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Assessment on society's opinion about using psychological and psychiatric help

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Abstract

To properly treat diseases related to the human psyche, the help of specialists in psychology or psychiatry is essential. Unfortunately, its use is often negatively perceived by society, which discourages people with mental disorders to use it. It was decided to examine the opinion of society on this issue. For this purpose, we used the original questionnaire " A Survey of public opinion on the use of psychological or psychiatric help", conducted among 238 people. The answers were statistically analyzed.

The results of the questionnaire confirm the existence of the problem. In addition, more than 70% of the respondents believe that access to psychological or psychiatric help is not easy. Nearly 60% of the respondents criticized visits to a psychologist or psychiatrist, of which 37.9% were from people close to them. Only half of the respondents decided to use the help of a specialist, and 78% of them felt fear before the visit, associated with the diagnosis (33.6%), the ineffectiveness of therapy (25%), and the opinion of relatives (9.5%). Despite this, only 5.2% experienced a negative perception.

The analysis of the literature indicates a large role of stigmatization of people with mental disorders as a factor influencing the occurrence of reluctance to seek help from psychologists or psychiatrists. The influence of gender and age on this state of affairs has also been noted.

Increasing social awareness of the positive aspects of seeking help from psychologists or psychiatrists can significantly change public opinion on this issue. This can bring many benefits to people struggling with mental health problems, as well as reduce their fear of visiting a specialist.

Key words: psychologist; psychiatrist; help; fear; stigma

1. Introduction

In recent years, an increasing percentage of people suffering from mental disorders has become an increasing problem in society. In Poland, among adult citizens, the most common disorders are panic attacks, social phobias, and depression. The problem of alcohol abuse and dependence is also significant. (Kiejna A et al., 2015) These data, however, come from reports of psychiatric treatment facilities published by the Institute of Psychiatry and Neurology and are therefore highly likely to be underestimated due to the existence of a significant group of people who do not benefit from specialist help.

Appropriate diagnosis and therapy of psychiatric disorders is crucial for improving the functioning of people suffering from them. Untreated psychological or psychiatric problems may not only worsen, making it difficult for patients to function properly in society, but may also lead to a tragedy, such as suicide.

Police statistics show that the number of successful suicides has declined significantly since 2015, but in 2017 it was still 5276. In 2019, Polish men were among the top groups most likely to take their own lives among European Union citizens. These data also indicate that men outnumber women and, despite the downward trend, suggest the need for prevention to further reduce them. (Ziolkowska, 2016) Analysis of research shows that between one-third and one-half of suicide attempts were due to mental health problems such as depression or alcohol dependence. Additionally, 15 to 25% of people diagnosed with endogenous depression die by suicide. (Pużyński, 2007)

Despite the need for suicide prevention and existing programs to prevent suicide, research among adolescents suggests that these programs are ineffective and do not encourage the use of psychological help. According to high school adolescents, the family currently has the greatest role in preventing suicidal behavior and providing support for mental health problems. Health care units, on the other hand, were considered ineffective by respondents. (Kielan et al., 2019) The ineffectiveness of health care units may be largely due to a reluctance to seek qualified help and a lack of knowledge about the facility where to seek it.

Reluctance to seek psychological or psychiatric help is a clearly visible problem in Polish society and may be due to fear of social ostracism and unwillingness to admit to a problem. A similar state of affairs also exists worldwide, as confirmed by meta-analyses of studies conducted from 1960 to 2011. They show that stigmatization of people with psychiatric problems is one of the biggest barriers stopping people with mental disorders from seeking professional help. (Clement et al., 2014)

A number of factors, both social and economic, can also influence the decision to seek specialist help. Age and gender have been proven to influence the use of psychological help. Analysis of research shows that younger people (under 45) and women are significantly more likely to seek the advice of a professional. (Bland et al., 1997)

Due to the high prevalence of mental disorders in society, appropriate diagnosis and therapy become essential. An important task of modern medicine is also to reduce the percentage of people who remain undiagnosed by increasing social awareness of the need for specialized help. In addition, an important aspect is also to eliminate the phenomenon of stigmatization of people with mental disorders, which can significantly contribute to increasing the number of people who want to use specialized help.

2. Material and methods

In order to study the public's opinion on the use of the help of psychologists and psychiatrists and the factors affecting it, an original questionnaire was developed, conducted in the form of an online survey. It consisted of two parts, the first of which was available to all respondents, containing 11 questions

about opinions on the use of help from specialists, the most common problems, and a metric. The second part of the questionnaire was available only to those who had ever used the help of a psychologist, psychiatrist, or school counselor. It contained 9 questions referring to personal feelings about the visit, as well as the reaction of the environment to the information about seeking help from a specialist.

