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Original Article

Predictors of Mental Health Help Seeking Among Cambodian Adolescents

Khann Sareth[1,2,*], Dang Hoang-Minh[2], Bahr Weiss[3]

[1]Department of Psychology, Royal University of Phnom Penh, Room 309, 3rd Floor. Blvd. of Conf. Russian, Phnom Penh, Cambodia

[2]VNU University of Education, 144 Xuan Thuy, Cau Giay, Hanoi, Vietnam

[3]Vanderbilt University, Department of Psychology and Human Development, Peabody College, 230 Appleton Place, Nashville, TN 37203 USA

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Abstract: Mental health problems are a major global burden. Understanding what motivates people to seek help for mental health problems thus is important so society can best support people in help-seeking. The present study investigated predictors of mental health help-seeking among Cambodian adolescents. Participants were 391 Cambodian high-school students, assessed on (a) culturally-specific mental health syndromes (*Culturally-Specific Syndrome Inventory*); (b) depression (*PHQ-9*); (c) anxiety (*GAD-7*); (d) functional impairment (*Brief Impairment Scale*); (e) quality of life (*Q-LES-Q-SF*); and (f) help-seeking from different sources (e.g., friends, psychologists) (*General Help-Seeking Questionnaire).* Help seeking from mental health professionals was predicted by mental health symptoms but not by life impairment or quality of life, suggesting that these constructs are not understood as part of adolescent mental health in Cambodia. However, informal support was predicted by impairment and quality of life, suggesting that Cambodian adolescents are aware of life impairment and quality of life, desire to improve their lives, but are unaware of these constructs' connection to mental health. Results suggest areas for public health campaigns in Cambodia to target to increase adolescent mental health support seeking. Results also suggest it may be useful to develop informal online mental health support resources for Cambodian adolescents.

Keywords: Intertextuality, competency, play “The Spirit of Truong Ba, the skin of butcher”, "Hon Truong Ba, da hang thit", teaching, Literature.

* Corresponding author.

E-mail address: khannsareth@gmail.com

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1. Introduction

It was estimated that one in four adults and one in five adolescents will experience a mental health problem each year [1]. Mental health problems constitute a major burden of disease [1], generating significant impacts on health, human rights and economic consequences in all countries of the world [2]. However, many people, especially adolescents, are hesitant to seek professional help for mental health issues because they do not understand the mental health problems and are afraid of discrimination and stigma [3]. In most cultures, particularly in low and middle income countries (LMIC), individuals with various forms of mental illness receive negative labels (e.g., “crazy”) and often are discriminated against by the community and society, in regards to employment, education, marriage, and many other central parts of human life [4].

Adolescents are more willing to seek help for their personal and emotional problems from informal sources, including family members and friends [5]. D'Avanzo et al. found that young people tended to prefer close sources of help such as a friend, father or mother, or partner [6]. Similarly, parents, partners, religious leaders, and friends were the most frequently visited sources of help by the study participants in [7]. These studies indicated the prevalence of informal help seeking behaviors are higher than the formal help seeking behaviors [7, 8].

Help-seeking behaviors have been defined as an adaptive coping process that is the attempt to obtain external assistance to deal with a mental health concern [9]. Inappropriate help-seeking behaviors have been linked to worse health outcomes, increased morbidity and mortality. It is well-established that health seeking behaviors are influenced by several factors such as manifestation of symptoms [10], gender [11], life satisfaction [7] and functional impairment [12]. Regarding help seeking for mental health problems, research has found that emotional problems, depression and anxiety are consistent predictors of mental health seeking behaviors among young people [13, 14]. For example, a study conducted by Daeem et al. found that seeking formal help for personal or emotional problems was higher for adolescents with symptoms of depression and higher for adolescents with symptoms of anxiety, compared to those with no symptoms [13]. The severity of depression, longer and more depressive episodes, and the presence of anxiety disorders are related to higher help-seeking rates [15]. In another study, the majority of students reported they tended to seek help in case of serious difficulties [6]. Adolescents with common mental disorders also seek help from formal or informal sources [16, 7]. Also, acculturative stress was found to be a positive predictor of formal and informal help-seeking behaviors among students [8]. In sum, problems (depression and anxiety) can be significant predictors of help-seeking behaviors.

