

International Journal of Psychology (IJP)

**Cultural Differences in Attitudes towards Therapy and Help-
Seeking Behavior in Sweden**

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Article History

Received 24th April 2024

Received in Revised Form 29th April 2024

Accepted 16th May 2024

How to Cite

Dahlberg, E. . (2024). Cultural Differences in Attitudes towards Therapy and Help-Seeking Behavior in Sweden. *International Journal of Psychology*, 9(2), 50 – 60.
<https://doi.org/10.47604/ijp.2621>

Abstract

Purpose: The aim of the study was to analyze the cultural differences in attitudes towards therapy and help-seeking behavior in Sweden.

Methodology: This study adopted a desk methodology. A desk study research design is commonly known as secondary data collection. This is basically collecting data from existing resources preferably because of its low cost advantage as compared to a field research. Our current study looked into already published studies and reports as the data was easily accessed through online journals and libraries.

Findings: In Sweden, cultural differences impact attitudes towards therapy and help-seeking behavior. While therapy acceptance is rising among Swedes, those from collectivist cultures often view it negatively due to mental health stigma. Conversely, individuals from individualistic cultures are more open to therapy. This highlights the necessity for culturally sensitive mental health services and targeted interventions to address barriers to help-seeking behavior.

Unique Contribution to Theory, Practice and Policy: Individualism-collectivism theory, cognitive-behavioral theory & social identity theory may be used to anchor future studies on the cultural differences in attitudes towards therapy and help-seeking behavior in Sweden. Mental health professionals should develop and implement culturally tailored interventions that address the unique attitudes towards therapy and help-seeking behavior prevalent in Sweden. Policymakers should prioritize initiatives that increase diversity and cultural competence within the mental health workforce in Sweden.

Keywords: *Cultural Differences, Attitudes, Therapy*

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INTRODUCTION

Attitudes towards therapy and help-seeking behavior vary significantly across individuals and cultures. While some view therapy as a valuable resource for personal growth and well-being, others may perceive it as stigmatizing or incompatible with cultural beliefs. In developed economies like the United States, attitudes towards therapy and help-seeking behavior have undergone significant shifts in recent years. For example, a study by Mojtabai, Olfson, and Sampson (2011) found that the stigma surrounding mental health treatment has decreased over the past decade in the United States. This trend is supported by data showing an increase in the percentage of adults seeking mental health services from 13.3% in 1997 to 16.7% in 2007. Additionally, there has been a notable increase in the willingness of individuals, especially younger generations, to seek professional help for mental health concerns, with a survey by the American Psychological Association (2018) revealing that 95% of millennials consider mental health as important as physical health.

In contrast, in developed economies like the United Kingdom (UK), attitudes towards therapy and help-seeking behavior have become more positive in recent years, albeit with ongoing challenges. While there has been progress in reducing stigma and increasing awareness of mental health issues, disparities in access to mental health services persist, particularly among marginalized communities. For instance, a report by Mind (2018) found that individuals from Black, Asian, and minority ethnic (BAME) backgrounds in the UK are less likely to access mental health services compared to the general population, citing cultural stigma, language barriers, and discrimination as significant barriers to help-seeking behavior. Efforts to address these disparities include community-based initiatives, culturally sensitive interventions, and advocacy campaigns aimed at promoting mental health awareness and reducing stigma among diverse populations.

Similarly, in countries like Japan, there has been a gradual shift towards more positive attitudes towards therapy and help-seeking behavior. Despite traditionally strong stigmas surrounding mental illness and treatment, recent years have seen increased efforts to raise awareness and reduce stigma. For instance, a survey conducted by the Ministry of Health, Labour and Welfare in Japan found that the percentage of individuals with positive attitudes towards seeking mental health services increased from 25.7% in 2002 to 38.1% in 2017 (Yamawaki, 2020). This shift can be attributed to various factors, including increased public education, advocacy efforts by mental health organizations, and changes in cultural attitudes towards mental health.

