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The Help Seeking Attitudes and Quality of Life Among People with Depression

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Abstract

The basic aim of the study was to see the factors predicting help seeking attitudes and quality of life among people with depression. The study explores the question that do age, gender, education, socioeconomic status, culture, stigma, self-efficacy and family satisfaction predict help seeking attitudes and quality of life among people with depression? The sample consists of people with self-reported depressive symptoms. The sample of 109 participants was gathered through snowball sampling technique. The analysis was multiple linear regression. The results show that culture and general self-efficacy are the strongest predictors of help-seeking attitudes while culture and family satisfaction are the strongest predictor of quality of life, except in the case of last subscale of Quality of life "recreation", in which SES, education, and culture predicted quality of life. Meanwhile, family satisfaction and stigma are not predicting help seeking attitudes. General self-efficacy and stigma are not predicting Quality of life. This study would be helpful for clinical psychologists and other mental health professionals to understand why some people with depressive symptoms in this culture hesitate to seek professional help. Further research on this topic could explore more factors and variables which predict quality of life and help seeking attitudes among depressive patients.

Keywords: Help seeking attitudes, Quality of life, Culture, Stigma, Mental health, family satisfaction, self-efficacy.

Introduction

In a country like Pakistan, where collectivistic cultural values prevail and help seeking options are limited, people in need of psychological help can often feel isolated and helpless. Not only is asking for help in general difficult, but the cultural context provides greater levels of stigma and therefore more barriers to help seeking. The study in Lahore shows that 42.2% patients consulted general practitioners, 19.9% went to peers, 12% to religious clerics, 10.5% to hakims, fakir, malangs etc. while 2.6% consulted to psychotherapist. The result also shows that 54.9% were satisfied from drugs, 25.4% with "dum", 18% from "taweez" and 1.6% exorcism or violence (Chaudhry et al., 2017).

Literature Review

Seeking help for mental illness is not an easy task if stigma is attached with mental illness.There are many barriers associated with seeking help. In Pakistan the barriers are different than internationally. The only similarity is the presence of stigma in different forms. The barriers reported by participants in Rawalpindi were stigma associated with mental illness (23%) and not knowing whom to consult was participants (26.45%) reported. Other participants reported that fear of medication (28%), husband doesn't allow (8%), couldn't seek help alone (15%) were the barriers for seeing psychological help (Azam et al., 2019). The literature shows that majority of population in Pakistan seeks help thorough traditionalhealers. Their priority is seeking help from healers instead of professional help for mental

health issues. This practice is very common in this country. The study was conducted with fifty caregivers from the psychiatry ward at Benazir Bhutto Hospital Rawalpindi, Islamabad. The result shows hat 86% of the patients were having symptoms of mental illness has visited traditional healers before coming to mental health practitioners. Many caregivers stated that they would go back to traditional healers if in future their symptoms relapse, despite having benefits from mental health services (Shah et al., 2019). A cross-sectional study was held with 1470 adults from Karachi with three groups(healthcare professionals, healthcare students and public) to measure stigma associated with mental and physical illness by adapting Bogardus social distance scale SDS. The result showsthat all three groups were scoring high stigma towards mental disorders. It also shows that SDS scores were higher in public as compared to healthcare professionals. Females were associated with lower stigma while above 30 adults were associated with high stigma score (Husain et al., 2020). A qualitative study was done in Malaysia with fifteen mental health professionals. The in-depth semi structured interviews were conducted with forty-five minutes each. The result showed hat stigma was prominent among people diagnosed with schizophrenia, depression and bipolar. The stigma was in form of name calling, excluding them from social circle, rejecting anddiscrimination at workplace, social gathering, and home environment (Shah et al., 2019). As barriers, facilitating factors were also present. These facilitators help and encourage people to seek help. These factors are positive reinforcements for people to seek help even in the presence of barriers. As in one of the studies, qualitative approach was used, 15 participants were selected for semi structured interview. The discrimination or treat "differently" on having mental illness was strongest barrier in seeking help for mental health issues. Participants also shows concern about drugs and their side effects for mental health issues but the facilitators for mental health issues were social support and desire for change. (Staiger et al., 2019). The taboo and stigma are attached with mental illness. Depression is stigmatized in many countries. A study in Malaysia was done to see impact of depression literacy, beliefs and stigma on help seeking attitudes. The data was collected from 202 university and secondary school students with low income and cross-sectional study was conducted. To measurevariables, depression literacy scale, general help seeking questionnaire, mental help seeking attitudes scale, self-stigma of seeking help and belief towards mental illness was used. The result shows that the strongest predictor for help seeking attitude was self-stigma. The result further shows that university students had lower level of self-stigma, better depression literacy and negative beliefs towards mental illness as compared to secondary school participants (Ibrahim et al., 2019). Another study was conducted in Japan to investigate a relationship between depression and helpseeking behaviors among Japanese teachers. The data was collected from 34 primary school teachers from rural areas of Japan using survey method with qualitative and quantitate measures. The scales used in the study were depression scale (CES-D), modified version of Kleinman's and help seeking scales for depression (HSSD). The result shows that Japanese would seek help fordepression if they would feel motivated by family and friends. The social circle is strongest motivator for Japanese teacher. Parents were also strongest motivation for Japanese to seek help and likelihood of having less severe depression symptoms (Bullard & Hosoda, 2015). To examine depression and help seeking attitudes in NorthIndia, a cross-sectional study was conducted. Over the age of 18, nine sixty people were taken from Spur and Raipur. The depressionwas measured by a patient health questionnaire. The result shows that 79% of people with depression had got help from private and government medical practitioners and none of them (100%) ever seek therapy while only two people (3.3%) had used antidepressants (Mathias et al., 2015). Help seeking behavior depends upon a lot of factors in which one the factor is gender differences and biased attached to those genders. An online survey was conducted with college students of in northwest United states, the result shows that financial stressor wasn't predictor for mental health symptoms. Only 16% population received help for mental health problems while 5.8% women andnone of men were receiving therapy or counseling. Those who were seeking help with mental healthissues (Hubbard et al., 2018). The barriers faced by males in Ireland included fear of psychiatric medications, fear of homophobic judgements/responses from professionals, genuine need of care and legacy of catholic attitudes (Lynch et al., 2018). Family satisfaction has been shown to be a strong predictor of quality of life among patients

