HELP SEEKING BEHAVIORS IN ANXIETY DISORDERS: A SYSTEMATIC SCOPING REVIEW

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Abstract

Anxiety is one of the most common mental health problems globally. Although it is so widespread, only 43% of people suffering from anxiety disorders receive help. A systematic review was conducted of 39 studies for a better understanding of the help seeking behaviors and influencers. Help seeking is associated with sociodemographic data (such as ethnicity), level of mental health literacy, financial status, perceived stigma, and other factors. The most vulnerable regarding help seeking and treatment receiving mental health help for anxiety are minority groups. There is a paucity of studies regarding how to influence the factors associated with help seeking behaviors. More research is needed so that mental health care providers can provide help adapted to patients' specific needs.

Keywords: anxiety, help seeking, mental health, facilitators, barriers.

Although it is normal to occasionally experience anxiety or worry as a normal part of life, people which suffer from anxiety disorders (AD) have repeated, frequent, intense and persistent states of fear and worry regarding everyday situations. These states interfere with daily activities, are overreactive and uncontrollable. In many cases of anxiety disorders, somatic symptoms (chest pain, shortness of breath, numbness of limbs, etc.) may also occur (American Psychiatric Association, 2013).

There are many types of AD according to The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM–5; American Psychiatric Association, 2013) such as: Agoraphobia, Panic Disorder, Generalized Anxiety Disorder, Selective Mutism, Separation Anxiety Disorder, Social Anxiety Disorder (Social Phobia), Health Anxiety Disorder, Specific Phobia and others. AD have the highest prevalence of all mental disorders and imply a high level of social and individual

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disease burden (Jacobi et al., 2014). The prevalence of anxiety disorders reaches a level of 3.6% according to the World Health Organization (WHO, 2017). From 1990 till 2019 the incidence of AD increased by 47% reaching a level of 45.82 million people globally (Xiong et al., 2022). From 2018 to 2019 there were 0.6 million new AD diagnosed and the number of disability-adjusted life-years has increased by 0.3 million globally (GBD, 2019).

There are numerous evidence-based treatments that have been proven to be effective in treating different types of AD. These treatments include different types of psychotherapy, pharmacological or complementary and alternative medicine treatments (Azab et al., 2022). After the synthetization of the first drugs of the benzodiazepine class (Sternbach, 1979), this type of active substance is frequently used by doctors to treat AD. Alongside benzodiazepine-based treatments, we can also mention SSRIs (Selective serotonin reuptake inhibitors), SNRIs (Serotonin and norepinephrine reuptake inhibitors) and other classes of pharmacotherapy, but the studies showed that these substances have numerous adverse effects (Bandelow et al., 2017). Unlike medication, the psychotherapeutically approaches (e.g. cognitive-behavioral therapy, integrative or psychodynamic therapy) are also efficient and are free of adverse effects (Mangolini et al., 2019). Recently a large number of studies have investigated the efficacy of internet delivered therapies but there is no evidence that they are as effective as face to face delivered therapies (Bandelow et al., 2017). Complementary and alternative medicine treatments (e.g., aromatherapy, acupuncture, and herbal medicine) recently have gained a lot of popularity because of the alleged harmlessness despite of lack of evidence of their effectiveness (Mangolini et al.,2019).

Although CBT and pharmacological treatments are successful in treating AD (Carpenter et al., 2018) there are numerous studies that concluded that most individuals do not seek help (Hoffman et al., 2008). A study made on the German population showed that anxiety can be very impairing, having one of the most elevated numbers of disability days. Only 43% of people who suffer from AD receive treatment (Jacobi et al., 2014). AD is shown to be according to the Global Burden of Disease Study (GBD, 2019) AD is the second mental health related cause of years lived with disability (Xiong et al., 2022). It is shown that AD has an early life onset, having an intermittent and recurring course (Kessler et al., 2009).

