Lorraine Raleigh

17145716

National College of Ireland

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Supervisor: Dr. Matthew Hudson

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Abstract

The current study aims to address stigma, knowledge and understanding of mental wellbeing, barriers and challenges from the viewpoint of a family member in an attempt to address some of the existing gaps within the literature. The purpose of this study is to explore the experience of seeking mental health services in Ireland, from the perspective of a family member. The study adopts a qualitative approach to examine the subjective experiences of family members and their mental health service experiences by capturing themes in relation to the research question. Eight participants (6 males and 2 females) engaged in semi-structured interviews with the researcher. A thematic analysis was conducted, exposing 5 themes; (1) Hopelessness and Fear, (2) Changes in the family dynamic, (3) Overcoming challenges, (4) Judgement and (5) Desire for change. The findings provide insight into the challenges and experiences of seeking mental health services in Ireland; including the prevalence of stigma, barriers and the need for change in relation to help seeking. Limitations and implications are discussed.

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Introduction

Mental health disorders are common and debilitating in many countries (Kessler et. al., 2009) and account for 12% of the burden of disease, globally (World Health Organisation, 2001). Family are commonly primary care givers for individuals with a mental illness (Panicker & Ramesh, 2019). Primary carers and family are a central part of providing a support system and healthy environment to care for someone with a mental health problem. However, their experiences are rarely empirically researched (Highet, McNair, Davenport & Hickie, 2004). Family members face many challenges in relation to caring for a family member with a mental health issue including stigma (Corrigan, Watson & Miller, 2006), barriers to receiving mental health services (Mosher, Given & Ostroff, 2015), lack of education (Lucksted et al., 2013) and seeking mental health services during a global pandemic (Druss, 2020).

Many studies have researched stigma broadly however, Remko et al., (2016) states stigma by association is not acknowledged within the literature. The current study aims to explore stigma by association within families. Mental health literacy within families and barriers in receiving mental health services will be explored with the perception of family members in mind, to further address existing experiences and challenges in relation to the research topic. These aspects of seeking mental health and family experience will be related back to the current world we live in, with Covid19 posing challenges and increasing risk for mental ill-health.

Using thematic analysis, this study aims to explore the thoughts, feelings and perspectives of family members of those who have sought mental health services. With the inclusion of existing literature, this literature review aims to explore factors relating to help-seeking in Ireland, in relation to mental health. The review aims to critically analyse and review the literature, while addressing gaps that will be addressed in this research project.

Stigma (stigma by association)

People who suffer with mental health disorders have often reported a stigma attached to them with 1 in 4 people in America reporting stigma related to their mental health disorder (Alono et al., 2008). Mental health and stigma is studied widely however, a lack of research exists in relation to stigma by association (Remko et al., 2016). Stigma by association means being stigmatised simply because you are related to someone who is typically stigmatised e.g. someone with a mental health disorder (Bos, Pryer, Reeder & Stutterheim, 2013). A cross-sectional study investigating public stigma by association and type of family relationship between members of people with mental illness was conducted on 527 family members (Van Der Sanden, Pryor, Stutterheim & Kok, 2013). The large sample sized study found a major existence of stigma by association due to a need for education within family of people with mental health problems and society as a whole, as well as the effect of stigma by association has on family closeness and the quality of life for these individuals.

Limitations exist as stigma by association has gathered very little scientific investigation. The researchers also recommended a qualitative approach to provide context and insight, which this research project aims to do. Mental ill-health and stigma is a well-researched area however Bos, Pryer, Reeder & Stutterheim' (2013) research portrays a lack of insight into how being related to someone with a mental illness, can attract stigma onto a family. This may potentially act as a barrier against help seeking behaviours, preventing an

individual or their family opening up about their mental health struggles. Mental health and stigma is widely researched in relation to the individual suffering with the disorder however, a qualitative investigation into stigma by association is not as well explored. The majority of research surrounding stigma is quantitative. The current research aims to provide a qualitative approach to explore the personal experiences of family members affected. The majority of research on stigma by association is focused on groups such as first responders, healthcare staff and army groups. This research aims to provide a more generalizable population by studying family members of those who seek mental health services.

Barriers to receiving mental health services

Structural (transport, cost, work leave etc.) and perceptual (stigma, attitudes) barriers exist when it comes to receiving mental health services (Wisdom, Cavaleri, Gogel & Nacht, 2010). A recent systematic review summarised literature designed to establish the effectiveness of engagement interventions in primary care, which aims to reduce these barriers (Petts & Shahidullah, 2020). The mentioned study considered 10 studies with different approaches. The review found only in the studies where access to help was facilitated, was there a success rate in individuals contacting further about receiving help. In relation to young people in rural areas, it is thought to be more difficult to overcome major barriers to facilitation and care, due to the lack of resources and mental health services (Boydell et al., 2006). Marcus Arnaez et al., (2020) assessed barriers to seeking mental health services using the 18 item scale to measure how much of an impact barriers have when seeking mental health services. The study conducted on 2551 students found internalised stigma carried the most weight in seeking mental health services compared to stigma from others. However, this study did not examine the relationship between stigma and barriers, and their impact on help-seeking behaviours. Critically speaking, the studies mentioned carry many limitations. The mentioned studies focus on primarily children with only one study in

the systematic review, focusing on adults barriers to mental health. Many studies focus on a parent child relationship, where this study hopes to access different relationships within Irish families and their experience with structural and perceptual barriers when it comes to receiving mental health services.

Among the population, especially males, there is often a resistance to seek mental health services due to poor mental health literacy, stigma and an idea of "self-reliance" (Clark, Hudson, Dunston, Clark, 2018). Despite this, online help-seeking options and the use of online mental health services are often a go-to for individuals who are resistant to seek help (Lohan, Aventin, Oliffe, Han & Bottorff, 2015). As we persevere through a global pandemic where social contact is limited and mental health issues rise, the use of online services may sky rocket and become a more traditional route of treatment. A conversation about the experience of using these services to seek help has contributed to the well-being of individuals, how they may be improved and how they impact the affected individual and their family as a whole is of interest in this study. Online services may break down some structural barriers to receiving mental health services lessening the stress and fear of seeking these services.

There is also a lack of qualitative research regarding structural and perceptual barriers in relation to accessing mental health services in Ireland, and how mental health services in Ireland impact the family. There barriers may be made more prominent now due to Covid-19.

The relationship between stigma, barriers and mental health

Haugen et al., (2017) conducted a systematic review on 14 quantitative studies exploring mental health stigma and barriers to mental health care for first responders. Five out of the fourteen studies measured barriers. The most common barriers to seeking mental

health care for first responders were difficulty scheduling appointments and not knowing where to seek help. Other significant barriers found were being unable to get time off work and lack of transportation. In relation to stigma, there was a prominent fear of services not being confidential and the impact seeking psychological health could have on one's job. The participants also highlighted a fear of judgment from co-workers. Three out of the fourteen studies examined the relationship between the experience of mental health care, barriers and stigma. This concluded participants held more stigma tolerance if they had previous experience with mental health services compared to those with little experience, which suggests the importance of mental health literacy in minimising the stigma around seeking psychological help (Goldstein, 2002). However, Hyland et al., (2015) found no significant relationship between knowledge, stigma and seeking mental health services (as cited by Haugen et al., 2017). Systematic research regarding stigma, barriers and help-seeking is lacking within the literature. The majority focuses on first responders, armed forces and veterans. The current study aims to explore these topics with the family in mind, which may be more generalizable to the population.

