2017-08-14

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Alexi, Nektarios

Health Promotion International

OXFORD

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Nektarios Alexi[1,2]*, Kathleen Moore[3], and Marios Argyrides[4]

[1]Relationships Australia, Darwin, 5 Shepherd Street, Darwin NT 0800, Australia, [2]School of Psychological and Clinical Sciences, Charles Darwin University, PO Box 40146, Darwin, Casuarina NT 0811, Australia, [3]School of Psychology, Federation University Australia, Gippsland 2W, 278, Churchill, Australia and [4]School of Health Sciences, Neapolis University, Pafos, Cyprus, 2 Danais Avenue, 8042 Paphos, Cyprus

*Corresponding author. E-mail: nektarios.alexi@cdu.edu.au

Summary

The aim of this study was to test a model of people's willingness to seek help for mental illness whether currently diagnosed or not. A cross-sectional design was used to test this model in a non-clinical convenience sample of Greek-Cypriots. Participants were 196 Greek-Cypriots living in Cyprus (age $M = 34.50$ years, $SD = 14.16$). They provided demographic data on their age, gender, SES and whether diagnosed or not with a mental illness, from whom they have/would seek help for a mental illness, and their willingness to seek help. They completed the Inventory of Attitudes towards Seeking Mental Health Services, the Multidimensional Scale of Perceived Support, and the Practical Barriers in Seeking Mental Health Services Scales, translated into Greek for this study. Approximately 24% of the sample reported being diagnosed with a mental illness within the past 12 months, and around a third of these people were taking prescribed medication. Willingness to seek help across all participants was predicted negatively by stigma and positively by openness to help. The findings of the current study extend our previous limited understanding of the factors affecting people's willingness to seek help or their intentions towards the use of mental health services among Greek-Cypriots. Future research should consider whether there are any differences in help-seeking behaviours and motivations across people experiencing different disorders. Despite this limitation in the current data, these results can, in general terms, be used to inform policy in Cyprus for mental health promotions and interventions especially with respect to fostering an open attitude towards mental illness.

Key words: Mental health, help-seeking, barriers, attitudes

INTRODUCTION

There is a dearth of research about help seeking behaviours among Greek-Cypriots dealing with mental health issues. Because of this limited research in Cyprus on mental health issues and associated help seeking behaviours, an international literature will be used to highlight the problem of reluctance to seek help for mental health problems and to propose a model of help seeking intentions and attitudes to be tested in a Greek-Cypriot sample.

Among the most common mental illnesses are depression, anxiety, panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, social anxiety disorder and specific phobias (ESEmED Project, 2004;

McManus *et al.*, 2009). Depression alone affects almost 121 million individuals worldwide and is the third leading contributor to the total burden of disease (WHO, 2010). Each of these disorders is associated with poorer quality of life, reduced social functioning and often an inability to work (Pratt and Brody, 2008).

In 2007, the ONS survey conducted in the UK (as cited in McManus *et al.*, 2009), revealed that 16.2% of adults aged 16–64 years met the diagnostic criteria for at least one mental health disorder in the week prior to interview. More than 50% of the adults identified with a mental health disorder presented with comorbid anxiety and depression. The prevalence for other mental health disorders alone were 4.4% for General Anxiety Disorder (GAD), 2.3% for a depressive episode, 1.4% for phobia, 1.1% for Obsessive Compulsive Disorder (OCD) and 1.1% for panic disorder. An earlier epidemiological study in which participants from six European countries (Belgium, France, Germany, Italy, the Netherlands and Spain) were surveyed showed similar results (ESEmED Project, 2004). These findings are of concern not only for the individuals involved but also for family members, friends and community, as well as increasing costs in the workplace (Gubman and Tessler, 1987).

