Practicum Psychologia 9(1), 41-64

http://journals.aphriapub.com/index.php.pp
ISSN: 2006-6640

DO PERSONALITY TRAITS AND PERCEIVED STIGMA PREDICT ATTITUDE TOWARDS HELP SEEKING BEHAVIOUR AMONG CLIENTS UNDER PSYCHIATRIC MANAGEMENT?

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Abstracts
This study examined personality traits and perceived stigma as predictors of help seeking behaviour among outpatients of Neuropsychiatric Hospital, Nawfia, Anambra State, Nigeria. Three hundred and eighty participants consisting of 180 (47%) males and 202 (53%) females, aged from range of 18 to 65 years, with a mean age of 33.00 and standard deviation of 10.36 responded to the four study instruments. These were Attitude Towards Seeking Professional Psychological Help (ATSPPH-LF); Big Five Inventory (BFI); Internalized Stigma of Mental Illness (ISMI) and World Health Organisation Disability Assessment Schedule (WHODAS II). Hierarchical multiple regression analysis was employed to analyse the data. The results showed that personality traits such as Agreeable (β =-.16, t=3.05, p<.05), conscientiousness (β =.34, t=5.77, p< .01),Openness (β =-.34, t=-5.15, p< .01), significantly and independently predicted help-seeking behaviour, while Extraversion (β=-.01, t=-.09, p>.05), Neuroticism (β =.11, t=1.85, p> .05) did not predict help-seeking behaviour among psychiatric patients. Also, the result indicated that perceived stigma factors such as Alienation (β=-.04 t=-.37, p>.05), Stereotype Endorsement (β=.02, t=.16, p>.05), Discrimination Experience (β=-.01, t=-.08, p>.05), Social Withdrawal (β=.07, t=.79, p>.05) did not predicts help-seeking behaviour while Stigma Resistance (β=.12, t=2.34, p<.05) significantly predicted help seeking behaviour for mental health. Furthermore, personality traits and perceived stigma jointly and significantly predicted help-seeking behaviour at R^2 =.28, F(10, 371) = 14.59, p < .01. Thus, the study recommended the need to adequately sensitise people on the negative consequence of stigmatising individuals with mental challenge.
Keywords: *Help-Seeking Behaviour, Personality Traits, Perceived Stigma, Clients*

Introduction

A large number of Nigerians are believed to suffer from mental disorder (Onyemelukwe, 2016), due to lack of appropriate health seeking behaviour. Mental health challenge comes with a serious emotional burden on individuals, families, and society (Mental Health Leadership and Advocacy Programme, 2012). Despite various mental health awareness and evidence-based treatment in the country (Okpalauwaekwe, Mela & Oji, 2017), the main challenge to effective intervention for prevention and treatment of mental disorders is the reluctance of people to seek professional mental health care (Adewuya & Oguntade, 2007). Based on this, help seeking behaviour have been recorded low, as only one-third of people with a diagnostic criteria for mental health disorders seek professional help (Green, McGinnity, Meltzer, Ford & Goodman. 2005; World Federation for Mental Health, 2009).

Help-seeking behaviour is influenced by several factors, including the general understanding and interpretation of the disease itself, type and severity of the medical condition, available information regarding treatment opportunities, economic reasons, and the type of health care financing system that operates in such health care settings (Basu & Duckett, 2009; Shaw, Brittain, Tansey & Williams, 2008). As noted by Anwar, Green and Norris (2012), help seeking behaviour involves observing and responding to symptoms changes during illness and taking remedial actions in order to initiate appropriate treatment. Help seeking begins with a process of discussing ones' health challenges with others as a way of exploring preventive measures and treatment options (Rickwood, Thomas & Bradford, 2012).