A qualitative systematic review assessed stigma-related barriers for getting help for mental ill health (Coleman et al., 2017). The study mentions the lack of recognition for qualitative research studying stigma, barriers and help seeking. The mentioned study analysed 8 studies with 1012 participants, and found five significant themes; (1) non-disclosure; (2) individual beliefs about mental health; (3) anticipated and personal experience of stigma; (4) career concerns and (5) factors influencing stigma. Unlike the previously mentioned quantitative study, the meta-analysis suggests strongly stigma is a barrier which prevents individuals seeking help for mental health. A key limitation of this study is it also focuses on the armed forces, which may affect the generalisability to the general public, such as families. The current study aims to look at stigma by association. As previously

mentioned, stigma by association is not researched widely in terms of the family. The study will also aim to explore stigma in relation to mental health literacy within the family, to investigate how mental health literacy impacts the family member seeking mental health services.

Mental health literacy and stigma within the family

Mental health literacy is defined as an individual's knowledge and understanding about mental health in terms of recognising symptoms, understanding of mental health conditions, attitudes and the ability to cope with these conditions (Jorm et al., 1997). Anderson and Pierce (2012) state mental health literacy interventions for adults aim to educate the general public on mental health, helping others and the challenges which arise from mental health problems, which in turn should help reduce stigmatising attitudes (as cited by Riebschleger et al., (2017). Jorm (2000) found individuals able to recognise mental health disorders are more likely to seek help (as cited by Yan Lee, Furnham & Merritt, 2017). Similar to that finding, Givens et al., (2007) found individuals who believe using mental health services are beneficial and effective are more likely to agree with the use of mental health services (as cited by Yung, Sternberg & Davis (2017). However, when seeking mental health services, stigma is still prominent in the general public. In terms of family, Liegghio (2016) analysed family stigma among youth in mental health. Thematic analysis found younger family members often struggle to understand mental illness within their family, which results in them seeing their family member as 'flawed' which may be damaging to the family member suffering. This research highlights the need to improve mental health literacy within families from a young age, to prevent stigmatizing attitudes within the family.

Krupchanka et al., (2018) studied the experience of stigma and discrimination in families of individuals with schizophrenia. Similar to the previous study mentioned, the

general lack of understanding around mental health amplifies stigma for the individual and the family affected. Limitations exist in relation to the studies mentioned. The majority of studies on mental health literacy recruit participants through similar mental health services and providers, which may affect results because their experiences may be similar and biased. The current study aims to recruit participants who have accessed mental health services of all kinds, using a qualitative approach in order to get a true reflection of the experiences of seeking mental health services, mental health literacy and stigma within the family. The current research also aims to include the experience of seeking mental health services during the current pandemic.

Experience seeking mental health services during a pandemic

The unpredictability of the current world, lockdowns and social distancing due to the recent pandemic may cause a spike in mental health problems (Moreno et al., 2020). Rajkumar (2020) conducted a systematic review on the existing literature regarding mental health and covid-19. The review concluded a rise in anxiety and depression levels, as well as a rise in adverse mental health in family members whose loved ones have contracted the virus (Rajkumar, 2020). Due to the newness of the pandemic, there is an obvious lack of research into the accessing of mental health services online and how family cope living with individuals with mental health disorders during one of the most stressful and unpredictable times. The study aims to investigate how mental health services have changed due to Covid-19, and how this may affect stigma, barriers and education surrounding mental health in the future.

The current study

The current study aims to expand on the body of existing literature in relation to mental health, stigma, and barriers to mental health services by examining the impact of

mental health issues from the perspective of a family member. Using thematic analysis, the current research project aims to investigate the thoughts, emotions and feelings of individuals whose family members have sought services for their mental well-being.

The study aims to focus on aspects which have arisen in the existing literature as being important but under-researched. Throughout the interviews, particular attention will be provided to topics such as stigma by association, mental health literacy, structural and perceptual barriers to receiving mental health services in Ireland and the experience of mental health and seeking help during the current global pandemic. It is clear from the existing literature mental health and the experience of coping with mental health issues is a widely researched area however, an insight into how mental health does not only have an impact of the affected individual, but the people who love them also. The majority of research focuses on the impact of mental health and parent and child relationships. There is little research examining the impact of seeking services for mental ill health in relation to the family as a whole, not just parents and children. There is also lack of understanding regarding stigma by association, surrounding mental health and the barriers preventing people from accessing the services they need, from the perspective of a family member. Although the person suffering faces the brunt of the challenges, it is important for the literature to focus on the family of the individual affected, as a strong support system may be the backbone of one's recovery process. The current study aims to address stigma, knowledge and understanding of mental wellbeing, barriers and challenges from the viewpoint of a family member in an attempt to address some of the existing gaps within the literature.

Methodology

Study Design

The current research study was qualitative in nature. This approach allows the participant to speak freely, which should result in an array of data, in order to give a detailed and in-depth interpretation (Dworkin, 2012). This method of data collection is most appropriate as it allows for an understanding of thoughts, feelings and behaviours across a data set (Kiger & Varpio, 2020). Semi-structured interviews asking open ended questions were used to investigate the experience of seeking mental health services; from a family member's perspective. The interview guide consisted of open-ended questions which were created to allow a conversation relevant to the research topics to take place. (See Appendix A).

Ethical Considerations

The current research ensures its compliance with the ethical guidelines provided by the Psychological Society of Ireland. Permission for the continuation of the study was granted by the National College of Ireland's undergraduate ethics committee.

The researcher ensured all participants were treated with dignity and respect throughout the research process. Prior to participation, all participants were provided with an information sheet outlining in detail the nature of the study, the reasoning behind the study and what participation entails (see appendix B). The participants were also provided with a consent form to ensure informed consent was obtained by all participants (see appendix C).

The participants were engaging in conversation about their family members and their experiences with mental health, which may have been an emotional topic of conversation. To counteract this, and ensure psychological protection of all participants, the information sheet

and consent form outlined the nature of the study, the reasoning behind the study and what participation entails. The forms mentioned also outlined their right to withdraw or take breaks from the study under the Freedom of Information legislation. The participants were reminded of this before the interview, if they became emotional during the interview and after the interview. The participants were provided with a debriefing sheet. (see appendix D) The participants were encouraged to make use of the helplines provided on the debrief sheet if they felt affected by the research. All participants were fully debriefed after the interview.

To protect the participant's anonymity, questionnaires and transcripts were only identifiable through code. All identifiable information was removed during transcription. To further anonymity, the audio recordings and transcripts were stored on a password protected laptop, which only the researcher had access to. All audio recordings were destroyed after transcription.

Participants

Two nonprobability sampling techniques (convenience sampling and purposive sampling) were used to recruit participants for this study. These sampling strategies were used as the research was conducted completely online. Erikan et al., (2016) state these methods of sampling are efficient when conducting research, when the research has limited resources such as time and access to participants. Robinson et al., (2014) states the mentioned sampling strategies as being the most common in qualitative research.

