Addis Ababa University

ADDIS ABABA UNIVERSITY COLLEGE OF HEALTH SCIENCES, SCHOOL OF MEDICINE, DEPARTMENT OF PSYCHIATRY

ASSESSMENT OF PROFESSIONAL MENTAL HEALTH HELP SEEKING ATTITUDE AND BEHAVIOR AND ASSOCIATED FACTORS AMONG HEALTH PROFESSIONALS AT TIKUR ANBESSA SPECIALIZED HOSPITAL FROM JULY TO AUGUST 2023; CROSS SECTIONAL STUDY

Principal Investigator – Ruth Abraham

March, 2024 (G.C.)

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Supervisors

Dr. Selam Aberra, MD, Psychiatrist, Assistant Professor of Psychiatry, Addis Ababa University

Dr. Tsegereda Haile, MD, Psychiatrist, Assistant Professor of Psychiatry, Addis Ababa University

A THESIS SUBMITTED TO THE DEPARTMENT OF PSYCHIATRY, SCHOOL OF MEDICINE, COLLEGE OF HEALTH SCIENCES, ADDIS ABABA UNIVERSITY FOR THE PARTIAL FULFILMENT OF THE SPECIALTY CERTIFICATE IN PSYCHIATRY

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Signature: _____

Examiners

Dr. Azeb Asaminew, MD, Psychiatrist, Assistant Professor of Psychiatry, Addis Ababa University

Signature: _____

Dr. Eyerusalem Solomon, MD, Psychiatrist, Assistant Professor of Psychiatry, Addis Ababa University

Signature: _____

List of Abbreviations

CI – Confidence Interval

MHASAS – Mental Help Seeking Attitude Scale

OPD – Outpatient Department

OSSS-3 - Oslo Social Support Scale -3

SSOSH – Self-Stigma of Seeking Help

TASH – Tikur Anbessa Specialized hospital

UK – United Kingdom

U.S.A – United States of America

WHO – World Health Organization

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I would like to express my deepest gratitude to my advisors, Dr. Selam Aberra and Dr. Tsegereda Haile.

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Abstract

Introduction: Health professionals are trained to care for others and to put their patients' needs above their own. In addition to the work-related stress, they are faced with non-occupational issues related to work life balance and financial issues. Health professionals give less attention to their own health and they often find it hard to seek help when their suffering is a result of mental distress. Although the mental health help seeking attitude and behavior in the community has been studied, there is no study to assess professional mental health help seeking attitude and behavior among health professionals done in Ethiopia.

Objective: To describe the professional mental health help seeking attitude and behavior and associated factors among health professional working at TASH, Addis Ababa, Ethiopia.

Methods: A cross-sectional facility-based study was conducted among a sample of 422 health professionals working at TASH. The health professions included in the study were selected by quota sampling. The data was collected through self-administered questionnaire using standardized measurements. The scales that were used are: Measuring the Self Stigma Associated with Seeking Psychological Help, Oslo Social Support Scale -3, Mental Help Seeking Attitude Scale (MHSAS). Sociodemographic variables, and confidential, convenient and accessible services were also assessed. The collected data was then be analyzed using SPSS version 25.

Result: A total of 422 participants were selected through quota sampling technique from all professions proportionally. About 50.7% of them were females and 49.3% were males. The largest age group (46.4%) was 25-29 years of age. Poor social support was recorded in 64.9% of the participants and 68.5% of the participants had answered with neutrality to questions regarding self-stigma associated with professional help seeking for mental health issues. The majority 96.7% had favorable attitude towards seeking psychological help. The majority of the participants answered 'No' to having confidential place, convenient place and convenient time to seek professional help 64.9%, 59.2% and 62.1% respectively and about 53.3% said they have easily accessible place to seek professional help. Of the total participants 33.6% had mental health issues and only 4.93% of them had actually sought help from mental health professional. There were two factors that are shown to have association with professional mental help seeking attitude. These are being in the age group 22 – 29 (AOR =0.26; 95% CI = 0.075 -0.896) and having moderate and strong social support is [AOR = 0.272; 95% CI = 0.080 - 0.924) were shown to have significant association with professional mental help seeking attitude.

Conclusion: The professional mental health help seeking attitude of health professionals is high compared to the general population. But the actual help seeking from a professional is low in comparison to studies done in other settings. We recommend to do an in depth interview to identify the reasons for the low rate of help seeking behavior and also improve the mental health service provision and to provide social support for health professionals.

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1. Introduction

1.1. Background

The 2022 World Health Organization (WHO) report on mental health stated that problems in mental health are experienced differently in each person with varying degrees of difficulties, distress and different social and clinical outcomes. There are many individual, social and structural determinants that interact with each other to protect or weaken our mental health (1).

According to a systematic review and meta-analysis done on global prevalence of mental health problems among healthcare workers during the Covid-19 pandemic which reviewed 38 studies, the most common mental health issue found were post-traumatic stress disorder (49%), anxiety (40%) and depression (37%) (2).

In addition, according to an article on psychiatric issues among health professionals done in Barcelona, Spain in 2023, health professionals are trained to care for others and to put their patients' needs above their own even in cases of emergencies, disasters, pandemics, or life-threatening emergencies. In addition, as with other people in the community, health professionals also deal with non-occupational issues related to work-personal life balance and financial issues (3).

An article on Mental Help Seeking Attitude Scale, done in United States of America (U.S.A) in 2018 with 857 and 207 participants in the community states that health professionals show a high proportion in giving less attention to their own health (4). They often find it hard to ask for help when their suffering is a result of mental distress or disorder. In fact, they are usually hesitant to recognize it in the first place (4). In addition, there are some aspects of health professionalism that hinder the help seeking process (3).

1.2. Statement of the Problem

This study was conducted in Tikur Anbessa Specialized Hospital (TASH) which is located in Addis Ababa, Ethiopia. It is one of the biggest tertiary teaching hospitals in Ethiopia with a total of around 2761 health professionals working in the hospital. Hence, there is an immense amount of workload for those who practice here. Health professionals face a lot of stress at work in addition to their personal life (3). In addition, health professionals have to deal with non-work related stresses like work-home time balance, personal and financial factors (3) (5).

A qualitative study on Conceptualization of job-related wellbeing, stress and burnout among healthcare workers in rural Ethiopia, published in 2017, indicated that the financial factors are important non-occupational stressors that health professionals face (6).

TASH provides care for a range of cases and the shortage of staff indicates an increased workload leading to increased work-related stress. And it is known that health professionals are not immune to the current economic crisis in our country which could be related to the non-occupational stress the health professionals might face.

Health professionals have difficulty asking for help when it comes to their mental health (4). In addition, according to a study on psychiatric issues in health professionals there are many factors that hinder their help seeking attitude for mental health issues (3). Hence, understanding the help seeking attitude of health professionals for mental health issues is important to improve practice and service delivery of care that they receive from a professional.

1.3. Rationale

This study aims to determine the mental health help seeking attitude and associated factors among health professionals working at TASH. The mental health of a health professional is an important factor in their quality of life, increases job turnover, and affects the quality of care they provide for patients. Hence, having mental health issues can significantly affect the services they provide and hinder their efficiency at work.

2. Literature Review

2.1. Introduction

Mental Health is a state of mental wellbeing which is an integral component of health, and it enables people to cope with stresses of life, realize their abilities, learn, and work well, and contribute to their community. It is a basic human right and it is vital to personal, community and socio-economic development (1).

Individual psychological and biological factors such as emotional skills, substance use, genetics, or unfavorable exposure to social, economic, geopolitical, and environmental circumstances like poverty, violence, inequality, and environmental deprivation all could compromise the mental health of a person. On the other hand, protective factors serve to strength resilience and comprise of individual social and emotional skills and attributes, positive social interactions, quality education, decent work, safe neighborhoods, and community cohesion (1).

As mentioned earlier health professionals do not closely follow their own health (4). Their sense of responsibility makes them maintain a high level of arousal and commitment and this may contribute to delay in seeking help when they are struggling with mental health issues and only a few of them seek professional help (3) (4). They struggle in identifying and seeking help with psychological distress they experience (4). One of the factors that determines help seeking process is their help-seeking attitude (4).

The article on psychiatric issues among health professionals done in Spain in 2023, states the following as factors that hinder the help seeking process; (i) their professional identity construction, with an exaggerated sense of duty combined with an increased sense of invulnerability and perfectionism; (ii) their proneness to trying to cope alone; (iii) their survival mentality; and (iv) their high level of self-doubt, stigma and insecurity with regards to mental distress; and, (v) the fear of licensure problems when there are addictions or other severe mental disorders. Furthermore, self-medication can become a maladaptive way of coping with distress (3).

