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Psychological Wellbeing, Help Seeking Behaviour on Coping Amongst Professional Psychologists

By Anthonio, Benedicta Mansa
University of Ghana

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I. Introduction

a) Background of the Study

The popularity of research into psychological wellbeing has soared among social scientists in recent years (World Health Organization, 2022). Even though, peoples need for mental health services is on-the-high, the availability of mental health care services have been severely disrupted. For instance, social measures such as lockdowns, among others prevented people from accessing mental health care (Matsumoto, Hamatani, Shimizu, Käll & Andersson, 2022). Misinformation and lack of knowledge about the virus heightened peoples worries and fears discouraged people from seeking medical and psychological help especially in Ghana (Armour, McGlinchey, Butter, McAloney-Kocaman & McPherson, 2021; Matsumoto, et al., 2022; World Health Organization, 2022). The COVID-19 pandemic has had an unprecedented impact on health systems in most countries, and, on the mental health and well-being of health workers (Søvold, et al., 2021), including professional psychologists.

Author: University of Ghana. e-mail: benepatant@gmail.com

According to Tang, Tang and Gross, (2019) psychological well-being is a complex construct that involves optimal psychological functioning and experience. Specifically, psychological wellbeing consist of hedonic (enjoyment, pleasure), resilience (healthy problem solving, regulation of emotions, coping) and eudaimonia (finding meaning, well-being fulfilment) happiness, (NIH Report, 2018; Tang et al., 2019). Elements of psychological well-being include a sense of balance in emotion, thoughts, social relationships, and pursuits, which necessitates active engagement of self-control processes how we positively regulate our emotions (Feller et al., 2018; NIH Report, 2018; Tang et al., 2019).

High psychological well-being means the absence of psychological or emotional disturbances in all aspect of their lives (Shek, 2012). Whereas lower psychological well-being means the presence of symptoms of psychological distress such as stress, anxiety, low self-esteem, depression, etc. (Flour & Buchanan, 2013). Hence, psychological well-being involves subjective psychological and social aspects, in addition to behaviours that are related to health.

We define a professional Psychologist as someone who is professionally trained and accredited to practice as a psychologist or a psychologist assistant. Academically, the minimum qualification of a professional psychologist is a master's degree in any of the specializations in psychology: Criminal Psychology, Sports Psychology, Counselling Psychology, Clinical Psychology, Industrial and Organizational Psychology (Occupational Psychology), Health Psychology, Educational Psychology, Neuropsychology, and Developmental Psychology (Incledon, 2020).

Over the years research has shown that irrespective of where psychologists work, most of them experience high levels of burnout, emotional exhaustion, among other negative psychological conditions (Pe´rez, Puerta, Lagares, Maldonado, & Garcı'a, 2004; Rupert & Kent 2007). This is especially so in recent times due to the surge in mental health care service providers. Therefore, Counsellors are likely to live in denial of their own psychological needs (Bentil & Bentil, 2015).

A lot of psychologists have a high tendency to undermine the level of distress they go through on a daily basis (Barnett et al., 2007). According to Boafo (2013) and Boafo-Arthur and Boafo-Arthur, (2016) there exists a relationship between psychological wellbeing

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and help seeking behaviors. When they experience psychological distress (or poor psychological well-being), some professional psychologists and other mental health professionals (such as Psychiatrists, mental health nurses, etc.) fail to seek the needed help. Instead, most of them rather try to manage their distress by themselves, until their condition worsened before they seek help (Karpinski & Wang 2016). Thus, most psychologists have poor help seeking behaviours. This usually happens because they have been discovered to deny they need help, and for those who sought help, do so when they have exhausted all other alternatives (Karpinski & Wang 2016).

Factors such as cultural beliefs, demography (e.g., being male or female, level of education, age, etc.), accessibility to service, seriousness of symptoms, and personal attitudes towards psychological condition affects people's decision to seek help or not, who and where to seek help from, when they go through psychological crises or distress (Coppens, Van Audenhove & Scheerder, 2013). Other factors include knowledge or mindset about mental illness, the extent to which they think treatment will be beneficial and past experiences with mental health care affects the decision to seek help (Coppens, et al., 2013; Schomerus, Matschinger & Angermeyer, 2009).

In the Ghanaian culture, mental health conditions are believed to be caused by supernatural forces or curses. Hence, instead of seeking psychological help when they have mental health issues, a lot of people rather resort to prayers and other spiritual rituals and practices (Bentil & Bentil, 2015). This belief system also fuels negative perception about mental illness; thus, most people prefer keeping their mental health issues to themselves instead of seeking help (Boafo, 2013).

Coping strategies is the collection of responses that people use in managing stress and other psychologically distressing experiences such as burnout, anxiety, depression, among others (Sahler & Carr, 2009). The way and manner people cope with psychological distress is either learned openly, or inwardly observing models who find themselves in a similar situation. Even though different researchers such as Sahler and Carr (2009), Lazarus and Folkman (1984), etc. have all proposed different categories of coping, all coping strategies can be categorized into two groups; adaptive coping and maladaptive coping (Peterson, 2021).

With adaptive coping, an individual deals with the presenting stressors via personal growth, actions that are solution-focused, flexibility and creativity. Examples could be emotional (i.e., regulating stress-related emotions), cognitive (i.e., changing ones mindset about the stressor), active (i.e., seeking help/support, solving the problem), behavioural (i.e., taking stress reduction actions breathing techniques) and accommodative coping (i.e., changing our expectations to better fit the situation) (Gustems-Carnicer, Calderón & Calderón-Garrido, 2019; Peterson, 2021). Adaptive coping is usually meant to bring a lasting solution to dealing with psychological distress.