The most used framework for describing help-seeking and help beliefs is The Health Belief Model developed by Rosenstock in 1966. This theoretical model explains how certain barriers can impact help-seeking behaviors (Rosenstock, 1974). The conceptualization of help-seeking as a tree stage process was developed by Broadhurst in 2003 and includes: a) problem definition and identification; b) the decision to seek help; and c) actively seeking help (Broadhurst et al., 2003). Regarding the poor accessibility of help-seeking for AD the following reasons are perceived the most used explanations for why people do not access professional help, such as: wanting to deal with the problem alone, perceived ineffectiveness, could not afford professional help (Langley et al., 2018; Heining et al., 2021).

Help-seeking behaviors are associated with sociodemographic factors (age, gender, income, etc.), with factors that enable help-seeking behavior such as literacy (knowledge of mental health) and need factors such as severity of the disorder, comorbidity with other disease, or the level of functional impairment of the individual (Goodwin et al., 2002).

Barriers describe factors that can occur in the help-seeking process (Coles et al., 2010). There can be perceived barriers (i.e., obstacles that people encounter in the help-seeking process) and unperceived barriers (i.e., people that do not seek help do not perceive any barriers). The most common perceived barriers encountered by the ones that seek help are the lack of knowledge about mental disorders, lack of money, stigma, and belief that they can manage the problem on its own (Coles et al., 2010).

Objectives

However, it is unclear what drives people who suffer from AD to a help-seeking behavior and what are the factors that influence this behavior. The aim of the study is to conduct a systematic review of the studies that have investigated help-seeking behaviors in AD and find what drives people into a help-seeking behavior and what are the characteristics of the ones that seek help.

This systematic review was conducted to identify the current gaps in research regarding help-seeking behaviors in AD and to chart the current knowledge in this field.

Methods

Eligibility criteria

The protocol used for the current systematic review is the one elaborated by Preferred Reporting Items for Systematic Reviews and Meta-analysis Protocols – Scoping Reviews (PRISMA-ScR). The PRISMA-ScR protocol has been revised by the researchers to be adapted to the current study.

This systematic review included papers that collected data on adults seeking help for AD (i. e. emergency room (ER), family doctors, psychologists, psychiatrists, etc.) needed to focus on young-adults, adults or elderly. We included papers written in English. There was not a specific time frame selected, so all papers that were written on this subject were included. Papers were excluded if there was no analysis on AD groups, so papers needed to report data separately for AD, also we excluded papers that did not focus on help-seeking or treatment preferences for people diagnosed with AD. Another exclusion criterion was if people were already included