Theory of planned behavior, an extension of the theory of reasoned action, is an important concept with regards to help seeking attitudes (4). According to an article done in Germany on theory of

planned behavior in 2020, it is one of the most applied theories in social and behavioral sciences and states that the human behavior is guided by three kinds of considerations. These are beliefs about the likely consequences of the behavior (behavioral beliefs), beliefs about the normative expectations of others (normative beliefs) and beliefs about the presence of factors that may facilitate or impede performance of the behavior (control beliefs) (7).

Behavioral beliefs result in a favorable or unfavorable attitude toward the behavior; normative beliefs produce perceived social pressure or subjective norm, and control beliefs are linked to perceived behavioral control or self-efficacy (7)

The perception of behavioral control moderates the effects of attitude towards the behavior and the subjective norm on intention. Hence, the more favorable the attitude and subjective norm, and the greater the perceived control, the stronger is the person's intention to perform the behavior in question (7) . Therefore, according to the theory of planned behavior, people who intend to seek help will do so when the opportunity arises and this contributes to the development and improving health and social wellbeing across a life span (4) (7).

2.2. Mental health help seeking attitude and behavior from a professional

In a cross-sectional survey done in United Kingdom (UK) on identifying barriers to mental health help-seeking among young adults, published in 2016 in 203 participants, around 32% of the respondents that experienced emotion problems during the time at which the study was conducted did not seek any form of help (8).

According to a study on measuring the self-stigma associated with seeking psychological help done in U.S.A in 2006 which included 583 and 470 college students, most people who go through mental health issues rarely seek help. Even if a person is experiencing immense emotional pain, he/she might decide not to seek care because of the belief that it might be a sign of weakness or reorganization of failure. Seeking help may be seen as worse than the emotional suffering and maintaining a positive self-image would be more important (9).

A qualitative study on seventeen young men was done in Northern Ireland in 2018 on young men, help seeking and mental health services states that mental health problems are increasing in the

young population. Young people often experience unfamiliarity and insecurity related to issues to mental health and help-seeking and they have a strong wish for self-reliance and to safe-guard one's own health. In addition to that, the support structures were inaccessible and unresponsive. And according to this research, although many people are reluctant to seek psychological problem when faced with one, and young men are shown to have the ones with the least likely to seek help (10).

According to an article on professional stigma of mental health issues done in U.S.A published in 2021 it is common for physicians to be reluctant with regards to seeking help for mental health issues. Although physicians are a member of society, there is a major difference between them with regards to mental health awareness(11).

In the study on mental health help-seeking and associated factors among public health workers during the COVID-19 outbreak in China, about 12.7% of the participants reported professional mental health help-seeking. This result was low compared to Chinese adults and clinical psychologists (12).

The study on stigma and help seeking for mental health issues among college students done in U.S.A in 2009 using a random sample of 5,555 students form 13 different universities, showed that students with high personal stigma were a lot less likely to seek help (13). On another article done on the stigma and mental health challenges in medical students in 2014, there is a low level of help seeking for personal psychiatric problems in medical students and doctors (14). They only present to psychiatry facilities once there is a crisis (14).

According to an exploratory qualitative study on the community with 41 participants published in 2018 in Northern Tanzania, help seeking behavior arises from problems that challenge personal abilities, and it is a sequence of decision making that is complex and requires a planned action. This study showed that the participants showed more preference to traditional treatment methods of mental health issues and some participants showed a strong aversion to modern therapies for mental problems. In addition to that, the participants noted that modern therapies were regarded as

the last option if the traditional treatment fails. But having educated relatives showed with a more probable likelihood of seeking treatment from a hospital (15).

A study done in Cameroon on correlates of self-reported history of mental health help-seeking, a cross sectional study with 161 participants published on 2021 showed that mental health help seeking is done formally (professional) and informally (traditional practices) and it showed that 53.3% sought help in general, but only 24.2% of those who went looking for help actually visited a general medical provider and 7.4% visited mental health specialist (16).

The 2016 study on Help-seeking behaviors, barriers to care and self-efficacy for seeking mental health care done in Rwanda cross sectional study done on 247 participants showed that 36% sought help from health care unit when they were suffering emotionally. The first choice of the health unit was a district hospital where they met with a health care provider that was not trained in mental health, and only few were able to access care from a mental health professional (17).

A systematic review and meta-analysis of community survey in Ethiopia with regards to depression and its help seeking behaviors screened 21 studies and it was published in 2018. The results showed that the help seeking intention was found to be 42% but the pooled actual help seeking behavior was found to be 38%, indicating that individuals who are willing may not perform the actual behavior (18).

According to a study in Northwest Ethiopia on intention to seek help for depression and associated factors, a cross sectional study done on 832 participants and published on 2019, majority of the respondents had an intention to visit health professionals to get a remedy for their illness with a proportion of 71.2% (19).

A study on pathways to psychiatric care and factors associated with delayed help-seeking among patients with mental illness in Northern Ethiopia, cross sectional study on 423 participants and published on 2020, showed that about 22.5% sought help directly from a psychiatric service for the first time (20).

According to a study done in Jimma on attitude and help-seeking behavior of community towards mental health problems, a community based cross sectional study, 423 participants and published

on 2020, the majority of the respondents (34.5%) were most likely to seek help or advice from their partner, and 25.2% were likely to seek help form mental health professionals and with calculating the study population's percentage with a cutoff score below and above mean category, the overall good help-seeking behavior score was 38.8% . This study also showed that with regards to preference for help-seeking behavior only about 16.0% of the respondents had sought help from a health professional for their mental health problems (21).

Furthermore, a study on help seeking behavior for problematic substance use in north-west Ethiopia published on 2019, 548 participants were included, showed that only 30.7% sought help for their substance related behavior and the study also showed that comparable number of people who sought help from mental health professionals (16.4%) and general medical practitioner (16.2%) (22).

The cross-sectional study on help-seeking preferences to informal and formal source of care for depression, including 832 participants in Northwest Ethiopia, published in 2021, showed that from informal sources of help there was a greater preference to intimate partner, parents, friends and religious source of help and from formal sources of care, participants inclined to seeking help from mental health professionals than from general medical professionals or traditional healers. The participant's inclination was higher for informal help sources than the formal ones. Seeking help from mental health professionals was shown to be ranking 4^{th} with regards to preferred source of help (23).

The study on Help-seeking intention and associated factors towards mental illness in East Gojam Zone, a cross sectional study on 964 participants, published on 2020, showed that around 81.5% were likely to seek help from a healthcare worker for mental health related issues, and 44.6% were likely to seek help from traditional methods of treatment (24).

In addition, participants who get information about mental illness from other people were 63% less likely to seek help from a traditional form of treatment and respondents who thought that mental illness as severe were also 57% times less likely to seek help from traditional methods of

treatment when compared to those participants who considered mental illness as mild (24). The study also showed that the odds of intention to seek help from health workers among those who believed that mental illness needs treatment was 3.42 times higher than those participants who believed that mental illness does not need treatment (24).

2.3. Associated factors with mental health help seeking attitude and behavior from a professional

According to a scoping view on mental health literacy measures evaluating knowledge, attitudes and help seeking done in Canada, published on 2015, 401 studies were included, and improved knowledge about mental health issues leads to reduced stigma against mental illness at individual, community, and institutional levels and in turn leads to better awareness of how to seek help and treatment (25).

The study also showed that help seeking behaviors are influenced by knowledge about the behaviors, attitudes and beliefs toward the behaviors, social norms, and intentions to perform the given behavior. The behavior may also be affected by self-expressed behavioral control in that the person is required to have the skills, capacities, resources, and other important capacities needed to perform the behavior (25).

According to a scoping review of help seeking regarding mental health problems among young problems in Switzerland published in 2022, 12 articles were reviewed, and the paper showed that young people have unfamiliarity and insecurity in issues related to mental health and help seeking. In addition, self-reliance and safe guard were also seen in young people (26).

Understanding which factors keep people from seeking psychological care providers when they are experiencing problems is important (1). The desire to avoid discussing distressing or personal information and the desire to avoid experiencing painful experiences are some of the factors that prevent people from seeking professional psychological help, but the most mentioned reason is stigma of seeking treatment (9).

The survey in the UK found that the reason why the people did not seek help was because they have difficulty expressing concerns and accessing help, perceived stigma and preference for self-reliance (8).

According to a paper on barriers to mental health treatment: results from the National Comorbidity Survey Replication (NCS-R) with 9282 respondents done in U.S.A., published in 2011, with regards to seeking help for mental health issues, attitude factors were much more prominent than structural barriers for starting or continuing treatment. The largest barrier identified was wanting to handle the problem on one's own and low perceived need for care (27).

On a systematic review on assessing the barriers and facilitators to mental health help seeking in young people located mostly in the United States and Australia, twenty-two published studies were analyzed and published in 2010; the barriers identified were stigma and embarrassment, poor mental health literacy (i.e., problem with recognizing symptoms) and a preference for self-reliance. The study had less evidence for facilitators in comparison to barriers, and it included positive past experiences with help-seeking, social support or encouragement from others and confidentiality and trust in the provider were mentioned as positive indicator for seeking help in mental health related issues (28).