Over the past 30 years, considerable effort has been expended to provide the public with knowledge about mental health problems, to correct false beliefs concerning the mentally ill, and to increase the accessibility to mental health services for those in need (Leaf *et al.*, 1987; Jorm, 2011). Evidence indicates that over this period the public has become more knowledgeable about mental illness (Crocetti *et al.*, 1974; Jorm, 2000, 2011) and while there has been an increase in the proportion of the population seeking help for mental and emotional problems this figure remains low (Veroff *et al.*, 1981; Andrews and Henderson, 2000).

This gap in service provision, referred to by Andrews and Henderson (2000) as the 'unmet need' for treatment, is in fact a global phenomenon, and may be especially relevant for high-prevalence issues such as anxiety and affective disorders (Andrews *et al.*, 2001). Specifically in Europe and the USA, 52–74% of people with a mental disorder do not receive treatment (Alonso *et al.*, 2004; Kessler *et al.*, 2005; Wittchen and Jacobi, 2005; Thornicroft *et al.*, 2007).

A lower socio-economic status (Wang *et al.*, 2007; Balkir, 2012), being male (Mackenzie *et al.*, 2006), of older age as well as practical barriers such as ignorance of the availability of mental health services or high costs (Leaf *et al.*, 1987; Corrigan *et al.*, 2003; Ho *et al.*, 2008), low perceived social support (Horwitz, 1978; Dew *et al.*, 1991; Pescosolido, 1992; Rickwood and Braithwaite, 1994; Miville and Constantine, 2006; Wong and Li, 2012), negative attitudes towards mental health services (Hall and Tucker, 1985; Helman 1990) as well lower level education (Stefl and Prosperi, 1985; Leaf *et al.*, 1987; Parslow and Jorm, 2000) have been associated with higher reluctance to seek help for mental health issues.

A study in Greece by Madianos *et al.* (2011) showed that being female, younger at age of symptom onset and higher education predicted a shorter duration without psychiatric treatment and more positive views about the necessity of help-seeking. Yet the stigma attached to mental illness is still prevalent and this can be a barrier to people seeking professional help for mental illness (Kung, 2001). The attribution among some communities, whether ethnic or indigenous, that mental illness stems from character flaws or hereditary causes (Sue and Morishima, 1982; Pearson, 1993) can be a further impediment to help-seeking.

In the Theory of Planned Behaviour (TPB, Ajzen, 1991), the immediate predictors of behaviour are intentions, which are determined by attitudes, subjective norms and perceived behavioural control, while in the Health Belief Model HBM (Sheeran and Abraham, 1996) threat perception and behavioural evaluation are the two main components used to predict health behaviours. Willingness to seek help for a mental illness might be considered a future behaviour or, in terms of the TPB, it might be considered intention. Attitudes, also part of the TPB, can be operationalized as people's feelings of stigma towards mental illness which might influence their willingness to seek help.

A model of willingness to seek help, as a surrogate for intentions, based on an integration of factors from the Theory of Planned Behaviour (Ajzen, 1991), the Health Belief Model (Sheeran and Abraham, 1996), the Socio-Behavioural Model (Andersen and Newman, 1973) and the Health Access Process Approach (HAPA) (Schwarzer, 1992) will be tested to predict the associations among the variables discussed. Despite much research on attitudes towards help seeking for mental illness and on actual help seeking behaviours, no research to date has examined willingness to seek help and attitudes towards mental illness among Greek-Cypriots living in Cyprus. Such an evaluation is important as Greek-Cyprus has become more westernized since its independence from Britain in 1960 (Bouhoutsos and Roe, 1984) and it is unclear whether the same influences are predictive of help-seeking especially in the younger generations.

Therefore, the aims of this study are to investigate the prevalence of mental illness in a Greek-Cypriot sample, people's preferences for help seeking and to test a model of help seeking behaviour with socio-economic status (SES), gender, diagnosis, barriers and perceived social support and attitudes towards mental health services as predictors of people's willingness to seek help for mental illness.

From the literature, it is hypothesized that perceived social support, being female, of higher SES, that is, more highly educated and with an higher income; a diagnosis of mental illness, younger age, as well as an attitude that is open to treatment of mental illness will positively predict willingness to seek help for mental health issues, while perceived barriers to accessing help and an attitude of stigma related to mental illness and health services will be negative predictors of participants willingness to seek help.