There were 238 responses from the first part of the survey and 116 from the second.

The metric included questions dividing respondents by age into five groups (under 16, 17 to 19, 20 to 22, 23 to 25, and over 26) and by gender into men and women. The next question referred to the place of residence of the respondents and assigned them to five groups: rural areas, towns below 50 thousand inhabitants, towns between 50 and 100 thousand inhabitants, towns between 100 and 250 thousand inhabitants and towns above 250 thousand inhabitants. The last question contained in the questionnaire concerned the education and allowed to choose the following options: studying, higher education, secondary education, elementary or vocational education.

The next questions, included in the first part of the questionnaire, concerning everyday life problems faced by the respondents. The first one allowed to choose from six proposed options those which the respondents dealt with most often. The prepared answers referred to: relationship, work or school problems, family or relationship problems, and phobias and mood deterioration due to external factors. In the absence of an adequate answer, there was an opportunity to add one of their own.

The next question asked about ways to cope with the worsened mood and again had the following suggested responses: talking to loved ones, isolation, physical activity, sleep, stimulants, escape into the virtual world (games, TV series), and support from a psychologist or psychiatrist. Again, in the absence of an adequate option, there was an opportunity to add one of their own.

The last question related to personal problems concerned the persons most frequently chosen in case of willingness to talk, and included the following response options with the possibility to add your own: friends, parents, partner, siblings, psychologist or psychiatrist.

The next questions were related to the opinion on access to specialist help and the society's perception of it. The first one, concerning whether the respondents think that access to specialists is easy, included only yes and no answers. The next one allowed the respondents to choose the reasons why in their opinion the availability of specialist help is limited. It included the following suggested answers: long waiting time for an appointment, high cost of visits, social ostracism, a small number of specialists, a problem with choosing the right specialist, a problem with making a decision about the need to start therapy, and not applicable (for those in whose opinion access to specialists is easy). The next question asked whether the respondents had ever experienced criticism of psychological help and, if so, where it had come from. It contained the following answer options: no; yes, from peers; yes, from family; yes, on the Internet.

The last question of the first part allowed us to divide the respondents in terms of whether they had ever used the help of a specialist. It contained five options: no; yes, psychologist; yes, psychiatrist; yes, both psychologist and psychiatrist; yes, school counselor. After choosing the "no" option, the respondent finished filling out the questionnaire, and the other options in turn moved the questionnaire to the next section.

In the second part of the questionnaire, there were questions about personal feelings related to visiting a specialist. The first question asked about feelings of anxiety before the first meeting with a psychologist or psychiatrist and included "yes" and "no" answers. The next question allowed to specify the reasons for possible anxiety and included the following options: diagnosis and the need to admit to the problem, the ineffectiveness of the proposed therapy, cost of therapy, opinion of friends

and family, not applicable (for those who did not experience anxiety), and the possibility of adding a separate answer.

The next question allowed to evaluate one's own experience on a 5-point scale, where 1 corresponded to dissatisfaction and 5 to complete satisfaction. The next question was open-ended and allowed you to briefly justify your opinion.

Further questions addressed the effectiveness of problem-solving during therapy. The first one asked if the respondents managed to solve the problem they came to the specialist with and included three answer options: yes, no, I am in therapy. The next one asked whether the respondents would visit a specialist again if they found themselves in a situation that required such a visit. The suggested response options were: yes; no; yes, but with another specialist. The last of this group of questions allowed respondents to rate communication with a psychologist or psychiatrist on a five-point scale, where 1 meant dissatisfaction and 5 meant complete satisfaction.

The last two questions referred to the social perception of the respondents of the use of a specialist. The first one asked whether the respondents told anyone about the visits and included "yes" and "no" answers. The second question asked respondents to indicate how it was perceived by the public by selecting one of four suggested responses: positive, negative, neutral, and not applicable (for those who chose not to share information about specialist visits with anyone).

3. Results

There were 238 participants in the author's survey, with the largest age group being those aged 20-22 years (51.3%). The next largest group was 17-19 years olds (23.1%), followed by 23-25 years olds (16.8%), over 25 years olds (6.3%) and under 16 years olds (2.5%). The respondents were predominantly female and accounted for 82.8% of the total.

