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Are there others like me? The association between treatment-seeking and personal knowledge of others with emotional or mental problems

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Abstract

Purpose: The aim of this study was to examine whether personal knowledge of other individuals either with or in treatment for emotional or mental problems is associated with greater likelihood of treatment-seeking for people screening positive for depression.

Methods: Participants (N = 239) who screened positive for current major depression via an internet-based depression screening study completed an online survey about depression treatment-seeking.

Results: Individuals who personally knew someone with emotional or mental problems within and outside of their family had higher odds of having sought treatment for depression, controlling for social support, stigma, and demographic variables. The same was true for those who knew someone who has sought treatment for emotional or mental problems, again both inside and outside of one's family.

Conclusions: Personal knowledge of others with or in treatment for emotional problems may prove to be a factor in treatment seeking decisions.

Keywords

Depression; treatment-seeking; stigma; treatment decisions

Introduction

Aside from the emotional and physical burdens, depression causes considerable social burdens such as shame and stigma, which can lead to social isolation and withdrawal (1, 2). Such negative social pressures may be partially responsible for low treatment seeking of individuals with depression (3, 4). If left untreated, depression is highly likely to result in significant negative outcomes in terms of health, social consequences, and economic burdens (5).

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Factors that are associated with lower treatment seeking include demographic factors such as the male gender or being single (6, 7), and social factors such as lower education level, limited understanding of symptoms, and low knowledge of available resources (6, 8, 9). Interestingly, improving knowledge of treatment and symptom recognition can increase the likelihood of treatment-seeking (7, 9).

Interpersonal relationships may play a unique role in an individual's understanding of their own emotional or mental problems as well as their attitudes towards treatment. Having family members who disclose a history of mental health issues and treatment increase one's understanding of own emotional problems; similarly, one's peers can influence attitudes towards depression and decisions about treatment (10). Indeed, some research suggests that social support (e.g., from confidants) may be a preferred source of help and information for individuals with emotional problems (11). Conversely, both self-stigma and a perception of stigma from others about depression and treatment may have an adverse effect on both recognizing and seeking care for depression. Attitudes towards treatment and depression in general have been shown to affect an individual's perception about whether treatment is needed for themselves or others (12).

Given the importance of one's family and social circle for support and information about emotional problems and treatment, the aim of this study was to examine whether personal knowledge of other individuals either with emotional or mental problems or those who have sought treatment for such problems is associated with greater likelihood of treatment-seeking for people screening positive for depression.

Methods

Participants: A total of 239 participants were recruited from a worldwide online depression screening study (Leykin, Muñoz, Contreras, 2012). Participants eligible for invitation were 18+ years of age, able to read English, and screening positive for current major depression.

Procedure

Eligibility was determined based on data collected by the referring study (see online supplement). Approximately one week after taking part in the referring study, eligible individuals were sent an invitation email with a link to the present study. Once on the study webpage, participants read and electronically signed the consent document and proceeded to the study questionnaires described below. Participants also completed other measures that are not part of this report. Participants completing over 80% of the questions were paid US\$10. All procedures were approved by the Institutional Review Board of the University of California, San Francisco.

Demographics.—Demographic characteristics including age, gender, relationship status (partnered/unpartnered), employment status (employed/unemployed), years of education, living setting (urban, rural, neither) were ported from the referring study.

Help-seeking for depression.—Participants were asked “Did you ever seek professional help or treatment for depression?”, and responded with either a Yes or a No.

Knowledge of Others with or in Treatment for Emotional or Mental Problems.

—Participants were asked two questions about the number of people they personally know who have “emotional or mental problems.” One question assessed for the number of people with such problems within the participant’s family, and the other -- outside of participant’s family. Similarly, participants were asked for the number of people they personally know who have been in treatment for emotional or mental problems, within the participants’ families, and outside of the participant’s family. For this study, these data were dichotomized (knows no one vs. knows 1+ person).

Depression Self-Stigma Scale (DSSS) (14) is a 32-item measure of facets of depression self-stigma, including internalized stigma, stigmatizing experiences, treatment stigma, public stigma, and secrecy.

Multidimensional Scale of Subjective Social Support (MSPSS) (15) is a 12-item measure that assesses perceived social support from family, friends, and a significant other.

Data Analysis

Four binary logistic regression models were constructed, one for each of the four knowledge questions (knowledge of people with emotional or mental problems within the family, outside of the family; knowledge of people who sought treatment for emotional or mental problems, within and outside of the family), which were the main predictors in the models. For each model, the dependent variable was treatment seeking (have / have not sought treatment for depression) and one of the knowledge questions was the main predictor. Each model controlled for factors previously found to be associated with treatment seeking: age, gender, level of education, relationship status, employment status, living setting, stigma, and social support. Additionally, a similar model but with all four predictors of interest entered simultaneously was constructed.

