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Commentary: Predictors of professional help-seeking intention toward depression among community-dwelling populations: a structural equation modeling analysis

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A Commentary on

Predictors of professional help-seeking intention toward depression among community-dwelling populations: a structural equation modeling analysis

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Introduction

Depression is one of the most common mental disorders, estimated to have resulted in around 280 million DALYs globally in, 2019 (1). Timely, appropriate intervention for depression is important to decrease morbidity and mortality from suicide. One approach to understanding help-seeking behaviours is to examine a person's intention to get help, which is influenced by a person's underlying attitudes, perceived subjective norms, and perceived behavioral control according to the Theory of Planned Behavior (2). As mental health help-seeking behaviors are generally low, especially in developing countries, the paper investigated contributing factors influencing Professional Help-Seeking Intention (PHSI) for depression among, 2000 people in Wuhan City, China. The study found that positive professional help-seeking attitudes and depression knowledge positively correlated with PHSI, while stigma negatively correlated with PHSI. Using structural equation modelling, direct and indirect impacts of various factors on PHSI were also examined, including family functioning and severity of depression. The study contributes towards building evidence around the complexity of factors affecting help-seeking intentions, especially alluding to the important interactive roles of stigma, culture, and different

levels of consideration from the individual to the family. The findings and study limitations point toward critical gaps in the literature, which will be the focus of this commentary.

Cultural considerations of stigmatizing narratives

The study findings are consistent with the literature suggesting that stigma is one of the key barriers to people seeking help through the shaping of underlying attitudes towards mental illness (3), including negative perceptions about its causes, such as personal weakness, and its treatment, such as acceptability of seeing mental health professionals, taking medications, and/or undergoing psychotherapy. As the authors indicate in the discussion, this can be understood as reflecting differences in a person's underlying *explanatory model of illness*, which varies across cultures with nuances. This can be more directly probed using instruments like the Explanatory Model Interview Catalogue (EMIC) and EMIC Stigma Scale, which also encompasses social aspects of stigma (4, 5). This medical anthropological approach applied in cultural psychiatry was first championed by Kleinman in studying depression in China. While general stigmatizing attitudes may be common across cultures, as the authors opined, Chinese-specific cultural beliefs and values, including Confucianism, may impact stigma, such as beliefs about maintaining “face” and social harmony, accepting fate and destiny, etc. Exploring the role of culture embedded in mental health concepts and associated behaviours through empirical studies such as this article is critical to designing anti-stigma interventions that can work more effectively in various cultural contexts.

Internalized stigma

Internalized stigma involves presuming others' disparaging attitudes towards mental illness, believing in these assumptions, and applying them to oneself. Its impact can be best elucidated through the use of specific internalized stigma scales as well as qualitative methods. This is especially relevant as depression is an illness marked by negative self-perceptions. Furthermore, culture impacts on how one construes the psychological “self,” such that the “interdependent self,” a “self” defined in relation to others, becomes salient in collectivistic cultures, alongside the autonomous, independent self as usually conceived in Western cultures. This opens a new vantage point to investigate the impact of internalized stigma, which needs to consider the effect of stigma on one's interdependent self, as well as for those related to the depressed person, i.e., “stigma by association” or “affiliate stigma” experienced by family members (6). Family may serve as an important mediating factor of stigma in collectivistic cultures, such as East Asian culture, as mental illness may be perceived as a family flaw, inducing shame for the whole family (7–9).

Stigma and the family

One of the study's strengths is the inclusion of family functioning in the modeling. As the authors indicate, in East Asian culture, grounded in Confucianism, filial piety, hierarchy in the family, and family-oriented interdependence are important considerations. Accordingly, developing and using more culturally appropriate methods for assessing family functioning and the internalized stigma of family members is critical. For instance, the Family APGAR index used in the study emphasizes elements more consistent with Western values, such as the direct expression of affection, which is more nuanced in cultures that utilize high-context and indirect communications.

The intersectional and social lens

Further, it is important to consider the impact of gendered roles and expectations within the family along with other social attributes, such as families situated in urban versus rural settings, where family reputation may become even more paramount for the latter. Informed by intersectionality, social identities such as race, ethnicity, culture, gender, sexuality, education, and SES can have a complex synergistic negative impact on stigma and PHSI, leading to further MH disparity (10, 11). For example, the impacts of stigma may be moderated by gendered roles (12–14), whereby in East-Asian cultures, women may be more expected and socially permitted to express their mental health difficulties or seek help. In a larger social context, attitudes toward seeking help depend on the person believing that socially and culturally competent and appropriate services are available (15).

Discussion

With modernization and globalization, progress has been made in decreasing the stigma against mental illness. Yet, it is evident that stigma remains a significant issue in many parts of the world and for many communities within developed countries. A knowledge-based approach through increasing mental health literacy, while helpful, is quite limited and, indeed, may not change stigmatizing attitudes unless cultural issues are addressed. As cultural issues are context-dependent, they must be addressed at the individual, family, and community levels, considering other social and systemic factors. This entails researchers identifying Western cultural assumptions about the perception of the self, family, and societal norms and developing research methodologies that are culturally appropriate and encompass mixed quantitative and qualitative methods.