diagnosed with depression. The study was conducted on 59 elderly adults with depression and 61adults without depression symptoms. The result of the study shows that adults with symptoms of depression showed impairment of quality of life along with poor social relations and family support (De Lima Silva et al., 2017). A study was conducted with 287 participants from three groups: British Asian, western European and Pakistanis). The participants were asked to fill out questionnaires which were seeking professional help and mental distress explanatory model questionnaire. The result of study showsthat seeking help for mental distress positively corelate with seeking professional help in all of three groups. Causal beliefs as a significant predictor of attitudes towards seeking professional help among British Asian and Pakistani groups. Beliefs were not significant facilitator for western groups in seeking professional help for psychological problems (Sheikh & Furnham, 2000).

Methodology

Research Design

The design used for this research was non-experimental correlational research design.

Participants

The study design used for research was correlational research design and sample size of N = 109 was determined by G power analysis. Initially, the sample was decided to be collected from three hospitals but unfortunately due to COVID-19 and lack of availability of sample who could understand English, the sample was collected via online forms. Data was collected through snowball sampling from people known to the participant to have self-reported depressive symptoms. The participants were outside the hospital setting and diagnosis could not be confirmed by a medical professional. Informed consent was taken prior to participation and participation was kept anonymous.

Inclusion criteria

Participants with self-reported symptoms of depression.

Exclusion criteria

Participants who could not understand English.

Material and Measures

Culture Orientation Scale

The four attributes of collectivism and individualism were the concept of self and personalaspects rather than communal aspects (Triandis & Gelfland, 1998). It is 16-item scale which measures different dimensions of collective and individualistic cultures. The reliability of this scale is Cronbach's Alpha + .59 - .82 while validity if this scale is stronger as this scale can differentiate between participants from elective cultures and individual cultures based on orientations. The validity was established after studies with German and Korean students (Bierbrauer et al., 2002).

Internalized Stigma for Mental Illness Inventory

The people with mental illness, internalized stigma means the subjective perception, secrecy, shame, withdrawal and marginalization. It has 29 items measuring alienation, stereotype endorsement and stigma resistance on four-point Likert-type scale. The internal consistency of this scale is 0.91, coefficient of individual subscale is 0.57-0.81 while test-retest reliability is r= 0.85 respectively (Tanabe et al., 2016).

Attitudes towards Seeking Professional Psychological Help Scale

Attitudes towards seeking professional help consist of three components; openness for seeking professional help for psychological or emotional issues, the value associated with seekingprofessional help and coping mechanisms one chose to work himself instead of seeking help (Fischer & Farina, 1995). This scale consists of 29 items and 5 subscales ranging from 0 to 3, thescale measures alienation, stereotype endorsement, perceived discrimination, social withdrawal, and stigma resistance. The

internal consistency of scale ranges from 0.82 to 0.84 while test-retestreliability is 0.80 within one month while 0.87 is the correlation of this test (Chen et al., 2020).

General Self-Efficacy Scale

Self-efficacy is defined as self-belief to cope up with challenges and difficulties in life. This belief is attached to the fact that one's action is responsible for successful outcomes in life(Schwarzer & Jerusalem, 1995). This scale consists of 10 items with reliability of .76 to .90 on Cronbach's alpha. The validity of scale correlated to emotions, optimisms, and work satisfaction whilenegative coefficients were depression, stress, health complaints, burnout and anxiety. The scale consists of a Likert scale ranging from 1 to 4 and score ranging from 10 to 40.

The Family Satisfaction Scale

This scale has ten items on five-point Likert-type scale measuring satisfaction among family members. The internal consistency of this scale is alpha= .976, temporal stability r= 0.758and this scale is unidimensional. The scale has significant differences between normal and clinicalpopulation (Barraca et al., 2000).

The Quality-of-Life Scale

This scale consists of sixteen items with 7 points Likert scale. This questionnaire takes fiveminutes to get completed. This is usually self-administered in various settings. The internal consistency of this scale is (α = .82 to .92) while the test-retest reliability of this scale is (r= 0.78 to r=o.84) over three weeks (Burckhardt & Anderson, 2003).

Statistical Analysis

The impact of age, gender, education, culture, socioeconomic status, stigma, self-efficacyand family satisfaction on help seeking attitudes and quality of life would be analyzed using linear multiple regression. The independent variables of research are age, gender, education, socioeconomic status, culture, stigma, self-efficacy and family satisfaction. The dependent variables are attitudes towards help-seeking attitudes and quality of life. The statistics were computed using the statistical package for the social sciences (SPSS) version 23.

Results

The data were collected from the people suffering from depression. Further the result section is divided into the following: Sample characteristics and Hypothesis being tested.