Results

Participants were 72.8% female, and 32.2±12.5 years old, on average, and reported being from 44 different countries. They reported 15.1±3.6) years of education, on average. The majority of participants (61.5%) reported having sought treatment for depression. Individuals who have sought treatment for depression were likely to be older than those who have not ($t = -5.90$, $df=242$, $p<0.001$). There were no other significant demographic differences between those who have and have not sought depression treatment (table available online).

Results are illustrated in Figure 1. Individuals who knew at least one person *in their family with emotional or mental problems* had higher odds of having sought depression treatment (Wald $\chi^2 = 12.67$, $df=1$, $p<0.001$, OR = 3.66, 95%CI: 1.79–7.46). Similarly, knowing at least one person *with emotional or mental problems outside of the family* was related to higher odds of having sought treatment for depression (Wald $\chi^2 = 12.71$, $df=1$, $p<0.001$, OR = 4.98, 95%CI: 2.06–12.03). In both models, age was positively related to greater odds of seeking depression treatment (within the family: Wald $\chi^2 = 19.65$, $df=1$, $p<0.001$, OR =

1.08, 95%CI: 1.04–1.11; outside the family: Wald $\chi^2 = 22.88$, $df=1$, $p<0.001$, OR = 1.08, 95%CI: 1.05–1.12). Other variables were not significant.

Knowing at least one *person within one's family who has sought treatment* for emotional or mental problems was related to higher odds of treatment-seeking (Wald $\chi^2 = 14.62$, $df=1$, $p<0.001$, OR = 2.04, 95%CI: 1.80–6.18). Similarly, knowing at least one person *outside of one's family who has sought treatment* for such problems was related to higher odds of having sought treatment (Wald $\chi^2 = 13.05$, $df=1$, $p<0.001$, OR = 3.43, 95%CI: 1.76–6.68). Age was also positively related to treatment seeking (within the family: Wald $\chi^2 = 14.75$, $df=1$, $p<0.001$, OR = 1.06, 95%CI: 1.03–1.10; outside the family: Wald $\chi^2 = 19.40$, $df=1$, $p<0.001$, OR = 1.07, 95%CI: 1.04–1.11). Women had higher odds of having sought treatment compared to men (within the family only: Wald $\chi^2 = 4.24$, $df=1$, $p<0.05$, OR = 2.04, 95%CI: 1.04–4.00).

When entered simultaneously, the only knowledge variable associated with higher odds of having sought treatment was knowledge of at least one person *within the family who has sought treatment* (Wald $\chi^2 = 4.83$, $df=1$, $p<0.05$, OR = 2.22, 95% CI: 1.09–4.52); age was likewise associated with treatment-seeking (Wald $\chi^2 = 15.44$, $df=1$, $p<0.001$, OR = 1.07, 95% CI: 1.03–1.11).

Discussion

Our findings suggest that there is an association between personal knowledge of others with or in treatment for emotional or mental problems and likelihood of seeking treatment for depression. Furthermore, it appears that the association of treatment seeking and personal knowledge of someone in treatment for emotional problems specifically within the family is especially important. Depression is a heritable illness (1, 10), and it possible that individuals growing up in a family with history of emotional problems are better able to recognize the symptoms and have more knowledge of treatment options. If future research identifies a causal link between these factors, it may suggest that normalizing social influences may positively affect treatment-seeking behavior.

Past research suggests that such causal link may be possible. Improving mental health literacy can positively affect treatment-seeking attitudes and behavior (7, 9). Knowing others with mental health problems may improve mental health literacy by enhancing recognition of depressive symptoms, and knowing someone who has sought treatment may add to knowledge of available treatments increase the acceptability of treatment-seeking.

Importantly, the observed associations between knowing others with or in treatment for mental health problems and treatment-seeking were detected even when controlling for both known predictors of treatment seeking as well as for factors related to personal knowledge of others, such as social support. Theorists have previously suggested the importance of social networks for treatment seeking (16), mainly in the context of encouraging seeking care. Our findings suggest that mere personal knowledge may carry unique importance for treatment-seeking, over and above other well-studied social factors such as social support and perceived stigma. Indeed, aside from age, which was expected to positively relate to past

treatment seeking because older age allows for more time to seek treatment for depression, personal knowledge was the sole consistent predictor of greater odds of treatment-seeking. Consistent with prior research (7), in one of the four models, women were found to be more likely to have sought treatment than men.

This study has several limitations. As our findings are correlational, whether treatment-seeking is the result or a precursor of personal knowledge of others with or in treatment for mental health issues is unknown; it is possible that treatment-seeking leads to increased recognition of emotional or mental problems in others, or that people in treatment are more likely to meet others who are in treatment; it is also possible that those who have sought treatment may speak more openly about their experiences, leading others to speak openly about their own. Participants were recruited from an internet-based depression screening study, which may have excluded individuals at lower socioeconomic status, those who are unable to use the Internet, or those who are uninterested in or unaware of their depression. Though our sample represents numerous countries, the results may not generalize to all populations. Cultural differences may influence attitudes towards mental illness and treatment seeking but were not analyzed in this report.