in any treatment form at the time the studies were conducted. Quantitative and qualitative papers were considered eligible.
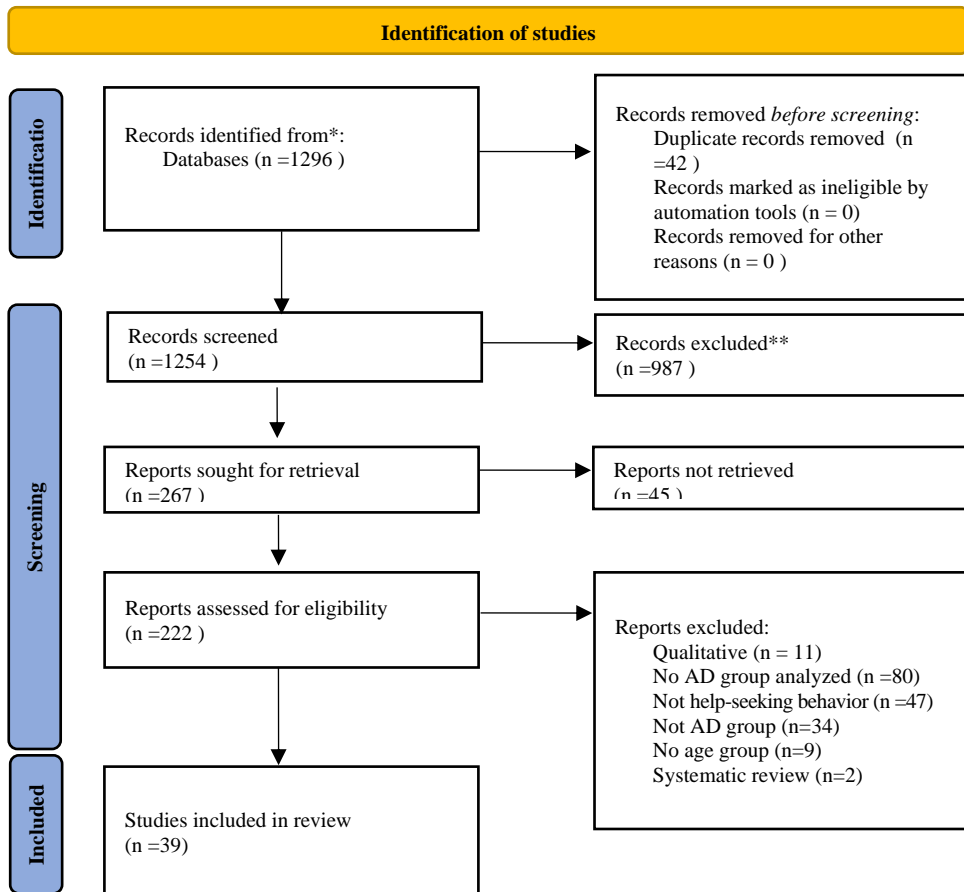
Search

For the identification of potentially relevant documents, we searched the National University of Singapore Library database website (https://nus.summon. serialssolutions.com/). The search was conducted in March and April 2023. The search strategy was refined by the two authors of the current review. After the search was complete, the relevant articles were exported into Microsoft Word, and the duplicates were removed.

After extensive drafting and discussion, the authors developed and implemented the strategy. The gray literature was not included. The authors screened 15 publications and used the keywords found in the help-seeking literature to refine a search strategy. The search strategy was then applied in NUS Library database and the authors evaluated the titles, abstracts, and full text articles for relevant publications according to the eligibility criteria. Disagreements on publication selection were resolved by discussion and consensus.

The following keywords were searched on NUS Library (https://tinyurl.com/23hbbx97): "anxiety disorder*" OR "panic attack*"AND "treatment seek*" OR "treatment-seek*" OR "continuity of care" OR "health behave*" OR "treatment barrier*" OR "help seek*" OR "help-seek*" OR "helpseek*" OR "mental health service*" OR "treatment util*" OR "treatment use" OR "service use" OR "perceived need" OR "service util*" OR "primary care "AND "beliefs" OR "concerns" OR "intention*" OR "preference*" OR "need for treat*".

Selection of sources of evidence

The NUS Library Database search provided a total of 1296 articles from which 42 duplicates were removed, leaving a total of 1254 articles for abstract screening. After the abstract screening process, 987 articles were removed. Out of the total of 267 articles left for further screening 45 articles were not retrieved. A total of 222 articles were left for full text article screening. We discarded 183 articles for the following reasons a) 11 articles removed because they were qualitative studies, b) 80 articles were removed because they had no separate analysis on AD group, c) 47 were removed because they did not analyze help-seeking behavior, d) 34 did not have any separate AD group, e) 9 articles did not respect the eligibility criteria regarding the age of the participants they screened, and f) 2 articles were systematic reviews. After the final screening we found a total of 39 eligible articles that respected all the required eligibility criteria. **Figure 1.** is showing an overview of the study selection process.