Help-seeking is defined as the behaviour of actively seeking help from other people (Rickwood, Deane, Wilson, & Ciarrochi, 2005). According to Rickwood et al. (2005), there are two main types of help-seeking such as formal and informal. Formal help-seeking is concerned with seeking professionals who have legitimate and recognized professional roles in providing relevant advice, support, and treatment. Formal help-seeking is itself diverse and includes a wide range of professions. These include specialists, generalists, and primary health care providers, but also non-health professionals, such as teachers, clergy, community and youth workers. While informal help-seeking is assistance from informal social networks,

such as friends and family. It comprises sources of help that have a personal and not a professional relationship with the help-seeker. However, help-seeking behaviours are dependent upon three factors, attitudes (beliefs and willingness) towards help-seeking, intention to seek help, and actual help-seeking behavior (Gulliver, Griffiths, Christensen & Brewer, 2012).

Mackenzie, Reynolds, Cairney, Streiner and Sareen (2004), proposed three internally consistent factors in help-seeking behaviour which are: psychological openness, help-seeking propensity, and indifference to stigma. Psychological openness represents an individual's disposition to acknowledge psychological problems and to consider seeking professional help. Help-seeking propensity refers to an individual's intention and perceived ability to seek professional help for a psychological problem. The extent to which individuals are concerned about significant others' opinion if they find out that they were receiving professional help is represented through the indifference to stigma (Mackenzie et al., 2004). Nevertheless, individuals' behaviour toward seeking help for mental health is likely influenced by his/her personality (Schomerus, Appel, Grabe, Meffert, Baumeister, Luppa et al., 2012).

Literature have highlighted that people suffering from mental health problems very often delay seeking professional help, or avoid it altogether, which in turn significantly compromises appropriate and timely care and treatment (Okello, 2007). This may, however, lead to relapse and worsen the pathological conditions of the clients. Failing to seek help or delaying the help-seeking process can lead to adverse health outcomes such as substance abuse, engaging in risky sexual behavior, lower quality of adult life, premature death and so on (Anderson & Lowen, 2010; Laski, 2015). Although factors like fear of being diagnosed as suffering from mental illness, distrust towards the system and lack of confidence in health professionals have been documented to make people hesitant to seek professional help (Howerton, Byng, Campbell, Hess, Owens & Aitken, 2007), research has

suggested that individuals who are in need of mental health care often do not seek services, and those that begin receiving care frequently do not complete the recommended treatment plan (Corrigan, 2004). For example, it has been estimated that less than 40 percent of individuals with severe mental illnesses receive consistent mental health treatment throughout their lives (Kessler, Berglund, Bruce, Koch, Laska, Leaf, et al, 2001).

Indeed, evidence have shown that many people who might benefit from professional mental health services do not actually seek out these services (Corrigan, 2004; Wang, Weiss, Pachankis & Link, 2005) and this may be contributing to the burden of care for clients and caregivers. In many developing economies, insufficient and unaffordable health facilities as well as traditional belief systems including external locus of control or religious practices may contribute to poor access to mental health care. So it would be of great importance to understand some salient factors that can influence peoples' attitude towards seeking mental health. Thus, addressing this mental health concerns, will lead to timely intervention that will go a long way to enhance help-seeking behaviour during difficult times or when necessary.

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), personality traits are enduring patterns of perceiving, relating to and thinking about the environment and about oneself; that are exhibited in a wide range of personal and social context (APA, 2013). An individual's personality has been found to predict how that person reacts to other people, how he articulates and solves problems and how he is affected by stressful events in his environment. Trait theorists in psychology using factor analysis identified five personality traits they called the big five personality traits (Costa & McCrae, 1992). They argued that these five traits represent the core of personality. The five traits are: neuroticism, extraversion, openness to experience, agreeableness and conscientiousness. These five traits have been linked to various characters of individuals and have been associated with mental health. However, personality factors are not just associated with mental illness itself, (Hengartner, Ajdacic-Gross, Wyss, Angst & Rossler, 2016) but may also affect treatment seeking behavior. McWilliams, Cox, Enns, and Clara (2006), stressed that personality-related factors expand the scope of factors that affect help seeking behaviour. Personality factors

such as neuroticism, self-criticism, locus of control and dependency are linked with depression (Jeronimusm, Kotov, Riese & Ormel, 2016). People with high neuroticism indexes are at risk for the development and onset of common mental disorders, (Jeronimus, Kotov, Riese & Ormel, 2016), such as mood disorders, anxiety disorders, and substance use disorder, symptoms of which had traditionally been called neuroses (Carducci & Bernardo, 2009). Schomerus, Appel, Meffert and Luppa (2013), emphasised that high conscientiousness was related to higher access to mental health care among depressive patients, and Scholte-Stalenhoef & colleagues, (2016) reported a positive association between openness and ambulatory care use among those with early psychotic symptoms.