In Sweden, attitudes towards therapy and help-seeking behavior are influenced by cultural norms, social support systems, and the accessibility of mental health services. Sweden has a relatively positive attitude towards mental health treatment, with an emphasis on stigmatization and promoting open discussions about mental health issues. Research by Bjorkman (2015) indicates that Swedes generally hold favorable attitudes towards seeking professional help for mental health concerns, with a high level of acceptance and support from family, friends, and healthcare providers. Additionally, Sweden's universal healthcare system ensures that mental health services are readily available and accessible to all residents, reducing barriers to help-seeking behavior. Efforts to further destigmatize mental illness and promote mental health awareness in Sweden include public education campaigns, community-based initiatives, and advocacy efforts by mental health organizations.

In developing economies, attitudes towards therapy and help-seeking behavior often differ due to various cultural, socio-economic, and structural factors. For example, in countries like India, there is a significant stigma associated with mental illness, leading many individuals to avoid seeking professional help. A study by Gururaj. (2016) found that only 10-12% of individuals with mental health disorders in India seek treatment from mental health professionals, with stigma being a major barrier to accessing care. Similarly, in Nigeria, cultural beliefs and lack of awareness about mental health contribute to low rates of help-seeking behavior. A study by Gureje (2015) found that only 8.6% of individuals with mental health disorders in Nigeria sought treatment from formal mental health services, with stigma and misconceptions about mental illness being significant deterrents.

In Brazil, attitudes towards therapy and help-seeking behavior are shaped by cultural norms, social inequalities, and the availability of mental health services. While there is growing recognition of the importance of mental health, stigma remains a significant barrier to seeking professional help. A study by Campos (2019) found that negative attitudes towards mental illness are prevalent in Brazil, with fear of judgment and discrimination deterring individuals from accessing mental health services. Moreover, socio-economic factors, such as poverty and lack of access to education, can exacerbate mental health issues and contribute to disparities in help-seeking behavior. Efforts to address stigma and improve access to mental health services in Brazil include community-based interventions, advocacy campaigns, and the integration of mental health services into primary care settings.

In South Africa, attitudes towards therapy and help-seeking behavior are influenced by a complex interplay of cultural, historical, and socio-economic factors. While there has been progress in raising awareness about mental health issues, stigma remains a significant barrier to seeking professional help. Research by Lund (2018) highlights the pervasive stigma surrounding mental illness in South Africa, with negative attitudes towards individuals with mental health disorders leading to social exclusion and discrimination. Additionally, cultural beliefs about the causes of mental illness, such as witchcraft or spiritual possession, can further contribute to stigma and reluctance to seek treatment. Despite efforts to promote mental health awareness and reduce stigma, access to mental health services remains limited, particularly in rural areas, due to resource constraints and a shortage of mental health professionals.

In Nigeria, attitudes towards therapy and help-seeking behavior are influenced by cultural beliefs, socio-economic factors, and the availability of mental health services. Stigma surrounding mental illness remains a significant barrier to seeking professional help, with negative attitudes towards individuals with mental health disorders often leading to social ostracism and discrimination. Research by Atilola (2015) highlights the pervasive nature of stigma in Nigeria, where cultural beliefs about the supernatural causes of mental illness contribute to misconceptions and fear. Moreover, limited access to mental health services, particularly in rural areas, further compounds the challenges of help-seeking behavior. Despite efforts to raise awareness and reduce stigma, including community-based mental health initiatives and advocacy campaigns, significant gaps in mental health care persist, hindering access to treatment for many Nigerians.

In Ghana, attitudes towards therapy and help-seeking behavior are also influenced by cultural norms, socio-economic disparities, and the availability of mental health services. While there is growing recognition of mental health issues, stigma remains a significant barrier to seeking

professional help. Research by Osafo (2018) underscores the pervasive stigma surrounding mental illness in Ghana, with negative attitudes towards individuals with mental health disorders often leading to social isolation and discrimination. Additionally, limited access to mental health services, particularly in rural areas, poses challenges for individuals seeking treatment. Efforts to address stigma and improve access to mental health care in Ghana include community-based interventions, capacity-building initiatives for mental health professionals, and policy reforms aimed at integrating mental health services into primary care settings.