Identification of studies

| Identification |
| Records identified from*:
Databases (n =1296) | → | Records removed *before screening*:
Duplicate records removed (n =42)
Records marked as ineligible by automation tools (n = 0)
Records removed for other reasons (n = 0) |

| Screening |
Records screened (n =1254)	→	Records excluded** (n =987)
Reports sought for retrieval (n =267)	→	Reports not retrieved (n =45)
Reports assessed for eligibility (n =222)	→	Reports excluded: Qualitative (n = 11) No AD group analyzed (n =80) Not help-seeking behavior (n =47) Not AD group (n=34) No age group (n=9) Systematic review (n=2)

| Included |
| Studies included in review
(n =39) |

*National University of Singapore Library Database
** Records were excluded after the abstracts of the studies were screened.

Figure 1. PRISMA flowchart of study selection process

Data charting process

      To determine which variables can be extracted from the publications a data-charting form was developed by the authors. The data-charting process was done, then, independently by each author. The results of each independent search were discussed and combined, while the data charting was updated on a regular basis.

      The data extracted from the articles was the following: demographic data (race, ethnicity, gender, income, etc.), type of care they prefer (emergency room - ER, psychiatrist, psychologist, etc.) barriers and facilitators to engagement (barriers, mental health literacy, attitudes, type of treatment preferred).

Synthesis of results

The studies were grouped by the objective of the study and then summarized by the type of data the studies collected. We have used other systematic reviews found to compare the articles indicated by it and our findings. The studies that met our inclusion criteria from other systematic reviews were also included in our current systematic review.

Results

As seen in **Table 1**., most studies in help-seeking literature focused on anxiety in general and not a specific type of anxiety (AD 23 studies vs GAD 15 studies). Also, there was only one study that compared two countries (Canada vs Australia regarding type of service use in AD). Regarding the aboriginal vs ethnic groups, only 4 studies focus on ethnic groups. Most studies were conducted on US, Canadian, or Australian populations. There are 23 studies that focused on the type of service used by AD population, and few studies focused on barriers of treatment, perceived need or factors that influence help-seeking behaviors in AD population.

The information from **Table 1** was then used for a descriptive analysis of the studies. Data was summarized by one or more of the following subjects: 1) type of service used; 2) help-seeking factors and perceived barriers.

Data was extracted, summarized, and tabulated by one of the reviewers. We did not use a standard data extraction form, because of the variety of study designs encountered.

Table 1. Characteristics of the sample of studies

Study Caracteristics		Total	Studies Reference
Country	USA	16	Bystrisky et al. (2012); Calleo et al. (2009); Choi et al. (2014); Harman et al. (2002); Hazlett-Stevens et al. (2002); Mannes et al. (2019); Mays et al. (2018); Olfson et al. (2000); Onoye et al. (2013); Porensky et al. (2009); Rollman et al. (2005); Salsberry et al. (2005); Samander et al. (2022); Siegel et al. (2013); Wagner et al.(2005); Wang et al. (2000).
	Canada	9	El Gabalawy et al. (2016); Gentil et al. (2021); Ladouceur et al. (2005); Mackenzie et al. (2012); Roberge et al. (2011); Roberge et al. (2014); Roberge et al. (2015); Scott et al. (2010); Tempier et al. (2009).
	Australia	6	Griffiths et al. (2017); Ho et al. (2008); Issakidis et al. (2002); Langley et al. (2018); Park et al. (2019); Tempier et al. (2009).
	Finland	2	Honkonen et al. (2007); Kujanpaa et al. (2016).