In the same vein, research has found that the stigma associated with seeking mental help is negatively correlated with a willingness to seek services (Komiya, Good, Sherrod, 2000; Vogel, Wester, Wei, & Boysen, 2005; Vogel, Wester & Larson, 2007b). Hence, stigmatization deprives victims of mental illness their full measure of human dignity and participation in wider society by undermining social support and compromising opportunity for treatment (Thompson, Noel & Campbell, 2004). Stigma is characterized by fear, mistrust, dislike, and occasionally, violence against the mentally ill (Gonzalez, Tinsley & Kreuder, 2002). Stigma, according to Pescosolido, (2013) is a mark that signals to others that an individual has an attribute that reduces her or him from being a “whole” person to a “tainted” one.

Stigma associated with mental illness has been shown to have devastating effects on the lives of people with psychiatric disorders, their families, and those who care for them, thus leading to public prejudice and loss of self- worth, and causing negative implications for health and well-being (Corrigan, 2004). According to Watson and River (2005), the role of stigma in the help-seeking process has attracted a well deserve research, however many aspects of the study of stigma focused on the developed countries, while few studies compared the data on developing nations like Nigeria (Oduguwa, Adedokun & Omigbodun, 2017). In addition, erasing stigma has become a major health priority due to its egregious

effects. Researchers pointed out that the stigma associated with seeking mental health services is the perception that a person who seeks psychological treatment is undesirable or socially unacceptable (Vogel, Wade & Hackle, 2006). Also, the stigma associated with mental illness can be as damaging as any mental health symptom (Feldman & Crandall, 2007). Outcomes of stigma can include increased feelings of depression (Manos, Rüsch, Kanter, & Clifford, 2009), negative attitudes towards treatment (Conner, Lee, Mayers, Robinson, Reynolds, Albert et al., 2010), lower treatment compliance (Fung & Tsang, 2010), and less willingness to return for treatment (Wade, Post, Cornish, Vogel, & Tucker, 2011). Indeed, it is imperative to unveil the damaging effect of stigma on individuals' mental well-being (Corrigan, Druss & Perlick, 2014).

Corrigan (2004) identified two types of stigma: perceived or social stigma and self stigma. Perceived stigma is society's rejection of a person due to certain behaviour or physical appearances that are deemed unacceptable, dangerous or frightening (Vogel & Wade, 2009). For example, individuals may avoid seeking treatment as a way to avoid negative consequences of being associated with a socially devalued group (Corrigan, 2004). Conversely, self-stigma is described as a set of negative beliefs about the self that may become internalized, thus causing emotional consequences such as low self-esteem, which can be minimized by avoiding treatment (Corrigan, 2004). The negative views that are internalized are a reflection of negative societal attitudes. Thus, it is assumed that addressing public stigma will also address self-stigma, as both are rooted in public sentiment (Corrigan, 2004). However, based on the aforementioned reasons, this study explored personality traits and perceived stigma as predictors of help seeking behaviour among out-patient attendees of Anambra State Neuropsychiatric Hospital, Nawfia.

Theoretical Framework

This present study was anchored on the health belief model. This model explains and predicts health-related behaviours, particularly in regard to the uptake of health services (siddiqui, Ghazal, Ahmed & Sajjad, 2016). The health belief model is based on the idea that people are more likely to change their behaviour (Rosenstock, Strecher & Becker, 1988) and adhere to treatments (Janz & Becker, 1984; Olsen, Smith, Oei & Douglas, 2008) if: they perceive that they are at risk of contracting the disease (perceived susceptibility), they