All participants were over the age of 18 and had a family member who has experience seeking mental health services in Ireland. Eight participants (n = 8) took part in the study. Social media websites (Facebook, Instagram and Discord) were used to recruit participants. Participants interested in the study contacted the researcher through the contact details posted on the social media sites. The researcher kept in contact with potential participants through

email. The information sheet, consent form and debriefing sheets were distributed over email to interested participants (see appendix B, C, D). Researcher and participant communicated over email to allocate a suitable date and time for the interviews to take place.

All participants *(n* = 8) met the criteria of having a family member who sought mental health services in Ireland. The study included 6 females and 2 males. Two participants were siblings, two participants were in-laws, two participants are mothers, one participant is a son and one participant is a daughter to the individuals who sought mental health services. Participants ranged from ages 20 to 63 (M=41.5). In relation to the family members the participants were speaking about, four identified as female and two identified as male. Three of the family members have bipolar disorder, two have diagnosed anxiety disorders and the remaining has depression. Four out of the six participants live with their loved ones, while two participants live in separate households from them.

Materials

The researcher used a plan of open-ended questions to guide the interview (see appendix A). An ACER aspire 1 password protected laptop was used to keep in contact with participants, to keep recordings and transcriptions. A password protected iphone 7 was used to record the interviews. An information sheet, consent form and debriefing sheet were used to ensure the participants were aware of the nature of the study, their involvement and to ensure the researcher had their informed consent (see Appendix B, C, D).

Data Collection

Once all participants were recruited, the researcher conducted a pilot study to ensure data collection ran smoothly. The participant was made aware of the pilot study and agreed to participate. The pilot study ensured the open-ended questions designed suited the purpose for

the research. It also gave the researcher to ensure all digital devices worked accordingly. The researcher checked the timing of the interviews. The researcher made no changes to the interview questions or digital devices used. Therefore, the pilot study was used for the data analysis.

The researcher spent four weeks collecting data. Eight semi-structured interviews were conducted online. All participants completed their interviews alone and individually to ensure confidentiality.

At the beginning of each interview, the researcher asked demographic questions. The interview then proceeded into a conversation using open-ended questions which consisted of questions in relation to their family member's experience of seeking help, the barriers to seeking help, the effects on the family, mental health literacy, stigma and seeking help during a pandemic. The open-ended questions and interview process allowed the participants to engage in conversation where they could speak freely about their conversation, while keeping to the research topics. The interviews lasted approximately 25-55 minutes, depending on the amount of experience the family member had. All interviews were conducted online over the phone and were recorded and transcribed verbatim.

Data Analysis

The researcher used constructivist/interpretivist epistemological approach when completing the current research. The qualitative approach engages with the participant's experience of having a family member who sought mental health services, which means the conversation held during the interview will affect the results. Braun & Clarke (2006) inductive thematic analysis was used to analyse the data. The analysis involves five steps; (1) Becoming familiar with the data, (2) Generating codes, (3) Searching for themes, (4) Reviewing themes and (5). Defining the themes.

Firstly, the researcher familiarised herself with the data when she transcribed the data verbatim. The transcriptions provided a coherent view of the data to ensure clear interpretation. The researcher re-read the data, until she was capable of generating codes and initial themes. The researcher analysed the data and the codes to search for themes and subthemes. The researcher then continued to read over and analyse the data to ensure all emerging themes and subthemes suited the purpose of the research and were a true interpretation of the coded data. The researcher repeated this process until no new themes and subthemes emerged, which suggested the occurrence of data saturation. The data was further analysed until all themes and subthemes were defined, and are now presented in the results section of this research paper.

Results

The use of Braun & Clarke's (2006) thematic analysis brought five themes to light. (1) Hopelessness and Fear, (2) Changes in the family dynamic (3) Overcoming challenges (4) Judgement and (5) Desire for change. Subthemes were also identified within each of the five themes, which will be discussed under each theme. See appendix E for thematic map. See appendix F for an extract from one of the interviews.

Theme 1: Hopelessness and Fear

Hopelessness and fear were emotions all participants expressed during their interviews. Participants described their experience of seeking mental health services as inconsistent and poor, which often sparked negative emotions.

When talking about her sister's experience of seeking mental health services, one participant said

> I think keep consistent with who you are talking to inside of the services, don't start chopping and changing who you are talking to, like first you would be going to see this person and now you are going to see this person. I don't think it was very good for her anyways and I don't think it would be very good for building up a relationship, especially when it comes to mental health (Participant 2).

The lack of consistency within the mental health services often led to excess stress and fear, as the services weren't working. The family felt they did not hold the knowledge to help and support her.

> It's very hard to be quite honest because if you don't know the experiences they are having, you don't know how to help so you are standing there feeling helpless (Participant 2).

> She could be crying for nearly half an hour for absolutely no reason and we wouldn't know why and me and mam would be sitting there feeling helpless because she doesn't know what's going on with her daughter anymore (Participant 2).

Participants often described feeling they were left in the dark, and this amplified their feelings of anxiety and worry. They felt the health care professionals failed to communicate how to help their family members;

> His family didn't know the workings of anyone being in a hospital so they never asked to see the consultant…or speak with a consultant, they just phoned up the doctor and said he's improving or he's not improving or he's being discharged or whatever, and there was no such thing as a family meeting or anything, like there was no family meeting (Participant 4)

Some participants felt the feelings of anxiety and fear they were feeling was worsening their own mental health. They wished they could have had something to help them, so they could be in a fit state to help their family member.

I can safely say it has been the most traumatic experience I've had in my life so far, really it was terrible, because you are a victim as well. You need the support. You can't support somebody if you are not supported yourself really… I ended up being a victim myself (Participant 5).

I started to feel like I was becoming my sister, like I was starting to develop her depression and her anxiety. I didn't want to go get help because to be quite honest, I didn't want the attention taken away from her. I felt like she was getting little enough help as it was… I would have gone into one of her counselling sessions with her but I didn't feel like I should… I wish I was invited in to be honest…maybe that would have helped (Participant 8).

Theme 2: Changes in the family dynamic

All participants reported how their family member's mental health struggles changed relationships within the family; one participant testified the closeness she had with her daughter as she could relate to how she was feeling.

We would have had a very close relationship and any time she ever wanted to talk, she'd sit down or stand up or roar and shout or do whatever she had to do and I would just listen and talk with her because it was the fact that things were affecting me as well. It helped me come to grips with my feelings as well at the same time (Participant 1).

Another participant testified the lack of relationship she had with her father due to his poor mental health;

I didn't have a father there y'know? Yeah I didn't really… he was always there but he was either on a low which made it very hard to get a conversation out of him or get him to talk, and then when he's on a high, he's never there, you're always running after him, basically I wouldn't say… I do love him and everything but there was no proper relationship (Participant 3).

Similar feelings were felt by another participant. He describes how he had often wished that he could have the same relationship with his mother that his friends had with theirs.

When I was younger, I sometimes wished I could have a different mother. I know that sounds terrible but I did, just because I had no relationship with her. I was grieving the loss of my mother… I felt like she wasn't there… she was there physically but mentally she was never there. I would look at the other kids in my estate, and they would all get called in for dinner by their mams… while my mam was in bed depressed (Participant 7).