In LMIC such as Cambodia, the prevalence of mental health disorders is higher than the prevalence in HIC, with more than 80% of individuals with mental health disorders residing in Low and Middle Income Countries [2]. However, the rate of those individuals affected by mental health disorders involved in treatment is low. The underutilization of services is of concern given that absent or delayed help seeking may result in poorer prognosis for recovery, increased symptom severity, and greater damage to psychosocial functioning [17]. Consequently, research has focused on understanding help seeking behaviors for mental health in LMIC. The present study investigated predictors of mental health help-seeking among adolescents in Cambodia, a country with relatively low mental health literacy, and where little is known about mental health support seeking.

2. Methods

2.1. Sample

The study used a cross-sectional design. Data were collected from 391 high school

students, grades 10 -11, from two high schools in Phnom Penh (urban area) and two high schools in PreyVeng province (rural area). The sample was composed of 199 boys and 192 girls.

2.2. Measures

Cambodian Somatic Symptom and Syndrome Inventory (CSSI), a self-report measure, [18] consists of a list of somatic symptoms and cultural syndromes that have been found to be clinically important in groups of patients. The CSSI is now widely used in Cambodia as a standard mental health assessment tool in clinics, and has been found to differentiate mental health patients from non-patients. The CSSI produces two subscales: (a) Somatic Complaints; and (b) Cultural Syndromes. The Somatic Complaints subscale has 18 items (e.g., "neck soreness"). The Cultural Syndrome subscale has 19 items arranged into five subscales: Somatic focused syndromes (10 items; e.g., khyaˆl attacks), Agoraphobia / Motion-sickness syndromes (2 items; e.g., poisoned by cars), Emotion-focused syndromes (2 items; e.g., thinking too much), Cognitive-capacity syndromes (1 item; e.g., forgetfulness/mental distraction), and Spiritual-type syndromes (4 items; e.g., ghost pushing you down). Each item is rated on a 5-point scale (*0=not* at all, 1=a little bit, 2=moderately, 3=quite a bit, and 4=extremely). The reliability for the somatic scale and syndrome scale were .91 and.89, respectively [18]. In the current study, the CSSI demonstrated good internal consistency (e.g. somatic complaints α = .88, cultural syndromes α = .88). All the CSSI items are easily understood by patients and have clear face validity in their cultural context as CSSI items were developed in Khmer language.

The Patient Health Questionnaire (PHQ-9) [19] is used internationally to screen and assess the severity of depression. It consists of nine items (e.g., "little interest or pleasure in doing things") based on DSM-IV criteria. The PHQ-9 has been translated and validated in over 40 languages, including several Asian languages [20]. Each item on the PHQ measure is rated on a 4-point scale (*0=not at all, 1=several days, 2= more than half the days and 3=nearly every day*). Cut-off scores of PHQ-9 are: 5-9 =minimal symptoms; 10-14=minor depression; 15-19 = major depression, moderate; and >20=major depression, severe. PHQ-9 has demonstrated good internal consistency for the current sample (α = .82).

The Generalized Anxiety Disorder questionnaire (GAD-7) [21] is a self-report measure for generalized anxiety disorder. It has 7 items (e.g., "feeling nervous, anxious, or on edge") based on DSM-IV criteria. The GAD-7 has been adapted and translated for over 40 languages and has been validated internationally [20]. Each item on the measure is rated on a 4-point scale (*0=not at all, 1=several days, 2= more than half the days and 3=nearly every day*). Cut-off scores for GAD-7 are 5-9 = mild anxiety; 10-14 = moderate anxiety; 15-21 = severe anxiety. The GAD-7 has demonstrated good internal consistency for the current sample (α = .87).

The Brief Impairment Scale (BIS) [22] is a parent-report measure that has 23-items that assess global functioning in three domains: Interpersonal functioning (e.g., "How much of a problem has your child had getting along with his mother (or step mother or foster mother); School/Work subscale (e.g., "How often has your child missed school/work over the past 12 months"); and Self-care subscale (e.g., "Compared to others his age, how well does your child take care of his/her health". Each item on the measure is rated on a 4-point scale (0 = no problem; 1 = some problem; 2 = a considerable problem; 3 = a serious problem). The BIS has demonstrated adequate internal consistency in the current sample (α = .69).

The Quality of Life Enjoyment and Satisfaction Questionnaire-Short Form (Q-LES-Q-SF) assesses respondents' quality of life enjoyment and satisfaction [23]. It has 14 items that assess life satisfaction over the past week (e.g., "Taking everything into consideration, during the past week how satisfied have you been with your physical health"). Each item on the measure is rated on a 5-point scale (*1= not*

at all; 2= a little; 3= moderately; 4= very much; 5=extremely). The Q-LES-Q-SF has demonstrated good internal consistency for the current sample (α =.85).