Practicum Psychologia 9(1), 41-64
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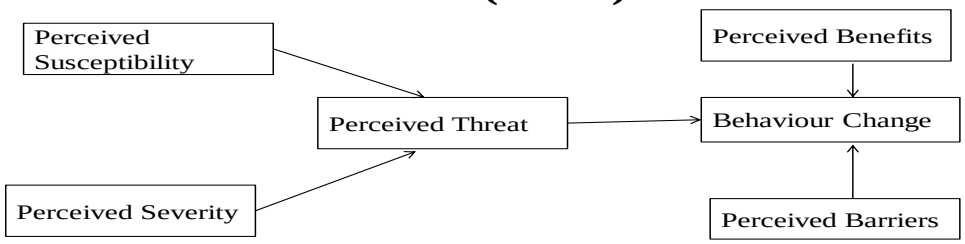
ISSN: 2006-6640

perceive the disease might have an unfavorable outcome (perceived severity), they perceive the proposed health behaviour to be both effective and practical (perceived benefits), they perceive the barriers to adopting the behavior to be minimal (perceived barriers), they perceive themselves to have the ability of applying and practicing the specific behaviour proposed (perceived self-efficacy), and they have the cues for motivating their actions such as internal cues (pain, symptoms, past experiences) or external cues (advice from friends, relatives and mass media campaigns) (cues to action). The specificity of the Health Belief Model to mental health makes it suitable for use in understanding and explaining health seeking behaviours. Hence, the researchers hypothesized that personality traits will significantly predict attitude towards help-seeking behaviour among outpatient attendees. Perceived stigma will significantly predict attitude towards help-seeking behaviour among outpatients.

Theoretical Framework

- **Health Belief Model (HBM)**



- **Fig.1. Health Belief Model Concepts (Hochbaum and Rosenstock, 1952)**

Review of related literature

Schomerus, Appel, Grabe, Meffert, Baumeister et al. (2012), investigated the relationship between the ‘‘Big Five’’ personality traits, resilience, alexithymia, childhood neglect or abuse, and help-seeking among depressive individuals. The data was selected from 354 persons with a diagnosis of major depression from the population-based cohort study of

health in Pomerania within the theoretical framework of the Andersen Behavioral Model of Health Services Use. Using stepwise regression techniques, they found that older age, higher education, more perceived social support, presence of childhood abuse, higher levels of conscientiousness, lower levels of resilience, and more severe depression were associated with help-seeking for depression. In contrast, gender, extraversion, openness, agreeableness, neuroticism, and alexithymia did not significantly predict help-seeking.

Lipowski and Bieleninik (2014), explored personality super factors and healthy behaviours of professional athletes. The participants in the study included 1229 individuals; among them were 532 active athletes and 697 persons with no history of competitive sporting activities. The group of sportspersons included 286 team sport athletes, 124 representatives of individual sport disciplines and 125 combat sport athletes. The results revealed moderate levels of all analyzed personality dimensions among athletes. Multiple regression analysis showed that personality traits explained 46% of variance in the level of Positive Psychological Attitudes (F = 4.0, p = 0.009) and 36% of variance in the level of Health Practices (F = 2.7, p = 0.043) presented by female combat sport athletes. Personality profile explained 30% of variance in the level of Proper Nutrition Habits (F = 7.8, p < 0.001) and 40% of variance in Positive Psychological Attitudes (F = 11.2, p < 0.001) of male combat sport athletes. Personality profile explained 38% of variance in the level of Proper Nutrition Habits (F = 7.2, p < 0.001) and 30% of variance in Positive Psychological Attitudes (F = 5.1, p = 0.001) presented by men who practiced individual sport disciplines. Based on the results, it was confirmed that the personality super-factors are associated with health-seeking behaviours of athletes regarding proper nutrition habits, positive psychological attitudes and health practices.

In a sample of 576 students who completed a questionnaire comprising a personality inventory and wellbeing questions, Cauchi and DeGiovanni (2015), examined the relationship between personality traits and health-related behaviours among Maltese university students. Based on the Five-Factor Model of personality, the study uncovered significant differences between low, medium and high levels of personality traits and their association to health-related behaviours. The results revealed that conscientiousness and

agreeableness related to health-promoting behaviours like reduced binge drinking and drug use. Similarly, extraversion and openness related to increased fruit and vegetable consumption. However, health-deterring behaviours were also observed. These included drinking and driving, as well as unsafe sexual practices. Neuroticism was linked to health-deterring behaviours that included lack of exercise and drug use. The study provides evidence that personality traits serve as both protective and deterring factors to health.