Study Caracteristics		Total	Studies Reference
	France	1	Dauriac- Le Masson et al. (2020).
	Denmark	1	Fink et al. (2010).
	Germany	1	Heining et al. (2021).
	Spain	1	Herrera-Mercadal et al. (2015)
	South Korea	1	Joo et al. (2023).
	Thailand	1	Pengpid et al. (2020).
	South Africa	1	Seedat et al. (2009).
	2000	2	Olfson et al. (2000); Wang et al. (2000).
	2002	3	Harman et al. (2002); Hazlett-Stevens et al. (2002); Issakidis et al. (2002).
	2005	4	Ladouceur et al. (2005); Rollman et al. (2005); Salsberry et al. (2005); Wagner et al. (2005).
	2007	1	Honkonen et al.(2007).
	2008	1	Ho et al. (2008).
	2009	4	Calleo et al. (2009); Porensky et al. (2009); Seedat et al. (2009); Tempier et al. (2009).
	2010	2	Fink et al. (2010); Scott et al. (2010).
	2011	1	Roberge et al. (2011).
	2012	2	Bystrisky et al. (2012); Mackenzie et al. (2012).
Year	2013	2	Onoye et al. (2013); Siegel et al.(2013).
	2014	2	Choi et al. (2014); Roberge et al. (2014).
	2015	3	El Gabalawy et al. (2015); Herrera-Mercadal et al. (2015); Roberge et al. (2015).
	2016	1	Kujanpaa et al. (2016).
	2017	2	Griffiths et al. (2017); Langley et al. (2018).
	2018	1	Mays et al. (2018).
	2019	2	Mannes et al. (2019); Park et al. (2019).
	2020	2	Dauriac- Le Masson et al. (2020); Pengpid et al. (2020).
	2021	2	Gentil et al. (2021); Heining et al. (2022).
	2022	1	Samander et al. (2022).
	2023	1	Joo et al. (2023).
Target Population	Ethnics	4	Ho et al. (2008); Mays et al. (2018); Samander et al. (2022); Siegel et al. (2013).
Disease of Interest	Non Specified Anxiety Disorder	23	Choi et al. (2014); Dauriac-Le Masson et al. (2020); El Gabalawy et al. (2015); Gentil et al. (2021); Harman et al. (2022); Heining et al. (2022); Ho et al. (2008); Honkonen et al. (2007); Issakidis et al. (2002); Joo et al.(2023); Langley et al. (2018); Mackenzie et al. (2012); Mays et al. (2018); Onoye et al. (2013); Pengpid et al. (2020); Roberge et al. (2011); Roberge et al. (2014); Salsberry et al. (2005);

Study Caracteristics		Total	Studies Reference
Objective of the Study	General Anxiety Disorder	15	Samander et al. (2022); Scott et al. (2010); Seedat et al. (2009); Siegel et al. (2013); Tempier et al. (2009). Bystrisky et al. (2012); Calleo et al. (2009); Heining et al. (2021); Herrera-Mercadal et al. (2015); Kujanpaa et al. (2016); Ladouceur et al. (2005); Mackenzie et al. (2012); Mannes et al. (2019); Mays et al. (2018); Porensky et al. (2009); Roberge et al. (2014); Roberge et al. (2015); Rollman et al. (2005); Wagner et al. (2005); Wang et al. (2000).
	Health Anxiety	1	Fink et al. (2010).
	Social Anxiety	9	Bystrisky et al. (2012); Griffiths et al. (2017); Heining et al. (2021); Mackenzie et al. (2012); Mays et al. (2018); Olfson et al. (2000); Park et al. (2019); Roberge et al. (2014); Wagner et al. (2005).
	Panic Disorder	9	Bystrisky et al. (2012); Hazlett-Stevens et al. (2002); Heining et al. (2021); Mackenzie et al. (2012); Mays et al. (2018); Roberge et al. (2014); Rollman et al. (2005); Wagner et al. (2005); Wang et al. (2000).
	Agoraphobia	2	Heining et al. (2021); Mays et al. (2018).
	Complementary and Alternative Medicine	2	Bystrisky et al. (2012); Pengpid et al. (2020).
	Type of Service Use	23	Calleo et al. (2009); Choi et al. (2014); Dauriac- Le Masson et al. (2020); El Gabalawy et al. (2016); Fink et al. (2010); Harman et al. (2002); Hazlett-Stevens et al. (2002); Heining et al. (2021); Issakidis et al. (2002); Kujanpaa et al. (2016); Mannes et al. (2019); Park et al. (2019); Porensky et al. (2009); Roberge et al. (2011); Roberge et al. (2014); Roberge et al. (2015); Rollman et al. (2005); Salsberry et al. (2005); Samander et al. (2022); Seedat et al. (2009); Siegel et al. (2013); Tempier et al. (2009); Wang et al. (2000).
	Recurring Use	3	Gentil et al. (2021); Ladouceur et al. (2005); Onoye et al. (2013).
	Help-seeking Factors	6	Griffiths et al. (2017); Herrera-Mercadal et al. (2015); Ho et al. (2008); Honkonen et al. (2007); Olfson et al. (2000); Wagner et al. (2005).
	Barriers	4	Heining et al. (2021); Ho et al. (2008); Langley et al. (2018); Olfson et al. (2000).
	Covid-19 Influence	1	Joo et al. (2023).
	Non Specified Type of Service Used	3	Mackenzie et al. (2012); Mays et al. (2018); Scott et al. (2010).