Meanwhile, maladaptive coping is the opposite of adaptive coping. Specifically, adaptive coping is meant to bring temporary relief from distress, and not a lasting solution. Examples of maladaptive coping strategies are substance use, avoidance, self-criticism, self-denial, being passive, self-injury, rumination, procrastination, physical escape, mental escape, etc. (Gustems-Carnicer, et al., 2019; Peterson, 2021).

According to Meng and Arcy, (2016) type of coping predicts an individual's psychological health (i.e., either psychological wellbeing or distress). In order words, usage of maladaptive coping strategies leads to psychological distress, whereas adopting adaptive coping strategies when stressed enhances psychological wellbeing (Gustems-Carnicer & Calderón, 2019).

According to WHO (2008) psychological wellbeing is important because it enhances aspects of peoples' lives such as career, relationships, physical health, output at the workplace, creativity, motivation, self-actualization (Kun & Gadanecz, 2022; WHO, 2008). The merits of high psychological well-being are diverse, wide ranging and beneficial to the individuals themselves, their family and friends and entire society at large (WHO, 2008). A healthy psychological wellbeing positively correlates with having to live for longer years, good quality of life, efficiency, and effectiveness at work (WHO, 2008). This means that poor psychological wellbeing undermines the efficiency and effectiveness of psychologists.

b) Problem Statement

The psychologist is seen as all-knowing (when it comes to finding solutions to mental health related issues among individuals, groups, and organizations), beyond psychological problems (Edwards & Crisp, 2016). The psychologist is, therefore, bombarded with all kinds of problems ranging from counselling, all kinds of individuals, ranging from serial killers to mentally retarded children. In some instances, the impatience, lack of cooperation, having to work for days in times of crises such as during terrorist attacks or after natural disasters, lack of consistent support (e.g., funding, offices, etc.) all enhance the level of burden psychologists experience (Jenaro, Flores, & Arias, 2007; Rupert & Kent 2007).

Unfortunately, most professional psychologists are, therefore, compelled to suppress their own emotions, challenges, or trauma, because society sees them to be some sort of superhuman (Edwards & Crisp, 2016). Thus, instead of seeking help when they find themselves in a mental health crisis (e.g., burnout,

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trauma, etc.) most psychologists keep things to themselves (Edwards & Crisp, 2016). One of the reasons why psychologists do this is the fear of undermining their own credibility and mental aptitude to help others in similar situations (Edwards & Crisp, 2016; Jenaro, Flores, & Arias, 2007).

Most psychologists also see themselves to be too robust to be affected by the excessive burden, trauma and burnout they encounter, especially during their practice (Edwards & Crisp, 2016). They tend to forget the fact that even soldiers who are trained to protect others sometimes get killed by others. A lot of practicing psychologists are also said to live in denial when they experience trauma, burnout and mental distress (Jenaro et al., 2007).

Even though psychologists especially clinicians are trained on how to cope, manage and buffer themselves from being affected by what their clients are going through, there are situations where it becomes difficult if not impossible to do so (Koller & Hicks, 2016). For instance, a psychologist who loses his entire family in a natural disaster such as an earthquake will find it difficult if not impossible to adaptively cope with what he is going through, and even go onto help others experiencing the same trauma.

Irrespective of the aforementioned challenges professional psychologists experience, relatively little studies have been done in this research area abroad and in Ghana. This shows that an important research gap exists in this area of research which needs to be filled. It is for this reason, that this study examined the psychological wellbeing, help seeking behaviour on coping amongst Professional Psychologists in Accra.

The purpose of this research is to explore and examine the effect of help seeking on psychological wellbeing, and coping behaviours of Professional Psychologists in Accra.

c) Research Objectives

(i) Determine the connection between psychological wellbeing and help seeking behaviour among Professional Psychologists in Accra.
(ii) Ascertain the relationship between help seeking behaviour and coping among Professional Psychologists in Accra.
(iii) Determine the relationship between psychological wellbeing and coping among Professional Psychologists in Accra.
(iv) Determine whether sex, age, practicing experience/ years of practice and level of education predicts coping among Professional Psychologists in Accra.

d) Statement of Hypothesis

(i) A significant positive correlation will exist between help seeking behaviour and psychological wellbeing among psychologists in Accra.
(ii) Help seeking behaviour will significantly predict coping style Behaviour among Professional Psychologists in Accra.
(iii) Style of Coping will significantly predict psychological wellbeing among professional psychologists in Accra.
(iv) Differences in sex, age, and level of education will have a significant effect on levels of coping.

e) Significance of Study

The outcome of this study is expected to help professional psychologists and other health care providers to understand and know how to offer the best help to psychologists who are in crises. This can be done through the introduction of modified therapies for psychologically distressed psychologists. This is so because an in-depth knowledge on the predictors of help-seeking decisions is key to Counselling Psychologists among other mental health service personnel and researchers. So as to help them come up with or modify current interventions and sensitization programs and projects in the bid to decrease factors that undermine help seeking behaviours among the psychologically distressed.

Also, the outcome of this research is expected to embolden psychologists to seek help when they are in crises, and to teach them adaptive ways of coping with the stressors and burden that comes with the psychology profession.

It is also expected that the result of this research will inform those who train psychologists to modify their training curricula to suit the ever-changing and demanding nature of the psychology profession. The aim here is to help them train professional psychologists who can better adapt to the ever demanding and burdensome nature of psychological practice.

The entire study is also expected to serve as a reference material for student and professional researchers and research organizations in Ghana and beyond. In addition, it is the wish of the researcher that by reading this study, students and other researchers will be stimulated to do further studies in this research area.

Koller and Hicks, (2016), therefore, suggested that researchers should do further studies in this research area. This is important because, by way of knowing how workers in the mental health sector differ from other professionals (when it comes to psychological wellbeing and mental health) will go a long way to help those who recruit and train mental health professionals to select people who are more psychologically robust to withstand the daily hustles and bustles, burden and pressure that comes with being a practicing mental health professional (Koller & Hicks, 2016).