Characteristics of the Sample

In this result section the description of demographics variables is mentioned in detail (N=109; see Table 1 and 2). Demographics variables which include age, gender, socioeconomic status and education are present in Table 1 while Table 2 shows age.

Table 1

Descriptive Statistics of Categorical Demographics Variables (N= 109)

Variables	**F**	**%**
Gender		
Men	46	42.2
Women	63	57.8
Socioeconomic status		
Lower middle class	12	11.0

Middle class	74	67.9
Upper middle class	23	21.1
Education		
Matric	7	6.4
Bachelors	51	46.8
Masters	49	45.0
PhD	2	1.8

Note. F = frequency; % = percentage

Table 2

Descriptive Statistics of the Continuous Demographic Variables (N= 109)

Variable	Mean	SD
Age	25.86	3.154

The reliability of each scale and subscale, as measured by Cronbach's alpha, are givenin Table 4. The number of items is also presented on this table.

Table 3

Measurement Tool	No. of items	a
Culture Orientation Scale	16	.972
Horizontal Individualism Vertical Individualism	4	.845
Horizontal Collectivism Vertical Collectivism	4	.896
	4	.950
	4	.942
Internalized Stigma for Mental Illness Inventory	29	.978
Self-efficacy Scale	10	.972
Family Satisfaction Scale	10	.975
Quality of Life Scale	16	.972
Material and physical health Relationship with others	2	.825
Social, community and civic activities	4	.908
	2	.889

Personal development and fulfillment	4	.950
Recreation	4	.946
Attitudes towards Seeking Professional Psychological Help	29	.932
Openness to seeking professional help for emotional problems	5	.936
Value and need in seeking professional help	5	.837

According to Table 3, the alpha value of Culture Orientation Scale is (.972) which depictan excellent reliability, the alpha value of Internalized Stigma for Mental Health Inventory is (.978) which shows an excellent reliability, Self-efficacy scale has an excellent reliability with alpha value of .972, Family Satisfaction Scale has alpha value of .975 which is an excellent reliability, Quality of Life Scale has an alpha value of .972 which is an excellent reliability and Attitudes towards seeking Professional Psychological Help has an alpha value of .932 which shows excellent reliability on this scale.The first subscale of Attitudes towards Seeking Professional Psychological Help (ATSPPH1) which is "openness to seeking professional help for emotional problems" has an alpha value of .936 which shows an excellent reliability, while the second subscale (ATSPPH2) which is "value and need in seeking professional help" has an alpha value of .837 which shows agood reliability. The alpha value of first subscale of culture (Horizontal Individualism) is .845 which is a good reliability and second subscale of culture (Vertical Individualism) is .896 and this shows a good reliability too while the subscales 3 (Horizontal Collectivism) shows alpha value of .942 which is an excellent reliability and subscale 4 (Vertical Collectivism) shows alphavalues of .825which is good reliability. The first subscale of Quality of life (material and physical health) has an alpha value of .825 which is a good reliability, the second subscale of Quality of Life (Relationship with others) has an alpha value of .908 which shows an excellent reliability, the third subscale of Quality of life (social, community and civic activities) has an alpha value of .889 which is a good reliability, the fourth subscale of Quality of life (personal development and fulfillment) has alpha value of .950 which shows an excellent reliability on this subscale while last subscale of Quality of life (recreation) has an alpha value of .946 which shows an excellent reliability on this particular scale too.

Hypothesis Testing

Multiple Linear Regression was used to test the main hypotheses:

1. Age, gender, education, culture, socioeconomic status, stigma, self-efficacy and family satisfaction will predict help seeking attitudes among people diagnosed with major depressive disorder.
2. Age, gender, education, culture, socioeconomic status, stigma, self-efficacy and family satisfaction will predict quality of life among people diagnosed with major depressive disorder.

Before running the main analysis, all assumptions were checked and met.

Preliminary Analysis

The assumptions of multiple regression model were met. The assumptions of normality, independence of observations and homoscedasticity were met. There were no multivariate outliers. The tolerance value was not more than .10 and values of variance inflation factors were not above 10. The case-wise diagnostic was in between the 3 and -3. The Cook's value was not greater than 1 and which shows assumption was met. The R value on each regression shows the predictors' variance in the outcome variables. The scatter plot shows that the dependent variables were normally distributed. The alpha value shows the significance values of variables were normally distributed. The alpha value shows the significance values of variables(Tabachnick et al., 2007).

Multiple Linear Regression Results

Attitudes towards Seeking Professional Psychological Help Subscale 1: Openness to seeking professional psychological help for emotional problems.

Table 4

To evaluate the impact of demographics, culture, stigma, self-efficacy, and family satisfaction, amultiple linear regression was computed on outcome variable Attitudes towards Seeking Professional Psychological Help Subscale 1: Openness to seeking professional psychological help for emotional problems. The results were significant [F (11, 97) = 4.23, p < .001)]. The unstandardized coefficients, standardized coefficients, t-scores, significance level, R R^2, and Adjusted R^2 are presented in Table 5.