METHOD

Design
A cross-sectional design was used to test a model of people's willingness to seek help for a mental illness in a sample of Greek-Cypriots.

Translation of scales and pilot study
As none of the scales used in this study or any equivalents were available in the Greek language, we undertook a forward/backward translation of the scales used following the recommendations of Beaton *et al*. (2000) and Stalikas *et al*. (2012).

The first step was the translation of the English version of the scales into Greek by an academic fluent in both English and Greek. A second academic fluent in both Greek and English subsequently back translated the scales. The two professionals then discussed and evaluated any discrepancies and produced the final version of the scales in Greek.

The translated items were administered to a pilot sample of 33 undergraduate students (14 males, 19 females, $M = 21.1$ years, $SD = 2.31$), during a scheduled class at the University of Neapolis in Pafos to evaluate their face validity and receive feedback on the clarity of the translated questions. There was no requirement to make changes following this process.

Participants
One hundred and ninety-six participants (150 females, 46 males; age $M = 34.50$ years; $SD = 14.16$) participated in this study. Their ages ranged from 18 to 85 years.

Procedure
This study was conducted according to the National Health and Medical Research Council Ethical Guidelines and approved by Charles Darwin University Ethics Committee. Participants for the main part of this study were recruited from two sources: the Neapolis University of Pafos (Cyprus) and the local church community in Pafos, a major city in Cyprus.

Participants from Neapolis University were undergraduates and masters students who were e-mailed an invitation to participate in a study examining Attitudes Toward Help-Seeking Behaviours for Mental Illness. Those interested were instructed to visit a website which contained a Plain Language Statement providing further information about the study, including an advice that they could withdraw from the study at any time by closing their web browser. They were also informed that the submission of the completed online questionnaire would be deemed to be their informed consent.

An invitation to participate in the study was distributed to members attending a Religious Education course in Pafos, Cyprus by the local priest. Participants were invited to complete the online questionnaire (as above for the University students) or to take a hard copy of the questionnaire and return it anonymously in the envelope provided to a locked box located in the church. The hard copy also contained the Plain Language Statement and informed participants that their completion and return of the questionnaire would constitute their informed consent.

Participants were asked to provide demographic data on their age, gender, educational status, annual income and whether or not they had been diagnosed with a mental illness over the past 12 months. Participants indicated whether now or in the future they would be willing to seek help for a mental illness, rated $1 = not\ at\ all$ to $5 = definitely$. They also indicated to whom they would turn for help if experiencing a mental illness and then completed the following scales in the Greek language.

Instruments
Inventory of Attitudes toward Seeking Mental Health Services (IASMHS) (MacKenzie *et al*., 2004) is a 24-item scale which contains three factors: psychological openness, help seeking propensity and stigma. In a principal components analyses (PCA), we found only two factors which explained 39% of the variance and were labelled stigma (13 items), Cronbach's alpha = 0.82, and openness to help (seven items) Cronbach's alpha = 0.73.

Multidimensional Scale of Perceived Social Support (MSPSS) (Canty-Mitchell and Zimet, 2000) is a 12-item

scale that measures respondents' perceptions of perceived social support from family, friends and a significant other. These factors were replicated in the current data and internal reliabilities are strong (Cronbach's alpha ≥0.90).

Practical Barriers in Seeking Mental Health Services (PBMHS) (Kung, 2004) is a six-item scale (e.g. I don't know where to seek mental health services), which can be considered a surrogate measure of perceived control in the TPB. A single factor was extracted using PCA in the current data and Cronbach's alpha was 0.72.

RESULTS

The results for this study will be presented in two sections: (1) descriptive statistics of the sample and (2) participants' preferences for help-seeking, followed by the model of the predictors of willingness to seek help. All statistical analyses were conducted using SPSS (Version 19).