The General Help Seeking Questionnaire (GHSQ) [24] was developed to assess people's use of various sources of mental-health related help that the person has sought over the past six months. It asks respondents to indicate their help sources (e.g., relative; physician), number of times getting help, and usefulness of this help. The GHSQ was found to have satisfactory reliability and validity, and appears to be a flexible measure of help-seeking that can be applied to a range of contexts (Wilson et al., 2005).It has 13 items / potential help sources, with each item rated for (a) whether help was sought from this source; (b) if yes, how many times, and (c) the usefulness of this help on a 5-point scale (*1=not at all helpful; 2=a little helpful; 3=somewhat helpful; 4=pretty helpful; and 5=extremely helpful*). GHSQ demonstrated good internal consistency for the current sample (α =.72).

All the research questionnaires, except CSSI, were translated and back translated into Khmer. After translating, the researcher conducted a pilot test with these translated scales with first year undergraduate students who provided feedback on the measures, which was used for further refinement and final adaption.

2.3. Procedure

Two classrooms of Grade 10 and two classrooms of Grade 11 were randomly selected in each selected school using a probability sampling technique, resulting in 8 classrooms in each location. A quota sampling technique with systematic selection was used to select 25 students in each selected classroom.

The study was approved by the Cambodian Ministry of Education, Sport and Youth (MoEYS). The approval letter from the MoEYS and the Ethics Committee were sent to Department of Education, Sports and Youth in Prey Veng province and Phnom Penh City as part of the request for permission to involve the high school students in the selected schools in the project. The selection of high schools was based on purposely selecting urban and rural high schools using convenience sampling. School principals and teachers in grades 10 and 11 of the selected schools were contacted to introduce the study. Then researcher randomly selected two classes from each grade in each school. A quota sampling technique with systematic selection was used to select 25 students in each selected class.

The selected students were asked to bring the informed consent home to their parents. For students with consent, the students who were interested in participating in the study signed their informed consent form. Those who were interested and signed the informed consents were given the questionnaires and provided with the study instructions. If parents consented but the child did not consent, then the child was not included in the study.

The study was reviewed and approved by Cambodian National Ethics Committee for Health Research (NECHR) on January 1, 2018 (005 NECHR), which gave permission to conduct the research study with high school students. The data collection was started only after receiving voluntary informed consent signed from the participants.

2.4. Statistics

The analyses were conducted using SPSS (IBM SPSS statistics for Windows, 2013). The analyses included descriptive and inferential analyses among specified concepts generated from the above questionnaires. The Pearson Chi-Square statistical test was used to compare difference of general help seeking behavior by sex and residence. Generalized linear models were used for constructs assessed included (a) culturally-specific mental health syndromes, using the Cambodian Culturally-Specific Syndrome Inventory); standard Western-based psychopathology syndromes including (b) depression, using the PHQ-9; and (c) anxiety symptoms, using the GAD-7; and pathology indicators including (d) functional impairment,

using the Brief Impairment Scale (BIS); and (e) quality of life, using the Q-LES-Q-SF. Help-seeking from various sources (e.g., friends, psychologists, the Internet) was assessed using the General Help-Seeking Questionnaire.

3. Results

The total sample comprised of 391 high school student participants from two residences: Phnom Penh city (urban) and Prey Veang province (rural). There were 194 students (boys=100, girls=94) from Phnom Penh city and 197 students (boys=99, girls=98) in Prey Veang province. The students were in grade10 and 11 and the mean age of participants was 16.62 (SD=1.091, Min=15 & Max=19). The background characteristics of the sample are presented in Table 1. (table1).

3.1. Differences in help seeking behavior among subgroups

Chi-Square analyses examined the proportion of participants using various sources for help-seeking, by gender and by living place (urban vs. rural). The results indicated that male and female respondents had significant differences in rates of where they sought help when they had personal or emotional issues: Friend help (male= 66.3% versus female=81.8%, p=.001); father help (male= 58.3% versus female=44.3%, p=.006); mental health professional help (male= 11.1% versus female=4.2%, p=..011); Pastor, minister, priest, rabbi, or monk help (male= 14.6% versus female=4.7%, p=.001); people in an Internet chat room (Facebook) help (male= 36.7% versus female=22.9%, p=.003); something or someone else (male= 7.0% versus female=2.6%, p=.042) were differed significantly. However, other resources, such as boyfriend or girlfriend, mother, other relative / family member, teacher, phone helpline, doctor, did not differ significantly for male and female respondents (Table 2).