In terms of place of residence, the largest group were residents of cities with a population over 250 thousand (39.5%), rural areas (18.9%), cities with a population less than 50 thousand (18.1%), cities with a population between 100 and 250 thousand (13.9%) and the smallest - cities with a population between 50 and 100 thousand (9.7%).

More than two-thirds of the respondents (66.8%) are students. Another group includes people with secondary education (20.2%), higher education (8%), primary education (4.2%) and vocational education (0.8%).

The most frequent answers to the question about problems encountered in everyday life were: difficulties in work and study (60.5%), family problems (57.1%) and interpersonal relations (52.1%), phobias (36.1%), relationship problems (32.4%) and worsened mood resulting from changes in the weather (31.5%). Self-esteem and self-acceptance problems were also common responses among the others given by the respondents.

Among the ways of coping with the problems, respondents most often mentioned: sleep (59.2%), talking to loved ones (57.1%), keeping their heads busy (52.9%), isolation (47.9%), games, TV series and virtual world (40.8%), physical activity (29.4%), stimulants (26.5%) and psychological support (19.4%).

Respondents with their problems most often turn to friends (63.4%), partners (39.5%), parents (30.3%), siblings (14.3%) and psychologists or psychiatrists (12.2%).

As many as 70.6% of the respondents believe that access to psychiatric or psychological help is not easy, and as the most important aspects hindering it they cited: the high cost of a visit (50.8%), the problem with making the decision to seek advice from a specialist (48.3%), the long waiting time for

an appointment (40.8%), the problem with choosing the right specialist (39.5%), social ostracism associated with using the help of a specialist (32.4%), and a small number of psychologists and psychiatrists (16.4%).

More than half of the respondents had experienced criticism of their use of a psychologist or psychiatrist, of which 26.1% had experienced criticism from family, 21.4% on the Internet or other media, and 11.8% from peers.

Almost half of the respondents have ever used the help of a specialist, of which 16% used a psychologist, 5% a psychiatrist, 4.2% a school counselor, and 23.5% both a psychologist and a psychiatrist.

In the section for those who have ever used psychological or psychiatric help, there were 116 responses or 48.7% of the total.

As many as 78.4% of respondents felt anxiety before their first visit to a specialist, and this most often concerned the diagnosis and the need to admit to the problem (33.6%), the ineffectiveness of therapy (25%), the opinion of relatives (9.5%) and the cost of therapy (4.3%).

Despite initial anxiety, most respondents evaluated the therapy positively or neutrally - 28.4% of respondents rated their experience as 5 on a 5-point scale, 25.9% as 4, and 27.6% as 3. Only 12.1% gave a rating of 2, and 6% a rating of 1.

The results of an open-ended question in which respondents were asked to briefly justify their opinion suggest that the most common problems are difficult communication with the specialist due to lack of commitment on one or both sides. There were also frequent answers saying that psychiatrists are tired and visits are too short. Positive opinions, on the other hand, emphasized the need for cooperation between the specialist and the patient, and noted that the achievement of results requires regular attendance at appointments or therapy.

As many as 34.5% of respondents did not manage to solve the problem with which they came to the specialist. On the other hand 38.8% of the respondents are in the course of therapy, and 26.7% have already solved their problems by visiting psychologists or psychiatrists.

More than half of the respondents (61.2%) would use the help of a specialist again to solve their problems, 26.7% would also use another specialist, but only 12.1% would not.

Most respondents positively rated their communication with a psychologist or psychiatrist - 35.3% rated it as 5 on a 5-point scale, 27.6% as 4, 18.1% as 3, and only 12.9% and 6% as 2 and 1, respectively.

Almost all respondents (95.7%) told their relatives about visits to the specialist. In most cases, this was received positively (44%) or neutrally (44.8%). Only 5.2% of respondents had a negative perception of the therapy.

The collected responses were statistically analyzed, $\alpha \leq 0.05$ was taken as the level of statistical significance. The following hypotheses were posed: H1: Place of residence affects the frequency of criticism of using a specialist; H2: Education affects encountering criticism of using a specialist; H3: Education affects the frequency of using a specialist; H4: Place of residence affects the frequency of using a specialist.

The hypotheses described above were tested using the chi-square test. In all four cases, $p > 0.05$ was found and therefore the hypotheses were rejected. It was therefore concluded that the frequency of use of specialist help or criticism of this type of behavior is not dependent on socio-economic factors such as education and place of residence.