Demographics

The majority of respondents were either single (47.8%) or married (42.9%), 6.6% were separated and 2.7% were widowed. The educational level of participants ranged from completion of primary school (1%) to PhD level (2%) with the majority of participants (75.5%) reporting that they held an undergraduate or postgraduate degree. The income of participants ranged from less than 20 000 Euros to more than 61 000 Euros per annum. The majority of respondents reported earning less

than 20 000 Euros (68%), followed by 19.6% whose earnings were between 21 000 and 40 000, and 4.6% of respondents earned more than 61 000 Euros per annum (Table 1).

Diagnosis, medication and source of help

Forty-seven (24%) of the 196 participants reported that they had been diagnosed with a mental illness in the past 12 months. Of these 47 respondents, 30 (64%) reported that they had an Anxiety Disorder, 10 (21%) a Depressive Disorder, two (4%) a Drug and Alcohol Abuse Disorder and five (11%) reported various other disorders. Of these 47 participants, 15 (32%) stated they were taking prescribed medication for their mental health condition.

Source of help

In terms of the sources from whom participants would seek help for a mental illness whether now or in the future, Chi-square (χ^2_9 11.29, $p = 0.257$) revealed no association by type of help sought/would be sought by diagnostic status, that is, diagnosis of a disorder/no diagnosis. The majority of participants in each category indicated they would seek help from a psychologist, others indicated their priest or a close friend although many indicated that they would not seek help (Table 2).

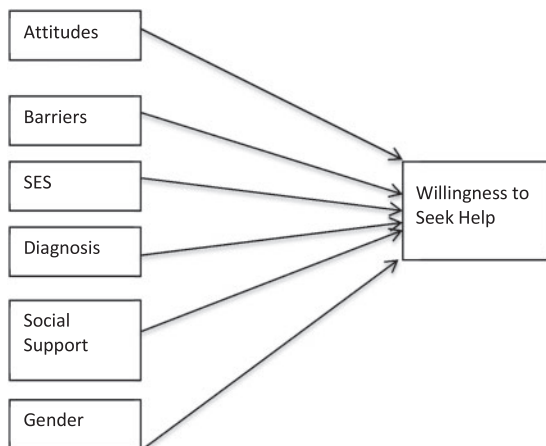### Predicting willingness to seek help

Prior to testing the hypothesized model (Figure 1) based on an integration of factors from the Theory of Planned Behaviour, Health Belief Model, Andersen's Socio-Behavioural Model and the Health Action Process Approach, Pearson's Product Moment correlations were calculated to confirm that the independent variables correlated with willingness to seek help. The correlation matrix revealed no multicollinearity or singularity in the

Table 1: Descriptive statistics for Greek-Cypriot sample

	Frequency (*n*)	Percentage (%)
Marital status		
Single	94	47.8
Married	85	42.9
Separated	12	6.6
Widow	5	2.7
Education		
Primary	2	1.0
Some high school	9	4.6
Graduate high school	37	18.9
Degree	75	44.9
Master degree	69	28.6
PhD	4	2.0
Income (Euros) thousands		
Up to 20	123	68.0
21–40	66	19.6
41–60	3	7.8
Over 61	4	4.6

Table 2: Actual or proposed sources of help by diagnosis

Source of help	No diagnosis *n* (%)	Diagnosis *n* (%)
General Practitioner	8 (5.5)	4 (8.5)
Psychiatrist	7 (4.8)	7 (14.9)
Psychologist	61 (42.1)	18 (38.4)
Family member	14 (9.7)	1 (2.1)
Phone support	—	—
Lover	6 (4.1)	1 (2.1)
Teacher	2 (1.4)	—
Close friend	15 (10.3)	3 (6.4)
Priest	17 (11.7)	5 (10.6)
No help sought	14 (9.7)	8 (17.0)

Fig. 1: Integrated model to predict willingness to seek help for mental illness.

data. Support from family or a special person, practical barriers, gender and age failed to correlate significantly with willingness to seek help. Only four of the independent variables correlated with willingness to seek help: stigma ($r = -0.29$), openness to help ($r = 0.57$), support from friends ($r = 0.16$) and being diagnosed with a mental illness in the past 12 months ($r = 0.17$) (Table 3) and were included in the multiple regression analysis to test the model.