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II. Literature Review

a) Theoretical Framework

i. Theory of Reasoned Action

Ajzen and Fishbein, (1980) were the researchers who propounded the Theory of Reasoned Action (TRA). The theory is simply a theory that explains how people's attitudes influence their behaviour. The theory is built on the idea that people are naturally rational, as such they systematically and properly use information they have to predict the consequences of their actions before they decide whether or not to exhibit a particular behaviour (Altiere, 2009). The relationship between attitude and behaviour is explained by the fact that people who believe that a behaviour will end up in a positive consequence will have a positive attitude concerning the behaviour and vice versa. Conversely, despite the assertion of many social psychologists, there is not a predictable or direct path between one's attitude and the performance of the expected behaviour (Ajzen & Fishbein, 1980).

The theory further states that the intent to act in a particular way and manner is determined by two main factors; (i) "personal determinant" and (ii) "social determinant" (Ajzen & Fishbein, 1980). According to Altiere, (2009) the personal determinant is an individual's attitude towards the behaviour, whereas the social determinant is individuals' perceived pressure from society to act or not to act in a particular way is known as the subjective norm (Altiere, 2009). An assessment of these variables is presented in the therapy literature as attitudes toward seeking therapy and perception of stigma towards seeking treatment, respectively (Altiere, 2009). The theory is, therefore, a behavioral prediction theory and widely used to explain, understand, and influences the behaviour towards health behaviour and help-seeking behaviour (Ajzen & Fishbein, 1980; Montano, Kasprzyk, & Taplin, 1997).

By way of applying this theory to this study, one could say that psychologists just do not decide to seek help when they are distressed or otherwise just because they want to do it. But rather their decision to seek help when in distress or not is a result of their attitude. This implies that in instances where psychologists are of the view to help seeking negatively, he or she will end up not seeking help at all. However, as psychologists see help seeking behaviour as good their tendency to seek help rises.

Besides that, what society or people around a distressed person think about mental health and the idea of seeking psychological help also influences help seeking behaviours. This is particularly important in Ghana where the opinion and approval of significant other plays a major role in influencing an individual to seek help (Boafo, 2013). As Ghanaians generally stigmatize mental illness and the mentally ill, it is not a surprise that Ghana records a low level of psychological help seeking behaviour.

b) Review of Related Studies

i. Psychological wellbeing and help seeking behaviours

Being a psychologist or a mental health professional provider is demanding, stressful and emotionally draining (Edwards & Crisp, 2016; Graham & Shier, 2014). For instance, in the United States it is estimated that between 21 percent and 61 percent of mental health professionals experience high levels of stress and burnout (Morse, et al., 2012). A 2016 report from the British Psychological Society based on a survey by New Savoy found that 70% of psychotherapists found their job stressful, with a quarter considering that they have a long-term chronic condition, 46% reported depression (McCormack, MacIntyre, O'Shea, Herring & Campbell, 2018). Burnout and wellbeing among psychotherapists are related to numerous sociodemographic (e.g., age, gender), intrapersonal (e.g., coping, personality), and work-related characteristics, including work settings and professional support in this profession (e.g., supervision or personal therapy) (Van Hoy, & Rzeszutek, 2022).

The provision of equitable levels of social support is, therefore, important in enhancing the psychological wellbeing of Psychologists and other mental health professionals. Despite good mental health literacy, and personal experience with mental illness, significant barriers exist for mental health professionals seeking help for mental health conditions (Edwards & Crisp, 2016).

Edwards & Crisp, 2016) while the majority of participants (89%) would seek help if they were distressed, 57% acknowledged that there had been a time when they would have benefited from seeking help but had not done so. Reported barriers to seeking help included wanting to solve the problem on their own, fear about colleagues finding out, and the potential for negative consequences relating to the Australian Health Practitioner Regulation Agency's mandatory reporting requirement (Edwards & Crisp, 2016).

Kim and Stoner, (2008) reinforces Graham and Shier, (2014)'s argument above by stating that increased burnout and stress levels amongst mental health service professionals grossly undermines not only the psychological well-being of psychologist or psychiatrist, but also the effectiveness and efficiency of the service they render to their mentally ill or distressed patients (Graham & Shier, 2014).

Kim and Stoner (2008) also reinforced Graham and Shier (2014)'s finding by stating that one of the main negative outcomes of burnout among employees is increased turnover intentions and actual turnover rates. This, therefore, goes to show that employees who are usually subjected to excessive stress and burnout

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usually resign from their jobs for less stressful or healthier jobs. Some health care organizations have recorded quite a number of their mental health workers quitting their jobs (Edwards, & Crisp, 2016). Thus, the reason why high levels of burnout and stress among psychologists and psychiatrists undermines the health care system in general.

In a related study, Conway, (2016)'s findings revealed that one of the causes of burnout and stress among employees in the mental health sector is due to the nonexistence of the essential resources professionals need to do their work effectively (Conway, 2016). Conway, (2016) further stated that most of the stress experienced by mental health professionals is due to the fact that the sector is under resourced, understaffed, and inefficient in its attempt to provide the standardized level of health care service delivery (Conway, 2016). Even though professionals in the mental health sector are said to have their own ways of coping with the high levels of pressure among other constraints, most of them are said to have good psychological wellbeing (Conway, 2016).

According to Pe'rez, Puerta, Lagares, Maldonado, and Garcı'a, (2004) even though most mental health workers have poor psychological wellbeing, most of them are reluctant to report them or seek for help. As a result of this, most of these workers keep their mental health challenges to themselves until it gets out of hand (Pe'rez, et al., 2004). Due to the long-term negative effect of untreated mental health conditions, it is important for mental health service professionals like psychologists and psychiatrists who are distressed to seek help on time so as to prevent their situation from deteriorating into something that is life threatening (Edwards & Crisp, 2016).

