Research on Humanities and Social Sciences
ISSN (Paper)2224-5766 ISSN (Online)2225-0484 (Online)
Vol.5, No.6, 2015

Understanding the Help Seeking Behavior of Accra Polytechnic Students: A qualitative approach

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Abstract
The aim of this study was to explore the barriers to seeking mental health care and to find out if help seeking behavior could be improved. Six focus group discussions were held using three groups of students from Accra Polytechnic. Themes emerging from the study indicated that facilitators and barriers to care included factors related to trusted and established relationships, the characteristics of the service provider/psychotherapist, accessibility issues, the characteristics of the condition for which help is being sought for, the characteristics of the person seeking help and other social and economic issues. The study also indicated that strategies like psycho-educational campaigns, outreach programs, the distribution of fliers, making working hours flexible and the use of hot line services could be utilized to promote help seeking behavior. The implications, limitations and recommendations of the study and areas for future research are also discussed in the write up.
Keywords: Help seeking behavior, Accra Polytechnic, students, qualitative approach, help seeking model, help seeking pathways, focus group discussion, triangulation, interviews, intervention.

1. Introduction

In Ghana, the services of psychotherapists are rarely utilized. The trend of help seeking behavior for mental disorders is that most people in Ghana prefer to visit the charismatic/pentecostal/spiritual churches to the hospitals for solutions or treatment. Some also prefer visiting the shrine and traditional herbal centers for treatment (Okraku, Ofori-Atta, Danquah, Ekem & Acquaye 2009). Psychotherapeutic services provided in schools and some psychiatric hospitals in Ghana are free of charge, hence, affordability has little to do with the low patronage. Accra Polytechnic students for instance have free access to counseling and other psychotherapeutic services yet very few of them utilize such services. This is an indication that there are some barriers preventing them from seeking mental health care. There was therefore the need to study psychological help seeking behavior to determine the barriers to seeking psychological help. The research questions of interest were, "what are the barriers to seeking help, what is the pattern of help seeking behavior among students in Accra Polytechnic, what are their help seeking preferences, and what can be done to promote help seeking behavior?" The purpose of the study was to explore familiarity with mental health problems, mental health services and mental health professionals. It also intended to explore the underlying factors affecting help seeking behavior and to identify help seeking preferences. This study aimed to investigate barriers to seeking help for emotional problems and also to find out ways of reducing such barriers and increasing patronage of psychological services.

2. Theoretical Framework

Several models have been developed to explain help seeking behavior. Barker's (2007) proposed schema for understanding adolescent help seeking behavior conceptualized help seeking as having three components. These components comprise both individual and exogenous factors which are associated with help seeking behavior. It also includes a segment on programs and policy efforts to promote help seeking behavior. The individual factors associated with help seeking behavior according to Barker (2007), include one's personal beliefs about what constitutes a need for help (Bowles and Fallon 1996), internalized gender norms related to help seeking behavior, the perceptions of others and helping institutions as helpful and trustworthy (Newton, 2000), personal coping skills (Blum & Rinehart, 1997), previous experiences with seeking help, self-efficacy and self-agency (Newton 2000), identity and other specific characteristics of the individual (BDHS, 1995) and perceived stigma associated with the need for help (Hook, Richey & Loene, 1997). Exogenous factors are issues associated with the supply of help and the nature of social supports (Barker, 2007). These factors include the distance to sources of help (Barker, 2007), availability of services, service infrastructure, case loads, cost of services and cost associated with referrals (Newton, 2000), staff receptivity to adolescent needs and staff competence to work with adolescents (Rizzini & Barker, 2001), local values about adult-adolescent interaction (Barkat, Khan, Majid & Sabina, 2000), community and cultural values about what constitute a need for help (Rizzini & Barker, 2001) and legal and policy context of help seeking behavior (Barker, 2007). In his framework, Barker (2007) also discussed efforts that have been put in place to promote adolescent help seeking behavior. For instance, in some

public health settings around the world, efforts are being made to make health care services more adolescent friendly (WHO, 1997). Staff members of certain public clinics have been trained to handle specific needs of adolescents and also peer counselors are being trained to work with their colleagues (GOB, 1998). There has been some information communication and education campaigns (Newton, 2000), parent and community education programs (Finger, 2000), outreach and recruiting efforts (King, 1999), offering new services for adolescent (GOB, 1998) and creating networks among formal social supports (Barker, 2007).

The help seeking behavior of Ghanaians/Africans is determined by their belief system (Danquah, 2008). The cultural determinants of help seeking (CDHS) model depicts three stages of help seeking. These are the perception and labeling stage, the interpretations of meaning stage and the social context dynamics stage (Arnault, 2002). The help seeking pathway starts when there is the perception of a physical or an emotional sensation. When the individual perceives the wellness signs or distress symptoms to be significant, he or she then attempts to determine the cause of the problem. Then, the individual has to decide on how to seek help for his or her distress and also has to consider the type of help that he or she needs (Arnault & Fetters, 2011). Throughout this process, individuals make choices based on cultural beliefs, values and social structure (Aikins, 2005). An individual may realize that support or help for the problem being experienced is unavailable thus he or she cannot seek help. Also, a person may decide not to seek help because doing so will create more social complications (Arnault, 2009).

A study using subjects from marginalized groups conducted by Bristow, Edwards, Funnel, Fisher, Gask, Dowrick and Graham (2011), revealed that the study's older respondents sought help from their general practitioner for only physical conditions and never for emotional distress. The severity of the physical conditions being experienced was what led some participants to seek help. Again, the elderly people stated the importance of informal groups within the community in helping them deal with their feelings of isolation and low mood. Reported barriers to help seeking were previous negative experience with a general practitioner (like that of being discriminated against by the general practitioner, the general practitioner being dismissive and issues of stigma), issues relating to communication, and the general practitioner's failure to refer them to other facilities. The study however had some shortfalls. These include the fact that it was gender biased. Most of the participants were females.