In Ethiopia, attitudes towards therapy and help-seeking behavior are influenced by cultural beliefs, religious practices, and socio-economic factors. Stigma surrounding mental illness remains a significant barrier to seeking professional help, with negative attitudes towards individuals with mental health disorders often leading to social exclusion and discrimination. Research by Abera (2015) highlights the pervasive nature of stigma in Ethiopia, where cultural beliefs about the causes of mental illness, such as witchcraft or possession by evil spirits, contribute to misconceptions and fear. Additionally, limited access to mental health services, particularly in rural areas, further exacerbates the challenges of help-seeking behavior. Efforts to address stigma and improve access to mental health care in Ethiopia include community-based mental health programs, capacity-building initiatives for mental health professionals, and collaborations with traditional healers to integrate mental health services into local practices.

In Rwanda, attitudes towards therapy and help-seeking behavior are also influenced by historical factors, socio-economic disparities, and the legacy of the 1994 genocide. While there is growing recognition of mental health issues, stigma remains a significant barrier to seeking professional help. Research by Betancourt (2016) highlights the pervasive stigma surrounding mental illness in Rwanda, with negative attitudes towards individuals with mental health disorders often leading to social isolation and discrimination. Additionally, the trauma of the genocide has left a lasting impact on mental health, further complicating help-seeking behavior. Efforts to address stigma and improve access to mental health care in Rwanda include community-based initiatives, trauma-informed care programs, and partnerships with local organizations to provide psychosocial support to survivors.

In sub-Saharan economies, such as Kenya, attitudes towards therapy and help-seeking behavior are influenced by a combination of cultural beliefs, socio-economic factors, and limited access to mental health services. Despite a growing recognition of mental health issues, stigma remains a significant barrier to seeking professional help. For example, a study by Ndeti (2016) found that stigma surrounding mental illness is pervasive in Kenya, with negative attitudes towards individuals with mental health disorders leading to social exclusion and discrimination. As a result, many individuals in Kenya may be reluctant to seek treatment for mental health concerns due to fear of judgment and social repercussions. Additionally, the shortage of mental health professionals and limited access to affordable mental health services further exacerbate the challenges of help-seeking behavior in sub-Saharan economies.

Cultural background refers to the shared customs, beliefs, values, and practices that characterize a particular group of people. In the context of attitudes towards therapy and help-seeking behavior, cultural background significantly influences individuals' perceptions and behaviors regarding mental health support. For example, individuals from collectivist cultures, such as many Asian societies like China and Japan, often prioritize family harmony and may view seeking therapy as

a sign of weakness or shame, preferring to rely on familial and community support instead (Hofstede, 2001). In contrast, individuals from individualistic cultures like the United States tend to value independence and self-expression, which may lead to more openness towards therapy and seeking professional help for mental health concerns (Markus & Kitayama, 1991).

Moreover, cultural background can shape attitudes towards therapy through religious beliefs and practices. For instance, individuals from conservative religious backgrounds, such as those in some Middle Eastern countries like Saudi Arabia, may perceive therapy as conflicting with their religious values and seek support primarily from religious leaders or spiritual practices (Kirmayer, 2011). On the other hand, individuals from secular or less religious cultures, such as many European countries like Sweden, may exhibit more acceptance of therapy as a legitimate form of support for mental health issues, reflecting a separation between religious beliefs and therapeutic interventions (Müller & Nordt, 2016). Overall, understanding the diverse cultural backgrounds of individuals can provide valuable insights into their attitudes towards therapy and help-seeking behavior, highlighting the importance of culturally sensitive approaches in mental health care (Hinton, 2012).

Problem Statement

Despite Sweden's well-established healthcare system and progressive social policies, there is a persistent disparity in attitudes towards therapy and help-seeking behavior among its population, influenced by cultural factors. While therapy and mental health services are readily available and destigmatized in Swedish society, there is evidence suggesting that certain cultural norms and values may still act as barriers to seeking psychological help, particularly among individuals with immigrant backgrounds or from collectivistic cultures (Johansson, Eklund, & Erlandsson, 2020). Understanding the cultural differences in attitudes towards therapy and help-seeking behavior in Sweden is crucial for developing targeted interventions to ensure equitable access to mental health services and promote positive mental health outcomes across diverse cultural groups within the country.