Important findings according to a scoping review of help seeing on mental health problems among young people, the presence of stigma, a lack of knowledge of mental health issues, a longing for self-reliance and a sense of powerlessness expressed by young people in various contexts and countries affect the help seeking behavior (26). In addition, according to the article published in 2017 on mental health help seeking behavior in young adults, it is necessary to understand what the risk factors and triggers for mental health problems in young adults are and how they seek help if we want to improve the mental health care for this age group. Hence, intervening early may improve the outcome of primary mental health disorders in young adults and decrease the progression and chronicity to a more severe disorder (29).

The main barriers identified through a qualitative study on young men were, seeking help resulted in labeling, negative reaction, perceived weakness and potential rejection from the peer group; personal barriers like issues with communication, symptom recognition, personal losses from asking for help (perceived loss of self-reliance) and ineffective communication; cultural and religious influences like religious influences, generational divides within families and rural life

background; self-medicating with alcohol to cope and deal with difficult feelings; not knowing how and where to get professional help and negative opinions about mental health professionals; fear of homophobic responses; and fear of having their masculinity compromised (10).

Delays in looking for help are prevalent in young people, even when access to care is readily available. This indicates that there is a complexity in understanding help seeking behavior including both individual and societal factors like undesirable show of weakness in front of their peers (26).

A retrospective observational study that included 1461 participants on help seeking of highly specialized mental health treatment before and during the COVID-19 pandemic among health professionals published in 2022 showed that mental health issues in health professionals increased during the COVID 19 pandemic. The most common problems were adjustment disorder, mood disorders, anxiety disorders and substance use disorder which led to increased rates of admission to a care unit. The most frequently admitted physicians were women, their mean age was 46 years old and the majority of them (97.1%) were self-referred (30).

The above-mentioned study showed that there were no differences in sex, mean age or main diagnosis, before and after the pandemic. With regards to nurses the most frequently admitted to the care unit during the pandemic were women, with their mean age of 47.3 and most were also self-referred (96.5%) (30).

Another study done on mental health help-seeking and associated factors among public health workers during the COVID-19 outbreak in China, a cross sectional survey done on 9475 participants, published on 2021, showed that the perceived barriers against mental health seeking, include lack of time, shortage of mental health professionals, feeling that the treatment is useless, belief that psychological problems were not the main issues at that moment, and not knowing how to access mental health care (12).

With mental disorders, stigma and more specifically self-stigma are greater among health professionals than in the general population and this leads to delay in asking for help and worse prognosis (9). In addition, the psychological barriers recognized by some health professionals include high self-criticism, low self-esteem, poor bonding with relatives, and also to competitive, status conscious, and humiliating work environments (3).

Having mental disorders could have a negative effect on the health professional's practice and personal as well as environmental problems could arise and help seeking attitude is influenced by self-identified gender, previous experience with seeking mental health treatment and psychological distress (3) (4).

According to a study on mental illness related stigma in healthcare, done in Canada and published in 2017, mental illness stigma existing in health care system is one of the factors in barriers to access to care and quality of care for people living with mental health issues. The main sources of stigma in healthcare include negative attitudes and behaviors in that people with mental illness feel devalued, dismissed and dehumanized by health care providers they come in contact with. These negative interactions are not only limited to few providers, but it has systemic in nature meaning there is a problem in how the healthcare culture prioritizes and understands persons with mental illness. And another contributor of stigma is lack of awareness and unconscious hidden beliefs and attitudes that underline stigma-related behavior (31).

Therapeutic pessimism in that healthcare provides pessimistic views about the likelihood of recovery, lack of skills and training, and stigma in workplace culture were added to the list as the main sources of stigma. Hence the stigma for access and quality of care with regards to mental illness cause delays in help-seeking, stopping treatment, suboptimal therapeutic relationship, and it undermines patients' safety concerns and results in poor quality of care (both physical and mental care) (31).

The major concerns related to seeking care among physicians were stigma and access to care (getting an appointment that fits their schedule). The concerns about missing opportunity (being overlooked), confidentiality and what others would think were also the major barriers to seeking help. Judging each other frequently for having mental health issues, being regarded as weak and

less capable of doing work, having the confidentiality betrayed and using the information about mental health issue against and putting the career in jeopardy is a huge issue in seeking mental health help (11).

One of the crucial factors in contributing to symptom concealment in medical students is fear of exposure to stigmatization and the stigmatization is based on the illness rather than on the basis of performance (14).

Interpersonal interactions at the individual family and community level, past experiences with health care providers, and availability of traditional or faith healers as well as public perceptions of mental health issues are some of the factors that affect help seeking behavior. The sociocultural factors frequently influence the delay or the avoidance of help seeking behavior, and this markedly affects the mental health treatment and care (15).

According to a qualitative study published in 2016 on Sub-Saharan African migrant youths' help seeking barriers and facilitators for mental health and substance use, 28 young individuals, 41 parents and 4 focus groups, the barriers identified were stigma of mental health, lack of mental health in parents and young people, lack of cultural competency of formal help sources and financial sources. The stigma was caused by the desire to avoid bringing shame on their family and community. In addition to that seeking help was seen as a personal weakness or failure (32).

The study on the migrants' youths also showed that with regards to lack of cultural competency of formal help sources, inadequate availability of same-culture health professional since treating the mental health issue in a culturally sensitive framework was viewed as an essential part of the healing process. The facilitators of help seeking identified in this study were being open with friends and family, strong community support systems, trustworthiness and confidentiality of help-sources, perceived expertise of formal help-sources, and increasing young people's and patents' mental health literacy. Since there is high stigma in the community, the trustworthiness and confidentiality of help-sources was important in help seeking (32).

A population based study in Rwanda identified the barriers to help seeking were not being enrolled in health insurance scheme and not being able to pay the fee; knowledge and attitudes to help seeking (to believe that they would not get the proper treatment, and thinking that the problem would disappear by itself; stigma (the health care staff would have negative attitude toward them or of themselves bringing a bad name to their family because they are struggling with mental disorder) (17).

In addition, having a partner with no schooling and having no assets in the household were associated with barriers to seeking help in women, but there were not statistically significant sociodemographic factors were associated with barrier to seeking help in men according to the study in Rwanda (17).

The reasons for delays in help seeking identified in the study on pathways to psychiatric care and associated factors with delayed help-seeking were distance, financial difficulties, not knowing where to seek help, and lack of mental health service. The problems faced in help seeking include family not recognizing the severity of the illness, family member feeling shameful, friends/relatives discouraging them and not facing significant problem (20).

The study also showed that age (31-40 years), marital status (single and divorced), no employment, seeking religious treatment first, and those who perceived mental illness as shameful were statistically associated with delay in treatment seeking (20).

In population and facility-based studies in southwest regions in Ethiopia on Mental health stigma and discrimination in Ethiopia, an evidence synthesis, published on 2022, the stigma associated with mental illness ranged from 44% to 63.3% indicating that people with mental illness are subjected to high levels of discrimination (33).

The paper also mentioned that even though there was government commitment and support for integration of mental health services at the primary health care level, there were problems with regards to awareness, transparency, stakeholder involvement and coordination in mental health care planning and decision making. There was also shortage of medication supplies and lack of community mobilization for mental health, and inadequate health management information system indicators (33).

The caregivers of people with mental illness also isolated themselves from social life because they were embarrassed of their family member who is ill, and they were afraid of public stigma and discrimination. In addition, half to about two thirds of study participants in different studies reported to have high self-stigma stores. The study reported that higher self-stigma levels were related to being female, having a history of traditional treatment, and a higher perceived supernatural explanation of mental illness. The paper also showed that stigma resulted delay in treatment seeking behavior in people with mental illness (33).

The study on help seeking behavior for problematic substance use showed that those >/= 35 years old were negatively associated with help-seeking behavior. Those who have common mental disorders, and medical condition sought more help than those who did not have common mental disorder. And having a family history of substance use in the family was associated with help seeking behavior (19).

Regarding the intention to seek help for depression in Aykel Town, Northwest Ethiopia, the increasing age, the participant attitude towards seeking professional help, and perceiving depression needs treatment were significantly associated with an intention to seek help for depression (19).

According to a study in Gojam zone, Ethiopia, age, marital status, social support, source of information, perceived severity of mental illness and perception about the need for treatment for mental illness were the associated factors for help-seeking intention. The odds of help-seeking intention among those whose age was 25–34 years was 1.46 times higher for seeking help from traditional methods of treatment as compared to those participants whose age was 18–24 years. Those who have moderate social support were 1.85 at higher odds of intention to seek help from health care workers than those participants who had poor social support. But the study showed that as the level of social support becomes strong, the increase in the chance of the individual to have intention to seek help from the traditional sources (24).

