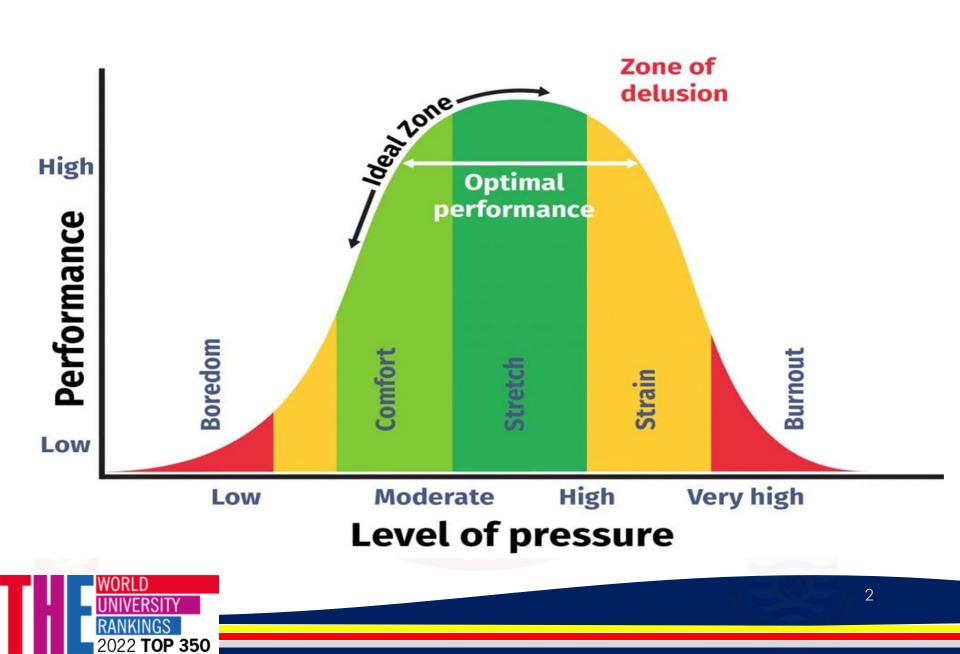


Seeking help: Overcoming Personal Threshold

- IAPN: 15TH Annual Scientific Conference
- Accra 2023

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Presentation Outline



- Introduction
- Threshold concept
- Concept of Seeking help
- The process of seeking help
- Dimensions of seeking help

- Barriers to help seeking
- Help seeking enhancing factors
- Supporting help seeking
- Benefits of help seeking
- Conclusion



Introduction



- 1990 and 2019 :DALYs due to mental disorders increased from 80.8 million to 125.3 million (Ferrari, 2022), indicating that mental disorders among the top ten leading causes of burden worldwide, with no evidence of global reduction in the burden since 1990.
- High prevalence of mental health disorders (22.1%) in conflictaffected populations (Charlson et al., 2019)
- Relatively high prevalence of MH conditions, and very low detection and treatment rates in rural primary care settings in Ghana (Ae-Ngibise, et al., 2022)

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- The prevalence of depression was 15.6% (142/909), psychosis was 12% (109/909), suicidal ideation was 11.8% (107/909), epilepsy was 13.1% (119/909) and alcohol use disorders was 7.8% ((Ae-Ngibise, et al., 2022)
- Both help-seekers, health professional and the environment have a role to play in the health seeking process, but most would agree that the role of the help-seeker is key.
- Evidence have shown that when help-seeking is not progressing satisfactorily it is not usually the ability of the help-seeker that is lacking, but more often the **attitude** to help-seeking and the level of **commitment to action**.

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 The need for mental health promotion amongst the populace, finding ways to encourage better appreciation of the population response to the need of seeking effective mental and physical health care is critical to attaining the sustainable development goal 3 (Ensure healthy lives and promote well-being for all at all age)





Threshold Concept



- Conceived as a way to understand why some people get stuck and have trouble moving on
- Threshold concepts represent a transformed way of viewing or understanding something (seeking help)
- When accepted by the individual, threshold concepts may lead to an individual adopting a new way to see the world and/or changes the way one thinks about their own and others' choices
- Threshold concepts is unique to each individual and discipline

(Maid& D'Angelo, 2016)

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• "A threshold concept can be considered as similar to a portal, opening up a new and previously inaccessible way of thinking about something. It represents a transformed way of understanding, or interpreting, or viewing something without which the learner cannot progress. As a consequence of comprehending a threshold concept there may thus be a transformed internal view of subject matter, subject landscape, or even world view". (Meyer & Land, 2003, p. 412)





Concept of threshold: Meyer and Land (2006a; 2006b),



Transformative
Troublesome
Irreversible
Integrative
Bounded
Discursive
Reconstitutive
Liminal



Transformative (seeking help)



- Once understood, a threshold concept represents a significant shift in the way an individual perceives a subject.
- The shift may be affective, as in a shift in identity, or it may be performancerelated in the way that a person behaves.





