bambasi Refugee Camp. Your research identifies important areas for intervention by analyzing the interactions between stigma, language difficulties, cultural variables, awareness of resources, and comfort in talking about mental health. Comparing this analysis with previous research, especially that done by Mackenzie et al.

(2006), Mesidor and SI (2014), Amri and Bemak (2013), and Gebre-egziabher et al. (2019), can further enhance it.

4.6.1. Comfort in Discussing Mental Health

The results highlight how crucial it is to build rapport and trust between migrants and medical professionals. According to Mackenzie et al. (2006), people's willingness to use mental health services can be seriously hampered by unfavorable attitudes against asking for assistance. These views are influenced by age and gender, according to their research, which suggests that men and older persons may be especially reluctant to ask for assistance. This emphasizes the necessity of focused interventions that take into account these demographic variations, possibly using age- or gender-sensitive communication techniques.

4.6.2. Awareness of Available Services

The literature echoes the need to increase awareness of the mental health treatments that are offered in the Bambasi Refugee Camp. Mesidor and SI (2014) investigated how social-cognitive factors affect intentions to seek help, showing that ignorance might result in misunderstandings about the support that is accessible. Your suggestion to increase the availability of information is essential because it can encourage refugees to ask for assistance and lessen their dependency on unofficial support networks that might not be sufficient to meet their mental health requirements.

4.6.3. Stigma as a Barrier

The current study's identification of the stigma associated with mental health care is a noteworthy obstacle that is consistent with Amri and Bemak's (2013) findings. They also out those psychosocial problems, such as prejudice and identity challenges, might make immigrant communities more stigmatized and make it more difficult for people to seek help. It is crucial to address stigma through community involvement and education programs because they can create a more accepting atmosphere where people can seek assistance without worrying about being judged.

4.6.4. Language Barriers

According to this study, one of the biggest obstacles to receiving mental health services is language problems. In the context of refugee communities, where multilingual support is frequently insufficient, this finding is especially pertinent. According to Gebre-egziabher et al. (2019), obstacles to receiving certified mental health care cause many people to seek help from unauthorized sources. This emphasizes how crucial it is to offer culturally sensitive care and interpreting services so that refugees can express their needs clearly and get the help they need.

4.6.5. Cultural Factors and Community Support

One of the most important aspects of your findings is the influence of community support and cultural influences on help-seeking behavior. Strong social support networks and faith in medical professionals were found to be beneficial determinants. This is consistent with the larger body of research that indicates culturally appropriate interventions can improve mental health service utilization. The effectiveness of mental health services can be increased by better matching them with the cultural values and needs of the refugee population through the inclusion of community leaders in program planning, as you suggest.

The current study offers important new information on the obstacles refugees in the Bambasi Refugee Camp encounter while trying to access mental health services. It is clear from contrasting your results with previous studies that, although various groups face similar difficulties, the unique circumstances of refugees need for customized solutions. Improving the delivery of mental health services for this vulnerable population requires addressing issues such as comfort in talking about mental health, raising awareness of resources, lowering stigma, removing language hurdles, and taking cultural considerations into account. Stakeholders can improve refugees' mental health and create a more encouraging atmosphere for seeking treatment by giving priority to these areas.

Chapter Five

5. Conclusion and Recommendation

5.1. Conclusion

Based on the specific objectives and Likert scale questions used to identify perceived barriers to seeking mental health services among refugee populations in the Bambasi Refugee Camp, as well as examining beliefs and cultural factors influencing intentions to seek mental health support, several key conclusions can be drawn.

Firstly, the level of comfort in discussing mental health concerns with healthcare providers in the camp plays a crucial role in influencing the likelihood of seeking mental health services. This indicates the importance of establishing trust and rapport between refugees and healthcare providers to encourage help-seeking behavior.

Secondly, awareness of available mental health services in the camp significantly impacts the willingness to seek mental health support. Efforts to improve information dissemination about mental health services could potentially increase utilization rates among refugees.