A qualitative study on perspectives of health professionals on mental health service utilization in low resource setting done on 16 participants, in Northwest Ethiopia, published on 2022, showed that those with mental illness experience much difficulty accessing mental health service due to different attitudinal and structural barriers (34).

In the above-mentioned study, one of the themes raised was that most of the professionals did not consider mental health services to be primary responsibility and mental health service is alleged to be both time consuming and a secondary consideration to physical health. Other issues raised were low literacy about mental illness, avoidance to seeking professional help for mental illness for fear of stigma and discrimination and seeking help from health facilities as a last resort as people often seek help first form religious place or traditional healer. The low priority given to mental health in the Ethiopian health policy was another prominent theme found in this study (34).

A qualitative study on conceptualization of job-related wellbeing, stress and burnout among healthcare workers in rural Ethiopia, published in 2017, interviewed 52 primary health care workers. The study showed that almost all respondents said that admitting vulnerability and manifesting emotional consequences of exposure to stressors was seen as a weakness indicating a stigmatizing attitude towards mental health problems (6).

A literature review is done on the available research worldwide. The gap identified was that there is no study assessing the mental health help seeking attitude and behavior of health professionals in Ethiopia as well as in Africa, although there are studies done on the community and the other part of the world. Therefore, conducting this study is important for the mental well-being of health professionals and be the basis for future investigations.

3. Conceptual Framework

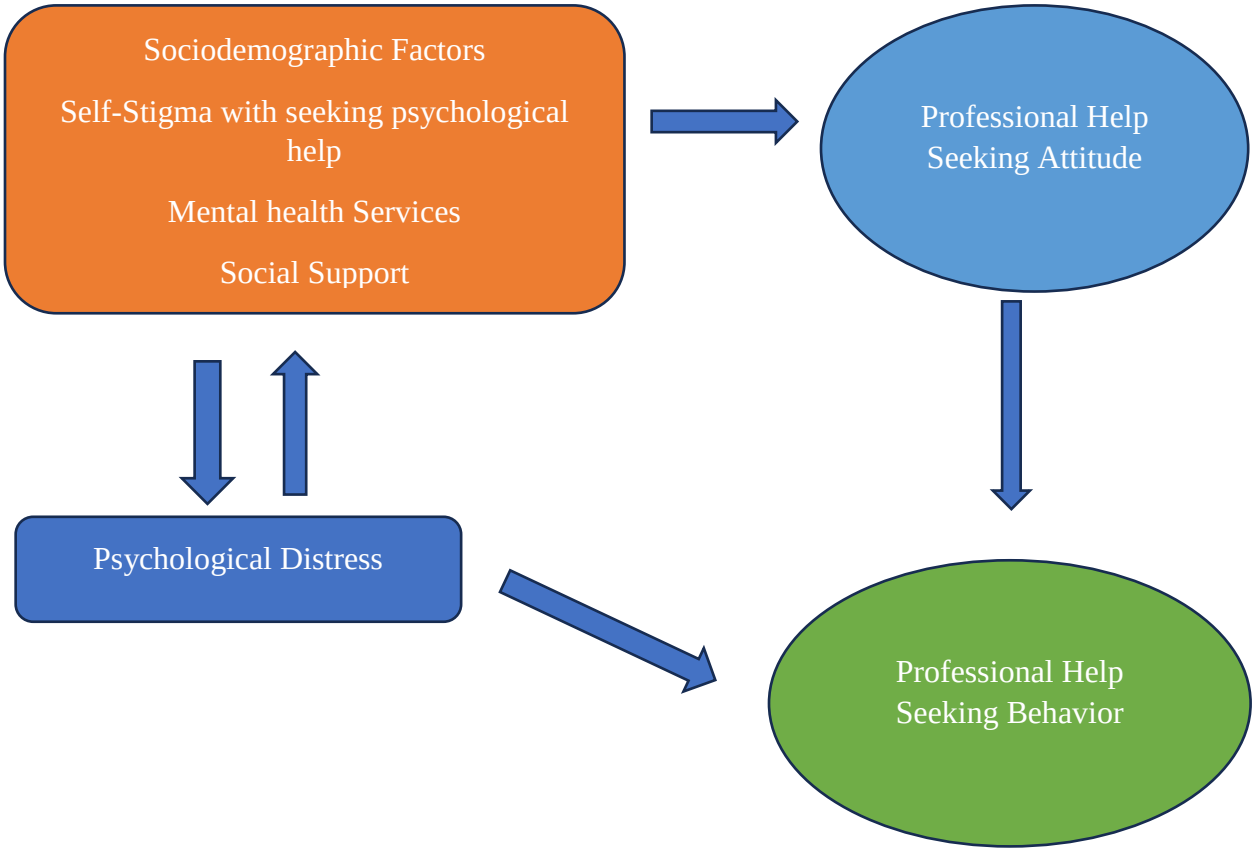


Figure 1 – Conceptual Framework

4. Research question

- What is the professional mental health help seeking attitude of health professionals working at TASH?
- How is the professional mental health help seeking behavior of health professionals working at TASH?
- What are the associated factors with professional mental health help seeking attitude of health professionals working at TASH?

5. Objective

5.1. General Objective

- To describe professional mental health help-seeking attitude and behavior and associated factors among health professionals working at TASH.

5.2. Specific Objectives

- To describe the of professional mental health help-seeking attitude among health professionals working at TASH.
- To describe the professional mental health help seeking behavior of health professionals working at TASH.
- To describe factors associated with the professional mental health help seeking attitude among health professionals working at TASH.
- To describe the self-stigma associated with seeking mental health help among health professionals working at TASH.

6. Methods

6.1. Study Design

A cross sectional quantitative study design was used in this study. A cross-sectional study design is one type of observational study, in which data is measured from a population at a point in time. It does not follow individuals over time. This type of study design is usually used to measure the prevalence of health outcomes, for understanding determinants of health and describing features of population. It can usually be conducted relatively fast, and it is relatively cheap compared to other forms of observational studies. Since it is a one-time measurement, it is difficult to estimate the causal relationship from this kind of study design, but it will help us estimate the prevalence and the odds ratios to study the associated factors (35) (36).

This study design was chosen because based on the available literature reviewed, it is the first study on professional mental health help seeking among health professionals in Ethiopia so it can study several factors simultaneously and identify the associated factors and be the basis for future

studies. In addition, based on the time and budget constraint make this type of study design feasible.

6.2. Study setting

The study was conducted at the Tikur Anbessa Specialized Hospital (TASH), Addis Ababa, Ethiopia. TASH was established in 1972. It is the largest referral hospital in the country with around 700 beds. It was transferred to school by the Federal Ministry of Health, and since then it has been a University Teaching Hospital for both clinical and preclinical training of most disciplines. In addition, it is the hub of many specialized clinical services not available elsewhere. Currently there are around 2761 health professionals from different medical fields working in the hospital (37).

6.3. Study period

Data collection was done from July15th to August 31st, 2023.

6.4. Source Population

The source population were all health professionals working at TASH.

6.5. Study Population

The study population were Health Professionals working at TASH and currently working at the hospital during the study period.

6.5.1. Inclusion Criteria

- All health professionals working at TASH.
- Those available during the study period.

6.5.2. Exclusion Criteria

- Those on leave.
- Not consenting to take part.
- Those not working at TASH (assigned to different hospital during the study period)

6.6. Sampling Technique

A quota sampling used in this study. Quota sampling is a non-probability sampling method where there is a non-random selection of study participants to complete the predetermined proportion of unites. This study uses the proportional quota sampling type where the population are represented by sampling them with respects to their proportion in the population of the study. Hence, the study population is divided into exclusive sub-groups and the sample are selected until the quota is reached (38).

Therefore, in this study each health professional was included in a specific quota based on their type of profession. Each quota was selected to represent all health professionals working at TASH proportionally. The list of health professionals includes Nurses, General Practitioners, Residents, Senior Physicians, Laboratory Technicians, Pharmacists, Radiology technicians, anesthetists, physiotherapists, psychologists and Dental surgeon/Dental Science professional.

Therefore, each health professional was grouped by their profession and the total number of each profession was obtained from Human Resources after getting a letter from the department by the principal investigator. After obtaining the total number of health professionals and then proportionally representing them in the sample, the study participants were approached individually at their working area and those who consent to take part in the research filled in the questionnaire.

6.7. Sample Size

Sample size (n) was determined using single population formula with the following assumption:
Confidence Interval=95%
Z-Score = 1.96
Margin of error (d) = 5%
Prevalence (p) = 50% [There was no study found with similar title and study population on the literature review]
N = required sample size

$N = z^2 p(1-p)/d^2$

$N = 1.96^2 \times 0.5 \times (1- 0.5)/ 0.05^2 = 384$

N = 384

Adding the 10% non-response rate = 384 + 38.4 = 422.4

Final Number of sample size = 422

Total population size = 2761

Table 1 – Number of Health Professionals			
List of Professionals	Total Number of Health Professionals	Proportion of health professionals included in this study	
Nurses	859	131.2922	131
GP	20	3.056	2
Residents	1262	192.88	193
Senior Physicians	369	56.399	57
Laboratory Technicians	73	11.157	11
Pharmacists	82	12.533	13
Radiology Technicians	46	7.030	7
Anesthetists	23	3.515	4
Physiotherapists	14	2.139	2
Psychologists	6	0.917	1
Dental surgeon and Dental Science professional	7	1.069	1
Total	2761	-	422

6.8. Study Variables

6.8.1. Independent variables – sociodemographic factors, self-stigma, social support, attitude towards help seeking, confidential place to seek help and accessible and convenient place and time to seek help.