		Unstandardized coefficient	Standardized Coefficient					
Step	Predictors	B	B	t	p	R	R^2	Adjusted R^2
1						.569	.324	.248
	(Constant)	7.304		1.291	.200			
	Age	.078	.075	.752	.454			
	Gender	.532	.080	.899	.371			
	Education	.847	.165	1.661	.100			
	SES	.628	.107	1.020	.310			
	Horizontal Individualism	.144	.175	.974	.332			
	Vertical Individualism	.081	.123	.524	.601			
	Horizontal Collectivism	.423	.734	2.974	.004			
	Vertical Collectivism	-.462	-.768	-3.243	.002			
	TISMI	-.030	-.167	-.802	.424			
	TGSE	-.143	-.388	-2.160	.033			
	TFSS	.060	.192	1.285	.202			

The R square of overall model was 32% with an adjusted R square of 24% meaning that 24% of the variance in ATSPHSS1 is accounted by the linear combination of predictor variables (family satisfaction, education, gender, SES, age, general self-efficacy, horizontal individualism, vertical collectivism, Internalized Stigma for Mental Illness Inventory, vertical individualism andhorizontal collectivism). A medium size effect is reported by Adjusted R square where between 3 to 5 value reflects medium size. In this model, all the independent variables; age, gender, SES, education, culture, stigma, self-efficacy and family satisfaction were **statistically significant** with horizontal collectivism (2.9, p > .004, β= .734), vertical collectivism (- 3.24, p > .002, β = -.76), general self-efficacy (- 2.16, p < .033, β = -.388) while **not statistically significant** with Age (.725, p < .45, β = .075), Gender (.899, p < .371, β = .080), Education (1.66, p > .100, β = .165), SES (1.02, p > .310, β = .107), Horizontal Individualism (.974, p > .332, β = .175), vertical individualism (.524, p > .601, β = .123), TISMI (-.80, p > .424, β = -

1.67), and TFSS (1.285, p < .202, β = .192). Culture and self-efficacy are predicting help-seeking attitudes.

Horizontal Collectivism

The positive slope for ATSPPHSS1 is 4.23 as predictors of ATSPPHSS1 indicate that there was about 4.23 increase in ATSPPHSS1 for each 1 point of horizontal collectivism in otherwords, we can say that dependent variable is predicting independent variable. The squared semi- partial coefficient that estimates how much variance in ATSPPH1 "Openness to seeking professional help for emotional problems" (was uniquely predicted from IVs and it was .248 indicating that 24 % of variance in the ATSPPHSS1 is uniquely accounted for by independent variables.

Vertical Collectivism

The negative slope for ATSPPHS1 "openness to seeking professional help for emotionalproblems" is -.462 as predictor of ATSPPHSS1 indicates that there was about -.425 decrease in ATSPPHSS1 for each 1 point of vertical collectivism. In other words, we can say that dependent variable is predicting independent variable. The squared semi-partial coefficient that estimates how much variance in ATSPPH1 was uniquely predicted from IVs and it was --.271 indicating that 27 % of variance in the ATSPPHSS1 is uniquely accounted for by independent variables.

General Self-Efficacy

The negative slope for ATSPPHS1 is - 143 as predictor of ATSPPHSS1 indicates that there was about -.143 decrease in ATSPPHSS1 for each 1 point of vertical collectivism. In otherwords, we can say that dependent variable is predicting independent variable. The squared semi- partial coefficient that estimates how much variance in ATSPPH1 was uniquely predicted from IVs and it was .180 indicating that 18 % of variance in the ATSPPHSS1 is uniquely accounted for by independent variables.

Table 5

To evaluate the impact of culture, stigma, self-efficacy, and family satisfaction, the multiple linear regression was computed on outcome variable Attitudes towards Seeking Professional Psychological Help Subscale 2: Value and need in seeking professional help [F (11, 97) = 3.783,p < .001]

		Unstandardized coefficient	Standardized Coefficient					
Step	Predictors	B	B	t	p	R	R^2	Adjusted R^2
1						.548	.300	.221
	(Constant)	11.238		1.702	.092			
	Age	.018	.015	.150	.881			
	Gender	.925	.122	1.340	.183			
	Education	.944	.161	1.586	.116			
	SES	.965	.143	1.342	.183			
	horizontal individualism	.091	.097	.532	.596			
	Vertical Individualism	.174	.230	.966	.336			
	Horizontal Collectivism	.343	.519	2.068	.041			
	Vertical	-.420	-.610	-2.528	.013			

Collectivism				
TISMI	-.080	-.387	-1.829	.070
TGSE	-.212	-.502	-2.746	.007
TFSS	.037	.105	.691	.491

The R square of overall model was 30% with an adjusted R square of 22% and medium size effect is reported by the model of variance in ATSPHSS2 and accounted by the linear combination of predictor variables (family satisfaction, education, gender, SES, age, general self- efficacy, horizontal individualism, vertical collectivism, Internalized Stigma for Mental Illness Inventory, vertical individualism and horizontal collectivism). In the final model of coefficient, all the independent variables (names) were **statistically significant** with horizontal collectivism (2.06, $p > .041$, $\beta = .519$), vertical collectivism (- 2.52, $p > .013$, $\beta = -.610$), TGSE (-2.74, $p < .007$, $\beta = -.502$) while **not statistically significant** with age (.150, $p < .881$, $\beta = .015$), Gender (.1.134, $p < ..183$, $\beta = .122$), Education (1.158, $p > .116$, $\beta = .161$), SES (1.34, $p > .183$, $\beta = .143$), Horizontal Individualism (.53, $p > .59$, $\beta = .097$), vertical individualism (.966, $p > .336$, $\beta = .230$), TISMI (-1.82, $p > .07$, $\beta = -.387$) and TFSS (.691, $p < .491$, $\beta = .105$). We can say that horizontal collectivism, vertical collectivism and TGSE are predicting help seeking attitudes among patients diagnosed with depression.