Openness, stigma, friends' support and diagnosis were entered into the regression model and accounted for a significant 36% of the variance in willingness to seek help, $R = 0.61$, $R^2 = 0.36$, adjusted $R^2 = .36$, $F_{4,173}$ 26.11, $p < 0.001$. Openness to seek help and stigma were the only significant predictors of willingness to seek help uniquely explaining 24% and 5% of the variance, respectively. A further 7% of variance was shared between openness, stigma, diagnosis and friends support. Standardized (β) regression coefficients correlations and squared semi-partial correlations for each predictor are presented in Table 4.

DISCUSSION

The aims of this study were to explore perceived social support, gender, SES, attitudes, barriers as a surrogate for control, age and diagnosis/no diagnosis of a mental illness as predictors of participants' willingness to seek help for mental illness. The results provided partial support for this hypothesis.

The scales used in this study were not available in the Greek language, therefore, a forward/back translations were conducted to ensure their suitability for use with this sample. A preliminary review of the translated scales by 33 Greek-Cypriot university students confirmed the readability of the items in Greek and their face validity for use in the current study. Principal components analyses and Cronbach's alpha, as a measure of internal reliability, indicated the suitability of the factors for use in the current data.

The participants ranged in age from 18 to 85 years but most of them were younger than 40 years of age and were female (77%). The majority of people were highly educated, in that 80% hold a Bachelor's level degree or higher, a finding which reflects the current trend of Cypriots to pursue higher and postgraduate education. Despite their youth and high level of education, the majority of respondents reported an income of less than 40 000 Euro per annum, with 68% of the sample earning less than 20 000 Euro per annum. Although these low figures are in accord with current wages in Cyprus – http://www.wageindicator.org/main/salary/minimum-w age/cyprus/cyprus-minimum-wage-faq, some participants were students who probably had little or no income, while other participants may have been unemployed. In Cyprus, the current rate of unemployment is 16.4% (http://countryeconomy.com/unemploy ment/cyprus) but also many people are underemployed given their skills or education level (http://europa.eu/ rapid/press-release_IP-14-284_en.htm), thus earning less than their qualifications might suggest they could. Neither employment nor student status data were collected in the current sample. Yet overall, the sample can be argued to be representative of the generations since the Turkish Invasion of 1974, of well-educated young people (http://www.universityfairs.com/fairs/22nd-inter national-educaton-fair-cyprus-spring-2015-8066), more so than in previous years.

In line with world-wide epidemiological data, approximately 24% of the sample reported that they had been diagnosed with a mental illness within the past 12-months and 32% of these respondents were taking prescribed medication for their condition. These figures reflect those in the international literature (Kessler et al., 1993; Piccinelli and Wilkinson, 2000; Waraich et al., 2004) in which, at any given time, almost 20% of the population is reported to be struggling with some form of mental illness and only one-third of them are actually taking medication for their condition (ESEMeD, 2004).

The survey of the persons from whom participants would seek help for a mental illness revealed no association by diagnostic category, that is, with or without a current diagnosis of mental illness. Approximately 38% of participants with a diagnosis of mental illness (DMI)