6.8.2. Dependent Variable – Professional mental health help seeking attitude

6.9. Data collection

- Data was collected through self-administered questionnaire, and it was distributed by 4 trained data collectors who were interns working at TAHS and the completed questionnaires were reviewed regularly by the principal investigator.
- The questionnaire was in English language as the study population has at least bachelor's degree and above. If there is anything that is not clear, the participants can ask the data collectors for an explanation.
- Self-administered questioner which elicits sociodemographic information, confidential, accessible and convenient services, and standardized scales like, Measuring the Self-Stigma Associated with Seeking Psychological Help, Oslo social support scale (OSSS-3), and Mental help seeking attitudes scale (MHSAS) were used.
- The questioner was pretested on 5% of the sample size on the health professionals working at TASH to identify any ambiguous questions in the self-administered questionnaire and make the necessary revisions before administering it to a larger population.
- Hence, the pretest was done on 21 participants, and there were no identified difficulties during the process. The individuals included in the pretest were not included in the main study.

Data collection instruments:

Socio-demographic variables included: gender, age, profession, marital status, and religion.

Measuring the Self-Stigma Associated with Seeking Psychological Help

Self-stigma is an important factor in people's decisions not to engage in therapy. The 10-item Self-Stigma of Seeking Help (SSOSH) scale has uni-dimensional factor structure and good reliability among participants (9). It also has evidence of validity across many study samples including Africa countries like Botswana (39).

The SSOSH uniquely predicted attitudes toward and intent to seek psychological help. And it differentiated those who sought psychological services from those who did not across a 2-month

period. Likert-type scale ranging from 1 (strongly disagree) to 3 (agree and disagree equally) to 5 (strongly agree) will be used (9) (39) .

Oslo social support scale (OSSS-3)

Oslo social support scale is a three-item scale for the assessment of social functioning. It measures the number of people the respondent feels close to, the interest and concern shown by others and the availability of urgent social support when needed. The OSSS-3 scores out of 14 ranging from 3-8 implying poor social support, 9-11 moderate support and 12-14 strong social support (40). The scale has been used in Ethiopia in previous studies (41).

Mental help seeking attitudes scale (MHSAS)

MHSAS is a 9-item instrument designed to measure peoples' overall evaluation of their seeking help from a mental health professional if they find themselves to be dealing with a mental health issue. A higher score indicates a more positive attitude toward seeking help. This scale has been shown to have increased validity compared to other help seeking scales, Attitude Toward Seeking Professional Psychological Help – Short Form scale (ATSPPH-SF) and the Psychological Openness subscale of the Inventory of Attitudes Toward Seeking Mental Health Services (IASMHS-PO). This result is shown by theoretically-anticipated relationships between the MHSAS and key variables in the help seeking nomological network like subjective norms, perceived behavioral control, intention, public stigma, self-stigma, anticipated risks and benefits, gender, previous help seeking (4) (42).

Psychological distress they might have experienced, confidential, accessible and convenient place to seek help – with the questions

- ‘Has there ever been a time, since starting work as a health worker, when you had concerns about your own mental health or wellbeing?’
- ‘Is there a confidential place where you could seek professional help for any mental health issues you might have/had experienced?’
- ‘Is there an easily accessible place where you could seek professional help for any mental health issue that you might face?’
- ‘Is there a convenient place where you could seek professional help for any mental health issue that you might face?’

- ‘Is there a convenient time when you could seek professional help for any mental health issue that you might face?’

6.10. Data Processing and Analysis

The collected data was put on SPSS Version 25. Descriptive statistics was done to get the frequency distribution. Bivariate logistic regression was done to identify covariates with P- value of 0.25 [CI =75%] then multivariate analysis was done with P-value of 0.05 or less to identify confounding variables and significantly associated factor with professional mental health help seeking attitude.

7. Ethical Consideration

- Ethical clearance was obtained from the Department of Psychiatry, School of Medicine, College of Health Sciences, Addis Ababa University prior to the initiation of the study.
- Participants were informed of the purpose and nature of the study and written consent was obtained.
- To keep confidentiality of the data gathered, the completed questionnaires were collected through Kobo Toolbox application in which the participants are the only who will have the access to their data. The data collectors did not have access to the data and only the finalized data will reach the principal investigator.
- If there were anyone who needed urgent clinical support for mental health issues during the study, they would be encouraged to contact the principal investigator via email which would be answered within 12 hours (provided in the information sheet), and information on the available working hours of the psychiatric OPD at TASH was provided. No one contacted the primary investigator.

8. Operational Definition

- **Attitude** – is the way a person views and evaluates a condition (person or situation) and have an inclination either positive or negative towards the condition. (4)
- **Behavior** – is a manner of responding or conducting oneself in response to a stimuli or situation. (7)
- **Barriers** - are factors that impede health professionals from seeking professional help for mental health issues. (32)

- **Facilitators -** are factors that lead health professionals to seek professional help for mental health issue. (32)
- **Intension** – is a motivational factor that is the preceding and influencing factor for a behavior to occur.(4)
- **Help seeking** - is a process of intentional action starting with awareness, problem recognition, and information is disclosed in exchange for help in order to cope with difficulty. (32) (4)
- **Mental Health Professionals** - include psychologists, psychiatrists, psychiatry residents, psychology students, social clinical workers, and counselors.
- **Non-Mental Health Professionals –** these include partner, friends, religious places and traditional healing places.
- **Stigma** - a complex social process of labeling, otherling, devaluation, and discrimination involving an interconnection of cognitive, emotional, and behavioral components. (4) (42)
- **Self-stigma** - the phenomenon whereby people adopt and internalize external social (public) stigma and experience loss of self-esteem and self-efficacy. (4) (42)
- **Public stigma** (in mental health) - is the perception that when a person seeks psychological treatment it is viewed as socially undesirable and unacceptable, leading to stereotyping, prejudice and discrimination of the person who sought help. (4) (42)

9. Dissemination and Utilization of Results

The results of the study will be presented to the Department of Psychiatry as a part of Postgraduate thesis. The final thesis will be availed in both soft and hard copies at the College of Health Sciences, Addis Ababa University Library.

10. Results

10.1. Description of Sociodemographic Characteristics

The total number of health professionals working in the clinics in TASH is around 2761. Of these health professionals 422 of them were selected through a non-probability sampling method, quota sampling. The sociodemographic characteristics is as follows (Table 2).

Around 50.7% of the participants were females and 49.3% of them were males. Regarding the marital status of the study population, 48.1% are married, 47.4% are single, 2.1% are divorced, 1.9% are separated, and 0.5% are widowed. Followers of Orthodox religion accounted for 62.5%, Muslim religion for 21.2%, Protestant religion 12.2%, and Catholic religion for 4.1% after accounting for the 0.7% of missing data on religion.

There were a variety of health professionals working at TASH and all were accounted for in this study in proportion of their actual number in relation to the total sample size. Hence, 45.7% were residents, 31% were nurses, 13.5% were senior physicians, 3.1% were pharmacists, 2.6% were laboratory technicians, 1.7% were radiology technicians, 0.9% were anesthetist, 0.5% were general practitioners, 0.5% were physiotherapists, 0.2% were psychologists, and 0.2% were dental professionals.

Concerning the age, the youngest in the study population is 22-years-old and the oldest was 68-years-old. The age is then grouped into four groups, with 66.1% accounting for those in the range 22-31 years old, 24.4% in the range 32-41 years old, 7.3% in the range 42-51 years old and 2.1% in the range 52-68 years old. The years of experience in TASH ranged from 1 year to 36 years and this is grouped into two, less than or equal to 10 years and above 10 years. Those in the first group accounted for 87.2% and those in the latter group accounted for 12.8%.