Troublesome (seeking help)



- A threshold concept may be seen as troublesome for a couple of reasons.
- moving through a portal to a new way of thinking results in letting go of the old way of thinking, something the help-seeker find it difficult to do.
- ✓ Lead to the acquisition of troublesome knowledge that is conceptually difficult to understand, is "alien" or from a perspective that conflicts with the one currently held, or is complex and seemingly inconsistent or counter-intuitive.
- Also troublesome due to "troublesome language"; that is, while disciplinary discourse practices may facilitate communication between members of a discipline, the language may make familiar concepts seemingly foreign and conceptually difficult to understand



Irreversible (seeking help)



- Once an individual has understood and adapted the transformation, it cannot be reversed without considerable effort.
- ✓ An individual may feel loss initially at leaving the old perspective or understanding behind.



Integrative (seeking help)



- Mastery of a TC often allows people to make connections between different concepts and their scope that were previously covert, and it may also facilitate the integration of different aspects of a subject or discipline (Meyer & Land, 2003)
- Once acquired, a threshold concept reveals interrelatedness between concepts or ideas in ways that were previously hidden or unclear.



Bounded(seeking help)



- Threshold concepts have boundaries, bordering with threshold concepts from other areas.
- TCs explain a particular conceptual space, serving a specific and limited purpose (Meyer & Land,2003)





Discursive (seeking help)



 The transformation brought about by the acquisition of threshold concepts results in new and empowering forms of expression for the person(Meyer & Land, 2005)





Reconstitutive (seeking help)



 People reconstruct existing knowledge in a way which causes an ontological shift in an individual's understanding





Liminal



- TCs are liminal in that they involve a process or journey where understanding, misunderstanding and confusion are states in which a person will pass before transformation (Meyer & Land, 2005)
- People pass through a liminal stage when acquiring a threshold concept during which there is uncertainty as the individual leaves the old ways behind and passes through the portal to the new.
- ✓ This liminal stage can be viewed in the same light as a "rite of passage" in which there is a change in status and that the person has been transformed—acquired their new identity and "thinks" and "practices" in their new identity.





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- What is important to understand is that since a threshold concept transforms a person, that concept(seeking help) becomes a part of an individual's thought process.
- It requires a shift in worldview and can be quite difficult. It also often feels as though one has gone through a passage; hence, the gateway or portal metaphor.
- Threshold is a breaking point (emotional etc) at which one is no longer able to cope with the level of stress, arousal of pain that one is currently facing (Cartwrit, 2020)



Concept of seeking help



 Help-seeking behaviour has shown to be a complex decision-making process instigated by a problem that challenges personal abilities





What is seeking help?

- No commonly referenced single definition
- One of the earliest definitions of help-seeking was provided by David Mechanic, who saw it as an adaptive form of coping. Later, help-seeking was defined as the behaviour of actively seeking help from other people (Rickwood et al., 2005)
- It was believed to be about communicating with others to obtain assistance in terms of understanding, advice, information, treatment, and general support in response to a problem or distressing experience.
- As such, it was a form of active and problem-focused coping, which relied on external assistance from other people.
- Help-seeking is an adaptive coping process that is the attempt to obtain external assistance to deal with a health (mental) concern (Rickwood et al., 2012).