One mother captured the impact of her daughter's mental health on the rest of the family as being impactful on her relationship with her kids, as the majority of her attention was on her daughter. When asked how the experience affected her family, she answered;

Greatly really because there are two other boys in the family younger than her and they all felt the attention was diverted onto her…. We were told by their teachers that they were, that it did affect them and we could see it at home as well…. I remember one evening, the middle child who is the eldest of my two boys said to me… he said 'Mam, you'd never do anything silly would you?' and he knew how much stress I was under and you know, to think that a child was worried about you like that was horrendous really" (Participant 5).

Participants reported feelings of being excluded from the family unit "I felt like I was invisible, that I didn't exist at all". Another participant described it as "being left out in the

cold… every conversation was focused on her while I was out trying to make my parents proud and it was never recognised, like I wasn't there".

Some participants wished they had received some form of counselling with their loved one, to rebuild the relationship and learn how to communicate with their family member.

I wish I could have went into counselling with my mam so I could hear my mam speak openly about her feelings, she didn't talk at home so I never understood what she was going through (Participant 7).

When talking about the option of family counselling, one participant recalls her experience;

Nothing like that was ever offered and I think it should be offered, especially because we were really close and then when everything just kicked off, and everything went wrong, she started really suffering more and more…the counsellors never said do you want to come in and be in a safe space and we'll just talk, it was never anything like that and I think that it really should be offered" (Participant 2).

Theme 3: Overcoming challenges

All participants described the challenges they faced while having a family member seeking mental health services. There were two different types of challenges highlighted within the data; structural challenges such as cost and transport and lack of services and conflict within the service.

Participants often described the lack of services available and how that can be damaging to an individual suffering. The lack of services was frustrating and potentially dangerous for the family member.

I wouldn't like to see someone severely depressed because I don't know how long you'd be waiting or whatever for help, and they don't always have the time, if they are really bad they don't have the time to wait, like time is of the essence when you have someone who is seriously mentally ill because they could, they are likely to do anything (Participant 1).

I understand that the mental health services are under pressure, but from what I saw, you'd make an appointment, be put on antidepressants but what if they don't work? What if you need further help? You can't wait 6 months when you can barely get through the day ahead (Participant 7).

Other participants felt they were unaware of the appropriate services available. In times of crisis, they felt they had nowhere to turn.

I don't think they were aware of supports, I don't think they were aware of what was out there and what was available. They weren't encouraged by the mental health services (Participant 4).

We had a scary incident where she threatened to kill herself and she grabbed a knife and just took off running, when we eventually found her she was distraught and we did not know what to do or where to go. It was the weekend… what were we going to do? Go sit in A&E for 8 hours? We couldn't control her for 5 minutes, never mind 8 hours. There were no mental health services available to us (Participant 8).

Structural barriers such as transport and cost were a common issue among participants. This led to frustration and fear surrounding getting their family member to the appropriate service. Participants felt the services were often too far away or hard to access, which made it difficult to attend appointments.

One participant spoke about the inconvenience of having to seek services for her daughter that were further away from home, because her psychiatrist left and the mental health services failed to provide a replacement.

> The services were not available geographically, in the country, as in child and adolescent psychiatric services. There was a child psychiatrist approximately half an hour away… and she went to her… where we really had a negative experience and unfortunately that particular psychiatrist had moved on and there was no replacement for her, so she wasn't replaced therefore we had to go to services in the city…to access them time wise was a bit of a problem (Participant 5).

Other participants conveyed their loved one's struggle of getting to and from appointments because of their reliance on public transport or lifts, which did not always meet their appointment times.

> I remember my mam had to always get the bus to her appointments which was tough, because she would end up missing appointments then if the bus wasn't going, and yeah she could change appointments but that was hard do cause she still had to fit her appointments around family and sometimes they couldn't change them (Participant 7).

> No one drove at the time apart from my dad and he worked full time, so getting my sister to appointments frustrated my parents a lot. Especially cause her appointments were over an hour away, so nearly half the day was gone on just my sisters appointment and there's no public transport where I live… well very little but even still, the bus times wouldn't also work either so it was frustrating on my parents, and probably my sister too (Participant 8).

Other participants expressed dissatisfaction with the mental health care professionals their family members were working with and the treatment they got for their mental illnesses. One mother recalls a time where she was unhappy with how the professional treated her.

I was told by the psychologist that I should stand back and I was excluding my husband and nothing was further from the truth. She told me that I should stand back from it and I was overprotective really. I told her anyways in very straight terms that I would quite willingly stand up or stand down when it was safe to do so and not until then (Participant 5).

The same participant states how she feels that the experience for her daughter was to clinical and lacked warmth and personal attention. She expressed how the majority of her treatment was ticking boxes and putting her daughter on medication when in reality, she didn't fit into a specific box.

She was having a normal reaction to an abnormal situation and that wasn't addressed. It was a case of ticking boxes and you know, going down the road of medication when what was needed was more empathy and more of a supportive atmosphere (Participant 5).

Other participants highlighted their dissatisfaction towards lack of services and the "clinical" treatment given to their family members. 'I just think there are not enough psychologists and there are not enough counsellors in the country to cope with the level of mental health issues that's out there' (Participant 1). 'I understand medication helps but that's all she received, I really think she needed someone to talk to outside of her friends and family, like a good counsellor she could build a trusting relationship with' (Participant 7).

Theme 4; Judgement

Public perception and stigma within the family were prevalent throughout the interviews. Participants conveyed how the family's attitudes and ideas around mental health would often prevent their family members from seeking mental health services.

There was a couple of times he was in *hospital name* psychiatric unit, there obviously was huge reluctance on the family to take him" (Participant 6)

Sometimes his wife, the wife is hiding it. The family, his wife certainly hasn't overcome that aspect of hiding his illness… even from the kids now, from the wider community. It's sort of a thing, you aren't supposed to have it…the stigma has been within the family, it sometimes prevented them from actually allowing people to help, or allowing people to kind of provide the support, they were trying to provide (Participant 6).

Other family members describes how their loved ones mental illness was not talked about or acknowledged 'a lot of people didn't like to accept it or it was just hidden underneath the carpet y'know? It wasn't spoken about' (Participant 3). 'We didn't talk about it because… I think my dad was embarrassed to be honest, that sounds terrible and he still did his best but he thought her being on antidepressants was shameful... so we never spoke about it or told anyone really (Participant 8). 'I actually found out that other family members have had mental health issues and they do suffer from it, but this had never been talked about in my family. My family is just sweep it under the carpet and ya don't talk about it' (Participant 2).

Another participant described their family members mental health as something to be acknowledged and proud of; 'We were really proud of her for taking the necessary steps, I remember my aunt congratulated her after she went to her first GP visit for her mental health

and she asked why are you congratulating me? And my aunt replied because you took the first step… and I thought that was heart-warming and nice to see' (Participant 7).

One mother describes how other family members urged her to take her child off medication, but she felt she know what was best for her child regardless of other people's perceptions;

'She would have done anything to push us away from them but I would have been one of those people that you can tell a thing to but at the end of the day, I would feel and do what I think is right myself, so I left her on her antidepressants until such time as she felt she didn't need them anymore' (Participant 1).

