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The Link between Mental Health Myths and Help-Seeking Behavior in Caregiving Professionals

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ABSTRACT

Mental health remains a critical concern among caregiving professionals, yet help-seeking behaviour in this population is often influenced by deeply rooted misconceptions and myths. This study explores the relationship between belief in mental health myths and the willingness to seek psychological support among caregiving professionals. A descriptive research design was employed to capture both the statistical relationship and the lived experiences underlying these behaviours.Using a purposive sampling technique, a total of 150 participants with at least one year of professional caregiving experience were selected from hospitals, clinics, and care institutions. Results revealed a significant negative correlation between belief in mental health myths and positive help-seeking attitudes, indicating that stronger adherence to myths corresponds with lower willingness to seek psychological help. Furthermore, simple linear regression analysis confirmed that belief in mental health myths significantly predicted reluctance to seek support.The findings emphasize the need for targeted interventions to dispel mental health myths in caregiving settings, promoting better mental health literacy and fostering proactive help-seeking behaviour among professionals responsible for the well-being of others.

Keywords: Mental Health, Myths, Seeking, Caregivers, Stigma.

INTRODUCTION

Mental health is a critical aspect of overall well-being, influencing how individuals think, feel, and behave in daily life. Among caregiving professionals—such as nurses, social workers, mental health counselors, and eldercare workers—the importance of maintaining good mental health cannot be overstated, as their roles inherently involve providing emotional and physical support to vulnerable populations.

Despite the critical nature of their work, these professionals often face significant psychological stressors, including burnout, compassion fatigue, and emotional exhaustion. Addressing their mental health needs is essential not only for their personal welfare but also for ensuring the quality of care provided to clients. However, the willingness of caregiving professionals to seek help for mental health concerns can be influenced by several factors, one of the most significant being the prevalence of mental health myths. These myths, which are widespread misunderstandings or stigmatizing beliefs about mental illness, can shape attitudes and behaviors, often creating barriers to seeking appropriate psychological support.

Mental health myths are entrenched societal beliefs that contribute to the stigmatization of mental illness. Common myths include the perceptions that mental illness signifies personal weakness, that individuals with mental health conditions are dangerous or unpredictable, or that seeking psychological help is a sign of failure. These misconceptions are not only held by the general public but also by professionals within the healthcare and caregiving sectors.

When caregiving professionals internalize these myths, it can lead to self-stigma, which significantly diminishes their likelihood of acknowledging mental health struggles or accessing support services. For example, a nurse who believes that experiencing anxiety or depression indicates incompetence might avoid disclosing symptoms or seeking therapy due to fear of judgment or professional repercussions. Such beliefs can perpetuate silence and isolation, exacerbating mental health challenges and impeding recovery.