In Gabriel and Violato's (2010) study of literature on depression literacy among patients and the general public, they found out that most depressed patients did not seek help from formal mental health services because of the erroneous ideas they had about depression and other mental illness as well as antidepressants. Most patients felt there was no need to seek treatment. They also realized that patients were more likely to seek help when they suffered from major depressive disorder or when the illness made them dysfunctional in life. Again, the older patients showed poorer knowledge about the causes and treatment of depression than the younger patients. And also, the older patients thought that it was more harmful to visit a psychiatrist for depression than to see a counselor, a psychologist, or use a telephone hotline service. Most of the respondents reported that they preferred seeking help from non-psychiatric physicians and friends. The researchers also found out that people with higher educational level were most likely to seek help from complementary practitioners while men were less likely than women to seek help from counselors and other practitioners. Stigma was also identified to have a negative role to play in participants' help seeking behavior. The researchers therefore recommended that to increase help seeking behavior among depressed patients, interventions should be structured in a way that they minimize stigmatization. The researchers did not conduct a study on their own. They only searched through other people's work on depression and drew conclusions from them. One of the limitations of the outcome of their work is that most of the literature they studied focused on public literacy on depression. Again, the literature they studied on the attitudes of patients towards depression and their knowledge about depression was scanty. This made it intricate for the authors to make inferences that could be generalized.

The rationale of the present study is that there is a knowledge gap as far as help seeking behavior is concerned. Studies into help seeking behavior have mostly been done in the Western countries. Findings from these studies have failed to adequately explain why Ghanaians, especially Accra Polytechnic students do not seek mental health care.

3. Methodology

3.1 Sample/Population

The population for this study was students who had been enrolled into various tertiary institutions in the Republic of Ghana. The study utilized a non-probability, convenience sampling method to select a tertiary institution (Accra Polytechnic) and subsequently recruit eighteen informants from the institution for the study. Participants were recruited from all the three schools in the institution. The age of the informants ranged from 21 to 26 years with a mean age of 22 years. Thirteen of the informants were males while five were females. Six informants were in their first year, another six were in the second year of their program and another six in the third year. While 17 informants were unmarried, one informant was a member of an unmarried couple.

3.2 Research Design

This study utilized the qualitative approach to study in-depth help seeking behavior: barriers/facilitators to help seeking behavior and ways of improving help seeking behavior. Focus group discussions, in depth interviews, observations and field notes were used to generate data for this study. Investigator triangulation, data triangulation and methodological triangulation were used to validate the findings of this study.

3.3 Measures

A semi-structured interview schedule was developed based on previous literature on help seeking behavior. The interview schedule consisted of open-ended questions on barriers to mental health care, facilitators to mental health care and strategies for improving beneficial help seeking engagements. The questions were open-ended in order to elicit more response from the interviewees. In addition, the questions were neutral and jargon free so that informants did not have difficulty understanding them. Although the questions were placed in a certain order on the interview schedule, the interview did not follow the sequence on the schedule. Questions asked were varied for each informant. Informants were allowed to give all the information they could on each question with the interviewer making sure that the interview stayed within the agreed domain. Before using the interview schedule for the actual data collection, a pilot study was conducted on it. The aim of the pilot study was to test the acceptability of the questions and the responses of the informants. Changes and adjustments were made to the interview schedule, accordingly. A demographic questionnaire: which was used to determine the demographic variables of the informants, the General Help Seeking Questionnaire (GHSQ-V: Wilson, Deane, Ciarrochi & Rickwood, 2005): which measures help seeking intentions, the Actual Help Seeking Questionnaire (AHSQ: Rickwood and Braithwaite 1994): which determines one's recent actual help seeking behavior, the Services Utilization Questionnaire (SUQ: Kavagnagh and Dishion, 2003), which yields information on one's utilization of services whilst growing up and the 39-Item Barriers to Care Questionnaire (BCQ: Seid, Sobo, Gelhard & Varni, 2004), which gives a report on barriers to receiving care were also administered to the informants in order to generate data to aid the triangulation of the findings from the qualitative study.

3.4 Study Area

This study was conducted in Accra Polytechnic, a tertiary institution in the capital town of the Republic of Ghana.

3.5 Data Collection/Procedure

There were six focus group discussions using Accra Polytechnic students. Some religious/traditional healing practitioners were also interviewed. The focus groups met six times. The proceedings of the focus group discussions were recorded with the aid of a tape recorder. Field notes were also made. In addition, interesting observations were jotted down. The tapes were transcribed by independent persons in order to reduce the effect of confirmation bias/researcher's bias on the study.

3.6 Data Analysis

The data was analyzed according to the analysis approach described by Miles and Huberman (1994). The analysis of the data was also guided by Smith, Harre and Langenhove's (2001), interpretative phenomenological analysis. Furthermore, Seidel's (1998), model of the process of qualitative data analysis was adopted for this study. The triangulation procedure was used to validate findings from the data. The triangulation procedure included the investigator triangulation, data triangulation and methodological triangulation. With the investigator triangulation, two other researchers were given the transcripts to analyze in order to corroborate the findings of this study and to reduce the effect of the researcher's bias. After the tapes had been transcribed, the evaluators read the transcripts several times during which interesting and recurring ideas in addition to striking words and sentences were noted and marked in the margins. The information on the transcripts was then coded. The codes and a summary of the pieces of information which were noted were then written out on several sheets of paper. These striking words and sentences were coded and summarized independently by each evaluator. The evaluators then met to discuss the various codes and themes that had been identified by the various evaluators. The evaluators identified patterns within and across several collections. These patterns and themes were compared to generate a broader and deeper understanding after which consensual conclusions were drawn on them. The themes that were suggested by the evaluators were sorted and categorized into three main groups. These categories were as follows:

- Factors that facilitate help seeking
- Barriers to help seeking and
- Interventions/strategies aimed at promoting help seeking.

All other pieces of information from the data were put in these categories ensuring that none overlapped the other. Methodological triangulation was also adopted by the study to validate the findings of the qualitative data.