Horizontal Collectivism

The positive slope for ATSPPHSS1 is .343 as predictors of ATSPPHSS1 indicate that there was about .343 increase in ASTPPHSS1 for each 1 point of horizontal collectivism in otherwords, we can say that dependent variable is predicting independent variable.

Vertical Collectivism

The negative slope for ATSPPHS1 is -.420 as predictor of ATSPPHSS1 indicates that there was about -.420 decrease in ATSPPHSS1 for each 1 point of vertical collectivism. In otherwords, we can say that dependent variable is predicting independent variable.

General Self-Efficacy

The negative slope for ATSPPHS1 is -.212 as predictor of ATSPPHSS1 indicates that there was about -.212 decrease in ATSPPHSS1 for each 1 point of vertical collectivism. In otherwords, we can say that dependent variable is predicting independent variable.

Table 6

To evaluate the impact of culture, stigma, self-efficacy, and family satisfaction, the multiple linear regression was computed on the outcome variable Quality of Life Subscale 1: Material andPhysical Health [QOLSS1 $F (11, 97) = 52.7$, $p < .001$]

		Unstandardized coefficient	Standardized Coefficient					
Step	Predictors	B	B	t	p	R	R^2	Adjusted R^2
1						.926	.857	.841
	(Constant)	1.421		.833	.407			
	Age	-.021	-.031	-.682	.497			
	Gender	.108	.025	.607	.545			
	Education	-.115	-.034	-.747	.457			
	SES	.324	.084	1.743	.085			

Horizontal Individualism	.676	1.256	15.210	.000
Vertical individualism	-.163	-.378	-3.513	.001
Horizontal collectivism	.009	.023	.207	.837
Vertical Collectivism	.021	.053	.487	.628
TISMI	-.005	-.046	-.478	.634
TGSE	.009	.039	.468	.641
TFSS	-.061	-.301	-4.373	.000

The R square of overall model was 85% with an adjusted R square of 84% and large sizeeffect is reported by the model of variance in QOLSS1 and accounted by the linear combinationof predictor variables (TFSS, education, gender, SES, age, TGSE, Horizontal Individualism, Vertical collectivism, TISMI, vertical individualism and horizontal collectivism). In the final model of coefficient, all the independent variables were **statistically significant** with Horizontal Individualism (15.2, $p < .000$, $\beta = 1.256$), vertical individualism (- 3.5, $p < .001$, $\beta = -.378$) and TFSS (-4.37, $p < 0.000$, $\beta = -.301$) while **not statistically significant** with Age (-.68, $p < .49$, $\beta = -.031$), Gender (.607, $p < .54$, $\beta = .025$), Education (.607, $p < .45$, $\beta = -.034$), horizontal collectivism (.207, $p < .837$, $\beta = .023$), vertical collectivism (.487, $p < .62$, $\beta = .053$), TISMI (-.47, $p < .63$. $\beta = -.046$), SES (1.74, $p > .08$, $\beta = .084$), and TGE (.468, $p < .64$, $\beta = .039$). We can say that SES, Horizontal Individualism, vertical individualism and TFSS are predicting help seeking attitudes among patients diagnosed with depression.

Horizontal Individualism

The positive slope for Horizontal Individualism is .676 as predictor of QOLSS1 indicatesthat there was about .676 increase in QOLSS1 for each 1 point of Horizontal Individualism. In other words, we can say that dependent variable is predicting independent variable.

Vertical Individualism

The negative slope for vertical individualism is -.163 as predictor of QOLSS1 indicatesthat there was about -.163 decrease in QOLSS1 for each 1 point of vertical individualism. In other words, we can say that dependent variable is predicting independent variable.

Family Satisfaction

The negative slope for Horizontal Individualism is -.061 as predictor of QOLSS1 indicates that there was about -.061 decrease in QOLSS1 for each 1 point of TFSS. In otherwords, we can say that dependent variable is predicting independent variable.

Table 7

To evaluate the impact of culture, stigma, self-efficacy, and family satisfaction, the multiple linear regression was computed on outcome variable Quality of Life Subscale 2: Relationshipwith others [QOLSS2 $F (11, 97) = 147.7$, $p < .00$]

		Unstandardized coefficient	Standardized Coefficient					
Step	Predictors	B	B	t	p	R	R^2	Adjusted R^2

1					.971	.944	.937
	(Constant)	-2.409		-.975	.332		
	Age	.070	-2.409	1.538	.127		
	Gender	-.230	.070	-.889	.376		
	Education	.349	-.230	1.567	.120		
	SES	-.652	.349	-2.422	.017		
	Horizontal	.338	-.652	5.251	.000		
	Individualis mVertical	.767	.338	11.399	.000		
	Individualism Horizontal	-.089	.767	-1.432	.155		
	Collectivism Vertical	-.067	-.089	-1.069	.288		
	Collectivism TISMI	.000	-.067	-.029	.977		
	TGSE	-.015	.000	-.503	.616		
	TFSS	.088	-.015	4.335	.000		

The R square of overall model was 94% with an adjusted R square of 93% and large sizeeffect is reported by the model of variance in QOLSS2, and accounted by the linear combinationof predictor variables (TFSS, education, gender, SES, age, TGSE, horizontal individualism, vertical collectivism, TISMI, vertical individualism and horizontal collectivism). In the final model of coefficient, all the independent variables were **statistically significant** with horizontal individualism (5.25, $p < .000$, $\beta = .272$), vertical individualism (11.3, $p < .000$, $\beta = .770$) and TFSS (4.335, $p < 0.000$, $\beta = .187$) while **not statistically significant** with Age (1.53, $p < .127$, $\beta = .044$), Gender (-.889, $p < .37$, $\beta = -.023$), SES (-2.42, $p > .017$, $\beta = .- 073$), Education (1.56, $p < .120$, $\beta = .045$), horizontal collectivism (-1.43, $p < .155$, $\beta = -.102$), vertical collectivism (-1.06, $p < .288$, $\beta = .-073$), TISMI (-.029, $p < .97$ $\beta = -.002$) and TGE (- .503, $p < .61$, $\beta = -.026$). We can say that SES, Horizontal Individualism, vertical individualism and TFSS are predicting help seeking attitudes among patients diagnosed with depression.