Public perception and stigma was significantly prevalent throughout the data also, as every participant had at least one experience of stigma and stigma by association because of their family member's mental health problems. One participant talks about how she was isolated from her community because of her daughter's mental ill health, and how that impacted them as a family.

'You could write a book on that and up to seventeen years later, we're still with the consequences of that, I thought myself I was invisible for a long time because we were the trouble makers… we were so stigmatized. It is very well alive in Ireland really, in smaller communities' (Participant 5).

A daughter talks about a time where she was often stigmatized by other kids in her area growing up because of her father's mental health problems.

The kids in the estate were like 'oh where's he going… into the mad house?' Or whatever, so yeah we did get a lot of… I wouldn't class as bullying but just remarks from other kids… so unfortunately yeah he was the one who needed help and had to seek help on a

regular basis so yeah, the whole town knows that's just the mad *family members name* and that's just who he is… a lot of them would say oh there's the mad *family members name* fella… it was just awful, because he wasn't mad, it's just he obviously has a disease (Participant 3).

Theme 5; Desire for change

All participants in the current study expressed a desire to change the public's perception on mental health. From their first hand experiences, they felt quite passionate about changing how mental health is perceived to the public;

I think it really should be emphasised more about minding your mental health, informing people like how to mind your mental health and if someone does have mental health issues, train them a little on how to help someone, even just checking in, seeing are ya alright, if they're not then give them the little steps that you can do to try help someone, like there really isn't enough put in about mental health like y'know… people really do struggle every day (Participant 2).

Another participant expresses how she dislikes the terminology used to describe mental health, and believes changing the term would help minimise stigma;

I think the word 'mental' has connotations so why call it mental health? Can they not… we don't call general medicine general medicine. If someone has a brain tumour, we don't say general medicine brain tumour, we just say a brain tumour so if someone has depression, say depression, why mental health? (Participant 4).

Three out of the eight participant's family members sought mental health services during the current pandemic. Two participants' described the lockdown as being helpful in regards to seeking mental health services.

In a weird way, lockdown got rid of some of the problems I was talking about earlier, like when I was giving out about appointments and not being able to get there (laughs), I think now my sister can have appointments without even leaving the house cause I think they do it over skype or some sort of video call and it really helps her.. in the sense that when she's having a depressive episode, it's not as much of an effort to go to her counselling so that helps as well (Participant 8).

I think there's going to be a lot more pressure on mental health services now because of the impact of the lockdowns but for my mam, she does have weekly phonecalls and I think she actually finds it easier to open up because she gets quite anxious when she's face to face… now she can kinda relax at home with her cup of tea during her counselling sessions (Participant 7).

One participant felt the lack of face to face contact and the use of phone calls may not always be enough 'That option of face to face when required, you know sometimes you do need that face to face. Sometimes even with a GP or to meet somebody when you're in crisis. Sometimes a phone call isn't enough' (Participant 6).

Some participants discussed the desire for better future interventions to educate the general public on mental health, to spread the message that you are never alone and there is ways and means to cope with mental ill health.

'There really is a stigma to break there like ya really need to start taking care of it more like, more workshops for awareness should be done I think, like counsellors training

people and their families, so they could do this and try that and try the other to try and break the ice a little bit so the person isn't always struggling alone, they need to know there is others out there that can help them and are willing to help them and there is others out there that can help them and are willing to help them and there is ways to cope with it, not just that you're on your own anymore' (Participant 2).

Discussion

The aim of the current study was to explore the experience of seeking mental health services in Ireland, from the perspective of a family member. The study adopted a qualitative approach to explore the participant's subjective experiences of being related to an individual who has sought mental health services. A thematic analysis of the interviews revealed five emerging themes; (1) Hopelessness and fear (2) Changes in the family dynamic (3) Overcoming challenges (4) Judgement and (5) Desire for change.

In relation to the first theme "Hopelessness and fear", participants described the negative emotions that arose from their family members experiences of seeking mental health services. They often described a fear of the unknown due to the lack of services and help made available to them. Services were often out of reach or constantly changing which negatively affected the treatment of their loved ones. These negative experiences instilled worry and fear into the participants as they worried about the wellbeing and future of their loved ones. Owens et al (2002) found a similar finding when examining barriers to children's mental health services, focusing on the effects of these barriers on the parents. The research concluded 35% of parents faced barriers such as accessing services, and in turn negatively affected the quality of care being received. However, Plaistow et al (2013) contradicted the finding by concluding that young people have positive views in relation to accessing mental health care, and are happy with the quality of service they were provided, however they did

express frustration because of the lack of continuity of care which is relevant to the inconsistencies found in the current studies data, in relation to seeking mental health services. Further research should be conducted to explore deeper into the emotional impact on the family, and what interventions may be implemented to benefit the individual directly suffering and the family as a whole.

The theme of "Changes in the family dynamic" conveyed how mental health difficulties within the family can significantly impact the workings of a family. Many participants reported feeling excluded from the family unit, as the majority of the attention was on the family member seeking the mental health services. A lack of attachment to family members was also prominent within the data, as family members felt they did not have a relationship with the individual they were speaking about. This finding is consistent with previous research. Beardslee, Gladstone, O'Connor (2011); Roustit et al., (2010) and Smith (2004) reached similar conclusions, by stating parents who are suffering from mental ill health and who develop an unhealthy parenting style, may lead to unsecure attachments with their children (as cited by Homlong et al., 2015). Participants mentioned how they wished they were more involved with their family member's counselling sessions and treatment plans. Pihkala et al (2011) found family interventions for children of parents who suffered with their mental health, experienced relief and release from stress as they understood and were more knowledgeable about their family member's illness.

In relation to the third theme; "Overcoming challenges", participants described structural challenges in terms of transport, cost and conflict within the mental health services. There was also a lack of mental health literacy prevalent in this theme, as participants were unaware of the appropriate mental health services available. Consistent with this, Sareen et al (2007) found most people with mental health issues face barriers and challenges, which results in individuals not getting the adequate treatment. In terms of conflict within the

mental health services, Andrade et al (2014) found negative experiences with treatment providers was a cause of drop out for many individuals seeking help. The current study concludes reducing these challenges and barriers may improve the experience of seeking help overall. This is consistent with previous research (Lai et al, 2020; Reardon et al, 2017).

The theme of "Judgement" reflected how public perception and stigma is still extremely evident in today's society, especially in rural Ireland. The family attitudes had a major impact on the participant's likelihood to seek help, because of how the individual affected would be perceived. This creates another barrier to seeking mental help services. More research should be conducted on stigma within the family in relation to getting treatment for mental ill health. Stigma by association was evident for the participants also. A study conducted by Ostman & Kjellin (2002) is consistent with the findings surrounding stigma by association, as the majority of families' studies also experienced high amounts of stigma by association when having a relative seeking mental health services. Interventions should be developed and put in place to prevent stigma by association from occurring so commonly.