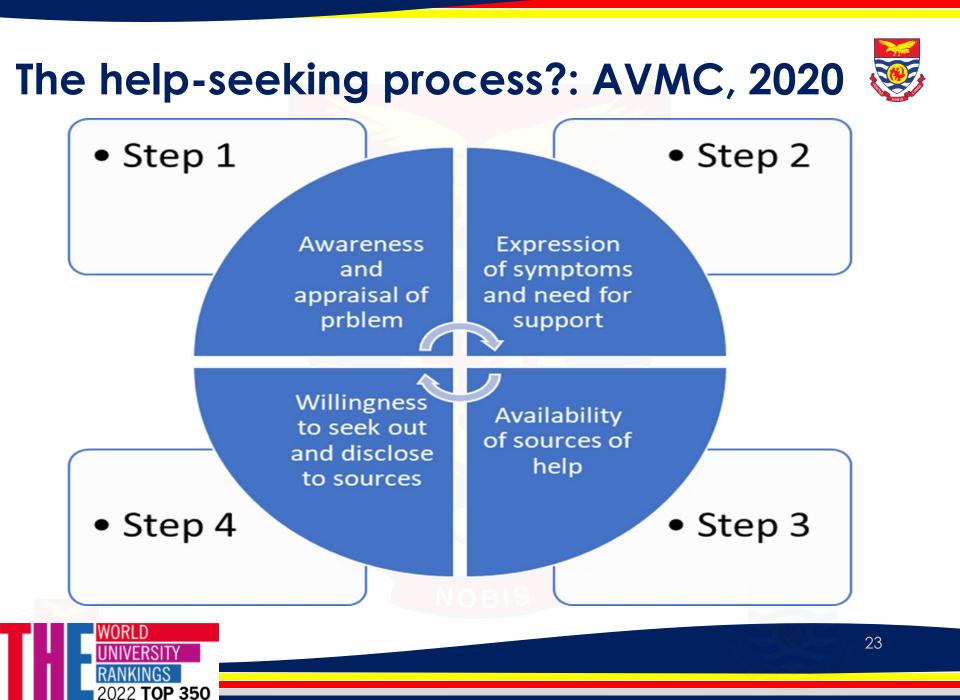
Other definitions



- The active search for resources that are relevant for the resolution of that problem
- ...request for assistance from informal supports or formalised services for the purpose of resolving emotion, behavioural, or health problems
- ...decision to seek some form of professional assistance and the choice of a particular help source
- ...taking the initiative and communicating with others to request any kind of support, whether affective, valuative, or instrumental.
- ... request for assistance with problems that the individual does not have the personal resources to solve on their own
- ... active process of using assistance from other people to solve problems
- ...utilise different sources of support for overcoming personal

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

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What is the help-seeking process?



- Awareness and appraisal of problems
- Expression of symptoms and need for support
- The ability to recognize symptoms, and that you have a problem that may require intervention from someone else.
- This awareness must be able to be articulated or expressed in words that can be understood by others, and the help-seeker must feel comfortable to do so

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- Availability of sources of help
- Willingness to seek out and disclose to sources
- Sources of help and support in dealing with the problem need to be available and accessible, and the help-seeker must have an understanding of where/how to get that

support.

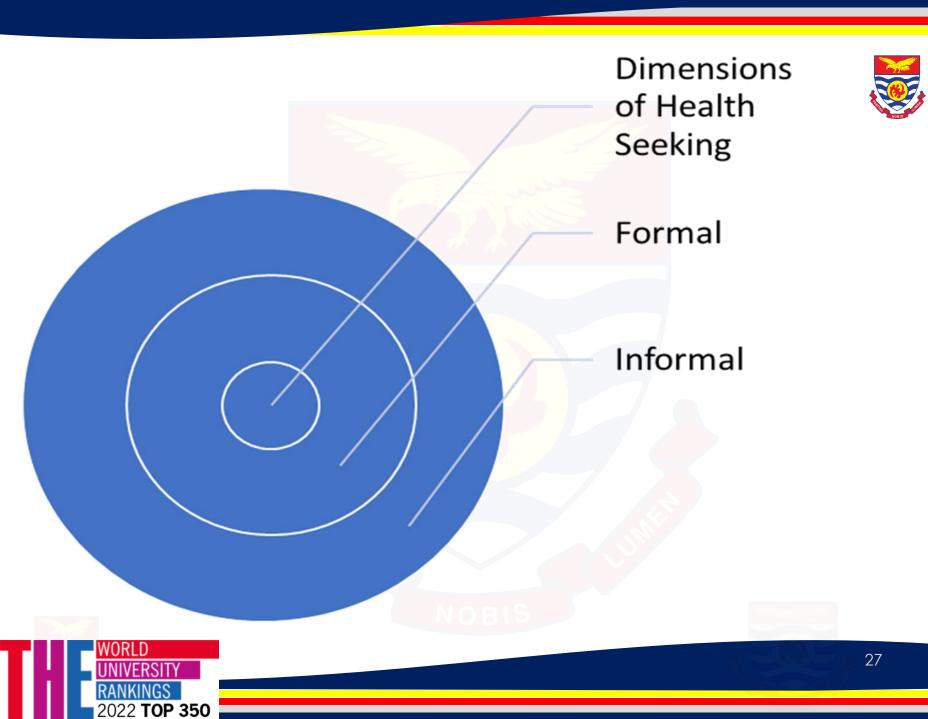
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 The help-seeker must be willing and able to disclose their inner state to the source of help.