The results of our study suggest knowing others with or in treatment for mental problems is strongly related to treatment-seeking among depressed individuals. Future research should investigate whether this relationship may be a causal, and if so, the direction of this relationship. If this relationship is found to be causal, encounter-based interventions can be developed for individuals at risk for depression, wherein they may meet others who have previously been treated. Encouraging the disclosure of one's mental health treatment to others may serve to normalize treatment and, consequently, reduce societal stigma. In addition, to the extent that cultural norms and attitudes are likely to affect treatment seeking behavior, determining whether associations we have observed generalize to specific populations would be valuable. Given the pervasive undertreatment of depression, with fewer than half of individuals with depression receiving care (3), any effort to increase treatment seeking would be advantageous both for public health and for reduction of suffering of individuals with depression.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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Highlights:

- Knowing others with emotional problems is associated with treatment seeking for Major Depressive Disorder
- Knowing others in treatment is associated with treatment seeking for Major Depressive Disorder
- Associations are present when controlling for other treatment-seeking predictors

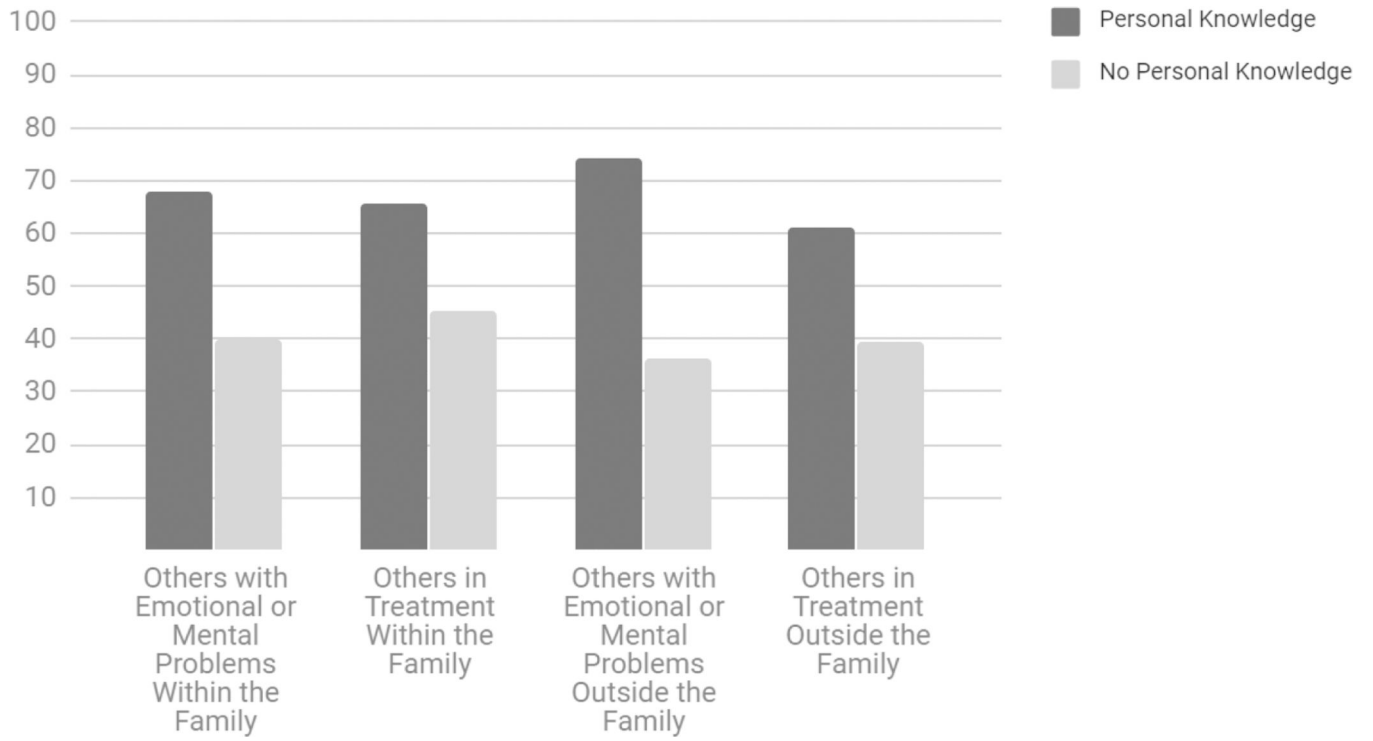


Figure 1.
Proportion of participants reported to have sought treatment

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