Type of service preference

Twenty-three studies focused on finding out what type of service is preferred by individuals that are diagnosed with any type of AD. Researchers reported that between 10.8% (as reported by Issakidis et al., 2002) and 87.4% (as reported by Olfson et al., 2000) of people prefer going to ER or General Practitioner (GP), and between 6.8% (Roberge et al., 2011) and 21% (Wagner et al., 2000) prefer going to a Mental Health Professional (MH).

There are a significant number of studies that analyzed treatment preference. From the AD diagnosed people that seek help, the majority prefer medicine as a treatment for their AD, percents varying between 36.9 % (Issakidis et al., 2002) and 21% (Wang et al., 2000). This difference might be explained by the origin of study population Australia respectively USA. Psychotherapy as a preferred treatment for AD was indicated by a percentage between 11% and 16.7% of the respondents (Heining et al., 2021; Roberge et al., 2014; Samander et al., 2022).

Two studies made on USA born people reported that the percentage of people accessing ER depends greatly on the type of AD studied. 41% respectively 56.3% of people diagnosed with general anxiety disorder visited the ER, whereas the percentage of people diagnosed with panic disorder that visited ER is 32% respectively 34.1% (Rollman et al., 2005; Wang et al., 2000).

Regarding the use of complementary and alternative medicine, we only found 2 studies. One study focused on monk healers in Thailand, showing that people attending monk healers have a higher prevalence of common mental illness then primary health care centers, 31.1% vs 22.3% (Pengpid et al., 2020). The prevalence of GAD diagnosis amongst people attending monk healers was 8.1% whereas GAD diagnosed people that attended primary care health center was 3.5% (Pengpid et al., 2020).

The other study regarding complementary and alternative medicine focused on the use of herbal medicine, acupuncture, massage, and other forms of complementary and alternative medicine. Patients with GAD have a higher use of this type of service, as compared to patients with other diagnostics, (i.e., 33.5% vs 26.6% - Bystrisky et al., 2012).

Help-seeking factors and barriers

Seven studies focused on factors and barriers that influence help-seeking decisions. There are four studies that focused on barriers of help-seeking behavior and how they influence the help-seeking decision (Ho et al., 2008; Heining et al., 2021; Langley et al., 2018; Olfson et al., 2000). Literacy (i.e., knowledge about mental health) was associated with help-seeking behaviors. The lack of literacy explained between 39% and 43% of seeking help variance (Olfson et al., 2000; Ho et al., 2008). Also, lack of money, or the idea of expensiveness of service, has been found by several studies as a barrier for treatment seeking. The percentage that

affects people varies between 24.5 % (as reported by Olfson et al., 2000) and 51.9% (as reportet by Langley et al., 2018). Trying to solve the AD on their own and perceived stigma are also barriers mentioned for not seeking help, with the percentage variating between 15.2% and 49.40% (Olfson et al., 2000; Langley et al., 2018; Heining et al., 2021; Ho et al., 2008) respectively 6.7% and 31.3% (Olfson et al., 2000; Langley et al., 2018; Heining et al., 2021).