Here, the informants were made to fill some questionnaires (a demographic questionnaire, the GHSQ-V, the AHSQ, the SUQ and the 39-Item BCQ) in addition to the information they provided during the focus group discussions. In order to validate the findings of the qualitative data, findings from these questionnaires were compared with those from the focus group discussions to determine their similarities and dissimilarities. The study also utilized the data triangulation method to validate its findings. Here, six focus groups discussions were held with three different groups of subjects. The first group was made of first year students, the second group, second year students while the third group was made of third year students. To triangulate findings, information provided from each of these groups was compared to determine areas of agreement as well as areas of divergence.

3.7 Ethical Consideration

Ethical issues relating to research were strictly adhered to. In line with the American Psychological Association's (APA) regulations, permission was sought from the necessary authorities within the institution before the informants were recruited. The consent of each informant was sought prior to the commencement of the focus group discussions. The informants were assured anonymity and confidentiality. They were also informed of the possibility of withdrawing from the study at any stage they so wished. No informant was maltreated in any way.

4. Themes Emerging from the Focus Group Discussions

A number of themes emerged from the focus group discussions. The major ones were categorized into three main groups. These were:

- Factors that facilitate help seeking behavior
- Barriers to help seeking behavior
- Interventions/Strategies for Promoting help seeking behavior.

Under these categories, there were other subthemes which are presented in Table 1.

Table 1 *Themes Emerging From the Focus Group Discussions*

Main Themes	**Sub-Themes**
Factors that facilitate help seeking	Factors relating to established and trusted relationships
Barriers to help seeking	1. The characteristics of the provider (the psychotherapist) - The dual relationship of the provider/psychotherapist and - The "Physician, heal thyself!" pattern. 2. Accessibility Issues - The usurpation of the psychotherapist's role - The source of help or the psychotherapists frequently being absent from his or her office - One not knowing where to go for mental health care. 3. The characteristics of the condition (for which help is to be sought) - Symptom severity 4. The characteristics of the person seeking help - The preference of one to keep the problem to oneself and attempt solving it, - Lack of proper time management skills, - The level to which a person can trust another person - The preference of religious sources of help and - One's negative past experience with help seeking. 5. Other social/economic issues - Stigma - Financial issues
Interventions and strategies aimed at promoting help seeking	1. Psychotherapists having representatives in various schools 2. Psycho-education on mental health and psychotherapy must be increased - Distributing fliers on mental health and psychotherapy - Giving talks about the nature of psychotherapy e.t.c. 3. Flexible working hours 4. The use of telephone and hotline services

Source: Field study.

4.1 Factors that Facilitate Help Seeking Behaviour

The main theme reported by informants as facilitating one's help seeking behaviour for informal sources of help was the established and trusted nature of informal relationships. This is in agreement with the findings of Bristow, Edwards, Funnel, Fisher, Gask, Dowrick and Graham (2011). Comments like this were recorded.

> *Depending on the relationship he has built with his parents there is no need for him to go the extra mile to ask someone else for help. Because it is like his parents know him and they also know his strengths and weaknesses so when he goes to them for help, they will only have to put in some small efforts and some small advice and everything will be okay,* reported B. B.

Others also made comments like this, "*I go to my parents when I have a problem and most students go to their parents when they have problems,"* said R. B.

Contrary to informal sources of help, professional help sources like that of a psychotherapist most often involved interacting with a stranger. Most informants were uncertain about how they would be received and treated by a total stranger. They maintained that within an institution, there were lots of staff members in some departments who were mean and unfriendly to visitors. This made them afraid and felt intimidated whenever they had to seek professional help from a psychologist or psychotherapist preferring to keep the problem to themselves or seeking the advice of someone within their informal network. This finding is in harmony with the findings of Barker (2007) which explained that staff receptivity and staff competence could promote help seeking behavior or otherwise. Staff of public health care set ups perceived themselves as overworked and thus were reluctant in making the clinics or offices more receptive for the young (Newton, 2000). One informant, B. F. had this to say,

> *The reason why sometimes people find it difficult to go to see a psychotherapist or a psychologist is that sometimes when you go to certain offices, the workers who are there don't look too friendly so because of that people find it difficult to go to them so sometimes when the person has an emotional problem, the person will rather like to keep it to himself or herself rather than to go to someone he or she doesn't know to solve it.*

Another informant, K. P. made this comment.

> *That is why sometimes most people will like to discuss their problems with their friends and sometimes family members to see if they will be of help instead of he or she going to see a professional for help. Sometimes parents can also give advice. So the unfriendly nature of workers is what prevents people from utilizing mental health care.*

On the flip side, some informants differed in their opinion about seeking help from informal sources. They believed that informal sources of help were not reliable hence some informants reported preference for formal sources of help (like the services of a psychotherapist, a psychiatrist or a counselor) to informal sources. Some informants were uncomfortable disclosing certain issues to members of their informal support network because they deemed that such sensitive information could be used against them should the relationship between them turn sour. Others were of the opinion that though they were close to their family and friends and other members of their informal support network, they felt reluctant asking them for help on certain issues because they in the first place did not want them to know too much about them, thus preferring to choose formal professional source of help which most often than not might involve interacting with a stranger. Hence, informal sources of support can be barriers as well as motivators to receiving professional help (Barkat, Khan, Majid & Sabina 2000). M.A. made this contribution.

> *I'll also say that with our parents when we confide in them they can use it against us when we go wrong. So going to a psychotherapist that we don't know for help in times of trouble I think is sometimes better.*

Another informant J. B. also said this, *"For me, I'll seek help from a counselor or a psychiatrist or a psychologist. I can't trust a friend."* There were also other comments like, "*I have a lot of friends and I do trust them but I wouldn't like them to know everything about me and that is why I would seek the help of a professional,"* said A. A.

4.2 Barriers to seeking help

Several barriers to seeking help were reported by the informants. These barriers included issues at the provider level, the system level and at the patient level.