Table 2 – Sociodemographic Characteristics

Sociodemographic Characteristics		Number	Percent
Gender	Female	214	50.7
	Male	208	49.3
Marital Status	Single	200	47.4
	Married	203	48.1
	Separated	8	1.9
	Divorced	9	2.1
	Widowed	2	0.5
Religion	Orthodox	262	62.1
	Catholic	17	4.0
	Protestant	51	12.1
	Muslim	89	21.1
	Missing	3	0.7
Profession	Nurse	131	31.0
	General Practitioner	2	0.5
	Resident	193	45.7
	Senior Physician	57	13.5
	Laboratory Technician	11	2.6
	Pharmacist	13	3.1
	Radiology Technician	7	1.7
	Anesthetist	4	0.9
	Physiotherapist	2	0.5
	Psychologist	1	0.2
	Dental Professional	1	0.2
Age	22-24	16	3.8
	25-29	196	46.4
	30 -34	112	26.5
	35-39	47	11.1
	40 and above	51	12.1
Years of Experience	</=10	368	87.2
	>10	54	12.8

10.2. Social Support status

The participants of the study were assessed for their social support status using the Oslo social support scale (OSSS-3). The result showed that around 64.9% had poor social support, 31.3% had moderate social support and about 3.8% had strong social support.

10.3. Self-stigma associated with seeking psychological help

The participants of the study were assessed for stigma associated with seeking psychological help using a scale 'Measuring the Self-Stigma Associated with Seeking Psychological Help'. In this assessment, 68.5% responded with neutrality, 22.3% had lower stigma and 9.2% had higher stigma.

10.4. Help seeking attitude

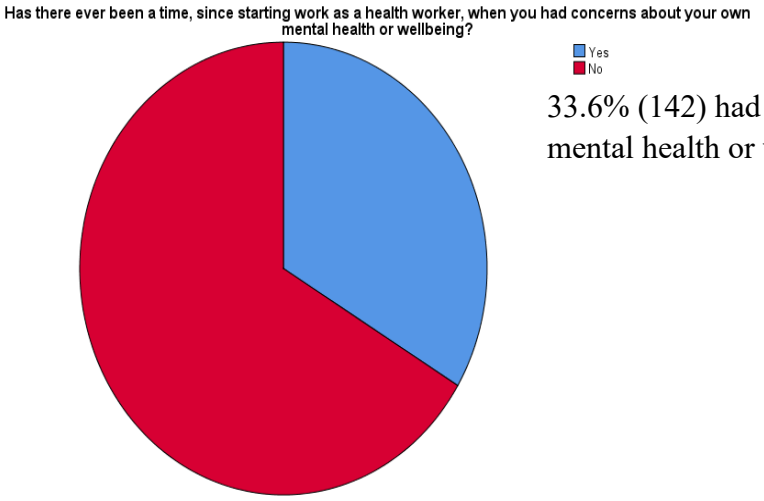
The help seeking attitude of the study participants was evaluated the using 'Mental help seeking attitudes scale (MHSAS)'. The majority of the participants had favorable attitude towards help seeking accounting for 96.7% of the cases, 2.8% had neutral attitude and 0.5% had unfavorable attitude.

10.5. Concerns about mental health and the mental health services

This study was conducted on 422 health professionals working at TASH. Of all the participants 142 (33.6%) had concerns about their own mental health or wellbeing (Figure -2). From those with concerns about their mental health, 34 (23.9%) had sought help (Figure -3). The options of seeking help from a partner, friend, religious place, traditional place and mental health professionals was provided. From those who sought help 12 (35.3%) sought help from a friend, 12 (35.3%) sought help from a religions place, 7 (20.6%) sought help from a health professional, 3 (8.8%) sought help from a partner, and 0 (0%) from a traditional place (Figure -4).

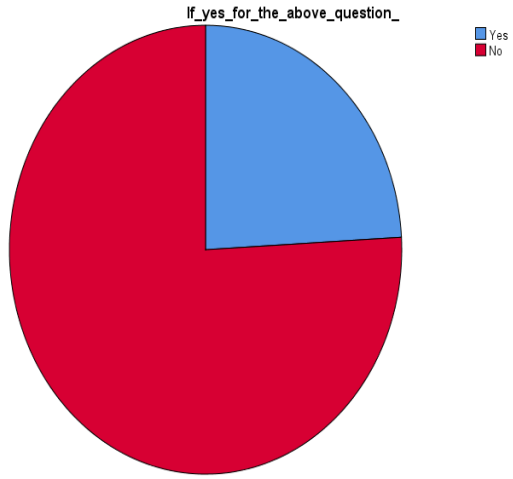
Concerning the mental health services, the majority of the participants accounting for 64.9% reported that there is no confidential place to seek professional mental health help, 53.3% said they

have easily accessible place where they can seek professional mental health help, 59.2% said that there is no convenient place to seek professional mental health help, and around 62.1% said that they have no convenient time to seek professional mental health help.



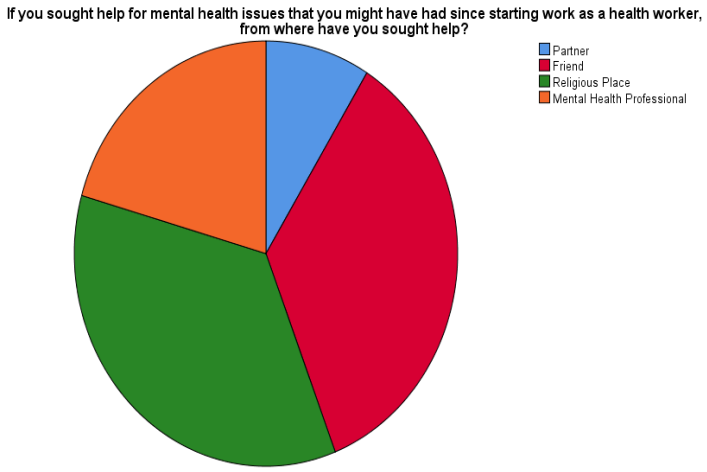
33.6% (142) had concerns about their own mental health or wellbeing

Figure 2 – Concerns about mental wellbeing



23.9% (34) had sought help

Figure 3 – Help seeking in general



35.3% (12) - friend,

35.3% (12) - religions place,

20.6% (7) - health professional,

8.8% (3) - partner, and

0 (0%) - traditional place

Figure 4 – The different areas where help was sought

Of the 142 study participants who had mental health issues since starting work as a health professional only 7 (4.93%) actually sought help from a mental health professional. Concerning gender, 85 (59.9%) were females and 57 (40.1%) were male. Regarding their marital status 69 (48.6%) were married, 63 (44.4%) were single, 6 (4.2%) were separated 2 (1.4%) were divorced and 2 (1.4%) were widowed. Those with Orthodox Religion were 80 (56.7%), with Muslim Religion were 35 (24.8%), with Protestant Religion were 21 (14.9%) and with Catholic Religion were 5 (3.5%).

Concerning the profession, 63 (44.4%) were Residents, 55 (38.7%) were Nurses, 17 (12.0%) were Senior Physicians, 2 (1.4%) were pharmacists, 2 (1.4%) were Radiology Technicians, 1 (0.7%) was a psychologist, 1 (0.7%) was a General Practitioner and 1 (0.7%) was a dental professional (Table -14). Around 85.2% of the 142 participants had </= to 10 years of experience and 14.8% had > 10 years of experience. In addition, out of the 142 participants 64.1% accounted for the age group 22 – 31 years of age, 25.4% were in the age group 32 – 41 years of age, 7% were in the age group 42 – 51 years of age and 3.5% were in the age group 52 – 68 years of age.

Regarding the mental help seeking attitude of the 142 participants, who had psychological distress, 97.2 % had favorable attitude, 2.1% had neutral attitude and 0.7% had unfavorable attitude (Table 3). Among the ones with psychological distress, those who said they had poor social support

accounted for 64.1% of the participants, 29.6% had moderate social support and 6.3% had strong social support. Regarding the self-stigma associated with professional mental health help seeking 74.6 % had neutral comment to self-stigma, 16.9% had lower stigma and 8.5% had higher stigma among the 142 participants.

Out of the participants who had mental health issue 81% had said they have no confidential place where they can seek professional help, 51.4% said they have no easily accessible place where they could seek professional help, 66.2% said they have no convenient place where they could seek professional help and 77.5% said they have no convenient time to seek professional help.

Table 3 – Mental Help Seeking Attitude and Concerns About Mental Health

			Concern About Mental Health	
			Yes	No
Mental Help Seeking Attitudes	Favorable Attitude	Count	138	270
		%	97.2%	96.4%
	Neutral	Count	3	9
		%	2.1%	3.2%
	Unfavorable Attitude	Count	1	1
		%	0.7%	0.4%
Total		Count	142	280
		%	100.0%	100.0%

10.6. Associated Factors with Professional Mental Health Help Seeking Attitude

Binomial Regression Analysis was done on SPSS Version 25 to see any association between mental health help seeking attitude and the independent variables. Those variables with p-value of ≤ 0.25 were taken from the binominal analysis and they were put into the multivariable logistic regression. After controlling for confounding variables two factors were shown to have statistically significant association with p-value ≤ 0.05. These are being in the age group 22 – 29 is 0.26 (0.075 -0.896, 0.033) less likely to have favorable attitude towards mental health help seeking than those 30 years and above. In addition, having moderate and strong social support is 0.272 (0.080-0.924, 0.037) less likely to have favorable attitude towards mental health help seeking than those with poor social support (Table 4 and 5).