A study made in Finland (Hohnkonen et al., 2007) investigated the differences between employed, unemployed and economically inactive people (students, housewives, persons on disability pension and other). Reports show that people access a form of treatment in a percentage of 30.6% for the employed respectively 33.5% for the economically inactive, whereas the percentage of people that are unemployed and that access treatment is significantly greater reaching 48% (Hohnkonen et al., 2007).

Regarding an online based intervention for anxiety, the most common barriers for not seeking help were the lack of internet access 12.13%, already taking medical treatment 5.24% and that they have seen a psychotherapist for the problem in the last 12 months 2.29% (Herrera-Mercadal et al., 2015). Another barrier worth mentioning is the perceived inefficiency of treatment which influences 8.7% of the population (Heining et al., 2021).

Covid-19 pandemics influenced the help-seeking behavior, as shown in a South Korean nationwide health insurance study. The number of patients hospitalized and admitted in psychiatric hospitals decreased after the Covid-19 pandemic started until March 2020. From April until July 2020 the numbers of psychiatric inpatients and admission started to increase. During the Covid-19 pandemics monthly AD diagnosed inpatients reached a level of 18.6%, psychiatric admissions 23%. However, the monthly AD outpatients remained relatively constant, around 5.9% (Joo et al., 2023).

Regarding the factors that help decision making and seeking help for AD diagnosis, a study made on Chinese ethnics in Australia has found that literacy (recognizing anxiety as a mental health problem) influenced 39.1% of the population into seeking help. Also, it is worth mentioning finding someone that speaks the same language 21.7%, symptoms get too severe to handle on one's own 19.6%, found out were to seek help 8.7%, others encouraged help-seeking process 6.5% (Ho et al., 2008).

We found only one study that focused on how a program of psychoeducation can influence help-seeking factors for people suffering from Social Anxiety Disorder from the perspective of literacy, stigma, and attitudes towards help-seeking. People that went to psychoeducation show grater help-seeking knowledge than the control group 10.5% respectively 8.7% regarding mental health literacy, 22 % respectively 19.5% regarding perceived stigma about mental health anxiety diagnostic and 6.4% respectively 5.5% regarding attitudes towards help-seeking (Griffiths et al., 2017).

Regarding ethnic populations, the studies in this field show that the percentage of USA born blacks (Africans and Caribbean) tend to use more frequent

mental health services than foreign born blacks (African and Caribbean). The lifetime prevalence of help-seeking for black USA born population diagnosed with AD differs 4.0% of African black, 12.5% of Caribbean black, whereas, for foreign born black population the percentage is around 15%. There are significant variations in mental health use by black men. USA born Caribbean black man tend to have a greater prevalence of lifetime use of health services than African black men (Mays et al., 2018).

Discussion

Our study aimed to explore what are the preference of treatment for AD and what are the known barriers and facilitators of the help-seeking process, for people that had not been diagnosed before with AD. Most studies that were screened for this study did not focus on AD, but on anxiety and depression or on other disorders in which anxiety was considered a comorbidity.

We identified a total of 39 studies addressing help-seeking behaviors in AD that were published between 2000 and 2023. Most studies focused on the type of service used in AD, leaving a paucity of studies about factors of influence of the help-seeking behavior such as literacy, barriers, perceived need, and others as seen in **Table 1**.

Although the type of service preferred by people is very important in understanding help-seeking behavior, this information only covers a part of the help-seeking domain. Numerous studies concluded that most individuals do not seek help (Hoffman et al., 2008). Also, this study reveals that most of the studies do not separate AD from depression although they are separate in the way they affect a person or how these psychological disorders manifest.

There are several factors that greatly influence the results of the studies presented, of these it is worth mentioning differences between sample size. Some of the studies were national level epidemiological studies and others were having as study sample limited population. So, the sample size was between 74.000 and 49 people. Another factor worth considering was the diversity of countries that done research in the help-seeking behavior domain, so ethnicity could influence the results. Also, we can mention the number of factors that studies were measuring, some of them had a larger diversity of factors explaining help-seeking behaviors than others, or the paucity of studies done per year.