In their study, Edwards, and Crisp, (2016)'s findings revealed that most respondents usually seek help when they experience poor psychological health (Edwards & Crisp, 2016). However, findings also revealed that there have been instances where distressed professionals will have benefited from seeking help when they were distressed psychologically but had not sought for help (Edwards & Crisp, 2016).

Edwards and Crisp, (2016)'s finding further revealed that some of the hindrances to help seeking behaviour when psychologically distressed were the mindset that distressed patients could figure out a way to be okay again as well as the fear of losing one's license to practice as a psychologists if it revealed to the authorities that they have a major mental health condition, and fear about colleagues finding out (Edwards & Crisp, 2016). It was, therefore, concluded that even though mental health workers have a knowledge and experience on the dynamics and implications of poor psychological health, there are some factors that undermines their tendencies to seek help when they themselves are psychologically distressed (Edwards & Crisp, 2016).

In another related study, by Chin, Chan, Lam, Lam and Wan, (2015) they found that when respondents were to indicate the place or whom they usually seek help from when they are distressed, findings indicated that 20% of them preferred a general practitioner, 25% of preferred psychologists, 25% preferred psychiatrist whereas the majority of 47% opted for significant others (Chin, et al., 2015). Chin, et al., (2015)'s findings further showed that symptoms of depression are connected to low help seeking behaviour from significant others (e.g., siblings, parents, friends, etc.), and mental health service providers (Chin, et al., 2015). Furthermore, a total of 24.3 percent cohort group were found to have positive attitudes from mental health service providers (Chin, et al., 2015). Some of the variables that were discovered to be correlated with poor health seeking behaviours were depression and poor psychological health (Chin, et al., 2015).

In his related study, Vaswani, (2014) found that psychological wellbeing had a direct influence on help seeking behaviour. Vaswani, (2014)'s finding was reinforced by that of Boafo, (2013) who also found that psychological wellbeing predicted help seeking behaviour among mental health workers. Boafo, (2013) further explained that instead of these professionals seeking help when they need it, they rather try to manage things themselves until things get out of hand.

ii. *Psychological Wellbeing and Coping Strategies*

The psychological wellbeing of mental health workers is relatively poor. This is so because most mental health professionals undergo excessive stress, fatigue and are emotionally drained (Ben-Zur & Michael, 2007; Devereux, et al., 2009; Jenaro, Flores & Arias, 2007; Koller & Hicks, 2016). Similarly, Figley (1983) discovered that prolonged exposure to patients who are psychologically distressed sometimes led to secondary traumatic stress among mental health professionals such as Psychologists.

It is, therefore, imperative to get a deeper insight into the ways in which mental health workers cope with their psychological distress (Gray-Stanley & Maramatsu, 2011). At the end, Gray-Stanley and Maramatsu, (2011)'s findings showed that individual and social resources (such as sought and received social support, active coping tactics, etc.) help mental health workers to cope with work overload, stress, and burnout they experience at work.

A significant positive correlation exists between adaptive and psychological well-being (Gustems-Carnicer & Calderón, 2013; Kappe & van der Flier, 2012). Using an adaptive coping strategy goes a long way to help in the process of decreasing psychological distress, thereby enhancing psychological wellbeing (Ferradás, Valle, Núñez & Vallejo, 2016; Kappe & van

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der Flier, 2012). Similarly, people who use problem-focused coping strategy have higher psychological well-being, whereas those who use active avoidance coping strategy have lower psychological well-being (Gustems-Carnicer, & Calderón, 2013; Hayat & Zafar, 2015). Thus, psychological distress is positively correlated with negative coping and negatively correlated to positive coping (Meng & Arcy, 2016).

iii. *Gender, age, and level of education as predictors of help seeking behaviors*

Over the years, researchers have discovered some demographic variables such as differences in age, gender, income, level of education, parents' education level etc. predict help seeking behaviors (Addis & Mahalik, 2003; Doherty & Doherty, 2010; Koydemir-Özdena & Erelb, 2010). Specifically, women had positive and higher help seeking behaviors (when psychologically distressed) than men (Addis & Mahalik, 2003; Koydemir-Özdena & Erelb, 2010; Gonzalez, Alegri, Prihoda, Copeland & Zeber, 2011; Mackenzie, Gekoski & Knox, 2005). One of the many reasons to explain the male help seeking behaviour was that they felt they will be thought less of if they were to accede to suffering from a psychological problem (Doherty & Doherty, 2010).

Also, when psychologically distressed, teenagers usually seek help from significant others (Koydemir-Özdena & Erelb, 2010), whereas older people resorted to consulting professional psychologists (Schonert-Reichl & Muller, 1996).

On the other hand, Boafo (2013) examined the determinants of seeking professional psychological help among contemporary three hundred and fifty-four respondents at the Accra College of Education, Ghana. Result showed that, none of the demographic characteristics predicted attitudes toward seeking help for a negative psychological experience (Boafo, 2013).

III. Methodology

a) Research Design

A case study research design was used for this research. This research design was used because the research extensively examined and explored how help seeking behaviors predicts psychological wellbeing. And coping strategies used by Psychologists in Accra, Ghana. Case study research excels at bringing to us an understanding of a complex issue or object and can extend experience or add strength to what is already known through previous research (Creswell, 2014). Case studies also emphasize detailed contextual analysis of a limited number of events or conditions and their relationships (Creswell, 2014).

b) Target Population

Professional Psychologists and Psychologist Assistants who reside and work in Ghana's Greater Accra Region were targeted and used in this study. Practicing Psychologists are those with Professorial and Doctorate Degrees in the various fields in Psychology. Whereas Psychologists Assistants were master's degree holders or students who officially assist or are understudying Professional Psychologists.

c) Sample Size and Sampling Technique

A total of 116 respondents were selected and used for this study using purposive sampling. Purposive sampling, also known as judgmental sampling or selective sampling, is the process of selecting respondents whose characteristics suit the objective of a study.

d) Material for Data Collection

Standardized Likert type survey questionnaires were used to collect data. The questionnaire included three standardized scales: WHO (Five) Well-Being Index (WHO-5; 1998 version), Africultural Coping Systems Inventory (ACSI), and the Attitudes Towards Seeking Professional Psychological Help Scale short form (ATSPPH-SF).