4. Discussion

The paper "What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies" deals with the problem of the stigma of people with mental disorders. The study was conducted as a meta-analysis of papers that were written between 1980 and 2011. A total of 144 studies were analyzed, yielding a total study sample of 90,189 eligible individuals. The results of the meta-analysis show that fear of being judged by society is one of the most important factors keeping people from seeking specialist advice. Additionally, the groups most fearful of being stigmatized by society were adolescents, men, ethnic minorities, and those working in the military or health care. (Clement, 2015)

The study, "Sex Differences in the Use of Psychiatric Outpatient Facilities," was designed to examine whether gender affects the propensity to seek psychiatric or psychological help. Results indicate that women are significantly more likely to see professionals, are more likely to talk about their problems, and show more interest in entering therapy. (Kessler et al., 1979) Despite the fact that this study was published 40 years ago, there is still a clear gender disproportion among psychiatric patients. Similar results were obtained in the author's survey, where 51% of women had ever used the help of a psychologist, while among men it was only 33%.

The study "Help-Seeking for Psychiatric Disorders" analyzed the responses of 3956 individuals to find the factors that influence the willingness to seek the help of a professional when psychiatric disorders are present. Gender and age were shown to influence the propensity to seek psychological help among individuals diagnosed with post-traumatic stress disorder and anxiety disorders. Women and people under 45 years of age were significantly more likely to seek help from specialists than other groups. It was also noted that only 28% of those diagnosed with mental disorders contacted a psychiatrist or psychologist. Among people with alcohol dependence, the percentage of attempts to seek specialist advice was even lower - only 16%. (Bland et al., 1997)

The work presented here demonstrates the existence of the problem, which is the reluctance to seek help from psychologists or psychiatrists. The results of the analyzed studies are consistent with those obtained in the author's survey, and testify to the seriousness of this phenomenon, as well as the need to take action to reduce its severity.

5. Conclusions

The results of the author's survey confirm the existence of a problem related to the reluctance to seek help from psychiatrists or psychologists in situations that require it. All respondents admit that they encounter problems in everyday life, and a significant number of them mention phobias, including social phobias, self-esteem disorders or family problems. Most of the respondents talk about their problems with their relatives, most often with friends, parents or partners, but a significant number of them also choose isolation, escape into the virtual world, or use stimulants. Escaping from problems may result in their deepening and creation of new ones, and treating stimulants as a form of coping with problems leads to serious addictions.

The vast majority of respondents believe that access to specialist help in Poland is difficult, in particular due to the high cost of visits, the problem with admitting the problem and deciding to seek help, the long waiting time for an appointment, or uncertainty about choosing the right specialist. Another important aspect is the fear of social ostracism and negative perception of therapy by relatives. Social education aimed at familiarizing people with the scope of competencies of particular specialists and social programs offering cheaper or free psychological help for those who need it most could bring positive effects in terms of facilitating access to specialist assistance. In addition, social

campaigns aimed at making people aware of the necessity to use psychological services in cases of specific mental disorders could change their perception and eliminate the problem of stigmatization of people suffering from such disorders. Actions of this kind are needed especially due to the fact that more than half of the respondents encountered criticism of seeking help from specialists, both from family, friends, and on the Internet.

Despite the anxiety that accompanied most of the respondents before their first visit to a psychologist or psychiatrist, a significant number of them view the experience positively. Additionally, almost three-quarters of the respondents would choose to see a specialist again, but some of them would choose a different one. This may be due to the fact that effective therapy requires commitment from both parties, the lack of which seems to be a common problem among respondents. Despite fears and frequent reports of criticism of the use of psychiatric help, the respondents who decided to share the decision to start therapy with someone were met with neutral or positive reactions from those around them.

Based on a statistical analysis of the data, socioeconomic factors were found to have no effect on the frequency of seeking professional help or exposure to criticism of such behavior.

Both the results of the author's survey and the literature analysis confirm the seriousness of the problem, which is the reluctance to use psychological and psychiatric help. A positive influence on changing the opinion of the society in this matter could be the beginning of social campaigns aimed at educating society and changing the image of people with mental disorders. Their main goal should be to eliminate the aspect of stigmatization of people suffering from mental disorders, which is still clearly visible in society. Reluctance to see a specialist when required has a number of negative consequences, such as aggravation of the problem or inappropriate attempts to resolve it, which can lead to addiction or isolation. Untreated mental disorders also lead to suicide, which is particularly likely in the case of problems most prevalent in Polish society, such as depression or alcohol addiction. This confirms the need to take certain steps to increase the percentage of diagnosed mental disorders, which will allow for their appropriate therapy.

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