Horizontal Individualism

The positive slope for horizontal individualism is .338 as predictor of QOLSS2 indicatesthat there was about .338 increase in QOLSS2 for each 1 point of horizontal individualism. In other words, we can say that dependent variable is predicting independent variable.

Vertical Individualism

The positive slope for vertical individualism is .767 as predictor of QOLSS2 indicates that there was about .767 increase in QOLSS2 for each 1 point of vertical individualism. In otherwords, we can say that dependent variable is predicting independent variable.

Family Satisfaction

The positive slope for horizontal individualism is .088 as predictor of QOLSS1 indicatesthat there was about .088 increase in QOLSS2 for each 1 point of TFSS. In other words, we cansay that dependent variable is predicting independent variable.

Table 8

To evaluate the impact of culture, stigma, self-efficacy, and family satisfaction, the multiplelinear regression was computed on outcome variable Quality of Life Subscale 3: Social, community and civic activities [$F (11, 97) = 85.104$, $p < .001$]

Step	Predictors	Unstandardized coefficient B	Standardized Coefficient B	t	p	R	R^2	Adjusted R^2
1						.952	.906	.895
	(Constant)	.988		.621	.536			
	Age	-.049	-.062	-1.659	.100			
	Gender	.122	.024	.731	.466			
	Education	-.234	-.061	-1.635	.105			
	SES	.328	.074	1.896	.061			
	Horizontal Iindividualism	-.014	-.022	-.331	.741			
	Vertical Individualism	.396	.798	9.153	.000			
	Horizontal Collectivism	.080	.184	2.005	.048			
	Vertical collectivism	.046	.101	1.139	.257			
	TISMI	.006	.043	.559	.578			
	TGSE	.005	.019	.280	.780			
	TFSS	-.027	-.114	-2.047	.043			

The R square of overall model was 90% with an adjusted R square of 89% and large sizeeffect is reported by the model of variance in QOLSS3 and accounted by the linear combinationof predictor variables (TFSS, education, gender, SES, age, TGSE, horizontal individualism, vertical collectivism, TISMI, vertical individualism and horizontal collectivism). In the final model of coefficient, all the independent variables were **statistically significant** with vertical individualism (9.15, $p < .000$, $\beta = .798$), horizontal collectivism (2.00, $p < .048$, $\beta = .184$) and TFSS (-2.04, $p < 0.043$, $\beta = .019$) while **not statistically significant** with Age (-1.65, $p < .100$, $\beta = -.062$), Gender (.731, $p < .46$, $\beta = .024$), Education (-1.63, $p < .105$, $\beta = -.061$), horizontal individualism (-.331, $p < .741$, $\beta = -.022$), SES (1.89, $p > .061$, $\beta = .074$), vertical collectivism (1.13, $p < .25$, $\beta = .101$), TISMI (.559, $p < .57$ $\beta = 0.43$) and TGE (.280, $p < .78$, $\beta = .019$). We can say that vertical individualism, horizontal collectivism and TFSS are predictinghelp seeking attitudes among patients diagnosed with depression.

Horizontal Collectivism

The positive slope for horizontal individualism is .080 as predictor of QOLSS3 indicatesthat there was about .080 increase in QOLSS3 for each 1 point of horizontal individualism. In other words, we can say that dependent variable is predicting independent variable.

Vertical Individualism

The positive slope for vertical individualism is .396 as predictor of QOLSS23indicates that there was about .396 increase in QOLSS2 for each 1 point of vertical individualism. In otherwords, we can say that dependent variable is predicting independent variable.

Family Satisfaction

The negative slope for horizontal individualism is -.027 as predictor of QOLSS3 indicates that there was about -.027 decrease in QOLSS2 for each 1 point of TFSS. In otherwords, we can say that dependent variable is predicting independent variable.

Table 9

To evaluate the impact of culture, stigma, self-efficacy, and family satisfaction, the multiple linear regression was computed on outcome variable Quality of Life Subscale 5: Recreation [F(11, 97) = 335.338, p < .001]

		Unstandardized coefficient	Standardized Coefficient					
Step	Predictors	B	B	T	p	R	R^2	Adjusted R^2
1						.987	.974	.971
	(Constant)	-.786		-.600	.550			
	Age	-.007	-.006	-.287	.774			
	Gender	-.010	-.001	-.073	.942			
	Education	.292	.048	2.477	.015			
	SES	-.418	-.060	-2.930	.004			
	Horizontal individualism	-.030	-.031	-.879	.381			
	Vertical Individualism	.061	.078	1.721	.088			
	Horizontal Collectivism	-.017	-.024	-.508	.613			
	Vertical Collectivism	.761	1.065	23.071	.000			
	TISMI	.015	.069	1.713	.090			
	TGSE	-.026	-.060	-1.718	.089			
	TFSS	.012	.032	1.094	.277			