Table 3: Correlation matrix for variables in the model of seeking help

	1	2	3	4	5	6	7	8	9	10	11	12
1. Willingnes to seek help	1											
2. Stigma	−0.29***	1										
3. Openness	0.57***	0.08	1		.							
Support												
4. Special person	0.12	0.01	0.22**	1	.							
5. Family	−0.05	0.04	0.08	0.64***	1							
6. Friends	0.16*	−0.06	0.20**	0.57***	0.46***	1						
7. Barriers	−0.09	0.34*	−0.03	0.01	0.09	−0.07	1					
8. Diagnosed[a]	0.17*	0.13	0.17*	0.15*	0.21**	0.08	0.03	1				
9. Gender	0.05	0.12	0.13	0.10	0.05	0.02	0.08	0.07	11			
10. Education	−0.15	−0.20	0.02	0.09	0.25	0.09	−0.14	0.02	0.54***	1		
11. Income	0.08	0.04	0.08	0.01	0.04	0.07	0.25	0.02	0.19*	0.15*	1	
12. Age	−0.024	−0.036	−0.137	−0.187*	0.029	−0.323*	0.175	−0.033	−0.136	−	0.135	1
Mean	3.13	7.38	5.27	16.02	14.66	14.33	11.46	−	−	−	−	34.50
Standard deviation	1.33	9.18	6.03	4.21	4.81	4.76	4.12	−	−	−	−	14.16
Cronbach's alpha	−	0.82	0.73	0.91	0.95	0.94	0.72	−	−	−	−	−

[a]Diagnosed Coded 0 = No; 1= Yes.
*$p <$0.05, **$p <$0.01, ***$p <$0.001.

Table 4: Multiple regression predicting willingness to seek help among Greek-Cypriots

Predictor	R^2 adjusted	Beta	sr^2
	0.36		
Stigma		−0.23***	0.05
Openness		0.50***	0.24
Diagnosis[a]		−0.10	0.001
Friends' support		0.08	0.006

[a]Coded 0 = No; 1 = Yes., ***$p <$0.001.

and 42% who did not report having a diagnosis (NDMI) indicated that they would seek help from a psychologist in a case of mental illness. Twelve per cent of participants with NDMI reported that they would consult a priest as did 10% of those with a DMI. Some 15% with a DMI and 5% NDMI would seek help from a psychiatrist and 5% and 8%, respectively, reported they would seek help from their GP.

In summary, 50–60% of all respondents indicated that they would seek some form of professional help. These findings may reflect the current modernization and westernization of Cyprus since independence from British colonialism in 1960 (http://en.wikipedia.org/wiki/Modern_history_of_Cyprus) as prior to this time Cyprus was a traditionally rural, group-oriented society as was Greece (Bouhoutsos and Roe, 1984). Over the last 30 years, both countries have become industrialized, urbanized and oriented to the nuclear family (Macri, 2001).

A further 22–35% of all participants, both those with a DMI and without, indicated that they would turn, at least initially, to a non-professional such as family, close friends or their priest for help. These findings highlight the importance of family and the active role of the Orthodox Church in the lives of Greek-Cypriot people and support the earlier findings from Ware (1993) on the priesthood and Faros (1981) on family and friends. It is unclear from the current data why several participants expressed a preference to seek help from non-professionals. Did they have an unsatisfactory encounter with an health professional, are they now feeling better and inferring that they could manage in the future with non-professional help, or are these self-report data in error? Whatever the reasons, it does seem that these respondents especially those in the DMI group who indicated they would seek help outside professionals, such as their General Practitioner, a psychiatrist or a psychologist, may be at risk. Interestingly some 10% of participants with NDMI and 17% of those with a DMI reported that they would not seek help, although the reasons for this reluctance were not captured in the current survey.

The main aim in this study was to test an integrated model of willingness to seek help for a mental illness based on the factors of the Theory of Planned Behaviour, the Health Belief Model, the Socio-Behavioural model, the Health Action Process Approach and the literature. Preliminary correlational analysis revealed that only four of the independent variables—stigma, openness to help,

support from friends and diagnosis—actually correlated with willingness to seek help. Accordingly, they were the only variables entered into the regression equation. Support from family and from a special person, barriers to seeking help, gender, age and the SES variables of educational level and income all failed to correlate with the dependent variable, willingness to seek help. These null findings refute the earlier works of Leaf et al. (1987) and MacKenzie et al. (2006) who reported that being female was associated with more positive help-seeking attitudes, in this case, a willingness to seek help. These results are also contrary to Kung (2004), Sue (1999) and Uba (1994) who found that perceived barriers such as money (income), time and limited knowledge of facilities were implicated in not seeking-help. Age and education level were highly negatively correlated which reflects the drive for higher education in Cyprus but neither age nor gender were related to willingness to seek help. This latter finding is contrary to past research (e.g. Corrigan et al., 2003; Mackenzie *et al.*, 2006) and expectations in a modern Cyprus.