4.2.1 The characteristics of the provider (psychotherapist). The characteristics of the source of help as a barrier to care were one of the themes that emerged under barriers to care. Under this theme there were subthemes like, the dual relationship of the psychotherapist and the "Physician, heal thyself" pattern.

Informants interviewed felt reluctant seeking help from psychotherapists because of the dual relationship he or she might have with the client. For example in some school settings, the school psychologist or counselor sometimes is also a lecturer or a teacher in the same institution and informants were not comfortable with this. M. A. had observed that,

> *For counseling in schools, the students know that it is the same teachers who teach them in class who handle it so they might think maybe if they are not free with him or her and they go to say certain things to*

him or her and something happens he or she might reveal everything in class because of that most students are not much into this counseling thing, they will rather consult their close friends for such kind of advice.

The "Physician, heal thyself" pattern was also a subtheme under the characteristics of the help provider. The informants revealed that some practitioners do not practice what they preach so it was difficult to stick to their suggestions/advice. This is what I refer to in this write up as "Physician heal thyself pattern." According to the informants, the very thing some helpers condemn is the very thing they are seen doing. People get confused when service providers are struggling with the very condition they claim to be helping their clients deal with. It would be expedient for such therapists to refer such clients to colleagues who are much more in control of those conditions/situations. P. W. reported, "*At the beginning of this year, that same man who counseled me against drinking also started drinking."*

4.2.2 Accessibility Issues. Reported barriers to care which were related to accessibility were varied. These included issues like, the usurpation of the psychotherapist's role, the source of help (psychotherapist) frequently being absent from his or her office and one not knowing where to go for mental health care.

A barrier to care reported by the informants was the fact that the psychotherapist's role was sometimes usurped by other people within or outside an institution. In Ghana, it is not uncommon for people who have no training in psychology to call themselves counselors, thus, taking over the work of psychotherapists. Most often than not they end up abusing their clients, leaving them worse off and tarnishing the image of psychotherapists. At other times before clients get to see the psychotherapist, some other members of staff in that institution might have tried to help the client with the problem by offering pieces of advice which sometimes are not helpful. Also, in a school setting, the school psychologists or counselors sometimes have their roles usurped by other members of staff like the lecturers/teachers. The informants complained that they had their heads of departments and other lecturers coming into class to announce that students experiencing problems could contact them for assistance. The students in turn went to them (lecturers/teachers) in times of trouble instead of the school psychologist/counselor because they felt closer to their lecturers than to the latter. They wondered why the lecturers would not refer them to the appropriate department, the primary duty of which is to help students in times of trouble. Comments like this were recorded by A.D.

Also, instead of the lecturers telling us that there is this department that handles problems so we should visit them in times of need, they rather tell us to come to them when we are distressed so it is like the lecturers are taking over the work of the school psychologist. So if the psychologist's office is to hold, then maybe the lecturers must direct students appropriately.

The source of help being constantly unavailable was another accessibility barrier reported by informants. In this case it was not just meeting the person from whom help was to be sought but meeting him or her at an appropriate place where help could be sought. This usually happens with informal sources of help and in institutions whereby the psychotherapist performs other roles in addition to his or her main duties or in an institution whereby there is shortage of staff.

Some informants complained that the few attempts they had made to visit a psychotherapist had proved futile because the office was locked. "*The main problem I faced was that of meeting the person one on one,"* was made by M. A. Another informant (E. B.) also made this comment, "*I am going through some emotional problems and I went to a psychotherapist for help but the office was locked."*

Some informants also revealed that they did not know where to go to for mental health care. Some of them also did not know much about services provided by a psychotherapist. Some of the informants were not aware that their institution had such a facility like the counseling services neither were they aware of the existence of psychotherapists and other mental health practitioners. Asked about the banners and posters put up by some staff members advertising the services provided by the Counseling Department in their institution, and they explained that most students did not read notices, banners and posters so much as Counseling Departments tried to advertise their services through these means, much had not been achieved by them. Findings from a study using rural subjects have also reported issues relating to accessibility like high transportation cost as a barrier to seeking help (Barker, 2007). W. B. explained, "*Because it will be difficult for someone to go for psychotherapy when much is not known about such services."*

4.2.3 The characteristics of the condition (for which help is to be sought). The informants gave the impression that the decision to seek help or not depended much on the characteristics of the condition for which help is to be sought. These characteristics included the severity of symptoms for the said condition.

Informants were of the view that informal help sources could handle less severe problems more adequately than more severe problems. They therefore suggested that the services of a psychotherapist should be an option for people experiencing more severe problems. Just like this finding, a lot of studies have concluded that most young people prefer seeking help from informal sources and only turn to formal sources when the condition does not seem to improve (Bristow, Edwards, Funnel, Fisher, Gask, Dowrick and Graham 2011; Gabriel and Violato 2010). *I'll go for psychotherapy, that is if it is a severe case, but with the minor emotional cases, I'll like to discuss it with a friend or a family member,"* reported A.O.

4.2.4 The characteristics of the person seeking help. The characteristics of the person seeking help or who intends to seek help as a barrier to care was one of the major themes that emerged from the focus group discussions. Under this theme were some subthemes. These included, the preference of one to keep the problem to oneself and attempt solving it, lack of proper time management skill, the level to which a person can trust another person, the preference of religious sources of help, the person's personality and one's negative past experience with help.

Some informants preferred to keep their problems to themselves and attempt solving them themselves. Informants interviewed in this study were of the opinion that there was no source of help that could adequately help them solve their problems and so there was no need disclosing their problems to anyone. They therefore chose to keep their problems to themselves and hoped that time would help solve them. This finding is also consistent with reports on findings by Barker 2007; Blum & Rinehart, 1997 and Gabriel and Violato, 2010. W. B. said, *"For me, I feel people will not be able to help me when I go to them for help and if someone can't help me and they know my problem, I don't feel comfortable about that."*

Many people including students are mostly busy with their academic work and may postpone the decision to seek help to a later date until the problem aggravated into a more serious one. Informants explained that students were in school to make their grades so they could graduate afterwards and because of that most of them had very little time for other activities which they perceived as a distraction to achieving their aims. Others did not practice proper time management, consequently making time to seek help was almost impossible for them. So even though a student might have a problem, he or she may not find time to seek help from a psychotherapist. Again, informants reported that the office hours of psychotherapists like any other professional sometimes conflicted with the lecture hours or examination time of students and since such services were usually closed to the public on weekends, some students might never benefit from such services. "*Time factor was the main barrier I faced,"* was what A. A. had observed.