Perceived stigma surrounding mental health services within the refugee community emerged as a notable barrier to seeking support. Addressing and reducing stigma through education and community engagement initiatives may be essential in promoting mental health service utilization.

Language barriers were identified as a significant challenge in accessing mental health services, highlighting the need for multilingual support and interpretation services to ensure refugees can effectively seek and receive appropriate care.

Regarding beliefs and cultural factors influencing intentions to seek mental health support, trust in the competence and empathy of healthcare providers, as well as strong social support from the community, were identified as positive influencers. Tailoring mental health services to respect cultural backgrounds and needs, as well as providing convenient access to information, were also seen as important factors in promoting help-seeking behavior.

In proposing recommendations for improving mental health service delivery systems for refugee communities at the Bambasi Refugee Camp, raising awareness about mental health services, providing cultural competence training to healthcare providers, integrating mental health services into existing community programs, and involving refugee community leaders in service planning were highlighted as key strategies for enhancing access, effectiveness, and sustainability of mental health support.

Overall, addressing perceived barriers, understanding cultural influences, and implementing targeted interventions are essential steps in improving mental health service delivery for refugee populations in the Bambasi Refugee Camp. By prioritizing trust, awareness, cultural competence, and community engagement, positive outcomes can be achieved in supporting the mental well-being of refugees in the camp.

5.2. Recommendation

Based on the findings from the examination of intentional mental health service help-seeking behaviors among refugee communities at the Bambasi Refugee Camp, the following recommendations are proposed for policymakers, humanitarian organizations, and mental health practitioners:

Enhance Accessibility of Mental Health Services: Ensure that mental health services are easily accessible to refugees by establishing more service points within the camp and surrounding areas. This includes providing transportation options and extending service hours to accommodate varying schedules.

Culturally Sensitive Training: Provide training for mental health practitioners on cultural competence and sensitivity to better understand the unique experiences and challenges faced by refugees. This will help in building trust and rapport with the community.

Community Engagement and Awareness Campaigns: Implement community engagement initiatives to raise awareness about mental health issues and available services. Utilize local leaders and trusted community members to disseminate information and reduce stigma associated with seeking help.

Integrated Health Services: Integrate mental health services with general health care to ensure a holistic approach to health. This can facilitate easier access for refugees who may prioritize physical health over mental health.

Feedback Mechanisms: Establish feedback mechanisms that allow refugees to voice their experiences and suggestions regarding mental health services. This will help in tailoring services to better meet the needs of the community.

Collaboration with Local Organizations: Foster partnerships with local NGOs and community organizations to leverage existing resources and knowledge. Collaborative efforts can enhance the effectiveness and reach of mental health interventions.

Policy Development: Advocate for the inclusion of mental health considerations in broader refugee policies and programs. This should involve the allocation of adequate resources and funding to support mental health initiatives.

By implementing these recommendations, stakeholders can significantly improve the mental health outcomes for refugee populations, ensuring that they receive the support they need in a compassionate and effective manner.

References

- Aguirre Velasco, A., Cruz, I. S. S., Billings, J., Jimenez, M., & Rowe, S. (2020). What are the barriers, facilitators and interventions targeting help-seeking behaviours for common mental health problems in adolescents? A systematic review. *BMC psychiatry*, 20(1), 1-22.
- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Process*, 50, 179-211.
- American College Health Association. (2009). The American College Health Association National College Health Assessment (ACHA-NCHA) spring2008 reference group data report (abridged). *Journal of American College Health*, 57, 477-488.
- Amri, S., & Bemak, F. (2013). Mental health help-seeking behaviors of Muslim immigrants in the United States: Overcoming social stigma and cultural mistrust. *Journal of Muslim Mental Health*, 7(1).
- Barker, G. (2007). Adolescents, social support and help-seeking behaviour: an international literature review and programme consultation with recommendations for action.
- Biftu, B. B., Takele, W. W., Guracho, Y. D., & Yehualashet, F. A. (2018). Depression and its help seeking behaviors: a systematic review and meta-analysis of community survey in Ethiopia. *Depression research and treatment*, 2018.
- Chang, T., & Chang, R. (2004). Counseling and the internet: Asian American and Asian international college students' attitudes toward seeking online professional psychological help. *Journal of College Counseling*, 7(2), 140.
- Cherry, K. (2014). History of intelligence testing: The history and development of modern IQ testing <http://psychology.about.com/od/psychologicaltesting/a/int-history.htm>. Retrieved, 5, 2014.20.
- Vygotsky L. *Thought and Language*. Cambridge, MA: The MIT Press; 1986.
- Chin, W. Y., Chan, K. T., Lam, C. L., Lam, T. P., & Wan, E. Y. (2015). Help-seeking intentions and subsequent 12-month mental health service use in Chinese primary care patients with depressive symptoms. *BMJ open*, 5(1), e006730.