- For us to help people get to the help they need, we need to find ways to help them:
- recognize that they have a problem that they can't overcome on their own,
- ✓ to have the ability to express what they are feeling,
- ✓ to know where they can get help, and
- ✓ To be willing to seek out that help





Formal help-seeking



- Professionals who have a legitimate and recognised professional role in providing relevant advice, support and/or treatment:
- specialist and generalist health care providers

- But also non-health professionals: teachers, clergy, community and youth workers.
- Recent development:
- 'treatmentseeking(specific health treatment providers)
- seeking help (generic support and community services)

Informal help-seeking



- Assistance from informal social networks: friends and family.
- sources of help that have a personal, and not a professional, relationship with the help-seeker
- Self-help use computer mediated communication technologies to support mental health
- Such options make an interpersonal component less critical in the help-seeking process

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What barriers are preventing people from seeking help?



Literature review Guillver et al.2010:15 qualitative and 7 quantitative studies of people's experiences of help-seeking behaviour . Themes:

- Stigma and embarrassment
- The most frequently reported of all the barriers. Public, perceived and self-stigmatizing attitudes to mental illness create an embarrassment and fear of identifying with a mental illness or seeking help about it.
- Also prominent was a general concern about what others, including the source of help, might think of them if they were to seek help.





Problems recognizing symptoms (poor mental health literacy)



- It was frequently reported that people simply don't know how to identify when the difficulties they are facing are beyond the normal threshold of stress.
- One study reported that people were aware of their distress, but continuously altered their definition of what was "normal" distress to avoid seeking help.



Preference for self-reliance



- A consistent factor in both qualitative and quantitative research was the trend that people prefer to rely on themselves, rather than seeking outside help for the problems they were facing.
- To seek help from someone else is often seen as an indicator of weakness, or not being capable of dealing with normal life problems
- 'I am independent and I mostly tend to think I can deal with my emotions and that I don't need help.' (Salaheddin & Mason, 2016)



Confidentiality and trust



- A major concern for many people was a lack of trust with respect to the potential source of help.
- ✓ Fears of a breach of confidentiality leading to exposure, distrust of the credibility or authenticity of providers, perceptions of judgmental attitudes, and a lack of familiarity were all identified as aspects of this barrier.



Hopelessness



 Feeling or perception of hopelessness is a strong contributor to the help negation effect (a consistent pattern where the higher someone's levels of distress, the less likely they are to access support).

Murayama et al. (2022)



Instrumental barriers



- Not being able to afford the financial costs
- Difficulty taking time off work
- Unsure where to get professional care
- Problems with transport/travel to appointments
- Unavailability of professionals from my own ethnic or cultural group

(Czyz et al., 2013)







Individual factors enhancing helpseeking



- Positive past experiences
- ✓ has a significant influence on help-seeking.
- This could also include increased mental health literacy and service knowledge from earlier help-seeking





- Social support and encouragement from others
- Influencers such as parents, partners, loved ones who are supportive and open to professional support as a factor in good health and wellbeing, or friends who have had positive experiences, were positive influences on help-seeking.
- Interestingly, people were observed to be more likely to seek or recommend help for a friend, than to seek help themselves.





- Emotional confidence/mental health literacy
- Rickwood et al., (2012) found that one of the most important factors in help-seeking was people having the ability and confidence to identify and articulate their emotions, and their ability to recognize and understand the symptoms of a mental health difficulty.



Gender

 Women report more favourable attitudes toward seeking professional help than men (Yousaf etal., 2015)





Supporting help-seeking behaviour



- Normalize people talking to trusted friends, counselors/therapists, and calling/texting helplines.
- Avoid perpetuating stereotypes about psychological disturbances, homelessness, people losing their jobs and being on unemployment, etc. that may be stigmatizing and harmful







- Avoid using stigmatizing language, such as "crazy," "psycho," "lazy," "freeloader," etc.
- Avoid allowing such labels to be used to describe coworkers or clients.
- Support and encourage people to develop a "care plan" that sets out how they plan to seek help if they need it and who they should contact if they become unwell.