Jennings, Goguen, Britt, Jeffirs, Wilkes, et al. (2017), examined how perceived barriers as well as the Big Five personality traits, relate to treatment seeking among college students reporting a current mental health problem. The sample consisted of 261 college students, 115 of which reported experiencing a current problem. Results of a series of logistic regressions revealed that perceived stigma from others (OR = .32), self-stigma (OR = .29), negative attitudes about treatment (OR = .27), and practical barriers (OR = .34) were all associated with a lower likelihood of having sought treatment among students experiencing a problem. Of the five-factor model personality traits, only Neuroticism was associated with a higher likelihood of having sought treatment when experiencing a mental health problem (OR = 2.71). As regards to all significant predictors in a final stepwise conditional model, only self-stigma, practical barriers, and Neuroticism remained significant unique predictors.

Tucker, Hammer, Vogel, Bitman, Wade, et al. (2013), examined the overlap and uniqueness of the self-stigmas associated with mental illness and with seeking psychological help. The data were collected from a sample of college undergraduates experiencing clinical levels of psychological distress (n = 217) and a second sample of community members with a self-reported history of mental illness (n = 324). Self-report surveys on self-stigma, public stigma, stigma related to seeking help, help-seeking attitudes, and help-seeking intentions were administered. Confirmatory factor analyses provide strong evidence for the factorial independence of the 2 types of self-stigma. Regression analyses indicated that two types of

self-stigmas uniquely predicted variations in stigma-related constructs (for example, shame, self-blame, and social inadequacy) as well as help-seeking attitudes and intentions to seek help. It was suggested from the findings that self-stigma might in fact be two separate concepts, and that confirmed the importance of self-stigma as it inhibits help-seeking in regards to both attitudes and intentions.

Mullen and Crowe (2016), reported their findings from a correlational investigation examining the relationship between school counsellors' (N=333) self-stigma of mental illness, help-seeking behaviours, burnout, stress, and life satisfaction. It was found that self-stigma of mental health concerns contributed to a decrease in help-seeking behaviours, which contributed to stress and burnout.

Crowe, Averett and Glass (2016), in a qualitative study explored the relationships between mental illness stigma, resilience, and help-seeking; they found that relationships exist between these three concepts showing that stigma decreased resilience and stigma also decreased help-seeking behaviors. Conversely, they observed that having more resilience can decrease the stigma associated with having a mental illness. Also, it was found that help-seeking behaviours related to increased resilience and decreased stigma. This suggested that seeking help for a mental illness, helps one to cope as well as decreases negative attitudes associated with help-seeking for a mental health concern (Crowe et al., 2016).

Lally, óConghaile, Quigley, Bainbridge and McDonald, (2016), examined stigma of mental illness and help-seeking intention in university students. In the cross-sectional study, an adaptation of the Discrimination-Devaluation scale was used. A total of 735 students participated in the study (response rate 77%). It was revealed that there were higher mean perceived public stigma levels than personal stigma levels. Perceived public stigma was not significantly associated with future non-help-seeking intention (odds ratio (OR) = 0.871, P = 0.428). Personal stigma was significantly associated with a decreased likelihood of future help-seeking intention (OR = 1.44, P = 0.043). Those under the age of 25, those who had no personal experience with mental illness and seeking treatment for a mental illness, and no personal contact with someone with a mental illness were all associated with higher levels of self-stigma. Implicatively, this study indicated that personal stigma as distinct from

Practicum Psychologia 9(1), 41-64
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ISSN: 2006-6640

perceived public stigma is a significant barrier to mental health utilisation for a student population.

Research questions

- Will personality traits predict help seeking behaviour among clients under psychiatric management?
- Will perceived stigma predict help seeking behaviour among clients under psychiatric management?
- Will personality traits and perceived stigma jointly predict help seeking behaviour among clients under psychiatric management?

Hypotheses

1. Personality traits would significantly predict help seeking behaviour among clients under psychiatric management.
2. Perceived stigma would significantly predict help seeking behaviour among clients under psychiatric management.
3. Personality trait and stigma would significantly predict help seeking behaviour among clients under psychiatric management.