The final theme "desire for change" captures how first-hand experience of loving someone with mental health problems sparks a desire to change how mental health is perceived to the public. Families expressed educating the public would minimise stigma surrounding those with mental health. These findings were consistent with previous research (Schachter et al, 2008; Dowdy et al, 2010). Some of the participant's family members sought mental health services during the current pandemic. They expressed how the use of technology and online counselling has helped minimise structural barriers such as transport, which they had experienced before Covid-19 hit. This finding was consistent with previous literature as Feijet et al (2020) found mental health practitioners felt positive about the effectiveness of treatment, as well as more flexibility and a cut down on cost and travel times.

However, the research also states how not all mental health problems and treatments are suitable for online interventions. Due to the newness of the pandemic, there is still a lot of progress to be made in the literature surrounding the effectiveness of socially-distanced mental health interventions.

The themes overall, aimed to provide insight into the family as primary care givers and main support system for those who suffer with mental ill health and their experience. There is a lack of research within the research focusing on the family's perspective (Highet, McNair, Davenport & Hickie, 2004) and this research study aimed to fill that gap. Overall, the themes and subthemes highlight the need to diminish challenges and barriers in relation to seeking mental health services. Professionals should aim to reduce barriers by implementing interventions to improve mental health literacy within the family and the public overall. Structural barriers should be addressed (lack of services, transport) and improved to allow individuals to get access to the help they need. Online counselling interventions may be useful to diminish many of the existing structural barriers. The family perspective provided insight into the family dynamic and how one suffering with mental ill health can impact the whole family, which in turn may be a risk factor for developing mental ill health among other family members also. The introduction of family interventions to educate and build bonds may eliminate this risk factor. The current research concludes, there is still an array of challenges and stigma facing affected individuals and their families, and much needs to be done to eliminate these barriers and to ensure successful, positive experiences when seeking mental health services in Ireland.

Clinical Implications and future research

There are many clinical implications for the current research. Clement et al (2015) refers to how stigma still exists within society, in terms of seeking help for mental ill health,

which may result in delays and avoidance of seeking help. Similar to these findings, the participant's subjective experiences highlighted the existence of stigma from the public, but especially within the family. Instances occurred where the families' perception of mental ill health prevented the affected individual from seeking services. This conveyed a lack of social support and shame within the families, because of mental health. Researchers and professionals should aim to develop educational workshops or programmes, to educate the general public on mental health in an attempt to minimise the stigma that is still clearly prevalent today.

Having a family member who suffers with mental ill health was impactful on the family as a whole. Relationship breakdown was a common subtheme within the data, as many participants described the lack of relationship they had with their family member. Social support from other family members was deemed not enough when they still lacked the relationship with the family member they were discussing. Future research and professionals should aim to develop and use family interventions that focus on bonding, relationship building and trust building, as well as educating the family members involved to build a strong, secure attachment. Oldfield et al (2018) states secure attachment correlates with mental health resilience, which will also help minimise other barriers such as stigma within the family.

Structural barriers were also prevalent throughout the interviews. Barriers such as lack of transport and lack of service caused a lot of frustration and annoyance for the family members spoken about. Often, the participants were relied upon to bring their family members to appointments and counselling sessions which often got in the way of the family members day to day life. Distance from services was an issue for many participants. Professionals should aim to make services more accessible, by simply creating more health care services and more health care professionals.

Lockdowns and social distancing made services more available to participants as the use of phone calls and video chats minimised structural barriers such as cost, transport and distance from services. The development of more online mental health services may be beneficial during the pandemic, but also in the future to reduce structural barriers.

Strengths and Limitations

A strength in the study was the population investigated as previous research has found there is a lack of research in terms of family and the experience of seeking mental health. The majority of research focuses on parent child relationships, where this study included all kinds of family relationships (parent/child, siblings, and in-laws). All participants included were highly involved in the care and experience of their family member's experience. The study was conducted online which allowed individuals from all over Ireland to take part, which may reflect a more representative sample in relation to the Irish experience of seeking mental health services. The research addressed gaps within the literature. In relation to stigma by association, the majority of research is conducted on army members, first responders etc. This study's focus on family may be more generalizable to the public. There is also a lack of literature exploring the experience of seeking mental health services, from the family member's perspective. When exploring barriers such as stigma, structural challenges, the majority of literature tends to be quantitative. This study adopted a qualitative approach to gain an insight into the subjective experiences of family members and their loved ones. One to one interviews allowed participants to talk about emotional experiences which may have been neglected otherwise.

Weaknesses and limitations also exist within the current research. Because of time restraints, the study only collected eight interviews which are not enough to establish a representative sample. Six of the participants were female and only two of the participants

were male, which may also introduce a gender bias. Because the study was conducted online and interviews were held over phone calls, the researcher could not control for the environment. The study also aimed to gain an in-depth analysis of the family member's experience of seeking mental health services during the pandemic however only three out of the eight participant's family members sought services during the pandemic.

Conclusion

The current findings contribute to the literature surrounding seeking help for mental ill health. The analysis shows that everyone's experience is different. The study conveyed the current challenges to seeking mental health services and how they impact the affected individuals and their families. The study investigated stigma, mental health literacy, barriers to receiving mental health services and the experience of seeking services during lockdowns. The study found there stigma, lack of education and emotional and structural barriers are very much prevalent when seeking services.

The existence of stigma within the family was found to be more prevalent than the public perception of mental health. Participants were not education on their family member's mental health struggles and were often "left in the dark" which affected their knowledge surrounding mental health and their family members experience. Family involvement and education may have helped when the individual was suffering at home, and not in the presence of a professional. Emotional barriers (fear, anxiety, and hopelessness) and structural barriers (distance, cost, transport) were also highly present in the current study, Future research and professionals should aim to counteract these barriers by developing and holding interventions for more family involvement, which may be beneficial in reducing stigma within the family, relationship breakdown and emotional distress. The current lockdown was shown to be beneficial in reducing structural barriers due to the use of technology, skype calls

and phone calls for the family member's counselling sessions. Professionals may adapt these approaches permanently for some individuals who are affected by structural barriers such as distance and transport.

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Appendices

Appendix A

Interview questions

Interview Guide

1. When the first time your family member sought services for mental ill-health, and what/who was their first point of contact?
2. Can you tell me about their experience of first seeking help? Was it a positive/negative experience?
3. As a family member, can you tell me what it was like to have a loved one struggle with their mental health?
4. Can you tell me about the biggest challenges you faced? Emotionally (stress, fear) and structurally (accessing services, transport, cost)
5. When did you first become aware that your family member was struggling, and how did it affect your relationship?
6. Did they experience stigma? And did you experience any stigma?
7. Is there anything you wish the general public understood/knew about mental ill-health?
8. Before realising your family member had sought help, did you understand what they were going through and how have your thoughts/opinion changed regarding mental health?
9. In your opinion, what is the most significant thing the experience taught you?
10. If your loved one has sought mental health services during the current pandemic, can you tell me about that experience?

11. If your loved one has sought mental health services before the pandemic and during the pandemic, can you tell me about how seeking help has changed?

Demographic questions

1. What is your relationship with the person you are going to be speaking about?
2. Age?
3. What is their gender?
4. What is your gender?

5. Has your family member been diagnosed with a mental health disorder(s)? If so, please specify the disorder(s) Yes/No

Appendix B

Information Sheet

Participant Information Leaflet

The experience of seeking mental health services in Ireland; from a family members perspective.