Theoretical Framework

Individualism-Collectivism Theory

This theory was developed by Hofstede (1980) and later expanded upon by Triandis (1995). Individualism-Collectivism Theory explores cultural variations in the emphasis placed on individual autonomy and independence (individualism) versus group harmony and interdependence (collectivism). In individualistic cultures like Sweden, there is a greater emphasis on personal agency and self-expression, which may influence attitudes towards therapy and help-seeking behavior. Conversely, collectivistic cultures prioritize social harmony and conformity, which could impact perceptions of therapy as either beneficial or stigmatized. Understanding the degree of individualism versus collectivism in Swedish culture provides insights into why some individuals may be more open to seeking therapy, viewing it as a means of self-improvement or personal growth, while others may be hesitant due to concerns about social stigma or disrupting group cohesion (Markus & Kitayama, 2010).

Cognitive-Behavioral Theory

Cognitive-Behavioral Theory was pioneered by Aaron Beck and Albert Ellis in the 1960s. Cognitive-Behavioral Theory posits that thoughts, feelings, and behaviors are interconnected, and maladaptive thought patterns can contribute to psychological distress. In the context of attitudes towards therapy and help-seeking behavior in Sweden, this theory suggests that cultural factors may influence cognitive appraisals of therapy, such as beliefs about its effectiveness, accessibility, and perceived stigma. These cognitive appraisals, in turn, influence individuals' willingness to seek help for mental health concerns. Examining how cultural beliefs and values shape cognitive appraisals of therapy can inform interventions aimed at addressing cognitive barriers to help-seeking behavior among Swedes (Hedman-Lagerlöf, 2020).

Social Identity Theory

Social Identity Theory was developed by Henri Tajfel and John Turner in the 1970s. Social Identity Theory proposes that individuals' self-concept and behavior are influenced by their identification with social groups. In the context of therapy and help-seeking behavior in Sweden, this theory suggests that cultural identity and group memberships may shape attitudes towards mental health services. Individuals may seek therapy if they perceive it as congruent with their social identity or if they belong to social groups that endorse help-seeking behavior. Exploring how cultural identities intersect with attitudes towards therapy can shed light on the role of social identity processes in shaping help-seeking behavior among diverse groups within Swedish society (Akers, 2018).

Empirical Review

Smith (2018) examined the attitudes towards therapy among college students from Western and Eastern cultures. Utilizing self-report measures, they found that individuals from Western cultures reported more positive attitudes towards therapy compared to their Eastern counterparts. Specifically, Western students were more likely to view therapy as beneficial and were less concerned about potential stigma associated with seeking help for mental health concerns. In contrast, Eastern students expressed greater reservations about therapy, citing concerns about being perceived as weak or incompetent if they sought professional help for psychological issues. These findings suggest that cultural norms and values play a significant role in shaping attitudes towards therapy and help-seeking behavior among young adults.

Li and Kim (2019) explored the cultural factors influencing help-seeking behaviors among Asian American immigrants. Through in-depth interviews with participants, they identified themes related to stigma, family dynamics, and cultural beliefs that influenced individuals' reluctance to seek therapy. Many participants expressed concerns about bringing shame or embarrassment to their families by seeking mental health treatment, reflecting deeply ingrained cultural values regarding familial honor and respect. Additionally, participants discussed the importance of maintaining harmony within the family and community, which sometimes conflicted with the idea of seeking therapy for personal struggles. These findings highlight the complex interplay between cultural norms, social support systems, and individual attitudes towards mental health care among immigrant populations.

Wong (2020) investigated the efficacy of culturally tailored interventions in reducing mental health stigma among Chinese immigrants. Their findings underscored the importance of culturally sensitive approaches in addressing barriers to help-seeking behavior. Through a combination of

quantitative surveys and qualitative interviews, they found that participants who received culturally tailored interventions reported greater willingness to seek therapy and reduced levels of stigma associated with mental illness. Specifically, participants valued the inclusion of cultural traditions, language preferences, and family involvement in therapy sessions, which enhanced their comfort and trust in the therapeutic process. These results suggest that interventions that acknowledge and incorporate cultural values and beliefs can effectively promote help-seeking behavior and reduce mental health stigma within immigrant communities.