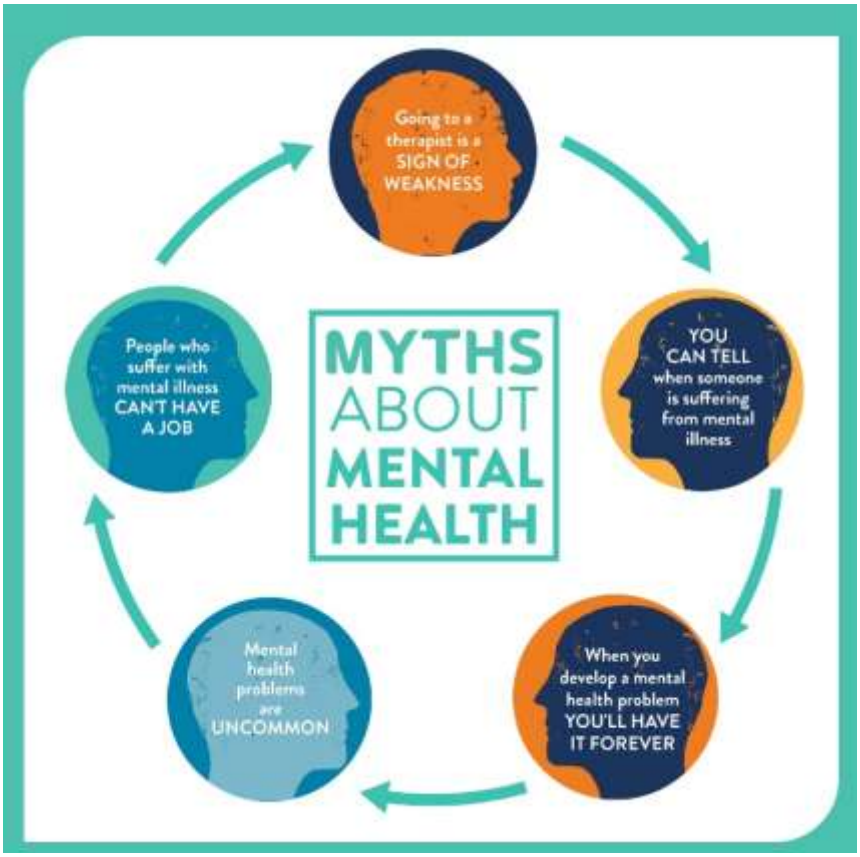

Figure 1: Some common mental health myths

Help-seeking behavior is a complex process influenced by personal attitudes, cultural norms, professional environments, and the perceived availability and acceptability of mental health resources. In caregiving professions, there is often a culture of resilience and self-sacrifice that discourages expressions of vulnerability. This culture, combined with mental health myths, may lead professionals to prioritize patient care over their own well-being, underestimating the importance of seeking help. Research indicates that caregiving professionals are at heightened risk for mental health issues but are paradoxically less likely to seek formal support compared to the general population.

This paradox underscores the need to understand how mental health myths specifically impact help-seeking attitudes and behaviors within these groups.

Significance of Help-Seeking Behavior in Caregiving Professionals

Help-seeking behaviour in caregiving professionals is a critical area of focus within mental health research and healthcare practice. These professionals—including nurses, social workers, mental health counsellors, and eldercare providers—are constantly exposed to emotionally taxing situations and the psychological burden of supporting others. Despite being mental health facilitators for their patients or clients, caregiving professionals often face considerable barriers when it comes to addressing their own emotional needs. Understanding and enhancing help-seeking behavior in this group is essential to ensure not only their personal well-being but also the quality of care they provide.

Caregiving professionals frequently operate under high-pressure environments, where burnout, compassion fatigue, and emotional exhaustion are common. These factors, when left unaddressed, can lead to serious mental health issues such as depression, anxiety, and even suicidal ideation. Help-seeking behavior serves as a protective mechanism, allowing caregivers to manage stress, process trauma, and receive timely psychological intervention. Encouraging healthy attitudes toward mental health support is therefore essential to preserving the emotional resilience and professional longevity of those in caregiving roles.

Moreover, caregiving professionals who model positive help-seeking behaviours contribute to reducing the stigma surrounding mental health—both within the workplace and in society. When caregivers openly seek and receive mental health support, they challenge prevailing myths and misconceptions that portray help-seeking as a sign of weakness or incompetence. This not only benefits the individual but also promotes a culture of openness and psychological safety within healthcare institutions.

In sum, promoting help-seeking behaviour among caregiving professionals is not only a matter of individual mental health but also a broader issue of workforce sustainability, institutional effectiveness, and the delivery of compassionate care. Addressing the psychological needs of caregivers through organizational policies, educational programs, and supportive environments is imperative for a resilient and mentally healthy caregiving workforce.

Link Between Mental Health Stigma and Help-Seeking in the Caregiving Workforce

The presence of mental health myths in caregiving professions not only affects individual well-being but can also have broader organizational and systemic implications. When professionals avoid seeking help, there is an increased risk of absenteeism, reduced job performance, and higher turnover rates. This can strain healthcare systems already facing workforce shortages and high demands. Furthermore, unaddressed mental health issues among caregivers can negatively influence the quality of care delivered, potentially compromising patient outcomes and satisfaction. Hence, dismantling mental health myths and fostering positive help-seeking attitudes are essential components in supporting caregiving professionals and ensuring sustainable healthcare delivery.