Issues relating to trust were also one of the most reported barriers to seeking help. Some informants found it very difficult to trust people. People with this nature unusually found it difficult to confide in others in order to seek help from them. Informants reported that most students did not know whether they could trust people enough to confide in them or not. This was reported as what prevented some young people from seeking help. This finding is consistent with the framework by Barker (2007) which indicated that young people may not seek help because of issues concerning mistrust for the source of help. Informants made statements like these:

> *For me I didn't seek any help at all because I don't know if the person will forget what I tell him or her or not. Some people do not forget things and before you are aware everybody knows about it,* stated R. B.

Other comments included,

> "*I had a problem with my girlfriend and I told a friend about it. The friend failed. The information was all over the place in no time. So I decided to stick to my previous decision of consulting a professional for help,"* S. B. remarked.

An individual with a need for help may prefer seeking help from religious sources. Thus a person's religious beliefs could be a barrier to seeking professional mental health care. Some of the informants indicated that their religious leaders helped them solve a wide range of problems so they felt more comfortable going to them in times of trouble than seeing a psychotherapist. This is in consonance with findings made by Aikins, 2005; Arnault, 2009: Arnault & Fetters, 2011 and Danquah, 2008. Comments like this were made by the informants. S. F. confessed, "*For me if I have a serious problem I normally go to my religious leader."* A. A. also remarked, "*When I have a problem I go to my pastor for help. I feel he can help me solve my problem with some spiritual directions."*

The extent to which one is introverted or extroverted could also affect his or her help seeking behavior. "*I also encountered some problems. Mine had to do with not being bold to ask for help. Initially, I was shy about asking for help and that was the main barrier I faced,"* J. B. declared.

Informants reported that a person's negative past experience with help seeking could be a barrier to seeking help. This study found out that some of the informants did not consider help seeking for emotional problems from informal sources to be positive and good. This is because of some past experiences they might have had. An informant reported an incident in which a friend of his consulted another friend for help on an issue concerning his girlfriend. Somehow the young lady got to know that her lover had confided in someone about that issue and got angrier with him. So instead of the consultation solving the problem it made an already bad situation worse. The informant concluded that for emotional problems he would advise that one seeks help from a psychotherapist only since they are trained to handle such situations and also have experience with dealing with such issues. This finding is congruent with that of Barker 2007; Bristow, Edwards, Funnel, Fisher, Gask, Dowrick and Graham (2011) and Newton (2000) which reported that the young preferred certain sources of help like the traditional healers and private health practitioners to public clinics because of negative past experiences like being rebuked by officials of the public clinics.

A friend of mine had a problem with his girlfriend and went to another friend for help. In the course of

seeking help, somehow his girlfriend got to know about it and it became a bigger problem. So rather than solving the problem it rather made the already bad situation worse. So I think for emotional problems you don't need to ask your friends for help. You have to go to a psychotherapist for help because friends may say something that will make the situation worse, advised E. B.

4.2.5 Other social/economic issues. Other themes that emerged from the focus group discussion included the issue of stigma and finance. Though some people would have liked to utilize mental health care, they feared what friends and colleagues might say should they see them going to such places. They feared they would be labeled as not being capable of solving their problems on their own and on the verge of going "crazy". This is consistent with the study of Hook, Richey & Loene 1997. "*Some students may never seek mental health care because of what friends might say when they see them going there,"* E. B. explained.

Lack of sufficient funds and unawareness of free services were some of the reported barriers to care. Inadequate finances or lack of finances could be a barrier to care. Some of the informants had the opinion that they would not be able to pay for the services of a psychotherapist. Though the services of a school psychologist or counselor provided in most institutions in Ghana are free of charge, the informants revealed that most students were not aware that their institution provided free counseling/psychological services.

In this case as we have the Counseling Department in this institution, when a student has a problem can he or she just stand up and go to that department and have his or her problems solved or the student will go through some processes? B. B. asked.

"The whole thing is that you are going to see a psychologist and you will have to pay," A. O. cautioned.

4.3 Interventions/Strategies aimed at Promoting Help Seeking Behavior

Strategies for promoting the seeking of mental health care also emerged from the focus group discussions. These strategies included, psychotherapists having representatives in various schools, psychotherapists embarking on massive psycho-education through distributing fliers on mental health and psychotherapy and giving talks about the nature of psychotherapy and mental health in general, psychotherapists making their working hours flexible and the setting up of telephone and hotline services.

For a psychotherapist to increase young people's patronage of mental health care, the informants suggested that he or she must have some representatives in various schools. The role of these representatives will be to relay information received from the psychotherapist to other students. The informants suggested that the representatives should be adequately trained for this role. This finding is consistent with that evident from literature in WHO (1997), which confirmed that the use of peer promoters in issues relating to adolescents sexual and reproductive health yielded positive results in promoting adolescent help seeking behavior.

"*I think psychotherapists should have a representative or two among the students if possible in all institutions,"* suggested B. B. There were other comments like, "*The psychotherapists must have somebody who is also a student in various schools who will educate students more on psychotherapy*," M. A. added. Another informant F. A. also suggested this, *"I'll suggest that psychotherapists must have representatives in various schools so that they will also be giving announcements about the existence of such services."*

Other informants who were in the minority did not consider this as a laudable idea, however. This boarded on the issue of trust. They were of the opinion that a representative chosen among the student body could feel superior to the other students and may not handle the cases well in terms of confidentiality. They made comments like,

For the psychotherapists choosing representatives among the student body to work with will be very difficult because even though we are all in the same class sometimes we don't trust each other. Everybody sees himself or herself to be superior so for that matter it is not the best. For me it is not the best for psychotherapists to have representatives among the student body. (E. B. contradicted).