The results indicated that respondents living in urban and rural had significant differences in seeking help when they had personal or emotional problems. They differed significantly in seeking help from boyfriend or girlfriend (urban = 26.3% versus rural=12.2%, p=.000), mother (urban= 66.0% versus rural=82.7%, p=.000), father (urban= 45.4% versus rural=57.4%, p=.018), other relative / family member (urban= 32.0% versus rural= 45.7%, p=.005), teacher (urban= 19.6% versus rural=38.1%, p=.000), people in an internet chat room (Facebook) (urban= 39.7% versus rural=20.3%, p=.000), something or someone else(urban= 0.0% versus rural=9.6%, p=.000). Other resources, such as friends, mental health professionals, phone helpline, doctors, pastors, ministers, priests, rabbi, or monks, and information from an internet web site did not differ significantly by urban vs. rural (Table 3).

3.2. Predictors of help-seeking behaviors

Generalized linear models were used to analyze the CSSI Cambodian syndromes, CSSI somatic symptoms, quality of life, depression, anxiety, and functional impairment. Results indicated that seeking help from boyfriend / girlfriend was predicted by anxiety and functional impairment. Seeking from friend was predicted by anxiety, functional impairment, depression, CSSI Cambodian syndromes, and CSSI somatic symptoms. Seeking help from father was predicted by only by quality of life. Seeking help from other relative / family member was predicted by anxiety, CSSI Cambodian syndromes, and CSSI somatic symptoms. Seeking help from a teacher was predicted by CSSI Cambodian syndromes, CSSI somatic symptoms and quality of life. Seeking help from mental health professional was predicted by anxiety, depression and CSSI Cambodian syndromes. Seeking help from phone helpline was predicted by anxiety and functional impairment. Seeking help from people in an internet chat room (Facebook) was predicted by anxiety, depression and functional impairment. Seeking help from information from an internet web site was predicted by anxiety, functional impairment, CSSI somatic symptoms and quality of life (Table 4).

Table 1. Background Characteristics of the sample

Variables	Urban	Rural	Total
	N=194	N=197	N=391
Age			
Mean year (SD)	16.51 (1.08)	16.73 (1.09)	16.62 (1.09)
Sex			
Male (N=199)	52%	50%	51%
Female (N=192)	48%	50%	49%
Grade			
10 (N=192)	49%	49%	49%
11 (N=199)	51%	51%	51%
Marital status of parents			
Nonintact (N=60)	21%	10%	15%
Intact (N=331)	79%	90%	85%
Father occupation			
Farmer (n=180)	14%	78%	46%
Office staff (N=84)	35%	8%	21%
Seller, worker (N=87)	37%	8%	22%
Others (N=40)	14%	6%	10%
Mother occupation			
Farmer (N=172)	10%	78%	44%
Office staff (N=23)	9%	3%	6%
Seller, worker (N=67)	25%	9%	17%
Housewife (N=114)	53%	6%	29%
Others (N=15)	4%	4%	4%
Living Condition			
Poor (N=30)	9%	7%	8%
Medium (N=350)	89%	90%	90%
Rich (N=11)	3%	3%	3%

Table2. Sex differences in help-seeking behaviors

Variables	Total	Male	Female	Chi-Square test	p-value	Phi coefficient
Boyfriend or girlfriend	19.2%	21.6%	16.7%	1.539	.215	.063
Friend	73.9%	66.3%	81.8%	12.08	.001	.173
Mother	74.4%	72.4%	76.6%	0.906	.341	.048
Father	51.4%	58.3%	44.3%	7.69	.006	.139
Other relative / family member	38.9%	40.7%	37.0%	0.57	.450	.038

Teacher	28.9%	32.7%	25.0%	2.793	.095	.084
Mental health professional	7.7%	11.1%	4.2%	6.546	.011	.128
Phone helpline	10.5%	11.6%	9.4%	0.496	.481	.036
Doctor	9.0%	11.6%	6.3%	3.378	.066	.093
Pastor, minister, priest, rabbi, monk, etc.	9.7%	14.6%	4.7%	10.883	.001	.165
People in an internet chat room (Facebook)	29.9%	36.7%	22.9%	8.832	.003	.149
Information from an internet web site	18.7%	23.6%	13.5%	6.534	.011	.128
Something or someone else	4.9%	7.0%	2.6%	4.15	.042	.102