Addressing the link between mental health myths and help-seeking behavior requires a multifaceted approach. Educational interventions aimed at debunking myths and reducing stigma have shown promise in changing attitudes within healthcare settings. Creating supportive workplace environments where mental health is openly discussed and normalized can encourage professionals to seek assistance without fear of stigma or discrimination. Peer support programs, confidential counseling services, and mental health awareness campaigns tailored to caregiving professionals are critical strategies that can facilitate this cultural shift. Additionally, organizational policies that protect the privacy and job security of those seeking mental health support are vital to fostering trust and engagement.

Empirical research on the specific relationship between mental health myths and help-seeking behavior in caregiving professionals remains relatively limited, despite the clear importance of the topic. Studies often focus on general healthcare workers or the public, leaving gaps in understanding the unique challenges faced by caregiving professionals who balance demanding emotional labor with their own psychological needs. Investigating this link can provide valuable insights into how stigma and misinformation influence help-seeking and inform the development of targeted interventions. Such research can explore the extent to which myths are held, how they vary across different caregiving roles, and the direct effects on willingness to access mental health services.

In the connection between mental health myths and help-seeking behavior in caregiving professionals is a critical issue that impacts not only individual practitioners but also the healthcare system as a whole. Mental health myths contribute to stigma and self-stigma, discouraging caregivers from seeking the support they need. Overcoming these barriers requires ongoing education, cultural change, and systemic support tailored to the unique circumstances of caregiving professions. Understanding and addressing this link is essential for promoting the mental well-being of caregivers, enhancing the quality of care provided, and sustaining the resilience of healthcare systems in the face of growing demands and challenges.

REVIEW OF LITERATURE

Omondi, Kelly. (2024) Study aimed to examine mental health stigma and help-seeking behavior. The study used desktop research. Secondary data or data collected without fieldwork is desk research. Since executive time, telephone rates, and directories are the main costs of desk research, it is frequently deemed cheaper than outdoor research. The investigation used existing papers, reports, and statistics. This secondary data was widely accessible through internet journals and libraries. The findings show a contextual and methodological gap in mental health stigma and help-seeking. Public, personal, and institutional mental health stigma hindered help-seeking, according to preliminary empirical study. Public stigma led to social isolation and unfavorable self-perceptions, whereas self-stigma caused shame and low self-worth, discouraging therapy. Institutional stigma—discriminatory policies and limited resources—hampered care. Public awareness campaigns, empowering interventions, and policy reforms helped reduce stigma and improve mental health outcomes. Unique Theory, Practice, and Policy Contribution: Future studies on mental health stigma and help-seeking behavior may use the Social Identity Theory, Labelling Theory, and Theory of Planned Behavior. The study suggested theoretical extension, practical interventions, and legislative improvements to combat mental health stigma. It stressed the interconnectedness of public, self, and institutional stigma and advised contact-based therapies and practitioner training. Parity laws, early mental health education, and public awareness initiatives were recommended.

Nair, Minu. (2020) mental health matters. Fostering emotional, social, and psychological well-being prevents mental health difficulties to a large extent. As with physical health, mental health affects quality of life. Stigma, discrimination, severe laws, and human-rights challenges prevent over 75% of persons with mental, neurological, and substance-use disorders from receiving treatment in low- and middle-income nations. Mental health isn't equal to physical wellness. The review seeks to identify global health beliefs, attitudes, and behavior’s. Korem, Anusha et al., (2017) Few Indian studies have examined factors affecting generalised help-seeking in relatives of mental disease patients. The present study was conducted. Cross-sectional, purposive sample, comparative study. The low and high

help-seeking groups were compared on the General Help-seeking Questionnaire's lower 25th and upper 75th quartiles for sociodemographic profile, illness details, treatment, compliance, reactions to mental illness scale, and cope inventory scores. The study included 25 low- and 28 high-help-seeking patients from 100. The low help-seeking group had better drug compliance and higher carer education than the high group. The high help-seeking group had higher hope and compassion scores on the reactions to mental illness measure and employed humour, denial, instrumental and emotional support, acceptance, and planning. The general public needs to be aware of mental illness and increase social support for patients and their families. Training primary health centre staff on mental illness treatment, drug compliance, and follow-up could boost help-seeking.