The variables in the multiple regression explained 36% of the variance in willingness to seek help. Openness to help was a significant positive predictor and stigma was a negative predictor of willingness to seek help. These variables uniquely explained 24% and 5%, respectively, of the variance in willingness to seek help. Neither diagnosis nor support from friends predicted willingness to seek help. A further 7% of the variance in the dependent variable was shared among the four independent variables. These findings do not support Rickwood and Braithwaite (1994) who found a social network was predictive of help seeking. Neither do the findings support Dew *et al.* (1991) who found that those who sought help were more likely to have been encouraged by friends or relatives to seek help than those who had not sought services. The current analysis left 64% of variance in willingness to seek help in this Greek-Cypriot sample unexplained. Other reasons that could explain willingness to seek help among the Greek-Cypriot participants are the actual or perceived severity of the mental illness, a factor that Jackson *et al.* (2007) considered important; and the incidence or the absence of mental health literacy which is the motivation to comprehend, utilize and access information in ways which support and maintain balanced mental health (Jorm, 2000). These findings should however be seen in the light of the complexity of people's behaviour and behavioural intentions.

While the basic framework of the Theory of Planned Behaviour (Ajzen, 1991) was used to provide a context to predict willingness to seek help as a surrogate for intention, such willingness to seek help, or intentions, may not be aligned with the reality of behaviours. Certainly, even among those in the current study who reported they had been diagnosed with a mental illness in the past 12 months, only some 60% indicated they would seek professional help from a General Practitioner, Psychiatrist or Psychologist. Clearly, the question of what promotes people's willingness to seek help remains largely unresolved.

Limitations and future directions

The current study utilized a convenience sample which limits the generalizability of the findings. Despite the lack of randomness in the sample, it did incorporate people from a broad age range, and those with and without a diagnosis of mental illness. It is important to note that all data were based upon participants' self-reports including acknowledgement of a mental illness. Despite the self-report nature of the data, figures on the incidence of mental illness and on the numbers taking medication for their mental illness are in line with world-wide reports (Kessler et al., 1993; Piccinelli and Wilkinson, 2000; Waraich *et al.*, 2004). It is important to note that a generic question on willingness to seek help if one is or were to experience a mental illness was presented to all participants, which might have been misinterpreted by those already attending treatment.

Future research might investigate whether people's willingness to seek help varies across different diagnoses and against actual help seeking through the use of longitudinal studies or observational methods. Such methods presuppose a clinical sample where people would know their diagnoses and be willing to be tracked over time by researchers using appropriate assessments. Future studies might also investigate if, in the last few years in Cyprus and Greece, there has been any collaboration between mental health professionals and the local parish priests as a way to blend traditional ways of seeking help with the modern ways, that is, to seek help from a mental health professional.

Conclusion

Despite the limitations of the current study, it appears to be among the first to study willingness to seek help for a mental illness among Greek-Cypriots living in Cyprus. The findings extend the previous limited understanding of factors affecting willingness to seek help or intentions towards the use of mental health services among Greek-Cypriots. The relationships between age, gender, social support, perceived barriers, attitudes namely stigma and openness, and willingness to seek professional help for

mental health issues have not been studied previously in Cyprus.

The current results can be used to inform policy formation in Cyprus for mental health promotion and interventions especially with respect to fostering an open attitude towards mental illness. Mental illness is a factor in the lives of a significant number of people, and promoting their use of appropriate help can not only benefit them as individuals but also benefit their families and the community in general.

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