Table 4 - Binominal Logistic Regression

Independent Variable		Mental health help seeking attitude	
		Crude odds ratio	P – value
Gender	Female	1	
	Male	0.529 (0.174-1.606	0.261
Marital Status	No Spouse	1	
	Spouse	2.38 (0.735 – 7.713)	**0.148 ***
Religion	Orthodox	1	
	Catholic and Protestant	0.508 (0.124-2.085)	0.347
	Muslim	0.394 (0.117-1.323)	**0.132 ***
Profession	Nurse	0	0.998
	Resident	0	0.998
	Senior Physicians	0	0.998
	Others	1	
Confidential Plance to Seek Professional Help	Yes	1	
	No	0.137 (0.018 – 0.1055)	**0.056 ***
Easily Accessible Place to Seek Professional Help	Yes	1	
	No	0.0	0.994
Convenient Place to Seek Professional Help	Yes	1	
	No	0.0	0.995
Convenient Time to Seek Professional Help	Yes	1	
	No	0.0	0.995
Years of Experience	</= 10 Years	1	
	>10 years	-	0.997
OSSS	Poor Social Support	1	

	Moderate and Strong Social Support	0.204 (0.063 -0.664)	**0.008***
Age Group (in years)	22-29	1	
	30 and above	0.385 (0.119-1.246)	**0.111***
Self-Stigma associated with professional Help seeking	Higher Stigma	0	0.996
	Neutral	0	0.997
	Lower Stigma	1	

- * p vaue </= 0.25

Table 5 - Multivariate logistic regression

Independent Variable		Mental health help seeking attitude	
		Crude odds ratio	P – value
Marital Status	No Spouse	1	
	Spouse	2.515 (0.709 – 8.923)	0.154
Age Group (in years)	22-29	1	
	30 and above	0.26 (0.075 -0.896)	**0.033***
Religion	Orthodox	1	
	Catholic and Protestant	0.612 (0.139 -2.691)	0.516
	Muslim	0.360 (0.099 – 1.303)	0.119
OSSS	Poor Social Support	1	
	Moderate and Strong Social Support	0.272 (0.080-0.924)	**0.037***
	Strong Social Support	1.325 (0.090 -19.451)	0.837
Confidential Plance to Seek Professional Help	Yes	1	
	No	0.136 (0.017 – 0.1072)	0.058

- * p vaue </= 0.05

11. Discussion

The institution-based study assessed the professional mental health help seeking attitude and behavior and associated factors among health professionals working at TASH. The study included 422 study participants that were different health professionals through proportional representation from the total number of health professionals working at TASH. The findings of this study show the sociodemographic characteristics, the social support, the self-stigma with seeking help, the attitude and behavior towards professional mental health help seeking.

As stated on the article done in U.S.A. one of the factors that determine health professionals help seeking behavior is their help seeking attitude (4). In this study, the majority (96.7%) had favorable attitude towards seeking professional help. Hence, there was an overall positive attitude towards seeking professional psychological help among the health professionals working at TASH.

In Ethiopian community study, the majority of the respondents had an intention to visit health professionals to get remedy for their illness with proportion of 71.2% (19). Another study in Ethiopia also showed that 81.5% of the participants were likely to seek help from a health worker for mental health issue.(24). These two studies show the intension to seek help if the study participants are faced with mental health issue is high which is also reflected in our study with 96.7% of the participants having favorable attitude towards seeking psychological help from a professional and the findings in our study are higher. This might be because health professionals have more awareness about mental health issues and understand the importance of professional help.

Although the attitude of professional help seeking is high in our study, about 4.93% of the study participants who had mental health issue sought professional help. This finding indicate the level of mental health service utilization among health professionals is extremely low. This finding is similar to a study done among college students in U.S.A. stating that most college students who go through mental health issue rarely seek help (9). It is also common for physicians to be reluctant with regards to seeking help for mental health issues they face as stated in the study in U.S.A. (11).

There is a low level of help seeking for personal psychiatric problems in medical students and doctors (14). This is also consistent with the low level of professional mental health help seeking in this study.

According to the article done in China, about 12.7% of the participants, who were public health workers, reported professional mental health help seeking (12). This finding is higher compared to our study in that only 4.93% of those with psychological distress actually sought professional help.

A study in Ethiopia stated that 22.5% of the study participants sought help directly from psychiatry service for the first time, in which this finding is also higher in comparison to our study (20). A study on help seeking behavior for problematic substance use in Northern Ethiopia from a professional was seen in 16.4% of the participants which is also higher than the findings in this study in which about 4.93% of those with mental health issue actually sought help from a mental health professional (22).

According to a community study in Northern Tanzania, the community preferred traditional healing places compared to modern health services for mental health issues and those having educated relatives were more likely to receive care from a hospital (15). In our study, there was no help seeking from a traditional place which is the opposite of the article mentioned above and this may be due to the higher level of education that the health professionals have since the Tanzania study mentioned having educated relatives is related to getting care from a hospital.

In another community study in Ethiopia, the majority of the study participants (34.5%) had sought help from a partner for any mental health issue they faced (21). But in our study, the majority of help seeking was from a friend and a religious place accounting for 35.3% each. And seeking help from a partner accounted for 8.8%.

In a different study in Ethiopia, the participants showed higher inclination to informal help sources (partner, parents, friends, and religious sources) than formal sources (mental health professional, general professionals and traditional healing places (23). The results go along with the findings of

this study in that from those who sought help, the majority were from informal sources like religious place and friends. And from the formal sources accounting 20.6% were from mental health professional and none from traditional healing places.

Having high personal stigma was linked to being less likely to seek help is seen in the study among college students (13). In addition to the study on measuring the self-stigma associated with seeking psychological help, stigma, more specifically self-stigma, is greater among health professionals than the general population leading to delay in seeking help and worse prognosis (9). Studies on physicians and medical students also indicate that fear of being stigmatized is a huge contributing factor to symptom concealment (11) (14).

The study on perspectives of health professionals on mental health service utilization in Ethiopia also pointed that there is avoidance to seek professional help for mental illness for fear of stigma and discrimination (34). And the study on conceptualization of job related well-being among health workers in rural Ethiopia showed that almost all respondents admitted vulnerability and manifesting emotional consequences of exposure to stressors was seen as a weakness indicating a stigmatizing attitude towards mental health problems (6).

In this study, the majority of the participants (68.5%) responded with neutrality with regards to self-stigma. Although the majority of the participants responded with neutrality to self-stigma with seeking professional help for mental health issues, there were about 4.93% of the participants with mental health issue that actually sought professional help. This might be due to the social desirability bias and this is also an area to be further explored.

The Northern Ireland study also mentioned that the support structures were inaccessible and unresponsive to help seeking which also goes along with this study (10). In addition, according to the study done in China, lack of time was mentioned as a barrier to seeking psychological help (12). Although in this study the majority (53.3%) said that they have easily accessible place to seek professional help, but from those who have experienced mental health issue since starting work as a health professional 51.4% said that they have no easily accessible place to seek professional help. The other aspects of mental health services like confidential place, convenient

place, and convenient time to seek professional help for mental health issue were negative for the majority of the participants, 64.9%, 59.2% and 62.1% respectively.

Furthermore, the article on professional stigma of mental health issues stated that the major concerns among physicians were getting an appointment that fits their schedule and issues of confidentiality (11). These findings are in echo with the findings of this study.

According to the study in Northern Ireland study, young men are shown to have the least likelihood of seeking help (10). These findings are in line with our study in that being in the age group 22 – 29 is 0.26 (AOR =0.26; 95% CI = 0.075 -0.896) less likely to have favorable attitude towards mental health help seeking than those 30 years and above. Hence, in this study, the older the person gets, the favorable the attitude becomes towards professional mental health help seeking. These may be because young people have strong need for self-reliance and asserting their autonomy and seeking help for something that is viewed as weakness and failure by society, might difficult for them. This is also seen in the Switzerland study (26).

In an Ethiopian Study, the odds of help-seeking intention among those whose age was 25–34 years was 1.46 times higher for seeking help from traditional methods of treatment as compared to those participants whose age was 18–24 years (24). This finding indicates that the older the person is the less likely they will seek help from a professional which is the opposite finding to our research.

The article on help seeking intension and associated factors towards mental illness in Ethiopia also stated that having moderate social support was associated with seeking help from a health care worker than those with poor social support (24). In this study, the majority of the participants 64.9% had poor social support. In addition, having moderate and strong social support is 0.272 [AOR = 0.272; 95% CI = 0.080 - 0.924) less likely to have favorable attitude towards mental health help seeking than those with poor social support. These findings are inconsistent with the above-mentioned study. This may be because there is a high proportion of health professionals with poor social support and they might see seeking mental health help form a professional as a way of coping with psychosocial stressors. And those with moderate to strong social support, since they already have a person that they rely on, they might not have positive attitude towards seeking professional help.