The R square of overall model was 97% with an adjusted R square of 97% and large sizeeffect is reported by the model of variance in QOLSS5 and accounted by the linear combinationof predictor variables (TFSS, education, gender, SES, age, TGSE, horizontal individualism, Vertical Collectivism, TISMI, vertical individualism and horizontal collectivism). In the final model of coefficient, all the independent variables were **statistically significant** Education (2.477, p < .015, β =.048), SES (-2.930, p > .004, β = -.060), vertical collectivism (23.07, p < .000, β = 1.065), while **not statistically significant** with Age (-.287, p < .774, β = -.006), Gender (-.073, p <.942, β = -.001), horizontal individualism (-.879, p < .381, β = -.031),horizontal collectivism (-.508, p < .61, β = -.024), TISMI (1.713, p < .090 β = .069) and TGSE (-1.718, p < .089, β = -.060) vertical individualism (1.721, p < .088, β = .078), and TFSS (1.094, p < .277, β = .032). We can say that SES, education and vertical collectivism predict the Quality of Life among people with depression.

Socioeconomic Status

The negative slope for SES is -.418 as predictors of QOLSS5 indicate that there wasabout -.418 decrease in QOLSS5 for each 1 point of SES. In other words, we can say that dependent variable is predicting independent variable.

Education

The positive slope for horizontal individualism is .292 as predictor of QOLSS5 indicatesthat there was about .292 increase in QOLSS5 for each 1 point of education. In other words, wecan say that dependent variable is predicting independent variable.

Vertical Collectivism

The positive slope for vertical individualism is .761 as predictor of QOLSS5 indicates that there was about .561 increase in QOLSS5 for each 1 point of vertical collectivism. In otherwords, we can say that dependent variable is predicting independent variable.

Discussion

In this study, the aim was to look at the factors predicting the help seeking attitudes and quality of life among people suffering from depression. The results shows that **culture** and **generalself-efficacy** are the strongest predictors of help-seeking attitudes while culture and family satisfaction are the strongest predictor of quality of life, except in the case of last subscale of Quality of life "recreation", in which SES, education, and culture predicted quality of life. Meanwhile, **family satisfaction** and **stigma** are not predicting help seeking attitudes. General self-efficacy and stigma are not predicting Quality of life. Interestingly, **culture** came as the strongest predictor of help seeking attitudes and quality of life among people suffering from depression. Like the present study, a study by Shah (2019) in Pakistan showed that cultural practices influence our help seeking attitudes and quality of life. A qualitative study was conducted in Islamabad. The focus group consists of five mental health experts and one moderator. The result shows that 86% of the patients were having symptoms of mental illness has visited traditional healers before coming to mental health practitioners. Another study also showed that culture has an impact on quality of life. Each culture might have different focuses on different aspects of quality of life (Scott et al., 2008). According to social learning theory, self-efficacy is directly linked with achieving goals. The theory says that people with high self-efficacy are more likely to seek and achieve goals (Luszczynska & Schwarzer, 2005). Among population of people with depression, their main goalshould be to seek help for their mental illness. The results of this study also supported the theory that self-efficacy is a predictor of help-seeking attitudes among people suffering from depression. Family satisfaction has been shown to be a strong predictor of quality of life among patientsdiagnosed with depression. The study showed that adults with symptoms of depression showed impairment of quality of life along with poor social relations and family support (De Lima Silva et al., 2017). It is often thought that most people are afraid of seeking help due to the stigma attached to it. According to a study females were associated with lower stigma while above 30 adults were associated with high stigma score (Husain, Zehra et al., 2020). However, in this study, the result shows that Stigma is not predictor of help seeking attitudes. However, it is also previously reported in a study that stigma doesn't predict help seeking attitudes. The findings shows that only among German people, the gender does not predict help seeking attitudes and stigma associated with mental illness (Nohr et al., 2021). Similarly, another study in Germany was conducted to seeeffect of stigma, shame, and discrimination for seeking help or seeing a psychiatrist. The results showed that external discrimination or stigma doesn't predict help-seeking attitudes, but self- stigma does (Schomerus et al., 2009). In the present study, Stigma and General Self-Efficacy were non-significant with Quality of Life among people with depression and these two variables need further literature for better understanding.

References

Azam, N., Masood, S., Maroof, S., & Mahmood, H. (2019). MENTAL HEALTH IN PRIMARY HEALTH CARE; A NEED ASSESSMENT STUDY. Pakistan Armed Forces Medical Journal, 69(6), 1189-1193 https://pafmj.org/PAFMJ/article/view/3631

Barraca, J., Yarto, L. L., & Olea, J. (2000). Psychometric properties of a new family life satisfaction scale. European Journal of Psychological Assessment, 16(2), 98-106.https://econtent.hogrefe.com/doi/10.1027//1015-5759.16.2.98

Bullard, E. W., & Hosoda, T. (2015). Help-seeking behavior for depression in Japanese schoolteachers. International Journal of Mental Health, 44(3), 169-185. https://www.tandfonline.com/doi/abs/10.1080/00207411.2015.1035058

Burckhardt, C. S., & Anderson, K. L. (2003). The Quality of Life Scale (QOLS): reliability, validity, and utilization. Health and Quality of Life Outcomes, 1, Article 60. https://hqlo.biomedcentral.com/articles/10.1186/1477-7525-1-60

Chaudhry, M. A., Butt, A. S., Khan, E. A., Latif, A. A., Kamran, J., Khan, M. A., & Rana, M. S. (2017). Health seeking behavior of psychiatric patients at an outpatient department of a tertiary care hospital in Lahore, Pakistan. Pakistan Journal of Public Health, 7(3), 137-141. https://pjph.org/index.php/pjph/article/view/187