Method

Participants

Three hundred and eighty two (382) out-patients were selected through the use of purposive sampling technique from Anambra State Neuropsychiatric Hospital, Nawfia, Nigeria. The participants were made up of 97 (25%) schizophrenic clients, 86 (23%)

depressive clients, 117 (31%) Substance abuse clients, and 82 (21%) bipolar affective disorders clients respectively. The participants' diagnoses were done by psychiatric doctors as was obtained through their folders in the Record Department of the hospital. The participants, gender showed that 180 (47%) were males while 202 (53%) were females. Marital status showed 141 (37%) of the participants were single, 169 (44%) married, 49 (13%) separated and 23 (3%) widowed. Occupation information revealed that 96 (25%) of the participants were Employed While 286 (75%) were Unemployed. The ages of the participants ranged from 18 to 65 years, with mean age of 33.00 years and standard deviation of 10.36 years.

Instruments

Four set of instruments were used in this study:

Attitudes Towards Seeking Professional Psychological help (ATSPPH-LF) developed by Fischer and Turner (1970), was employed to measure participants' attitudes towards seeking professional psychiatric help. The ATSPPH-LF was designed to measure subject's explicit attitudes toward seeking mental health services, with potential consumers of mental health services being the intended respondents (Fischer & Farina, 1995). The ATSPPH-LF scale consists of 29 Likert scaled format items. The internal reliability reported by Fischer and Turner (1970) using the sample of n=212 was .86 and on a larger sample size of 406, the internal reliability was .83 (Fischer & Turner, 1970). However, the present study reported a Cronbach's alpha of .73.

Big Five Inventory (BFI) was developed by John, Donalue and kentle (1991), to assess personality from a five-dimensional perspective. The essence of the perspective is that personality characteristics can be dissolved into five broad dimensions which are distinct from one another. BFI contains 44 items which are arranged in a likert format and scored from least to highest thus from 1 = Disagree strongly to 5 = Agree strongly. John et al (1991), reported a test retest reliability of r= .85 and Alpha of r = .80 using American samples, while in Nigeria, Umeh (2004) provided the divergent validity coefficient with University Maladjustment scale ranged from Extraversion = .05 to Neuroticism =.39. However, the current study reported reliability coefficient of .75 for Extraversion, Agreeableness .68; Conscientiousness .83; Neuroticism .76; Openness .93.

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ISSN: 2006-6640

Internalized Stigma of Mental Illness (ISMI) was developed by Ritsher et al., (2003) which comprised of 29 items across five subscales: alienation (6 items), stereotype endorsement (7 items), discrimination experience (5 items), social withdrawal (6 items), and stigma resistance (5 items). Each item is rated on a four-point Likert scale from 1 (strongly disagree) to 4 (strongly agree). The five stigma resistance subscale items are reverse-coded, and also serve as a validity check (Ritsher et al., 2003). A high total score on the ISMI scale indicates more severe internalized stigmatization. The internal consistency and test–retest reliability for the five subscales were: alienation, 0.79, 0.68; stereotype endorsement, 0.72, 0.94; discrimination experience, 0.75, 0.89; social withdrawal, 0.80, 0.89; and stigma resistance, 0.58, 0.80 (Ritsher et al., 2003). The pilot study in the present study showed the reliability coefficient of alienation .64; stereotype endorsement .70; discrimination experience .68; social withdrawal .87; stigma resistance .72.

World Health Organisation Disability Assessment Schedule (WHODAS II) was developed by World Health Organization (WHO, 1988). The 36-item self-administered version of WHODAS-II evaluates the functional level of life in six domains – understanding and communicating, getting around, self-care, getting along with others, life activities, and participation. It measures the difficulty the individual has had with performing particular daily activities over a period of 30 days. It is in Likert-type response format, divided into six domains and scored as 1= none, 2=mild, 3=moderate, 4=severe, 5=extreme or cannot do. The total maximum score of 180 is converted to 0-100 with higher scores depicting more disability. It is noteworthy that this instrument has been used in previous research works in this context (Adegbaju, Olagunju, & Uwakwe, 2013; Uwakwe & Modebe, 2007). The current study reported a Cronbach alpha of .72.