Moving forward, we should adopt a balanced and flexible approach that considers the unique cultural perspectives of individual, family, and societal dynamics. This approach should remain committed to fostering greater compassion and acceptance surrounding mental health and its treatment, guided by Equity,

Diversity, and Inclusion (EDI) principles and cultural competence. Furthermore, it is imperative to continue expanding our understanding of mental health and illness by conducting rigorous scientific research on treatments such as acupuncture, Tai-chi, or Traditional Chinese Medicine (TCM) in combination with Western approaches, especially for the Asian population, the focus of the paper. Additionally, we can draw from mindfulness and acceptance interventions rooted in Asian philosophy, which may prove effective in treating depression as well as reducing both internalized and social stigma (13, 14, 16–18). These interventions can help build individual and community resilience, which is only beginning to be explored.

Author contributions

KF: Writing – review & editing, Writing – original draft, Conceptualization. SK: Writing – review & editing, Writing – original draft, Conceptualization.

References

1. Collaborators GBDMD. Global, regional, and national burden of 12 mental disorders in 204 countries and territories, 1990–2019: A systematic analysis for the Global Burden of Disease Study 2019. *Lancet Psychiatry*. (2022) 9:137–50. doi: 10.1016/S2215-0366(21)00395-3
2. Ajzen I. The theory of planned behavior. *Organizational behaviour and human decision processes*. (1991) 50(2):179–211. doi: 10.1016/0749-5978(91)90020-T
3. Arnaez JM, Krendl AC, McCormick BP, Chen Z, Chomistek AK. The association of depression stigma with barriers to seeking mental health care: a cross-sectional analysis. *J Ment Health*. (2020) 29:182–90. doi: 10.1080/09638237.2019.1644494
4. Weiss M. Explanatory model interview catalogue (EMIC): Framework for comparative study of illness. *Transcultural Psychiatry*. (1997) 34:235–63. doi: 10.1177/136346159703400204
5. Sun Y, Chen G, Wang L, Li N, Srisurapanont M, Hong JP, et al. Perception of stigma and its associated factors among patients with major depressive disorder: A multicenter survey from an asian population. *Front Psychiatry*. (2019) 10:321. doi: 10.3389/fpsy.2019.00321
6. He T, Williams MJ. Interdependence and reflected failure: Cultural differences in stigma by association. *J Exp Soc Psychol*. (2021) 95. doi: 10.1016/j.jesp.2021.104130
7. Aruta J, Antazo BG, Paceno JL. Self-stigma is associated with depression and anxiety in a collectivistic context: The adaptive cultural function of self-criticism. *J Psychol*. (2021) 155:238–56. doi: 10.1080/00223980.2021.1876620
8. Yu BCL, Chio FHN, Mak WWS, Corrigan PW, Chan KKY. Internalization process of stigma of people with mental illness across cultures: A meta-analytic structural equation modeling approach. *Clin Psychol Rev*. (2021) 87:102029. doi: 10.1016/j.cpr.2021.102029
9. Zhou YH, Leung D, Lin JK, Hu LC, Lin XY, Zhang X, et al. Experiences of seeking and accessing medical care among persons with major depression: A qualitative descriptive study of persons with depression in China. *Front Psychiatry*. (2023) 14:1092711. doi: 10.3389/fpsy.2023.1092711

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10. Kelly C, Kasperavicius D, Duncan D, Etherington C, Giangregorio L, Presseau J, et al. 'Doing' or 'using' intersectionality? Opportunities and challenges in incorporating intersectionality into knowledge translation theory and practice. *Int J Equity Health*. (2021) 20:187. doi: 10.1186/s12939-021-01509-z
11. Kelly C, Dansereau L, Sebring J, Aubrecht K, FitzGerald M, Lee Y, et al. Intersectionality, health equity, and EDI: What's the difference for health researchers? *Int J Equity Health*. (2022) 21:1–8. doi: 10.1186/s12939-022-01795-1
12. Elliott GK, Millard C, Sabroe I. The utilization of cultural movements to overcome stigma in narrative of postnatal depression. *Front Psychiatry*. (2020) 11:532600. doi: 10.3389/fpsy.2020.532600
13. Fung K, Liu JJW, Sin R, Shakya Y, Guruge S, Bender A, et al. Examining different strategies for stigma reduction and mental health promotion in asian men in toronto. *Community Ment Health J*. (2021) 57:655–66. doi: 10.1007/s10597-020-00723-3
14. Fung KP, Liu JJ, Wong JP. Exploring mechanisms of mental illness stigma reduction in asian canadian men. *Can J Psychiatry*. (2022) 67:490–8. doi: 10.1177/07067437211018674
15. Fung K, Wong YL. Factors influencing attitudes towards seeking professional help among East and Southeast Asian immigrant and refugee women. *Int J Soc Psychiatry*. (2007) 53:216–31. doi: 10.1177/0020764006074541
16. Fung K, Zhu Z-H. 1 1 acceptance and commitment therapy and asian thought. In: *Asian Healing Traditions in Counseling and Psychotherapy*, vol. 143. (2017) (CA, USA: Sage publications).
17. Fung KP-L, Wong JP-H. Acceptance and commitment therapy and Zen Buddhism. In: *Handbook of Zen, mindfulness, and behavioral health* (2017). 271–88 (NYC, USA: Springer).
18. Fung K. Acceptance and commitment therapy: Western adoption of Buddhist tenets? *Transcultural Psychiatry*. (2015) 52:561–76. doi: 10.1177/1363461514537544