Poreddi, Vijayalakshmi et al., (2015) Despite growing mental problems in emerging countries, India has little mental health literacy research. To assess mental health literacy among mental disease carers. A tertiary care center's outpatient department randomly picked 161 carers of mentally ill patients for a cross-sectional descriptive survey. Face-to-face interviews with structured questionnaires collected data. Most people believed genetic heredity (69%), substance misuse (64%), and brain damage (59.6%) caused mental illness. More than two-thirds agreed that anyone can have mental illness, but 61.5% said those with mental health issues are mostly to blame. Most participants believed that mentally ill people are hazardous (54%), unable to work (59.1%), and unable to maintain friendships (45.9%). About 55.9% of participants would not want people to know if they had a mental condition, and nearly half would feel ashamed if a family member did. According to this study, carers need dedicated mental health literacy programs to educate and change their views.

Sadath, Anvar et al., (2014) Early psychosis carers confront terrible and stressful times. Most Indian psychosis patients live with their family, who play important roles in their treatment. Unfortunately, nothing is known about their experience caring for psychotic patients or their early treatment measures. This qualitative study examined first-episode psychosis carers' experiences and seeking help. Eleven first-stage non-affective psychosis carers were interviewed in-depth. Content analysis was used to analyse purposefully sampled material. Financial burden, perceived stress, stigma, disease management, faith-healing, help-seeking chronology, and illness explanatory model were the primary topics. The unanticipated changes in patients' behaviour initially shocked, incredulous, and frightened carers. "Help seeking" usually involved faith-healing. Many families had to wait longer for mental health care due to financial difficulties. Carers felt helpless due to patients' aggressive or demanding conduct, unwillingness to take medication, sleep difficulties, and general indifference or distrust.

Naik, Sujit et al., (2012) Carers of psychotic patients visiting psychiatric clinics in two Indian cities were examined for help-seeking behaviours. This cross-sectional exploratory study examined 50 important carers of DSM-IV TR-diagnosed schizophrenia and other psychotic illnesses who visited VIMHANS, New Delhi, and CIMS, Bilaspur, Chhattisgarh, psychiatric outpatient departments. A semi-structured proforma was used to collect socio-demographic information, illness specifics, causal beliefs, and help-seeking information after informed consent. In Bilaspur, 40% blamed supernatural forces, whereas 8% in New Delhi did. Faith-healers were 56% and 64% of New Delhi and Bilaspur samples' first contacts. Spiritual healers followed by psychiatrists were the most common treatment pathway at both centres (32% and 36%). The New Delhi group spent more (median: 4000.10) and travelled farther (median: 35 km vs. 10 km) for faith-healers during illness. Two-thirds of New Delhi and one-third of Bilaspur sample were aware of the nearest psychiatrist while seeking help, but only 28% and 12% chose him. The New Delhi sample feared drug side effects and stigma from psychiatric assistance. New Delhi lost 8.4 years and Bilaspur 4.9 years, with a median of 1 month. 16% of New Delhi carers and 32% of Bilaspur carers planned to pursue faith-healing with psychiatric care. Despite distinct causal attributions, patients and families in these cities may have similar mental illness help-seeking behaviours. Large-scale investigations across India may reveal sociocultural and regional help-seeking habits.

Kishore, Jugal et al., (2011) Assess Indian general public and medical professional myths, beliefs, and attitudes concerning mental disorders and health-seeking behaviour. A cross-sectional study was conducted with 436 subjects (360 from urban and rural Delhi and 76 medical professionals from various Delhi organisations). Perceptions, myths, and beliefs regarding mental disorder causation, treatment, and health-seeking behaviour were assessed using a validated questionnaire. Epi-info was used to statistically analyse the data. We used appropriate significance tests to find any meaningful link. More rural than urban people believed fasting or a religious healer could cure mental illness, while 11.8% of medical professionals did. When depressed and anxious, most respondents preferred to talk to a friend. When themselves or their family members have mental illness, just 15.6% of urban and 34.4% of rural people would see a psychiatrist. This study found that myths and misconceptions are more common in rural areas than in urban areas and among medical professionals. To improve health-seeking behaviour, people need to be educated to change their behaviour and develop a positive attitude towards mental disorders.