WHO-5 Well-Being Index: This is a 5-item scale was created by the World Health Organization in the year 1998 to assess people's psychological well-being (Topp, et al., 2015). Responses on this scale is scored on a 6-point Likert scale, where raw scores are calculated by adding the figures of the five answers. Specifically, the scores of the scale ranges from 0 to 25, with 0 representing worst possible whereas 25 represents the best possible quality of life. Hence, higher scores mean better well-being. Cronbach alpha for the WHO (Five) Well-Being Index for this present study is .81.

Africultural Coping Systems Inventory: This 30-item scale was invented by Utsey, Adams, and Bolden (2000). The ACSI is a culturally- centered multidimensional measure of the way and manner Africans cope with psychological distress (Utsey, et al., 2000). The scale has four subscales: Spiritual-Centered Coping, Cognitive/ Emotional Debriefing, Collective-Centered Coping, and Ritual-Centered Coping (Anang, 2014). It is scored using a 4-point Likert scale measure, (0=did not use, 1=used a little, 2 =used a lot, 3=used a great deal) rate the coping techniques they used during that stressful situation (Utsey, et al., 2004). The Cronbach alpha coefficients for the ACSI subscales ranges from .83 to .87 (Utsey, et al., 2004). The Cronbach's alpha for the Africultural Coping Systems Inventory (ACSI) for this present study was high at .82.

Attitudes Towards Seeking Professional Psychological Help Scale-short form: This is a 10-item scale invented by Fischer and Farina, (1995) was used to measure peoples' help seeking behaviours. It is scored on a 4-point Likert-type scale ranging from 0 = Disagree to 3 = Agree. Items 2, 4, 8, 9, and 10 are reversed. Total scores are generated by adding up all scores, with

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higher scores indicating higher help seeking behaviour (Whittlesey, 2001). The correlation between the 10-item short form and the original 29-item scale was 0.87 (Fischer & Farina, 1995). Cronbach alpha for the scale for this present study is .81.

e) Data Collection Procedure

Before participating in this study, respondents signed a consent form explaining the goals behind the study. Thereafter, the researcher met them in small groups in their various organizations/institutions, allowed them to ask questions before given out questionnaires to be completed. Respondents were encouraged to complete their questionnaires and submit them. Data collection was completed within four weeks.

IV. Data Analysis and Results

a) Sample Characteristics

Below are the descriptive statistics results of respondents' background information such as Gender, Age, Marital Status, Religion, Level of Education, Working Time, and Job Tenure.

Table 1: Respondents' Gender, Age, Marital Status and Religion.

Groups	Frequency (N)	Percent (%)
Gender		
Male	55	47.4
Female	61	52.6
Age Range		
Below 30 years	12	10.3
30 - 39 years	48	41.4
40 - 49 years	37	31.9
50 years and over	19	16.4
Marital Status		
Single	34	29.3
Married	77	66.4
Divorced/Widowed	5	4.3
Religion		
Christian	97	83.6
Muslim	19	16.4
Total	116	100

Table 1 reveals that out of a total of 116 respondents used in this study, 47.4% were males whiles 52.6% were females. This indicates that most respondents were females. It is further revealed that 10.3% of respondents were under 30 years, 41.4% were between 30 to 39 years, 31.9% were between 40 to 49 years whiles 16.4% of respondents were 50 years and older. Thus, most respondents used in this study were between ages 30 to 39 years. In addition, 29.3% of respondents were single, 66.4% were married whiles 4.3% were either divorced or widowed. As regards respondents'' religious affiliation, Table 1 indicates that 83.6% were Christians whiles the remaining 16.4% were Muslims.

Table 2: Respondents' Education Level, Working Time a Day, and Tenure as a Practitioner.

Groups	Frequency (N)	Percent (%)
Education Level		
Master of Arts (MA)	34	29.3
Master of Science (MSc)	14	12.1
Master of Philosophy MPhil)	46	39.7
Doctor of Philosophy (PhD)	16	13.8
Professor	6	5.2
Working Time a Day		
Less than 4 hours	5	4.3
4 to 6 hours	22	19.0

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7 to 8 hours	71	61.2
9 hours and over	18	15.5
Duration of Practice		
Less than 2 years	5	4.3
2 - 4 years	28	24.1
5 – 7 years	34	29.3
8 - 11 years	38	32.8
12 years and over	11	9.5
Total	116	100.0

Table 2 shows that 29.3% of respondents had a Master of Arts (MA) qualification, 12.1% had Master of Science (MSc) qualifications whereas 39.7% had a Master of Philosophy (MPhil) certificate as their highest level of education. It is further shown that 13.8% of respondents had a Doctorate Degree while the remaining 5.2% were professors. This, therefore, goes to show that most respondents have a Master of Philosophy (MPhil) in Psychology.

Results further shows that 4.3% of respondents have been practicing for less than 2 years, 24.1% have been practicing for 2 to 4 years, 29.3% have been practicing for 5 to 7 years whiles 32.8% of respondents have been practicing for 8 to 11 years. The remaining 9.5% of respondents have been practicing for 12 years and over. It could, therefore, be said that most respondents have been practicing as Psychology Counselors for 8 to 11 years.

b) Preliminary Analysis

The preliminary analysis of this study presents results on the descriptive statistics and normality of data (i.e., skewness, kurtosis), as well as the correlation between variables. This preliminary analysis meant to determine whether the data collected from respondents is quality enough to be for regression analysis.