Procedure

Prior to the administration of the instruments, the researcher obtained a permission to conduct the study at the Neuropsychiatric Hospital, Nwafia, Anambra State, Nigeria. A letter

of approval was also obtained from the Research Ethical Committee of the hospital. After the approval, the researcher was given the permission to go to the record department of the hospital and sort out folders of eligible participants through recording identification processes. This was to enable the researcher to identify the diagnoses of the various patients. The researcher further identified patients who met the criteria for the study. However, a total of 402 stable patients were recruited for the study, and were made to sign an informed consent form before responding to the questionnaires. Out of the 410 copies of the questionnaires distributed to patients, 395 copies were returned. Meanwhile, 13 copies of these questionnaires were not to be properly filled due to double ticking and cancellation and were discarded, while the 382 copies that were correctly filled were used for the data analysis. Generally, after the period of two week, the patients were debriefed about their participation in the study.

Design/Statistics

The design for the study was predictive design while multiple regression analysis was employed to analyze the data.

Result

TABLE 1: *Means, Standard Deviations and Correlation Coefficients*

Variables	M	SD	1	2	3	4	5	6	7	8	9	10	11
Help Seeking Behaviour	52.69	7.72	1										
Extraversion	25.57	3.97	-.15**	1									
Agreeableness	26.57	5.53	.04	-.07	1								
Conscientiousness	28.40	4.66	.41**	-.12**	.40**	1							
Openness	25.90	3.55	-.41**	.40**	.16**	-.33**	1						
Neuroticism	33.49	4.96	-.03	.12**	.33**	.22**	.47	1					
Alienation	15.62	4.90	-.02	-.02	-.07	-.10**	-.01	.03	1				
Stereotype Endorsement	18.17	5.32	-.02	-.03	-.05	-.09**	-.02	-.01	.88**	1			
Discrimination Experience	13.27	3.70	-.02	-.03	-.07	-.07	-.01	.01	.82**	.77**	1		
Social Withdrawal	15.43	4.93	-.01	-.01	-.05	-.07	-.03	.02	.84**	.79**	.76**	1	
Stigma Resistance	11.65	2.47	.05	.04	.06	.02	.14**	.06	-.21**	-.23	-.28**	-.42**	1

*** p< .01, * p<. 05*

Note: ** indicated a significant level at .01; * indicated a significant level at .05.

Table 2: Hierarchical multiple regression analysis on personality traits and perceived stigma as predictors of attitude towards help seeking behaviour.

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©The Author(s) 2019
http://journals.aphriapub.com/index.php.pp
ISSN: 2006-6640

*** p< .01, * p<. 05*

	Adjusted R^2	R^2 change	DF	F	/T	Sig
Model	.26	.27	5(376)	27.94**		
Extraversion				-.01	-.11	.910
Agreeableness				-.16	-3.00	.003
Conscientiousness				.34	5.93	.000
Openness				-.32	-4.90	.000
Neuroticism				.10	1.77	.078
Model2	.28	.01	10(371)	14.59**		
Extraversion				-.004	-.09	.930
Agreeableness				-.16	-3.05	.002
Conscientiousness				.34	5.77	.000
Openness				-.34	-5.15	.000
Neuroticism				.11	1.85	.065
Alienation				-.05	-.37	.709
Stereotype Endorsement				.02	.16	.876
Discrimination Experience				-.01	-.08	.937
Social Withdrawal				.07	.79	.429
Stigma Resistance				.12	2.38	.018

The hierarchical multiple regression revealed that in the model 1, personality factors such as Agreeableness *(β =-.16, t=-3.05, p<.05)***,** conscientiousness *(β =.34, t=5.77, p< .01),*Openness *(β =-.34, t=-5.15, p< .01),* significantly and independently predicted help-seeking behaviour**,** while Extraversion *(β=-.01, t=-.09, p>.05)*, Neuroticism *(β =.11, t=1.85, p> .05)* did not predict help-seeking behaviour among clients under psychiatric management. This explains that 26% variation was accounted for personality factors on help seeking behaviour, *F*(5(376) =27.94, p<.05; and this R^2 change was significant at .27, *p*<.05.