The informants also revealed that for psychotherapists to increase patronage of their services they would have to publicize the services they provide. This, they suggested, could be achieved through the giving out of fliers and hand bills to students in various institutions periodically. Also, during orientation programs for fresh students, the school psychologists/counselor could hammer on issues relating to mental health care and other issues like the issue of stigma. The issue of confidentiality should also be discussed. The focus group discussions made it clear that psychotherapists could also visit various schools and other youth groups from time to time to create awareness or to remind young people of the existence of such services so that whenever a person is faced with a challenge the first thing to come to mind will be to seek mental health care. Informants were of the view that it will be difficult for a student to go for psychotherapy when much was not known about it. This is consistent with the findings of Barker 2007. This was what B. D. had to say,

The psychotherapists will have to go to the various schools to create awareness that there is this facility here that does this thing. So that anytime someone is faced with a challenge the first thing to come to mind will be that facility.

Informants also suggested that beneficial help engagement between psychotherapists and the youth

could also be increased with the introduction of telephone and hotline services. Telephone counseling could be a means of reaching out to persons who would otherwise be hesitant to obtain professional help. In contrast to face-to-face counseling, telephone counseling is convenient and the anonymity of the service may provide clients with a greater sense of control. D. B. suggested,

> *I also think that psychotherapists should have telephone services available for students to call when they need to seek help. Because some of the students are from far away and if they have problems they cannot always go to where the psychotherapist is, so a telephone service will help them. So if the numbers are placed on the notice boards in various schools, anybody at all can copy it, and I think it will work.*

From an interview with some religious/traditional healing practitioners, it was suggested that psychotherapists could also increase patronage of their services by making their working hours flexible. The practitioners revealed that prominent people in societies were consulting spiritualists late in the night so as not to be seen by other members of the society. They therefore suggested that if psychotherapists could emulate this, it could make their services attractive to their clients. This is what M. H. had to say,

> *If you come to my house around mid night you will notice that a lot of cars are parked there. They are cars of prominent people who don't want other people to see them. So they come to me around mid night for assistance.*

4.4 The Study's Theoretical Framework Based on Findings from the Study

The study's theoretical framework is based on the outcome of the study. This theoretical framework depicts five stages of help seeking. These stages are, perceiving the need to seek help (stage one), factors or barriers influencing help seeking behavior (stage two), the individual refusing to seek help (stage three), strategies aimed at promoting help seeking behavior (stage four) and the individual seeking help (stage five). These stages are not sequential. In other words, when a person perceives the need to seek help, whether he or she seeks help will depend on factors facilitating help seeking behavior and barriers to care. These factors or barriers would make the person to seek help or otherwise. A percentage of those who would not seek help would have a change of mind and seek help after going through the strategies for promoting help seeking behavior while a subset of those who would not seek help would still not seek help even after being taken through the strategies for promoting help seeking behavior.

Stage one is the actual or perceived need to seek help. Here, a person may experience some form of stressors which he or she will try to handle on his or her own. After trying to solve the problem to no avail, the individual then realizes that he or she cannot cope on his or her own so he or she then considers the idea of seeking help.

At stage two, certain factors or barriers may influence the need to seek help. This influence could be either positive or negative. Potential factors or barriers to help seeking behavior include demographic factors like age, gender, cultural values/religious beliefs, one's level of education, factors relating to established and trusted relationships, the characteristics of the provider (psychotherapists) like the dual relationship of the help source or psychotherapists and the "Physician, heal thyself" pattern. Accessibility issues could also be a barrier to care. Accessibility issues include, the usurpation of the psychotherapist's role, the source of help or the psychotherapists frequently being absent from his or her office and one not knowing where to go for mental health care. Also the characteristics of the condition (for which help is to be sought like symptom severity) could be a barrier to care or otherwise. Other barriers identified include the characteristics of the person seeking help which includes factors like the preference of the person to keep the problem to him or herself and attempt solving it, lack of proper time management skill, the level to which a person can trust another person and one's negative past experience with help seeking. Furthermore, other social/economic issues like that of stigma and finances can also act as barriers to care.

In stage three, an individual on encountering a problem does not seek help. Even after the individual has been taken through some interventions aimed at improving help seeking behavior, it is expected that whilst some individuals will seek help others will remain adamant and not seek help thus go back to this stage (stage three).

Stage four involves interventions and strategies aimed at promoting help seeking behavior. For example, psychotherapists having representatives in various schools to help out, awareness creation and public education through the distribution of fliers to students and the giving of lectures/talks about the nature of the services provided. This public education could also be in the form of a seminar, symposium, lecture, one on one talk, or a workshop. The program should entail the giving of insight into mental illness and available mental health care facilities and addressing certain pertinent issues like stigma and so on. Also the use of telephone and hotline services will facilitate help seeking behavior.

Stage five is when the individual seeks help. Some individual however would have to go through some form of mental health education or be taken through the other strategies of promoting help seeking, to influence them to seek help.

This does not imply that a person who needs help would move from stage one, to stage two, to stage three to stage four and then to five. In other words, the stages are not sequential as has already been mentioned. Some people could move from stage one, to stage two and then to stage five, thus skipping stages three and four. In other words some people with a need for mental health care would seek help without having to go through the strategies for improving help seeking behavior. They do not need to be convinced to seek help. Again, a person could move from stage one, to stage two, to stage three, to stage four and then to stage five. This group of people will seek help only after going through the interventions for improving help seeking behavior. Other individuals could also move from stage one, to stage two, to stage three, to stage four and then back to stage three. This group of people will refuse to seek help even after an intervention has been instituted.