- Choudhry, F. R., Mani, V., Ming, L. C., & Khan, T. M. (2016). Beliefs and perception about mental health issues: a meta-synthesis. *Neuropsychiatric disease and treatment*, 2807-2818.
- Cochran, W.G. (1977). *Sampling techniques* (3rd ed.). New York: John Wiley & Sons.
- Corbetta, P. (2003). *Social research: Theory, methods and techniques*. Sage.
- Creswell, J. ,*RESEARCH DESIGN Qualitative, Quantitive and Mixed Methods Approaches*, 4thedition, University of Nebraska-Lincoln, SAGE Publication Ltd.,USA
- Fishbein, M., & Ajzen, I. (1975). *Belief, Attitudes, Intentions, and Behavior: An Introduction to Theory and Research*. Reading, MA: Addison-Wesley.
- Gallagher, R. P. (2010). National survey of counseling center directors. The International Association of Counseling Services, Inc.
- Gebre-Egziabher, Y., Girma, E., & Tesfaye, M. (2019). Help-seeking behavior of Jimma university students with common mental disorders: a cross-sectional study. *PloS one*, 14(2), e0212657.
- Grupp, F., Moro, M. R., Nater, U. M., Skandrani, S., & Mewes, R. (2019). ‘Only God can promise healing.’: help-seeking intentions and lay beliefs about cures for post-traumatic stress disorder among Sub-Saharan African asylum seekers in Germany. *European journal of psychotraumatology*, 10(1), 1684225.
- Guo, S., Nguyen, H., Weiss, B., Ngo, V. K., & Lau, A. S. (2015). Linkages between mental health need and help-seeking behavior among adolescents: Moderating role of ethnicity and cultural values. *Journal of counseling psychology*, 62(4), 682.
- Henderson, F., Geyen, D., Rouse, S. D., Griffith, K., & Kritsonis, W. (2007). Mental health Service usage by students attending a historically Black College/University.
- Husserl, E (1970) trans D Carr *Logical investigations* New York, Humanities Press
- Janz, N. K., & Becker, M. H. (1984). The health belief model: A decade later. *Health education quarterly*, 11(1), 1-47.

- Jones-Smith, E. (2019). *Theories of counseling and psychotherapy: An integrative approach*. Sage Publications.
- Jorm, A. F., Korten, A. E., Jacomb, P. A., Christensen, H., Rodgers, B., & Pollitt, P. (1997). "Mental health literacy": a survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. *Medical journal of Australia*, 166(4), 182-186.
- Mackenzie, C. S., Gekoski, W. L., & Knox, V. J. (2006). Age, gender, and the underutilization of mental health services: The influence of help-seeking attitudes. *Aging and mental health*, 10(6), 574-582.
- Masuda, A., Hayes, S. C., Twohig, M. P., Lillis, J., Fletcher, L. B., & Gloster, A. T. (2009). Comparing Japanese international college students' and U.S. college students' mental-healthrelated stigmatizing attitudes. *Journal of Multicultural Counseling & Development*, 37(3), 178-189.
- Mauerhofer, A., Berchtold, A., Michaud, P. A., & Suris, J. C. (2009). GPs' role in the detection of psychological problems of young people: a population-based study. *British journal of general practice*, 59(566), e308-e314.
- Mesidor, J. K., & Sly, K. F. (2014). Mental health help-seeking intentions among international and African American college students: An application of the theory of planned behavior. *Journal of International Students*, 4(2), 137-149.
- Mitchell, M., Cort, M., Young, G., & Roberts, L. (2007). African American college students 'attitudes toward mental health treatment. *Still Not Equal* (pp. 367-378). Peter Lang Publishing, Inc
- Mo, P., & Mak, W. (2009). Help-seeking for mental health problems among Chinese. *Social Psychiatry & Psychiatric Epidemiology*, 44(8), 675-684. doi:10.1007/s00127-008-0484-0.