Table 3. Residence differences in help-seeking behaviors

Variables	Total	Urban	Rural	Chi-Square test	p-value	Phi coefficient
Boyfriend or girlfriend	19.2%	26.3%	12.2%	12.546	.000	.176
Friend	73.9%	72.2%	75.6%	0.61	.435	.039
Mother	74.4%	66.0%	82.7%	14.427	.000	.189
Father	51.4%	45.4%	57.4%	5.634	.018	.119
Other relative / family member	38.9%	32.0%	45.7%	7.75	.005	.139
Teacher	28.9%	19.6%	38.1%	16.251	.000	.200
Mental health professional	7.7%	6.2%	9.1%	1.202	.273	.055
Phone helpline	10.5%	12.4%	8.6%	1.458	.227	.061
Doctor	9.0%	7.2%	10.7%	1.422	.233	.060
Pastor, minister, priest, rabbi, monk, etc.	9.7%	9.3%	10.2%	0.085	.771	.015
People in an internet chat room (Facebook)	29.9%	39.7%	20.3%	17.518	.000	.207
Information from an internet web site	18.7%	21.1%	16.2%	1.539	.215	.063
Something or someone else	4.9%	0.0%	9.6%	19.666	.000	.219

Table 4. Predictors of mental health help-seeking

Variables	GAD-7	BIS	PHQ-9	Cultural Syndromes	Somatic Complaints	Q-LES-Q-SF
Boyfriend or girlfriend	.041	.000	.194	.867	.648	.155
Friend	.000	.001	.001	.004	.007	.654
Mother	.153	.569	.463	.290	.602	.488
Father	.227	.293	.996	.803	.676	.015
Other relative / family member	.013	.185	.094	.006	.010	.489
Teacher	.304	.964	.774	.049	.026	.016

Mental health professional	.007	.323	.014	.024	.056	.635
Phone helpline	.017	.045	.053	.132	.116	.444
Doctor	.311	.760	.835	.826	.256	.149
Pastor, minister, priest, rabbi, monk, etc.	.163	.298	.289	.517	.906	.686
People in an internet chat room (Facebook)	.000	.000	.050	.330	.142	.054
Information from an internet web site	.019	.000	.070	.217	.029	.017
Something or someone else	.751	.352	.672	.603	.945	.006

Note:
The numbers in the table are p-value.
GAD-7=Generalized anxiety disorder; BIS=Functional impairment; PHQ-9=Depression;
Cultural Syndromes = CSSI Cambodian syndromes; Somatic Complaints = CSSI somatic symptoms;
Q-LES-Q-SF =Quality of life.

4. Discussion

The present study is the first study investigating predictors of mental health help-seeking among adolescents in Cambodia. The current findings are similar previous studies that have found that females are more likely than males to seek help and receive treatment for all mental health conditions [25, 26]. This probably is because in almost all societies including Cambodia, the stereotypical male role is to present a “strong” image, with emotions such as sadness or anxiety seen as indicators of weakness. Cambodian society itself is a patriarchal ideology of male dominance. Men have higher positions than women, both in their households and in society, and it therefore is hard for men to seek help from others because they are afraid of losing their status in the community.

These findings are consistent with previous studies that have found that adolescents may be more willing to seek help for their personal and emotional problems from informal sources, including friends [27], with internet and telephone mental health services being increasingly utilized by young people [28]. These results indicate that informal sources including friends and information from an internet web site are very important for Cambodian adolescents because these sources do not require them to face public embarrassment and stigmatization, have lower or no costs, and are not limited by geographical boundaries [29, 30]. It is suggesting that peer group mental health supporters should be created and provided some basic mental health support skills and online mental health intervention platform for Cambodian adolescents.

5. Conclusion

The current study found that anxiety symptoms were the most consistent and strongest predictor of help-seeking. Help seeking from a mental health professional was predicted by mental health symptoms (*PHQ-9*, *GAD-7* and the *CSSI*) but not by impairment or quality of life, suggesting that life impairment is not seen as part of adolescent mental health problems in Cambodia. However, informal Internet/telephone support was strongly predicted by the *BIS* and to a lesser extent by quality of life-as well as by mental health

symptoms-suggesting that adolescents are (a) sensitive and aware of life impairment and quality of life, (b) desire to improve their lives in these areas, (b) but may be unaware of their connection to mental health.

Results suggest areas it may be important for public health campaigns in Cambodia to target to increase adolescent mental health support seeking. Results also suggest it may be useful to develop informal online mental health support resources in Khmer for adolescents.

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Declaration of conflicting interests

All authors declare that they have no conflicting interests.

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