Table 3: Descriptive Statistics on Variables

	M	SD	Skewness	Kurtosis	*a*
Psychological Well Being	17.34	3.98	-.76	1.80	**.814**
Attitudes Toward Seeking Professional Help	20.28	5.49	.03	-.91	**.809**
Africultural Coping Systems	44.0	13.04	-.18	-.03	**.865**
Cognitive and Emotional Debriefing	*14.19*	*5.49*	*-.33*	*.22*	
Spiritual Centered Coping	*13.27*	*3.82*	*-.14*	*.12*	
Collective Centered Coping	*12.53*	*4.74*	*1.44*	*7.57*	
Ritual Centered Coping	*1.60*	*2.06*	*1.17*	*.32*	

Table 3 presents results on the mean scores (M) together with their corresponding standard deviations (SD) on the variables Psychological Well Being, Attitudes Toward Seeking Professional Help, Africultural Coping Systems (with its subscales; *Cognitive and Emotional Debriefing, Spiritual Centered Coping, Collective Centered Coping, and Ritual Centered Coping).* Observation of the result in the table indicates that all the variables fell within the required range of normality measured in terms of skewness and kurtosis. According to Tabachnick and Fidell (2013) normality is accepted when it falls within -1 and +1. Hence all variables were normally distributed. In addition, Cronbach alphas (α) which represented the coefficient of internal consistency have also been presented.

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Table 4: Inter Correlation Matrix on Variables

	Variables	1	2	3	4	5	6	7
1.	Attitude Towards Seeking P. Help	--						
2.	Psychological Wellbeing	.392**	--					
3.	Africultural Coping Systems	-.536**	-.208*	--				
4.	*Cognitive and Emotional Debriefing*	*-.570***	*-.283***	*.873***	--			
5.	*Spiritual Centered Coping*	*-.316***	*.030*	*.697***	*.447***	--		
6.	*Collective Centered Coping*	*-.276***	*-.122*	*.784***	*.541***	*.445***	--	
7.	*Ritual Centered Coping*	*-.531***	*-.182*	*.592***	*.516***	*.269***	*.381***	--

**. Correlation is significant at the 0.05 level (2-tailed).*
***. Correlation is significant at the 0.01 level (2-tailed).*

The inter correlation matrix as indicated in Table 4 reveals that Help Seeking Behaviors correlates with Psychological Wellbeing, and Coping Systems (with its subscales: *Cognitive and Emotional Debriefing, Spiritual Centered Coping, Collective Centered Coping, and Ritual Centered Coping).* This, therefore, shows that there is a correlation between variables used in this study. Hence, they can be used in a regression analysis.

c) *Testing of Hypotheses*

i. *Hypothesis One*

A significant positive correlation will exist between help seeking behaviour and psychological wellbeing among Psychologists in Accra. Result is presented in Table 5:

Table 5: Pearson Product Correlation Coefficient Test Result on the Relationship between Help Seeking Behaviour and Psychological Wellbeing.

Variables	M	SD	r	*p*
Psychological Well-being	17.34	3.98	.392**	.000
Help Seeking Behaviour	20.28	5.49		

Table 5 shows that mean for Psychological Well-being (M=17.34, SD=3.98) and Help Seeking Behaviour (M=20.28, SD=5.49) were subjected to the Pearson Correlation Coefficient test to determine whether significant positive correlation will exist between psychological wellbeing and help seeking behaviour. Results (r= .392**, p = .000) reveal that a significant positive correlation exists between help seeking behaviour and psychological wellbeing. This implies that an increase in help seeking behaviour may lead to an increase in psychological wellbeing among Psychologists in Accra. Hypothesis one is accepted.

ii. *Hypothesis Two*

Style of Coping will significantly predict Help Seeking Behaviour among Professional Psychologists in Accra.

Table 6: Simple Linear Regression Test Result on the extent to which Style of Coping predicts Help Seeking Behaviour.

Predictors	β	R	R^2	*p*
Cognitive and Emotional Debriefing	-.404			.000
Spiritual Centered Coping	-.103			.263
Collective Centered Coping	.115			.233
Ritual Centered Coping	-.321			.001
		.627	.393	

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Table 6 shows that the simple linear regression analysis was used to test whether Style of Coping will predict Help Seeking Behaviour. Results indicated that coping explains approximately 39% of variance (R^2 = .393, F (4, 97) = 15.698, *p* = .000.) in help seeking behaviours. Specifically, even though Cognitive and Emotional Debriefing (β = -.404, p = .000) and Ritual Centered Coping (β = .001, p = .000.) predicts help seeking behaviour, Spiritual Centered Coping (β = -.103, p = 263) and Collective Centered Coping (β = .321, p = 233) do not predict help seeking behaviour. This implies that Style of Coping (i.e., Cognitive and Emotional Debriefing, and Ritual Centered Coping) significantly predicts Help Seeking Behaviour Accra. Hypothesis two is accepted.

iii. *Hypothesis Three*

Style of Coping will significantly predict Psychological Wellbeing among Professional Psychologists in Accra. Result is presented in Table 7:

Table 7: Simple Linear Regression Test Result on the extent to which Style of Coping predicts Psychological Wellbeing.

Predictors	β	R	R^2	*p*
Cognitive and Emotional Debriefing	-.296			.023
Spiritual Centered Coping	.158			.158
Collective Centered Coping	-.029			.805
Ritual Centered Coping	-.063			.580
		.310	.096	

Table 7 shows that the simple linear regression analysis was used to test whether Style of Coping will predict psychological wellbeing. Results indicated that coping explains approximately 9.6% of variance in health seeking behaviour (R^2 = .096, F (4, 97) = 2.572, p = .043) in psychological wellbeing. Specifically, even though Cognitive and Emotional Debriefing (β = -.296, p = .023) predicts psychological wellbeing. Meanwhile, Spiritual Centered Coping (β = .158, p = .158), Collective Centered Coping (β = -.029, p = .805) and Ritual Centered Coping (β = -.063, p = .580) do not predict psychological wellbeing among professional psychologists. This implies that cognitive and emotional debriefing are the only coping style that predict psychological wellbeing among Psychologists in Accra. Hypothesis three is partially accepted.

iv. *Hypothesis Four*

Differences in sex, age, and level of education will have a significant effect on levels of coping. Result is presented in Table 8:

Table 8: Multivariate Analysis of Variance Test Results on the Effect of Age, Gender and Level of Education on Coping.