Four main help seeking pathways were identified from the study. These are:

- The ideal pathway (stage one, to stage two, to stage five).
- The current young people's help seeking pathway (stage one, to stage two, to stage three)
- The intervention pathway (stage one, to stage two, to stage three, to stage four, to stage five)
- And the learnt helplessness pathway (stage one, to stage two, to stage three, to stage four, to stage three).

For the ideal pathway, when an individual perceives a need for help, this need is influenced by certain factors which impact positively on the individual so he or she ends up seeking help. This is the ideal scenario. This is what is expected to happen whenever people encounter stressful situations.

For the current people's help seeking pathway, the individual's need for help is affected negatively by some factors. Hence, he or she refuses to seek help. This pathway explains the current situation among Accra Polytechnic students. Many of them are experiencing significant levels of distress yet they are unwilling to seek help.

With the intervention pathway, a person's need for help is influenced negatively by certain factors. Consequently, he or she refuses to seek help but after being taken through some interventions, he or she seeks help. This pathway emphasizes the importance of psychotherapists instituting interventions aimed at improving psychological help seeking behavior.

For the learnt helplessness pathway, the individual's need for help is influenced negatively by certain factors. Therefore he or she refuses to seek help. Psychotherapists would intervene using various strategies yet the person would remain adamant and would not seek help even after the interventions. They have learnt to be helpless thus there is virtually nothing that can be done to make them change their mind and seek help. They may try dealing with the problem themselves or even deny that the problem existed. The delay in seeking help may make their condition deteriorate making them even more stressful. For this country (Ghana), the stigma associated with seeking mental health care is so strong that some people will never seek psychological help even when it is obvious they need to. No amount of intervention can help them seek professional mental health care. There is nothing psychotherapists can do to make them seek psychological treatment. The theoretical framework of the study is depicted in Figure 1.

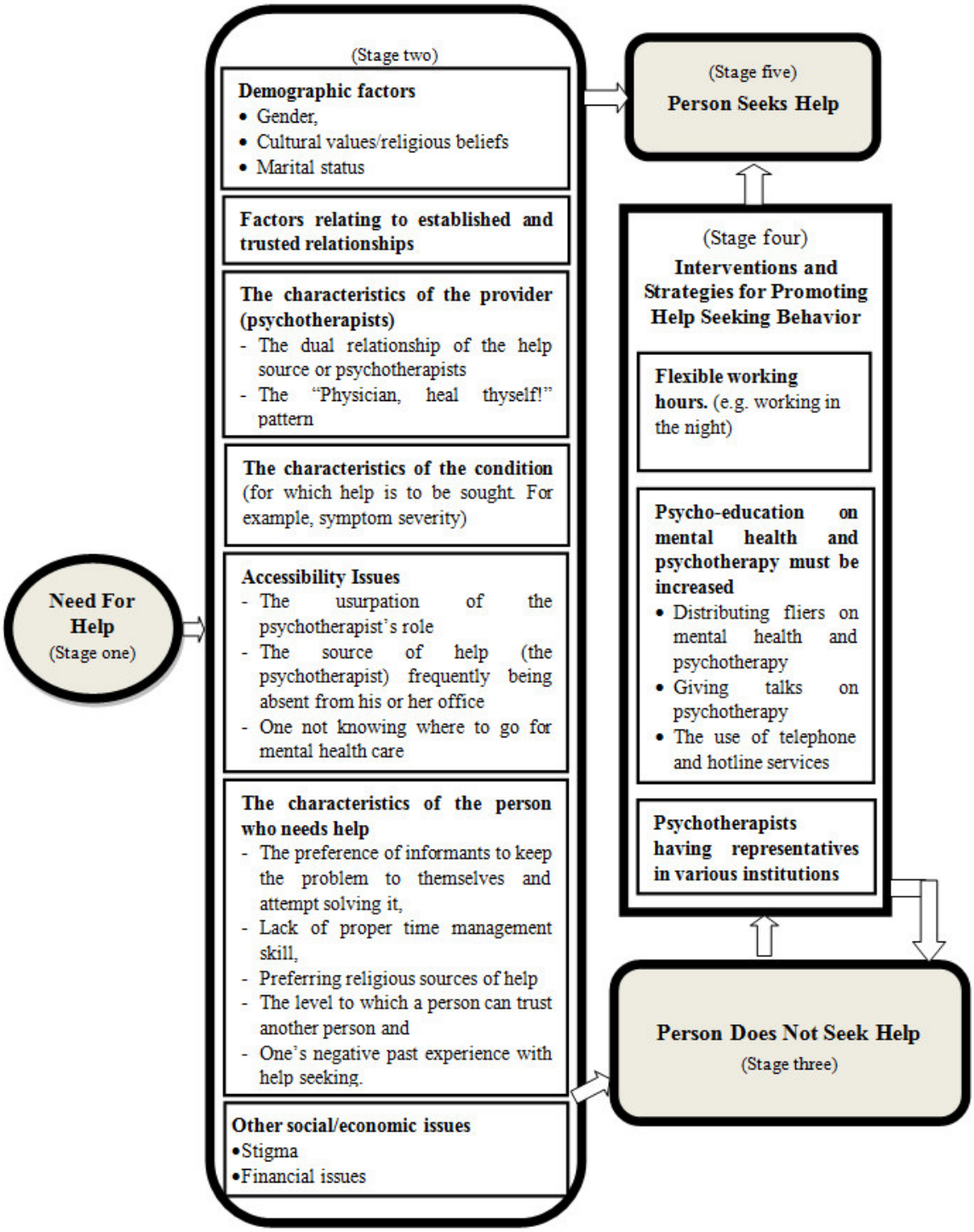

Figure 1. Help seeking model. (A framework based on the outcome of the study).

5. Conclusion

From the focus group discussions, identified barriers to care included, barriers at the level of the service provider/psychotherapists, accessibility issues, barriers at the system level, the nature of the condition for which help is to be sought, the personality of the individual who has a need for help/barriers at the patient level and some social and economic issues like stigma and financial constraints respectively. The pattern of help seeking behavior that emerged was that severe cases needed professional attention, while minor cases had to be handled by informal sources of help. Useful strategies for improving psychological help seeking were, psycho-educational campaigns, outreach programs, distribution of fliers, the use of telephone and hot line services and

office hours being made flexible.