RESEARCH METHODOLOGY

Research Design

This study adopts a descriptive research design. The rationale for choosing this design lies in the need to understand not only the statistical relationship between mental health myths and help-seeking behavior among caregiving professionals

but also to capture the lived experiences, perceptions, and social contexts that influence these behaviors. This design employed a structured questionnaire to gather numerical data on beliefs and behaviors.

Population and Sample

The study targeted caregiving professionals such as nurses, social workers, mental health counselors, and eldercare workers employed in hospitals, clinics, and caregiving institutions. A purposive sampling method was adopted to ensure that participants met the inclusion criteria, which required a minimum of one year of professional experience in a caregiving role and current active employment in the field. The final sample comprised 150 participants in total are those who completed the structured questionnaire for the quantitative component of the study.

Data Collection Procedure

Prior to data collection, ethical clearance was obtained from a recognized Institutional Review Board. Informed consent was collected from all participants. Data collection occurred over a two-month period, combining face-to-face and virtual interactions. The questionnaire was administered both electronically and in hard copy.

Data Analysis Methods

Descriptive statistics such as means and standard deviations were used to summarize participant demographics and scores on key variables. Pearson's correlation coefficient was applied to examine the relationship between belief in mental health myths and help-seeking attitudes. Additionally, simple linear regression analysis was conducted to determine whether belief in these myths significantly predicted reluctance to seek psychological help.

RESULT AND DISCUSSION

Table 1: Gender of the Respondents

Categories	Frequency (n)	Percentage (%)
Male	60	40.0
Female	90	60.0
Total	150	100.0%

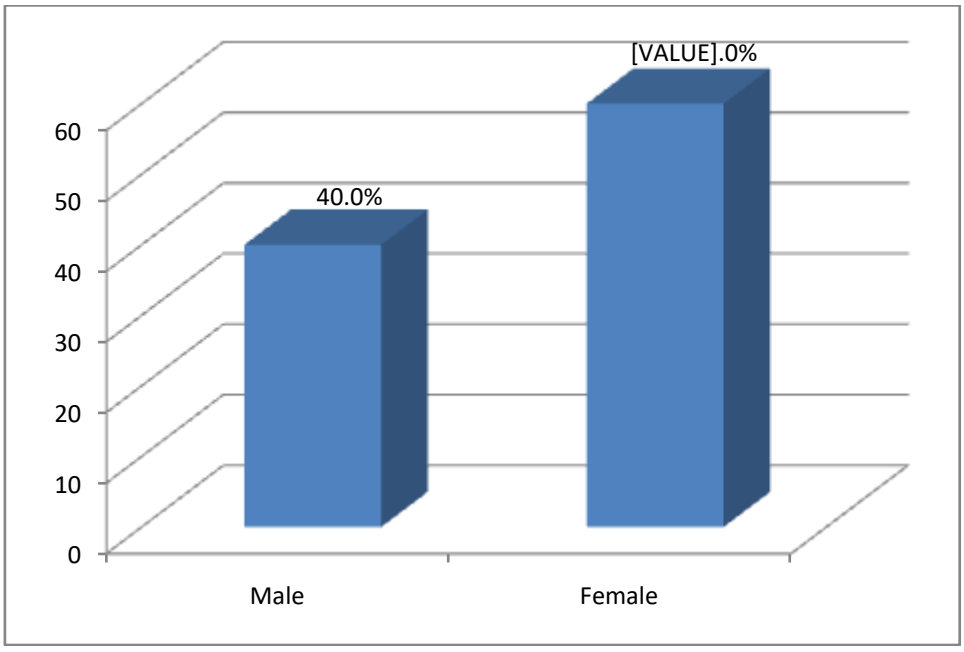

Figure 1: Gender of the Respondents

The data shows that out of the total 150 respondents, 90 were female, representing 60% of the sample, while 60 respondents were male, accounting for 40%. This indicates that female caregiving professionals comprised a majority of the study participants.