- Mohammadifirouzeh, M., Oh, K. M., Basnyat, I., & Gimm, G. (2023). Factors associated with professional mental help-seeking among US immigrants: A systematic review. *Journal of Immigrant and Minority Health*, 1-19.
- National Leadership Council (NLC) (2009). Historically Black Colleges and Universities psychosocial needs assessment and counseling center personal surveys. Retrieved from <http://www.endmentalhealthdisparities.net/documents/NLCHBCUPsych.pdf>
- Nilsson, J. E., Berkel, L. A., Flores, L. Y., & Lucas, M. S. (2004). Utilization rate and presenting concerns of international students at a university counseling center: Implications for outreach programming. *Journal of College Student Psychotherapy*, 19, 49-59.
- Onwuegbuzie, A. J., & Collins, K. M. (2007). A Typology of Mixed Methods Sampling Designs in Social Science Research. *The Qualitative Report*, 12(2), 281-316. <https://doi.org/10.46743/2160-3715/2007.1638>
- Özaslan A, Yildirim M, Guney E, İlhan MN, Vostanis P (2023). Mental health problems and help-seeking behaviours of Syrian refugee adolescents: mediating role of self-stigma. *Psychological Medicine* 1–10. <https://doi.org/10.1017/S0033291723002416>
- Plummer, K (1983) *Documents of Life: an introduction to the problems and literature of a humanistic method* London, Unwin Hyman
- Ramos-Sánchez, L., & Atkinson, D. R. (2009). The Relationships between Mexican American acculturation, cultural values, gender, and help-seeking intentions. *Journal of Counseling & Development*, 87(1), 62-71.
- Rosenstock, I. M., Strecher, V. J., & Becker, M. H. (1988). Social learning theory and the health belief model. *Health education quarterly*, 15(2), 175-183.
- Rosenthal, B., & Wilson, W. (2008). Mental health services: Use and disparity among diverse college students. *Journal of American College Health*, 57(1), 61-68.
- Schlautd, V. A., Bosson, R., Williams, M. T., German, B., Hooper, L. M., Frazier, V. ... & Ramirez, J. (2020). Traumatic experiences and mental health risk for refugees. *International journal of environmental research and public health*, 17(6), 1943.