5.1 Recommendations from the Study

This study used convenience sampling technique to recruit participants. To strengthen the methodology, the researcher recommends that the study is replicated using random sampling technique to select participants.

5.2 Contribution to Knowledge

This study has contributed enormously to previous knowledge. The study gives insight into how to reduce barriers to psychological help seeking behavior at the patient level, at the system level and at the level of the service provider.

From the study it was evident that psychotherapists have to embark on a massive public education and awareness creation on mental health/psychotherapy. This could be done through the media. News paper columns could be reserved for awareness creation on mental health. Periodically, psychotherapists could also educate the public on mental health through electronic media. During the annual mental health week, and the annual Ghana Psychological Association (GPA) conference, fliers could be distributed to the general public as part of the scheduled activities. From observation people attend such programs from all walks of life. Fliers could be given to participants to take home and distribute to their colleagues, family and friends. With this, a percentage of the population would be educated on mental health. The aim of this approach would be to reduce help seeking barriers at the patient level.

Another contribution to knowledge from this study is that psychotherapists must make their working hours flexible so that they do not conflict with school hours. One observation from informal sources of help is that they are accessible even at odd hours. Some religious/traditional healing practitioners are rendering their services to prominent members of society at odd hours (mid night) because such people do not want others to know they are consulting spiritualists. Psychotherapists into private practice could emulate this and make their working hours flexible to increase patronage. With the new Mental Act, there is the need for the government to create a twenty-four hour service for psychotherapeutic services so that people who are uncomfortable utilizing such services during the day, could consider doing so in the night. This will reduce barriers at the system level.

This study suggests that service providers/psychotherapists should be mindful of the "physician heal thyself pattern" and of multiple relationships they might have with their clients. The outcome of the study suggests that service providers/psychotherapists struggling with conditions similar to that being presented by their clients should rather refer such cases to colleagues who are much more in control in those areas. This would minimize the barriers at the provider level.

Another contribution to knowledge is that findings from this study were used to develop a help seeking model to explain young people's help seeking pathways. Four main help seeking pathways were identified. These were: the ideal pathway, the current help seeking pathway, the intervention pathway, and the learnt helplessness pathway. This help seeking model also gives insights into the help seeking behavior of Accra Polytechnic students.

5.3 Implications from the Study

Findings from the study have enormous implication for clinical practice, counseling services, research, mental health policy, and educational institutions. For clinical practice, this study provides significant information on people's perception of mental health services. It also provides an understanding into the major barriers to professional psychological care. This information would be useful to clinical psychologists in that they would be sensitive to the plight of their clients and choose their words carefully in order not to mishandle them. The information will also be of importance to school psychologist/counselors and other social workers, especially people's attitude to seeking help. School psychologists/counselors desiring to provide better care for their counselees or to increase students patronizing their services should consider ways of reducing the stigma attached to seeking psychological help.

Psychotherapists must educate the public periodically on sensitive mental health issues in order to make their services attractive to them. Information from this study implies that massive campaign and awareness on psychotherapeutic services must also be created in order to remind people of the existence of such facilities placing emphasis on the fact that such services are provided free of charge in some settings; and also the issue of confidentiality must not be overlooked in the process.

This study also has implication on the conduct of practitioners. Psychotherapists must be aware of the "physician, heal thyself pattern." Clients get confused when they witness their practitioner engaged in the same behavior he or she (the psychotherapist) claims to be helping them deal with. Findings from this study suggest it would be better for such a psychotherapist to refer such cases to other practitioners if he/she is uncomfortable with such situations in order to avoid the "physician, heal thyself pattern."

This study also has implications for research. Findings from this study have increased knowledge on

the existing level of understanding of help seeking behavior of young people. Some of the findings would pave way for others to research into help seeking behavior.

This study also has implications for mental health policies. Findings from this study suggest that new policies on mental health in Ghana should consider making mental health services available, accessible, acceptable, affordable and youth friendly. This study found out that most respondents reported that they could not utilize professional health care because it was not accessible. Makers of mental health policies should thus consider the accessibility factor and ensure that working hours are extended to ensure that office hours do not always conflict with school hours. The government could consider a twenty-four hour psychotherapeutic service so that people who are uncomfortable seeking mental health care during the day could do so in the night.

This study also yielded findings which has implications for educational institutions. The study found out that the use of telephone and hotline services would be of importance to most counseling departments. Heads of educational institutions must therefore ensure that the counseling department is adequately resourced with a telephone facility to reach out to students who consider face-to-face encounter uncomfortable. The present study also revealed that public education and awareness creation on the existence of the psychotherapeutic services could improve the number of students patronizing such services.

5.4 Limitation of the Study

Despite its relevance to the society and its vital implications, the study has a number of limitations. Considering how strong the issue of stigma could be, respondents could have been reluctant to honestly appraise their help seeking behaviors thus providing socially desirable answers which could have influenced the outcome of the study. Respondents were however assured confidentiality and given unconditional positive regard so probably this shortfall may not have had much negative impact on this study's outcome.

5.5 Suggested Areas for future Research

The following areas are recommended to be studied for future research:

- The characteristics of the therapists as a barrier to care or otherwise (in other words, exploring the "physician heal thyself pattern.") would be interesting if researched into, and
- The use of telephone and hot line services to increase help seeking behaviour among Ghanaian students could also be studied.

6. Acknowledgement

I am grateful to the Almighty God for giving me strength to complete this research. I acknowledge the constructive criticisms made by Prof. S. A. Danquah, Prof. J. Y. Opoku and Dr. B. Amponsah all of the Department of Psychology, University of Ghana, Legon during the write-up of this work. I am also indebted to the participating institution and its respective respondents. I thank you all for your assistance.

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