The higher representation of females aligns with the common demographic trend in caregiving professions, where women often make up a larger proportion of the workforce. This gender distribution is important to consider when analyzing the attitudes and perceptions related to mental health myths and help-seeking behaviors, as gender may influence these factors.

Table 2: Age of the Respondents

Categories	Frequency (n)	Percentage (%)
20–29	45	30.0
30–39	55	36.7
40–49	35	23.3
50 and above	15	10.0
Total	150	100.0%

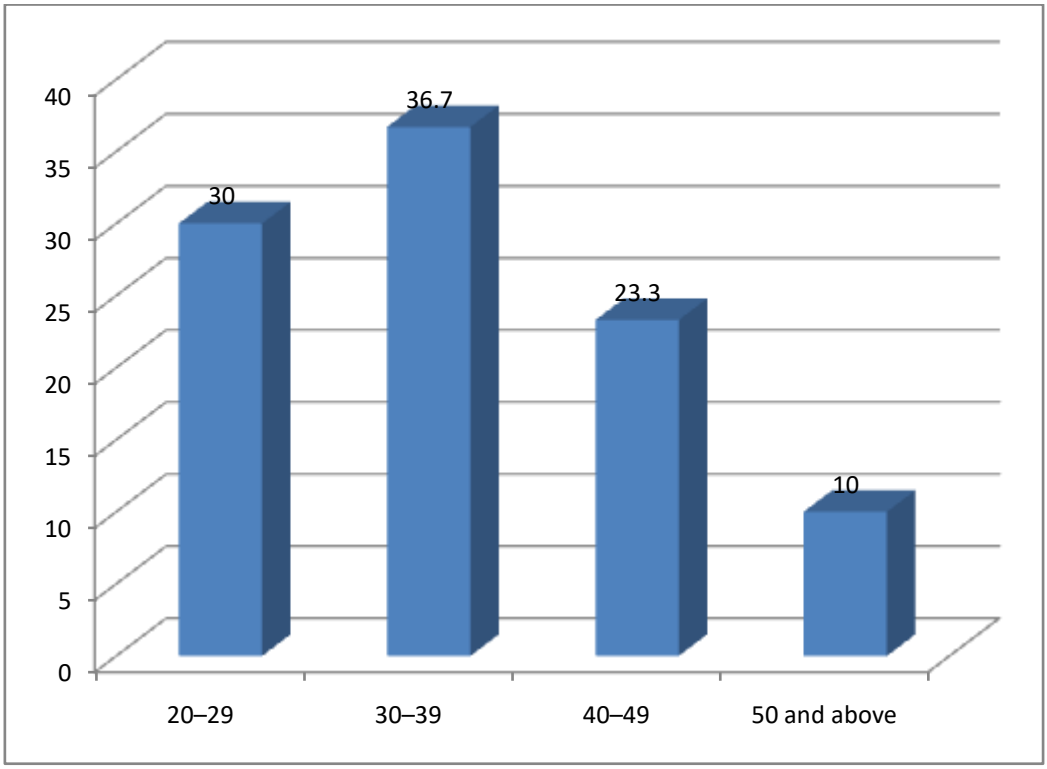

Figure 2: Age of the Respondents

The age distribution of the respondents shows that the majority were in the 30–39 years' age group, comprising 36.7% (55 participants) of the total sample. This is followed by the 20–29 years group, which accounted for 30% (45 participants). Respondents aged 40–49 years represented 23.3% (35 participants), while those aged 50 years and above made up the smallest group at 10% (15 participants).

This suggests that the caregiving workforce in the study is relatively young to middle-aged, with over two-thirds of participants under 40 years old. Such an age distribution might influence perspectives on mental health and help-seeking behaviors, as attitudes can vary across different life stages and professional experience levels.