As shown in the 3rd chapter, Results, the studies are very different regarding the research objectives. Most studies focus on the type of service preferred by AD diagnosed patients and few of them focus on barriers and facilitators for the help-seeking process. Only one study focused on methods to influence these, and although a psychoeducation program increases mental health literacy, attitudes toward help-

seeking and decreasing stigma, there has not been demonstrated a significant increase in help-seeking intentions (Griffiths et al., 2017).

There are few studies that consider categorizing AD by specific diagnosis. As seen in two studies that compared ER visits amongst people diagnosed with GAD and PD. People diagnosed with GAD tend to have more visits to the ER than PD diagnosed people (Rollman et al., 2005; Wang et al., 2000).

Regarding the ethnicity of the samples, we can observe that most of the studies were conducted in USA, Australia and Canada, so we cannot extrapolate the behavior regarding help-seeking or type of service used worldwide, because factors such as literacy, amount of money and stigma, that are the most influencing regarding decision making into seeking or not seeking help vary from country to country. Also, the paucity of studies done on ethnical populations leaving in a certain country (3 studies on ethnic population living in the USA and 1 in Australia) cannot predict the help-seeking behaviors of other ethnicity, as shown in the studies done on different ethnic groups leaving in the same country, the USA, there are significant differences between Caribbean black and African black, or Latin population regarding type of service used. Studies showed that the percentage of utilization of mental health services is lower for ethnic groups than general population (Mays et al., 2018; Samander et al., 2022; and Siegel et al., 2013). Also, the place of birth for ethnic populations influences the mental health service utilization. African black and Caribbean black born and raised in the USA have a greater percentage of service utilization than foreign born populations (Mays et al., 2018). However, none of the above-mentioned studies focused on barriers or factors influencing the help-seeking process.

Service use for AD diagnosed people was most likely for middle aged adults and unlikely for older adults, except PD. Regarding sex differences, women were favored for help-seeking more than man, showing a small variability with age. Comorbidity with other diseases increases health service utilization (Mackenzie et al., 2012).

Limitations

This systematic review has some limitations. Not all research papers were free for access, so some full text articles were not found. Some of the relevant papers might have been omitted by the two reviewers. The review did not have a specific time frame so, diagnostics were based on the DSM V criteria, that have changed over time, from DSM III to DSM V. Also, another limitation could be that grey literature was excluded and that the search language of the articles was English. Also, most studies were made on American, Canadian, and Australian populations, leaving a paucity of information regarding other countries and the influence of different ethnicity over the studied results.

Future research directions

We can observe some patterns in patients help-seeking habits and beliefs regarding AD. There can be seen many factors that play an important role in determining the uniqueness of everyone regarding his or her needs. This review focused on young adults, adults, and elderly populations. Nevertheless, the youth population should not be excluded as research on their help-seeking habits and beliefs is much needed. Also, cultural background can strongly influence the help-seeking behavior and beliefs, so multicultural investigations are needed.

As seen in this study there are numerous factors and beliefs that influence the help-seeking behavior regarding AD, such as literacy, stigma, cost of treatment and other, however, what is needed to optimize the service utilization is unclear yet. These are important, and to be further researched so that mental health care providers can provide help adapted to patients' needs.

Conclusions

Regarding all the information that has been presented, we need to understand and discover more factors that influence help-seeking behavior so that programs regarding help-seeking can be implemented and more people can seek help for AD. Also, there are a large number of studies that do not separate AD from depression regarding help-seeking studies, and it can be of utmost importance to have this delimitation because they are two separate diseases and the way they manifest or influence the behavior of people is different.

Authors' note

Declarations: Portions of the findings were presented as a poster at the EABCT 2023 Annual Congress.
Conflict of interest: None.

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