Model 2 showed that perceived stigma such as Alienation *(β=-.05, t=-.37, p>.05)*, Stereotype Endorsement *(β=.02, t=.16, p>.05)*, Discrimination Experience *(β=-.01, t=-.08, p>.05)*, Social

Withdrawal *(β=.07, t=.79, p>.05)* did not predicts help-seeking behaviour while Stigma Resistance *(β=.12, t=2.34, p<.05)* significantly and independently predicted help-seeking behaviour among clients under psychiatric management. By implication perceived stigma did not predict help seeking. Finally, it was observed that personality traits and perceived stigma jointly and significantly predicted help-seeking behaviour at adjusted R^2 *=.28, F(10, 371) = 14.59, p < .01.* This accounted for 28% variation in help seeking behaviour among clients under psychiatric management.

Discussion

The study examined personality traits and perceived stigma as predictors of attitude towards help-seeking behaviour among clients under psychiatric management. Following the objectives of the study, three hypotheses were tested.

The first hypothesis which stated that personality traits would significantly predict help seeking behaviour among clients under psychiatric management was accepted. This is in consonant with the findings of Schomerus et al. (2012), who found that older age, higher education, more perceived social support, presence of childhood abuse, higher levels of conscientiousness, lower levels of resilience, and more severe depression were associated with help-seeking for depression; while extraversion, openness, agreeableness, neuroticism, and alexithymia did not significantly predict help-seeking. Also, this result is in support with the findings of Cauchi et al. (2015), that conscientiousness and agreeableness related to health-promoting behaviours like reduced binge drinking and drug use while extraversion and openness related to increased fruit and vegetable consumption. Neuroticism was linked to health-deterring behaviours that included lack of exercise and drug use.

The second hypothesis which stated that perceived stigma would significantly predict help seeking behaviour among clients under psychiatric management was rejected**.** This implies that perceived stigma does not promote help seeking behaviour for mental health. This result is in support of Mullen et al. (2016), that self-stigma of mental health concerns contributed to a decrease in help-seeking behaviours. And Crowe et al. (2016), highlighted

that stigma, decreased help-seeking behaviours. Hence, there is need to stem stigma and promote positive help seeking behaviour

Implications

This study has implication for health care practitioners', policy makers, and general population in the field of mental health in Nigeria. Mental health in Nigeria needs to be given an urge attention in order to resuscitate and promote health seeking behaviour among Nigerians. Also, there should be a general campaign against stigma in order to sensitive the general public about its health implication.

Limitation

One of the main shortcomings of the study is generalisation of the result which is based on the self report instruments used. However, there should be caution in the generalization of the findings of this study. This is because participants may be faking their responses during test taking. Another limitation is that research participants were volunteers and not chosen through a systematic sampling.

Conclusion

It was concluded that personality traits and perceived stigma were significant factors in help seeking behaviour among patients of psychiatric conditions. The implication is that those who possessed particular attributes of personality (conscientiousness, agreeableness, and openness) were more prone to seek mental health treatment than those who possessed extraversion and neurotic personality trait. Also, people who show characteristics of stigma (alienation, stereotype endorsement, discrimination experience, social withdrawal) are less likely to seek mental health than those who showed stigma resistance. It is recommended that individuals should be sensitized on the negative consequence of stigma as regard to mental health challenge, since it deprived people the love of human existence and denial them good treatment. Assessment of personality factors should be given in every mental health care, schools and workplace in the country; this would help to identify individuals who

will likely engage in the behaviour that decreases help seeking for mental health. And possibly encourage them to seek out help when necessary.

Recommendations

Mental health practitioners should consider a routine assessment of individuals' personality traits during or before treatment. This is because some attributes of personality like neuroticism and extraversion may have potential influence on treatment and prognosis of mental challenge. There is need to adequately sensitise Nigerians on the negative consequence of stigmasing individuals with mental challenge. Researchers are urged to replicate this study in different geopolitical zone in order to ascertain the ecological validity of the present study.

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