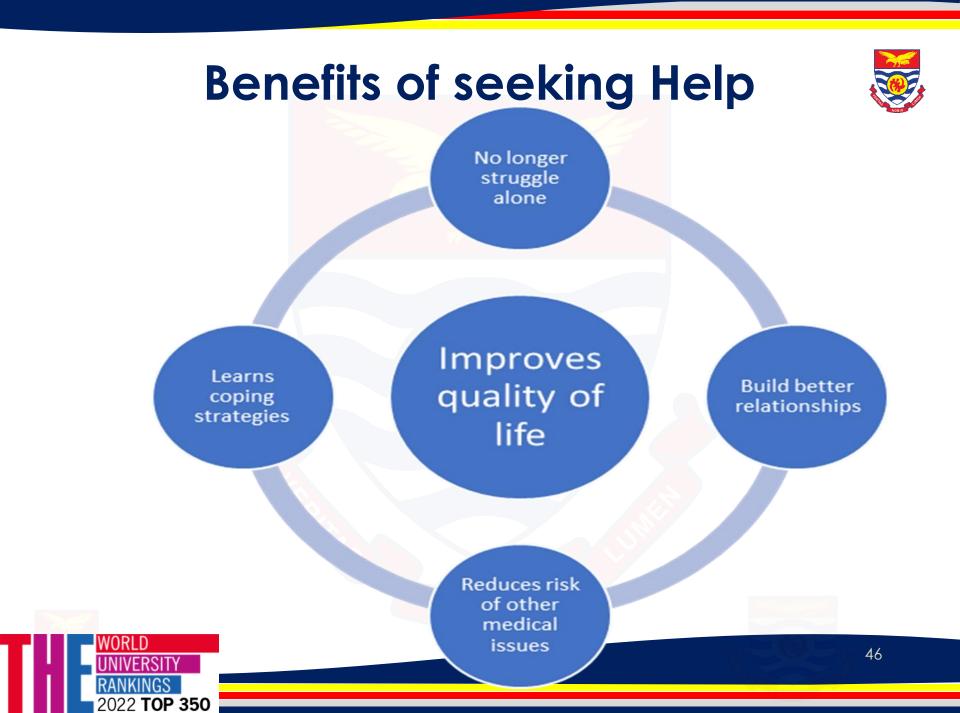
- Include resource information/links in the majority of our communications material.
- Have a range of printed resources available that people can take home and read in private. Online(credible) resources and fact sheets can also be helpful if we want to reduce paper handouts.
- Recognize that making an initial phone call can be hard for someone. Ask permission to forward their details to services that can support them or ask to make an email introduction connecting them to the right person.





- Don't make promises you can't keep. Only encourage and offer help when you know that help will be available. Be aware of eligibility requirements before you refer people to other services, so you don't set them up for disappointment and frustration.
- Be aware that cost, location, restricted opening hours, eligibility requirements, culture, literacy, and stigma can all be barriers to help-seeking. Work to make your resource offerings as inclusive as possible.
- Model help-seeking behaviours not only for mental health concerns but also for other common challenges such as stress, divorce, death, etc





Common Mental health Threshold scales



- General mental health
- ✓ the 21-item Depression, Anxiety, Stress Scale (DASS-21)
- Hospital Anxiety and Depression Scale (HADS)
- Positive and Negative Affect Schedule (PANAS)
- ✓ The 12-Item General Health Questionnaire (GHQ-12)

- Anxiety
- Generalised Anxiety
 Disorder measure
 (GAD-7)
- Becks Anxiety Inventory(BAI)
- Penn State Worry Questionnaire (PSWQ)
- ✓ State Trait Anxiety Inventory (STAI)

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- Depression
- ✓ Centre for Epidemiological Studies Depression Scale (CES-D)
- ✓ Edinburgh Postnatal Depression Scale(EPDS)
- Mini-International Neuropsychiatric Interview (MINI)

- Structured Clinical Interview for DSM (SCID)
- Becks Depression Inventory(BDI-I)
- Patient Health
 Questionnaire (PHQ-9)





Threshold organisations



- Threshold: preventing homelessness
- Threhold Services
- Threhold DAS
- Threshold:home.health. hope

- Threshold Studio Ltd
- Organisation threshold
- Threshold-Belfast
- Threshold Association
- Threshold Crossed

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Conclusion



- The prevalence of mental health conditions keep increasing year after year. To contribute in achieving the MDG goal 3:
- Individuals and groups within the population must take the necessary steps when personal or group threshold has been stretched beyond its limit.
- Health professional must take the necessary steps to build confidence and encourage help seeking among the populace.
- Contents and state must take the necessary steps to ensure that trusted and appropriate help seeking centres are closer to individuals and groups.



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