Table 3: Descriptive Statistics of Key Variables

Variable	Mean	Standard Deviation (SD)	Minimum	Maximum
Mental Health Myths Score	28.5	6.2	10	45
Help-Seeking Attitude Score	22.3	5.8	8	40

The Mental Health Myths Score had a mean of 28.5 with a standard deviation of 6.2, indicating a moderate level of agreement with common mental health myths among the respondents. Scores ranged widely from a minimum of 10 to a maximum of 45, showing variability in beliefs across participants.

The Help-Seeking Attitude Score averaged 22.3 with a standard deviation of 5.8, suggesting a moderate willingness among caregiving professionals to seek mental health support. The scores varied between 8 and 40, reflecting diverse attitudes toward help-seeking behavior. The spread of scores in both variables indicates differences in individual perceptions, which are critical to understanding how mental health myths might impact the willingness to seek help.

Table 4: Pearson's Correlation Between Mental Health Myths and Help-Seeking Attitude

Variables	1	2
1. Mental Health Myths	—	**-0.54**
2. Help-Seeking Attitude	**-0.54**	—

The correlation coefficient between Mental Health Myths and Help-Seeking Attitude is -0.54, indicating a moderate negative relationship between these two variables. This means that higher endorsement of mental health myths is associated with lower willingness or more reluctance to seek mental health support among caregiving professionals. In other words, as belief in mental health myths increases, the attitude toward seeking help tends to decrease. This finding suggests that misconceptions about mental health may act as a barrier to help-seeking behavior in this population.

Table 5: Simple Linear Regression Predicting Help-Seeking Attitude from Mental Health Myths

Predictor Variable	B (Unstandardized Coefficient)	SE B	β (Standardized Coefficient)	t	p-value
Mental Health Myths	-0.62	0.10	-0.54	-6.20	<0.001

The regression analysis shows that belief in mental health myths significantly predicts help-seeking attitude among caregiving professionals. The unstandardized coefficient (B) is -0.62, indicating that for each one-unit increase in the mental health myths score, the help-seeking attitude score decreases by 0.62 units. The standardized coefficient (β) of -0.54 reflects a moderate negative effect size. The t-value of -6.20 and a p-value less than 0.001 confirm that this relationship is statistically significant. This result suggests that stronger endorsement of mental health myths is associated with a reduced willingness to seek psychological help. It highlights the importance of addressing misinformation and stigma to improve help-seeking behaviors in caregiving professionals.

CONCLUSION

The study of the link between mental health myths and help-seeking behavior among caregiving professionals reveals a critical barrier to psychological well-being within this essential workforce. Mental health myths perpetuate stigma and misunderstanding, which in turn negatively impact caregivers' willingness to seek help. The findings underscore that these myths are not merely abstract misconceptions but have real, tangible effects on individuals' attitudes and behaviors. Caregiving professionals who internalize such myths are more likely to experience self-stigma, leading to reluctance or avoidance of accessing mental health services. This avoidance can worsen mental health issues, creating a cycle of silence and suffering that undermines both personal and professional functioning.

Addressing these myths is crucial because caregiving professionals are at heightened risk for mental health challenges due to the emotional and physical demands of their roles. When help-seeking is inhibited by stigma, it can lead to increased burnout, absenteeism, and turnover, which affect not only the individuals but also the quality of care they provide to vulnerable populations. Organizations and healthcare systems must recognize the importance of fostering environments that actively combat mental health myths and normalize help-seeking. This involves not only educational efforts to dispel misinformation but also policy changes that support confidentiality, reduce fear of professional repercussions, and encourage open conversations about mental health. The implications of these findings extend beyond individual well-being, highlighting systemic needs for cultural transformation within caregiving professions. Programs designed to increase awareness, reduce stigma, and promote mental health literacy can empower professionals to seek support early, enhancing resilience and sustaining workforce capacity. Future research should continue to explore how specific myths influence different caregiving roles and develop tailored interventions that address these unique challenges. In sum, breaking the cycle of mental health myths is vital to improving help-seeking behaviors, supporting caregiving professionals, and ultimately ensuring the delivery of compassionate, effective care to those who depend on them.

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