Effect	Wilks λ	df	F	p	Partial Eta Squared	Observed Power[c]
Sex	.933	4	1.622	.176	.067	.481
Age	.863	12	1.139	.329	.048	.578
Education	.807	16	1.256	.225	.052	.644

The Multivariate Analysis of Variance test results in Table 8 showed that, sex [$F(4) = 1.622^b$, *p=n.s.*, ηp2 = .067,] age [$F(12)$ = . 1.139, *p=n.s.*, ηp2 = .329] and level of education [F (16) = 1.256, *p=n.s.* ηp2 = .052] had no significant effect on level of coping. This implies that differences in sex, age and level of education have no significant influence on the levels of coping among psychologists. Hypothesis four is rejected.

V. Discussion of Results

The first finding obtained after data analysis revealed that a significant positive correlation exists between help seeking behaviours and psychological wellbeing. Thus, a rise in help seeking behaviours leads to a rise in help seeking behaviours among psychologists in Accra. This finding reinforces the general belief that usually people seek help when they are psychologically distressed. And the essence of seeking help is to receive help from other professionals to help in resolving the underlining conditions that is causing the psychological distress.

The finding supports that of Edwards and Crisp, (2016), Stevens, Sharma and Skeoch, (2022), and Vaswani, (2014) which revealed that help seeking

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behaviour positively impacts psychological wellbeing irrespective of their profession (Edwards & Crisp, 2016; Vaswani, 2014). Boafo, (2013) reinforced Vaswani, (2014)'s findings by discovering that psychological wellbeing is higher among mental health workers (e.g., professional psychologists) who seek help when they are psychologically distressed. This is because when an individual who has mental health challenges seek help especially from professionally trained health personnel, they are able to get their health challenge resolved. Thus, the reason why help seeking behaviors predicts psychological wellbeing (Kelly, 2023; Ratnayake & Hyde, 2019).

Conversely, Boafo, (2013) expressed her concern about the fact that, despite the benefits of help seeking behaviours most, instead of professionals such as psychologists to seek help when they are distressed, they rather attempt to manage their condition, only for it to deteriorate sometimes (Pe´rez, et al., 2004). Pe´rez, et al., (2004) further stated that despite the fact that a lot of mental health workers have poor psychological wellbeing (due to the burden, pressure and stress that comes with mental health care), most of them have poor help seeking behaviours (Pe´rez, et al., 2004). Thus, most of mental health workers keep their mental health challenges to themselves until it gets out of hand (Pe´rez, et al., 2004).

It could, therefore, be said that just as the result of this present study indicates, help seeking behaviours has a direct effect on the mental health or psychological wellbeing of professional psychologists.

The second finding of this study revealed that even though cognitive and emotional debriefing and ritual centered coping predict help seeking behaviours, spiritual centered coping and collective centered coping do not predict help seeking behaviours. This implies that style of coping (i.e., cognitive, and emotional debriefing, and ritual centered coping) significantly predicts help seeking behaviour among psychologists in Accra. This finding is not surprising because all the coping styles discovered to predict help seeking behaviours are adaptive ways of coping or positive coping styles. It, therefore, goes to show that adaptive or positive coping styles predict help seeking behaviours among professional psychologists. For instance, spiritual centered coping has to do with the use of spirituality, religious practices or reliance on supernatural power or forces to help an individual to cope with psychologically distressing experiences. (Constantine, Donnelly & Myers, 2002; Utsey, Brown & Bolden, 2004).

Meanwhile, cognitive or emotional debriefing is related to the use of reasoning, critical planning or mental restructuring aimed at adapting the mind and the body to stressors. Furthermore, ritual centered coping includes rituals practices like lightening candles, burning incense, use of meditation, incantations, among others. Finally, collective centered coping involves relying on a group one belongs to by way of seeking and receiving social support so as to cope with psychological distress. An example of such a group is a church, etc. (Constantine, Donnelly & Myers, 2002; Utsey, Brown & Bolden, 2004).

This result reinforces that of Edwards and Crisp, (2016) and Jenaro, Flores and Arias, (2007) who discovered that adaptive coping strategies have a direct influence of help seeking behaviours. Thus, as adaptive ways of coping increases so do helping seeking behaviours. This goes to show that individuals who have a repertoire of adaptive ways of coping also have a positive attitude towards help seeking behaviours. Chin, et al., (2015) have further indicated that people who use maladaptive coping strategies/styles also have a negative attitude towards seeking behaviour when distressed. Thus, a rise in negative attitude towards help seeking behaviors leads to a rise in maladaptive coping techniques (Chin, et al., 2015; Sebudi, 2016).

It is even believed that help seeking behaviour is an indirect way of coping with distressing situations adaptively. This argument is reinforced by Edwards and Crisp, (2016) discovery that most mental health professionals who use maladaptive ways of coping with stress also have a negative attitude towards help seeking behaviours even when they are distressed (Edwards & Crisp, 2016).