You are being invited to take part in a research study. Before deciding whether or not to take part, please read the following document which explains why the research is being done and what it would involve for you.

If you have any questions about the information provided, please do not hesitate to contact me using the details provided at the end of the sheet.

Who am I and what is this study about?

My name is Lorraine Raleigh. I am a final year undergraduate student studying psychology in the National College of Ireland. As part of our degree, we must carry out an independent research project. For my research, I have chosen to study the experience of seeking mental health services in Ireland, from the perspective of a family member. This involves individuals whose family member has been diagnosed with a mental health disorder or faces frequent mental health difficulties.

What will taking part in the study involve?

If you would like to take part in this study, you will be asked to take part in an online interview with me. The interview will take place at an organised time that is convenient to you. The interview will take approximately 30-60 minutes. During the interview, you will be asked open ended questions to allow a conversation to take place relating to your experience of having a family member who sought mental health services. All information provided will be strictly confidential, and will only be used for the purpose of my thesis. Before the interview takes place, you will be asked to sign a consent form to demonstrate your agreement of taking part in the interview and allowing your interview to be recorded. You are still entitled to pull out of the research at any time during the interview with no consequences, and the researcher will remind you of this before the interview.

Who can take part?

You can take part in this study if you are over 18 and have a family member who is diagnosed with a mental health disorder and has sought mental health services or who has not been diagnosed with a disorder, however has sought mental health services for mental health difficulties.

Do I have to take part?

Participation is completely voluntary, and you have the right to refuse to participate in this study. A decision not to take part has no consequences for you. If you do decide to take part, you have the right to withdraw from participation at any time up to the time the results have been written up for submission of my thesis. You also have the right to refuse to answer any

questions you feel uncomfortable answering. There is no penalty for withdrawing from the study at any stage.

What are the possible risks and benefits of taking part?

Benefits

There will be no direct benefits for you to take part in this research. However, the research will contribute to an existing body of literature that is aimed at expanding our knowledge which will be beneficial for future research within the area of mental health.

Risks

There is a possibility that some participants may feel minor distress at some point during the interview as the questions asked may cause them to reflect on some emotional experiences. If you feel distress or upset at any point during the interview, you are free to take a break or withdraw from the interview completely. Information about support services are provided at the end of this leaflet.

Will taking part be confidential?

All data collected during the research process will be treated in the strictest confidence. The participants will be interviewed alone. All interviews will be audio recorded using the audio recorder application on an iPhone 7. All interviews will then be transcribed verbatim for analysis. The audio recordings will be deleted once the interviews are transcribed. All identifying information (such as names, locations) will be anonymised. Participants names will be assigned to a unique ID code and their data will be stored under this ID code, separately from their name or any other identifying information.

Only the researcher and academic supervisor will have access to the data collected. All electronic recordings will be transferred onto a password protected laptop, stored in password encrypted files on the researcher's computer. All files will be deleted once transcription has taken place. Records such as consent forms will be stored in a secure locked filling cabinet and interview transcripts will be stored securely in a password encrypted file on the researchers password protected laptop, which can only be accessed by the researcher. In accordance with the NCI data retention policy, interview transcripts and consent forms will be retained for 5 years.

What will happen to the results and information of the study?

The results of this study will be presented in my final dissertation, which will be submitted to the National College of Ireland. As this is a qualitative study, direct quotes from the interviews may be presented in the results section of my thesis; however any identifying information will not be included in order to keep the participants identity strictly confidential. The results of this study may be presented at conferences within the college and at a national level or submitted to an academic journal for publication.

Who should you contact for more information?

Undergraduate researcher: Lorraine Raleigh

National College of Ireland, Dublin

Email: x17145716@student.ncirl.ie

Academic Supervisor: Dr. Matthew Hudson, Lecturer in psychology, National College of Ireland

Email: matthew.hudson@ncirl.ie

Information about support services

Mental Health Support Ireland

free text HELLO to 50808

AWARE –www.aware.ie

Freephone 1800 80 48 48

supportmail@aware.ie

Pieta House: 1800 247 247

www.pietahouse.ie

Turn2me: offering help and professional support to those who are experiencing poor mental health through an online platform.

www.turn2me.ie

GROW: Mental health support and recovery organisation

1890 474 474

Info@grow.ie

Irish Advocacy Network: Peer advocacy and support to those suffering with mental health difficulties.

Tel: 01 872 8684

Parentline: National helpline for parents

Tel: 1890 92 72 77 or 01 873 3500

Shine: supporting people affected by mental ill health and their families

www.shine.ie

info@shine.ie

Appendix C

Consent form

Consent Form

From a family member's perspective; experience of seeking help for mental ill health

Current Research

The current research aims to examine the impact of mental ill-health and the experience of seeking help for mental health difficulties, from a family member's perspective.

In agreeing to participate in this research, I understand the following;

This research is being conducted by Lorraine Raleigh, an undergraduate psychology student at the School of Business, National College of Ireland.

The method proposed for this research has been approved in principle by the Department Ethics Committee, which means the Committee does not have concerns about the procedure itself as detailed by the student. It is however the above-named student's responsibility to adhere to ethical guidelines in their dealings with participants and the collection and handling of data.

If I have any concerns about participation I understand that I may refuse to participate or withdraw at any stage.

I have been informed as to the general nature of the study and agree voluntarily to participate.

There are no known expected discomforts or risks associated with participation.

All data from the study will be treated confidentially. The data from all participants will be compiled, analysed, and submitted in a report to the Psychology Department in the School of Business. No participant's data will be identified by name at any stage of the data analysis or in the final report.

At the conclusion of my participation, any questions or concerns I have will be fully addressed.

I may withdraw from this study at any time, and may withdraw my data at the conclusion of my participation if I still have concerns.

- I agree voluntarily to take part in this study.
- I am aware that I can withdraw at any stage during the interview with no penalty.
- I am aware of the nature of the study. I understand the reasoning behind the research. The study has been explained to me in writing and verbally, and I have been given the opportunity to raise concerns and ask questions.
- I understand that I am asked to partake in an interview for approximately 30-60 minutes.

- I understand there is no direct benefit for me while participating in this study.
- I agree to my interview being audio recorded and once the audio files are transcribed, audio files will be destroyed.
- I understand that all data and information provided during the interview will be treated with the strictest confidence to ensure confidentiality. All personal information will be anonymised (including names, locations, personal identifiable information).
- I understand that under Freedom of Legislation Act, I can access my information via the researcher.
- I understand that I can speak to the researcher or academic supervisor with any queries, concerns or questions regarding the research at any time.

I understand the current research study. I understand the contents of the provided forms (Information sheet, consent form). I offer my consent to participate in this study.

Signature of Participant _____

Date:

Signature of researcher _____

Date:

Appendix D

Debriefing sheet

Debriefing sheet

Title of the project: From a family member's perspective; experience of seeking help for mental ill health

Name of the researcher: Lorraine Raleigh

Thank you for your participation in this study. The purpose of this study is to explore the experience of seeking help for mental ill-health in Ireland, from a family member's perspective. The study particularly explores mental health, stigma, mental health literacy within the family and barriers to mental health services by examining the impact of mental health issues from the perspective of a family member. I will be using the interview transcripts to search for common themes surrounding these topics, to interpret these personal experiences.