Other studies mentioned those with high personal stigma were a lot less likely to seek help (11) (13) (14) (31). In our study, the majority of the participants had neutral comments and the level of participants with high level of self-stigma were low. This might be explained by social desirability bias and it is an area to be explored in the future.

Trustworthiness and confidentiality of help sources were important in help seeking (32). This study did not result in statistically significant association in that aspect. Another study also stated that help seeking attitude is influenced by self-identified gender (3) (4). The discrepancy identified may be due to the different sociodemographic characteristics and methodology used. In addition, the difference in the frequency of those with positive and negative attitude towards mental health services is not much. Hence, there was no statistical association with mental health services and professional help seeking attitude.

12. Limitation and Strength of the Study

One of the limitations of this study is using the non-probability, quota sampling technique. Due to confidentiality issues communicated by human resource department, a probability sampling technique could not be done since access to the contact information of the health professionals was not given. This could make it difficult to generalize the findings to a wider population. In addition, this sampling technique could create a survey bias and the results identified might not accurately reflect the reality.

Another limitation is with regards to stigma, most respondents answered with neutrality and the majority of the participants had positive attitude towards professional help seeking but the actual behavior is low. And this may be due to the social desirability bias although we tried to control it by keeping the confidentiality throughout the process and it needs further exploration. Having health professionals as a data collectors might have contributed to the social desirability bias.

Despite the above-mentioned limitations, the strength of the study include that it tried to be inclusive of all the professionals working at TASH through proportional representation in the total sample size. And confidentiality was kept throughout the process of data collection.

13. Conclusion

The professional mental health help seeking attitude of health professionals is high compared to the general population. But the actual help seeking from a professional is low in comparison to studies done in other settings. Majority of the participants had good attitude to seeking help from a mental health professional and most of them had neutral comments concerning self-stigma with seeking psychological support.

In addition, most had poor social support. And the majority had negative comments with regards to mental health services especially with areas of convenient place, convenient time and confidential place. Being in the age group 22 – 29 (AOR =0.26; 95% CI = 0.075 -0.896) and having moderate and strong social support is [AOR = 0.272; 95% CI = 0.080 - 0.924) were shown to have significant association with professional mental help seeking attitude.

14. Recommendations

We recommend to the hospital administration to provide a professional care where it is in a convenient place that is easily accessible, where confidentiality is kept and flexible time is allowed. In TASH, the electronic medical recording system creates an issue with confidentiality. The access to a patient's document is granted for anybody that has the card number and this could discourage people to seek the clinical service available in the hospital. Hence, we recommend the access to the medical record to be limited to the treating physician and also to have a separate and private section to write psychiatric note in the electronic record system. In this case, not every physician could have access to see private conversations with their mental health professional. In addition, we recommend to extend the mental health services to staff clinic.

We also recommend to create a peer social support group for the health professional as majority of the participants reported to have poor social support in order to enhance the mental wellbeing of the health professionals working at TASH.

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16. Appendices

16.1. Participant Information Sheet

Hello, my name is Ruth Abraham. I am a final year psychiatry resident at the Addis Ababa University (AAU). As part of my training, I am conducting a study to assess the professional mental health help seeking behavior and associated factors among health professionals at TASH.
Aim: The study aims to assess the professional mental health help seeking behavior and associated factors among health professionals at TASH.

Procedure: The data collectors will approach you and give you a brief introduction about the research and how it might help us understand the factors that could play a role in help-seeking. Once you have consented, you can proceed to filling in the questionnaires by yourself. It is about 34 questions, and it would take a maximum of 10 minutes of your time. There might be some questions that ask personal details about you, confidentiality will be maintained throughout so answering the questions as honestly as possible will be helpful for the study.
Benefits: The study may not have any direct and/ or immediate benefit to you, but your participation is very important for the outcome of the study and the positive impact it aims to create for the health professionals at TASH as well as other health facilities in the country.
Risks: You do not have to take part in this research if you do not wish to do so, and your decision to participate or not will not have any consequence on your Job. Confidentiality will be maintained at all stages of the study.
Incentives: No incentive or compensation fee will be provided for participating in the study.

Investigator – Ruth Abraham (Psychiatry, PGY – 3)

Advisors:

- Dr. Selam Aberra, MD, Psychiatrist, Assistant Professor of Psychiatry, Addis Ababa University

- Dr. Tsegereda Haile, MD, Psychiatrist, Assistant Professor of Psychiatry, Addis Ababa University

If you have any questions or concerns about the study, you may contact the Principal Investigator with the following address: Ruth Abraham, ruthabrahams08@gmail.com

If you need urgent psychiatric support, please contact the primary investigator through the email mentioned above, and you can come to the psychiatric OPD at TASH which is open half days on Mondays and Fridays and full days on Tuesdays and Thursdays.

Thank you very much for your time & contribution.

16.2. Participant consent form

I have read the preceding information. I have had the opportunity to ask questions about it and all questions I asked have been answered to my satisfaction.

I **consent** voluntarily to participate in this study.

□ Yes □ No

Signature of Participant _____

Date _____ (DD/MM/YYYY)

16.3. Questionnaire

Socio-demographic variables:

1. Age (in years): _____
2. Gender

   ☐Male [1] ☐Female [2]
3. Marital status:

   ☐Single [1] ☐Married [2] ☐Separated [3]

   ☐ Divorced [4] ☐ Widowed [5]
4. Religion: _____
5. Profession

   ☐ Nurse [1] ☐General Practitioner [2] ☐Resident [3] ☐Senior Physician [4]

   ☐Laboratory Technician [5] ☐Pharmacist [6] ☐Radiology Technician [7]

   ☐ Anesthetist [8] ☐ Physiotherapist [9] ☐ Psychologist [10]

   ☐ Dental Professional [11]
6. How long has it been since you started working at TASH: _____

Oslo social support scale (OSSS-3)

7. **Oslo 1**: How many people are so close to you that you can count on them if you have great personal problems?

   [4] 'none' ☐ [3] '1–2' ☐

   [2] '3–5' ☐ [1] '5+ ☐
8. **Oslo 2**: How much interest and concern do people show in what you do?

   [5] 'none' ☐ [4] 'little' ☐

   [3] 'uncertain ☐' [2] 'some' ☐ [1] 'a lot' ☐

9. **Oslo 3**: How easy is it to get practical help from neighbors if you should need it?

   [5] 'very difficult' ☐ [4] 'difficult' ☐

   [3] 'possible' ☐ [2] 'easy' ☐ [1] 'very easy'☐

Measuring the Self-Stigma Associated with Seeking Psychological Help

Please tick the answer that is correct for you	Strongly Agree (1)	Agree (2)	Agree and disagree equally (3)	Disagree (4)	Strongly Disagree (5)
10. I would feel inadequate if I went to a therapist for psychological help.					
11. My self-confidence would NOT be threatened if I sought professional help.					
12. Seeking psychological help would make me feel less intelligent.					
13. My self-esteem would increase if I talked to a therapist.					
14. My view of myself would not change just because I made the choice to see a therapist.					
15. It would make me feel inferior to ask a therapist for help.					
16. I would feel okay about myself if I made the choice to seek professional help.					
17. If I went to a therapist, I would be less satisfied with myself.					
18. My self-confidence would remain the same if I sought help for a problem I could not solve.					
19. I would feel worse about myself if I could not solve my own problems.					

Mental Help Seeking Attitudes Scale (MHSAS)

If I had a mental health concern, seeking help from a mental health professional would be...

Please tick the answer that is correct for you for the above statement	Very Strongly Agree (1)	Strongly Agree (2)	Agree (3)	Agree and disagree equally (4)	Disagree (5)	Strongly Disagree (6)	Very Strongly Disagree (7)
20. Useful							
21. Important							
22. Healthy							
23. Effective							
24. Good							
25. Healing							
26. Empowering							
27. Satisfying							
28. Desirable							

29. Has there ever been a time, since starting work as a health worker, when you had concerns about your own mental health or wellbeing?

□ Yes [1] □ No [2]

30. If yes, have you sought help for mental health issues that you might have had since starting work as a health worker?

□ Yes [1] □ No [2]

If 'Yes' for the question 30, answer the following questions.

31. From where have you sought help?

□ Partner [1] □ Friend [2] □ Religious Place [3]

□ Traditional Healing Place [4] □ Mental Health Professional [5]

32. Is there a confidential place where you could seek professional help for any mental health issues you might have/had experienced?

□ Yes [1] □ No [2]

33. Is there an easily accessible place where you could seek professional help for any mental health issue that you might face?

□ Yes [1] □ No [2]

34. Is there a convenient place where you could seek professional help for any mental health issue that you might face?

□ Yes [1] □ No [2]

35. Do you have a convenient time in when you could seek professional help for any mental health issue that you might face?

□ Yes [1] □ No [2]