The third result revealed that cognitive and emotional debriefing coping predicts psychological wellbeing. This implies that cognitive and emotional debriefing style of coping significantly predicts psychological wellbeing among Psychologists in Accra. The finding supports Gustems-Carnicer and Calderón (2013)'s argument which stated that coping strategies are vital when it comes to perceiving and management of psychological well-being. Meng and Arcy, (2016) further stated that psychological wellbeing predicts coping. For example, according to Gustems-Carnicer, and Calderón, (2013), how people cope with distress affects their psychological wellbeing. When a maladaptive coping strategy is used, psychological distress increases, yet, when an adaptive coping style is used psychological wellbeing is enhanced (Gustems-Carnicer, & Calderón, 2013).

Koller and Hicks, (2016) further stated that even though most mental health workers are aware of the hazard they expose themselves to whiles working, most of them are reluctant to leave the mental health work they are doing, and they appear generally to cope well, not succumbing to the mental and emotional stresses of their work (Koller & Hicks, 2016). Thus, these resilient mental health workers appear to continue to serve in their professional roles in an effective manner (Koller & Hicks, 2016).

Kappe and van der Flier (2012) have also discovered that a positive correlation exists between psychological well-being and adaptive ways of coping

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with distress. Hayat and Zafar (2015)'s results also showed significant correlations between psychological well-being and coping strategies. Specifically, those who used maladaptive coping had poor psychological well-being in comparison to those who used adaptive coping styles. Thus, psychological wellbeing has a positive effect on adaptive coping strategies (Kelly, 2023; Freire et al., 2016).

Furthermore, according to Edwards, and Crisp, (2016) mental health care is a demanding profession with high rates of stress and burnout. A related study which was done to assess the above assumption concluded that the current rates of burnout among mental health professionals ranges from around 21 to 61 percent in the US (Morse, et al., 2012). Burnout is usually caused when an individual is consistently subjected to high levels of excessive stress (which he or she is unable to manage) for a period of time (Brunsting, et al., 2014).

The fourth result revealed that gender, age, and level of education had no significant effect on level of coping. This implies that, differences in sex, age and level of education have no significant influence or effect on the levels of coping among counsellors. It could, be deduced from the result that, regardless of differences in psychologists' sex (i.e., being male or female), age and highest level of education, the ways in which they cope with stress is similar. Freireet al., (2016)'s result is reinforced by this present study's findings. This is so because according to Freireet al., (2016) gender (i.e., being male or female) and age differences were not to predict coping strategies.

Meanwhile, this finding contradicts the finding of studies such as Gould, et al., (2004) who discovered that males cope differently from their female counterparts. In other words, differences in gender (i.e., being male or female) predicts coping style. It could, therefore, be said that even though some studies such as Gould, et al., (2004) argued that differences in age predict coping styles, this present study and that of Freireet al., (2016) clearly shows that among professional psychologists in Accra, the fact still remains that age, sex and level of education does not predict coping styles.

a) Conclusion

This research examined the effect of help seeking behaviour on psychological wellbeing and predicts coping amongst Professional Psychologists. After data analysis, results revealed that high help seeking behaviour leads to better psychological wellbeing. Also, cognitive and emotional debriefing, and ritual centered coping significantly predicted help seeking behaviours. Meanwhile, only cognitive and emotional debriefing coping style predict respondents' psychological wellbeing. Finally, differences in sex (i.e., being male or female), age and level of education had a little or no effect on coping. It is, therefore, concluded that help seeking behaviours have a positive effect on psychological wellbeing Professional Psychologists. Help seeking behaviours and psychological wellbeing also predicts coping (i.e., cognitive and emotional debriefing, and ritual centered coping) of Professional Psychologists in Accra, Ghana.

b) Relevance of the Study

This study stands out because unlike most related studies, this study targeted professional psychologists and used them as respondents. This was important because even though help seeking behaviours and mental health related studies are prevalent, most researchers have failed to consider the effect of these variables on professional psychologists. This has been the trend because most researchers are of the view that due to the vigorous professional training professional psychologists go through, they are relatively immune to psychological distress.

With the global rise of mental health (stress, depression, anxiety, etc.), coupled with the increased work-related stress professional psychologists, it has become imperative to investigate the extent to which Psychologists seek help (when distressed), their psychological wellbeing and ways of coping is empirically examined.

In addition, this study is an attempt to bridge this research gap by examining and throwing light on the relationship between psychological wellbeing, help seeking behaviours and coping styles among professional psychologists in Accra.

c) Limitations of the Study

The main limitation of this study was usage of a case study research design and sampling technique used in collecting data. Specifically, the usage of a case study research design has made it difficult to generalize findings to the general population. Even though this could have been partly resolved with the larger sample size, the researcher was only able to sample a total of 116 respondents. Even though, Ghana does not have a detailed record of all professional psychologists in the country and Accra to be specific, the researcher anticipated that there are over 1,500 professional psychologists in Accra.

Also, the usage of a non-probability sampling technique which is the purposive sampling technique undermined the extent to which the outcome of the study reflects the opinion of the general population from which the sample was selected.

d) Recommendations of the Study

As the findings of this study has indicated that help seeking behaviours affects the psychological wellbeing and coping styles, it is recommended that professional psychologists and other professionals should not relent in seeking for help whenever they are

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psychologically distressed. This is so because almost everyone tends to be psychologically distressed, and so seeking help on time will help in alleviating the long-term effect of psychological distress such as burnout, heart failure, among others.

Also, future studies conducted in this research area are encouraged to use a larger sample size than the one used in this present study. This will go a long way to boost the generalizability of the findings to the general population. Similarly, the mixed method approach is recommended for future studies so as to give respondents the opportunity to expand on (give further explanations) on their responses, especially those related to their coping styles.

It is also recommended that future studies should consider doing a comparative study between psychologist from Ghana and other countries in the world especially in Europe. Doing this could unearth themes/factors (e.g., economic, social-cultural influences, etc.) or antecedents that were not captured under this study that will be useful in explaining the relationship between help seeking behaviours, psychological wellbeing, and coping style among professional psychologists. A comparative study could even be done among professional psychologists and other professionals in Ghana.

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