The results of my research will be presented in my thesis which will be submitted to the psychology department under the School of Business in the National College of Ireland as part of my degree. The results may also be presented at a conference at an academic and national level. All identifiable information will be anonymised. Withdrawal from the study may occur up to the point that the data has been analysed and written up (February 2021). If you would like to withdraw yourself from the study, contact me at the contact details provided.

Contact Details

Undergraduate researcher: Lorraine Raleigh

National College of Ireland, Dublin

Email: x17145716@student.ncirl.ie

Academic Supervisor: Dr. Matthew Hudson, Lecturer in psychology, National College of Ireland

Email: matthew.hudson@ncirl.ie

If you have any questions, please do not hesitate to contact me or my academic supervisor. If the study has caused you any distress, a list of helplines is provided at the end of this sheet.

Thank you for your participation. It is very much appreciated.

Contact details for mental health services

Mental Health Support Ireland

free text HELLO to 50808

AWARE –www.aware.ie

Freephone 1800 80 48 48

supportmail@aware.ie

Pieta House: 1800 247 247

www.pietahouse.ie

Turn2me: offering help and professional support to those who are experiencing poor mental health through an online platform.

www.turn2me.ie

GROW: Mental health support and recovery organisation

1890 474 474

Info@grow.ie

Irish Advocacy Network: Peer advocacy and support to those suffering with mental health difficulties.

Tel: 01 872 8684

Parentline: National helpline for parents

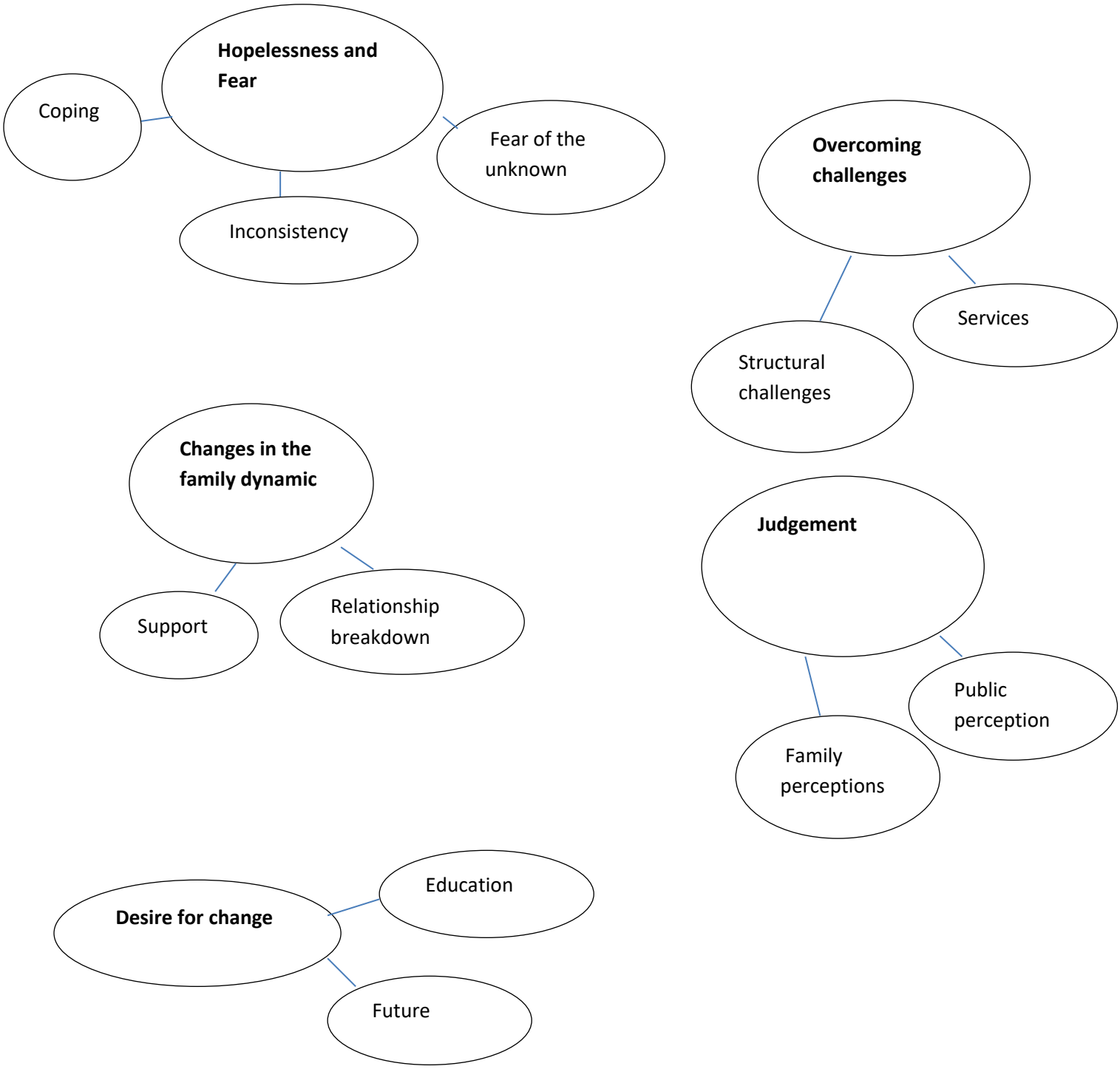
Tel: 1890 92 72 77 or 01 873 3500

Shine: supporting people affected by mental ill health and their families

www.shine.ie

info@shine.ie

Appendix E; Thematic Map



Appendix F;

An extract from a transcription.

Additional transcripts available upon request.

"P; yeah I think that, like we did have one session with her with one of her counsellors but it wasn't very helpful in all honesty, like it was kind of just sitting there and picking flaws of her and I think that mental health services should provide information on a little bit of training to parents to try and help them understand what's going on inside of their child's mind like its not easy for someone to come out and say oh look I suffer from anxiety and stuff, like even trying to say that, it would give someone even worse anxiety, and then with depression like it effects people differently like I seen with her and I know a couple of friends who have depression and it affects them differently like so I think training parents and giving them information on how to deal with things and how to help people would be an awful lot more beneficial and would help take some of the pressure off the mental health services.

R; overall, what were the biggest challenges your family experienced emotionally?

P; it was kind of just trying to help her come out a little bit better, make sure that she was always okay and she had everything she needed and she was stable enough, there was one night there she took off running and we didn't know where she went and she was down in the middle of a field and we were like why? And she was like look ye just don't understand this, that and the other and we don't understand how she feels and its just, it was really heart breaking to see because we were just down there now knowing what to do, it put an awful lot of pressure on my mam because she was trying to bring her places to make sure that she got all the help she needed and when she was chopping and changing the whole time, to different services and different counsellors, it wasn't really good because she couldn't settle into it and then trying to take medication, that went wrong like it heightened up everything and it all went backwards. So that didn't help and then when you tried to talk to someone, all they would recommend is medication because which didn't work and then if you go in and look for answers, like what's the diagnosis, you don't get a straight answer so it's like running around in circles and it's not really helpful for anyone."