- Setia, M. S. (2016). Methodology series module 3: Cross-sectional studies. *Indian journal of dermatology*, 61(3), 261.
- Shaffer, D. R. (2009). *Social and Personality Development*, 6th Edn Belmont CA: Wadsworth. *Cengage Learning*.
- Skogstad, P., Deane F. P., & Spicer J. (2006). Social-cognitive determinants of help-seeking for mental health problems among prison inmates. *Criminal Behaviour and Mental Health*, 16(1-2), 43-59
- Slade, T., Johnston, A., Teesson, M., Whiteford, H., Burgess, P., Pirkis, J., & Saw, S. (2009). *The mental health of Australians 2: report on the 2007 National Survey of Mental Health and Wellbeing*.
- Slewa-Younan, S., Mond, J. M., Bussion, E., Melkonian, M., Mohammad, Y., Dover, H., ... & Jorm, A. F. (2015). Psychological trauma and help seeking behaviour amongst resettled Iraqi refugees in attending English tuition classes in Australia. *International Journal of Mental Health Systems*, 9, 1-6.
- Stanley, L & Wise, S (1993) *Breaking Out Again: Feminist Ontology and Epistemology* London, Routledge
- Sutton, S. (2001). Health behavior: Psychosocial theories. <http://userpage.fu-berlin.de/~schuez/folien/Sutton.pdf>.
- Tilahun, M., Workicho, A., & Angaw, D. A. (2020). Common mental disorders and its associated factors and mental health care services for Ethiopian labour migrants returned from Middle East countries in Addis Ababa, Ethiopia. *BMC Health Services Research*, 20, 1-13.
- Tudor, K. (2013). *Mental health promotion: Paradigms and practice*. Routledge.
- Vogel, D. L., Michaels, M. L., & Gruss, N. J. (2009). Parental attitudes and college students' intentions to seek therapy. *Journal of Social and Clinical Psychology*, 28(6), 689-713.
- Wang, X., Zhang, D., & Wang, J. (2011). Dual-factor model of mental health: Surpass the traditional mental health model. *Psychology*, 2(08), 767.

- Westerhof, G. J., Maessen, M., de Bruijn R., & Smets, B. (2008). Intentions to seek (preventive) psychological help among older adults: an application of the theory of planned behaviour. *Aging and Mental Health* 12(3), 317-22.
- Wilson, C. (2010). General psychological distress symptoms and help-avoidance in young Australians. *Advances in Mental Health*, 9(1), 63-72.
- Yakunina, E. S., & Weigold, I. K. (2011). Asian international students' intentions to seek counseling: Integrating cognitive and cultural predictors. *Asian American Journal of Psychology*, 2(3), 219-224. doi:10.1037/a0024821
- Yakushko, O., Davidson, M., & Sanford-Martens, T. C. (2008). Seeking help in a foreign land: International students' use patterns for a U.S. university counseling center. *Journal of College Counseling*, 11(1), 6-18.
- Zachrisson, H. D., Rödje, K., & Mykletun, A. (2006). Utilization of health services in relation to mental health problems in adolescents: a population-based survey. *BMC public health*, 6(1), 1-7.
- Song, SJ. & de Jong, J. (2013). Silence and disclosure: Intergenerational indero between Burundian former child soldiers and their children. *International Journal for the Advancement of Counseling*, 36, 84-95.

Addis Ababa University

College of Education and Behavioral Studies

School of Psychology

Appendices

Appendix 1

A questionnaire on refugee communities' intentional mental health service help seeking;

Dear Respondents,

I am Bezanesh Esubalew Bashaherget, a graduate student at Addis Ababa University College of education and behavioral studies, School of psychology. I am conducting a research on refugee communities' intentional mental health service help seeking at "Bambasi" refugee camp in Benshangul Gumuz regional state, Ethiopia. It is for a partial fulfillment of Master of Arts in social psychology. I kindly request you to spend some minutes of your time to filling the questionnaire. Any information which you provide will be kept confidential. Your genuine response is highly appreciated for the outcome of the project.

Thank you for your kind cooperation in filling the questionnaire;-

Part-1: Respondents' Socio Demographic Information:

Please put a check mark (√) on the appropriate box

1. Gender Female Male

2. Age 18-29 30-40 40-50 above 50

3. Educational level High school Diploma Degree Masters

Above

Part II: Survey refugee communities' intentional mental health service help seeking

Direction: This part of the questionnaire intends to find your perception towards the **refugee communities' intentional mental health service helps seeking**. Please circle the number which reflects your perception.

1= strongly disagree, 2=Disagree, 3= Neutral, 4= Agree and 5= Strongly Agree.