Fischer, E. H., & Farina, A. (1995). Attitudes toward seeking professional psychological help: A shortened form and considerations for research. Journal of College StudentDevelopment, 36(4), 368-373. https://psycnet.apa.org/record/1996-00208-001

Hammer, J. H., & Toland, M. D. (2017). Internal structure and reliability of the Internalized Stigma of Mental Illness Scale (ISMI-29) and Brief Versions (ISMI-10, ISMI-9) among Americans with depression. Stigma and Health, 2(3), 159-174. https://psycnet.apa.org/doiLanding?doi=10.1037%2Fsah0000049

Husain, M. O., Zehra, S. S., Umer, M., Kiran, T., Husain, M., Soomro, M., ... & Chaudhry, N. (2020). Stigma toward mental and physical illness: attitudes of healthcare professionals, healthcare students and the general public in Pakistan. BJPsych Open, 6(5), e81. https://www.cambridge.org/core/journals/bjpsych-open/article/stigma toward-mental-and-physical-illness-attitudes-of-healthcare-professionals-healthcare students-and-the-general-public pakistan/0A0E0E0E0E0E0E0E0E0E0E0E0E0E0E0E0E0E

Husain, W. (2020). Barriers in seeking psychological help: Public perception in Pakistan. Community Mental Health Journal, 56(1), 75-78. https://link.springer.com/article/10.1007/s10597-019-00478-5

Ibrahim, N., Amit, N., Shahar, S., Wee, L. H., Ismail, R., Khairuddin, R., ... & Safien, A. M.(2019). Do depression literacy, mental illness beliefs and stigma influence mental health help-seeking attitude? A cross-sectional study of secondary school and university students from B40 households in Malaysia. BMC Public Health, 19, Article 544. https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-019-6862-6

Luszczynska, A., & Schwarzer, R. (2005). Social cognitive theory. In M. Conner & P. Norman (Eds.), Predicting health behaviour (2nd ed., pp. 127-169). Open University Press https://www.researchgate.net/publication/303492944_Social_Cognitive_Theory

Mathias, K., Goicolea, I., Kermode, M., Singh, L., Shidhaye, R., & San Sebastian, M. (2015).Cross-sectional study of depression and help-seeking in Uttarakhand, North India. BMJ Open, 5(11), e008992. https://bmjopen.bmj.com/content/5/11/e008992

Nohr, L., Lorenzo Ruiz, A., Sandoval Ferrer, J. E., & Buhlmann, U. (2021). Mental health stigma and professional help-seeking attitudes: A comparison between Cuba and Germany. PLOS ONE, 16(2), e0246501. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0246501

Pheko, M. M., Chilisa, R., Balogun, S. K., & Kgathi, C. (2013). Predicting intentions to seek psychological help among Botswana university students: The role of stigma and help seeking attitudes. SAGE Open, 3(3), 2158244013494655. https://journals.sagepub.com/doi/10.1177/2158244013494655

Schomerus, G., Matschinger, H., & Angermeyer, M. C. (2009). The stigma of psychiatric treatment and help-seeking intentions for depression. European Archives of Psychiatry and Clinical Neuroscience, 259(5), 298-306. https://link.springer.com/article/10.1007/s00406-009-0870-y

Schwarzer, R., & Jerusalem, M. (1995). Generalized Self-Efficacy scale. In J. Weinman, S. Wright, & M. Johnston (Eds.), Measures in health psychology: A user's portfolio.Causal and control beliefs (pp. 35-37). Windsor, UK: NFER-NELSON. https://www.researchgate.net/publication/281944820_Generalized_Self-Efficacy_scale

Scott, N. W., Fayers, P. M., Aaronson, N. K., Bottomley, A., de Graeff, A., Groenvold, M., ... & Quality of Life Cross-Cultural Meta-Analysis Group. (2008). The relationship between overall quality of life and its subdimensions was influenced by culture: Analysis of an international database. Journal of Clinical Epidemiology, 61(8), 788 795. https://www.jclinepi.com/article/S0895-4356(08)00081-9/fulltext

Shah, I., Khalily, M. T., Ahmad, I., & Hallahan, B. (2019). Impact of conventional beliefs and social stigma on attitude towards access to mental health services in Pakistan. Community Mental Health Journal, 55(3), 527-533. https://link.springer.com/article/10.1007/s10597-018-0355-y

Sheikh, S., & Furnham, A. (2000). A cross-cultural study of mental health beliefs and attitudes towards seeking professional help. Social Psychiatry and Psychiatric Epidemiology, 35(7), 326-334. https://link.springer.com/article/10.1007/s001270050246

Staiger, T., Waldmann, T., Rüsch, N., & Krumm, S. (2017). Barriers and facilitators of help seeking among unemployed persons with mental health problems: A qualitative study. BMC Health Services Research, 17, Article 39. https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-017-1997-6

Tabachnick, B. G., Fidell, L. S., & Ullman, J. B. (2007). Using multivariate statistics (5th ed., pp. 481-498). Boston, MA: Pearson. https://www.pearson.com/us/higher education/product/Tabachnick-Using-Multivariate-Statistics-5th Edition/9780205459384.html

Triandis, H. C., & Gelfand, M. J. (1998). Converging measurement of horizontal and vertical individualism and collectivism. Journal of Personality and Social Psychology, 74(1), 118-128. https://psycnet.apa.org/doiLanding?doi=10.1037%2F0022-3514.74.1.118