❖ Please, indicate your opinion by marking the appropriate box on the five point scale where:

No	Statement of refugee communities' intentional mental health service helps seeking	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
i	To identify the perceived barriers to seeking mental health services among refugee populations in the Bambasi Refugee Camp:					
1	I feel comfortable discussing mental health concerns with healthcare providers in the camp.	1	2	3	4	5
2	I am aware of the mental health services available to me in the Bambasi Refugee Camp.	1	2	3	4	5
3	I believe there is stigma associated with seeking mental health services in the refugee community.	1	2	3	4	5
4	I face language barriers when trying to access mental health services in the camp.	1	2	3	4	5
ii	To explore the factors that facilitate help-seeking behavior for mental health services among refugee communities at the Bambasi Refugee Camp:					
6	I trust the healthcare providers in the camp to provide effective mental health support.	1	2	3	4	5
7	I feel supported by my community in seeking mental health services.	1	2	3	4	5
8	I believe that mental health services in the camp are culturally sensitive to my needs.	1	2	3	4	5
9	I have easy access to information about mental health services available in the camp.	1	2	3	4	5
iii	To examine beliefs and cultural factors that influence refugee communities' intentions to seek mental health support in the context of the Bambasi Refugee Camp:					

10	My cultural beliefs impact my willingness to seek mental health support in the camp.	1	2	3	4	5
11	I believe that seeking mental health services goes against my cultural norms.	1	2	3	4	5
12	I trust traditional healing methods more than Western mental health services.					5
13	I feel comfortable discussing mental health concerns with religious leaders in the camp.	1	2	3	4	5
iv	To propose recommendations for improving mental health service delivery systems for refugee communities at the Bambasi Refugee Camp:					
14	I believe that increasing awareness about mental health services will improve access for refugees.	1	2	3	4	5
15	I think that training healthcare providers in cultural competence will enhance mental health service delivery.	1	2	3	4	5
16	I support the idea of integrating mental health services into existing community programs in the camp.	1	2	3	4	5
17	I believe that involving refugee community leaders in mental health service planning will lead to better outcomes.	1	2	3	4	5

Part III: Level of refugee communities’ intentional mental health service helps seeking

Direction: The following statements describe your feelings about your **intentional mental health service help seeking**. Please respond by choosing the number which reflects your own perception. Say my feeling about my **mental health service help seeking** can be best described as

- 1. I never **seek** help
- 2. I do not seek help
- 3. Neutral
- 4. I Seek help
- 5. I highly seek help

Each of the statements the researcher provided could be rated on this scale to assess the level of agreement or comfort regarding mental health concerns, awareness of services, perceived stigma, and language barriers and others.

Thank You for spent Your Time to fill this Questionnaire!

Appendix 2, **Interview guiding questions**

Thank you for taking the time to share your insights and findings on the intentional mental health service help seeking behaviors of refugee communities at Bambasi Refugee Camp in Benshangul Gumuz Regional State, Ethiopia. Your research is of great significance in addressing the mental health needs of this vulnerable population.

1. Can you provide an overview of the mental health services available at the “Bambasi” refugee camp in the Benshangul Gumuz Regional State, Ethiopia?
2. What are the main challenges faced by refugee communities in seeking mental health services at the “Bambasi” refugee camp?
3. How do cultural beliefs and practices influence the intention of refugee communities to seek mental health services at the camp?
4. What are the factors that contribute to or hinder the intentional help-seeking behavior of refugee communities for mental health services at the “Bambasi” refugee camp?
5. How do social support networks within the refugee camp impact the intention of refugee communities to seek mental health services?
6. What are the perceptions and attitudes of refugee communities towards mental health and mental health services at the “Bambasi” refugee camp?
7. Are there any specific barriers or facilitators that influence the intention of refugee communities to seek mental health services at the camp?
8. How do the experiences of refugee communities in accessing and utilizing mental health services at the “Bambasi” refugee camp shape their intention to seek help?
9. What are the recommendations from refugee communities themselves to improve the intention of seeking mental health services at the Bambasi refugee camp?
10. How can the findings of this research contribute to the development and improvement of mental health services for refugee communities in similar contexts?