Patel and Singh (2017) examined the impact of cultural assimilation on attitudes towards therapy among South Asian immigrants. Using a mixed-model design, they followed participants over time to assess changes in attitudes towards therapy as they acculturated to Western cultural norms. Surprisingly, they found that individuals who acculturated to Western cultural norms exhibited more favorable attitudes towards therapy over time. This shift in attitudes was attributed to increased exposure to Western ideals of individualism, self-expression, and psychological openness, which facilitated greater acceptance of therapy as a viable option for addressing mental health concerns. However, it is essential to note that acculturation was a complex and multifaceted process, and not all individuals experienced the same degree of cultural change or adaptation. These findings suggest that cultural assimilation may influence attitudes towards therapy among immigrant populations, but the extent and direction of this influence may vary based on individual factors and contextual dynamics.

Kim and Park (2021) investigated the role of cultural beliefs and values in shaping attitudes towards therapy among Korean American adults. Through qualitative interviews, they explored participants' perceptions of therapy and the factors influencing their willingness to seek professional help for mental health concerns. The findings revealed that cultural stigma surrounding mental illness and therapy, as well as concerns about confidentiality and trust in the therapeutic process, were significant barriers to help-seeking behavior among Korean Americans. Additionally, participants expressed preferences for alternative forms of support, such as seeking advice from family members or religious leaders, which were perceived as more culturally acceptable alternatives to formal therapy. These findings underscore the need for culturally sensitive interventions that address the unique barriers to help-seeking behavior within specific cultural communities.

Nguyen and Teresi (2019) examined the impact of acculturation on attitudes towards therapy among Vietnamese American immigrants. Using a mixed-methods approach, they assessed participants' acculturation levels and attitudes towards therapy through surveys and interviews. The results revealed a complex relationship between acculturation, cultural identity, and attitudes towards therapy. While higher levels of acculturation were associated with more positive attitudes towards therapy among some participants, others expressed concerns about cultural stigma and the perceived efficacy of Western mental health treatments. These findings highlight the importance of considering individual differences in acculturation experiences and cultural identity when designing interventions to promote help-seeking behavior among immigrant populations.

Garcia and Sánchez (2018) focused on the role of gender in shaping attitudes towards therapy among Latinx college students. Drawing on intersectionality theory, they explored how cultural norms surrounding masculinity and femininity intersected with cultural beliefs about mental health and help-seeking behavior. The findings revealed that male participants were more likely to

endorse traditional gender roles that emphasized emotional stoicism and self-reliance, which contributed to their reluctance to seek therapy. In contrast, female participants expressed greater openness to therapy but faced cultural barriers related to family expectations and gendered roles within their communities. These findings highlight the importance of considering gender dynamics and cultural norms in understanding attitudes towards therapy and developing targeted interventions to address disparities in help-seeking behavior among diverse cultural groups.

METHODOLOGY

This study adopted a desk methodology. A desk study research design is commonly known as secondary data collection. This is basically collecting data from existing resources preferably because of its low-cost advantage as compared to field research. Our current study looked into already published studies and reports as the data was easily accessed through online journals and libraries.

FINDINGS

The results were analyzed into various research gap categories that is conceptual, contextual and methodological gaps

Conceptual Gap: Smith (2018) examined the influence of cultural norms and values on attitudes towards therapy and help-seeking behavior, revealing significant differences between Western and Eastern cultures. Despite this insight, a conceptual gap remains regarding the underlying mechanisms driving these cultural differences in attitudes towards therapy. Li and Kim (2019) explored the experiences of Asian American immigrants, shedding light on the role of stigma, family dynamics, and cultural beliefs in shaping help-seeking behaviors. However, there is a need for further investigation into how these conceptual factors interact with individual attitudes and perceptions of mental health care.

Contextual Gap: Wong (2020) emphasized the importance of culturally tailored interventions in reducing mental health stigma among Chinese immigrants, highlighting the contextual factors that influence help-seeking behavior. Nevertheless, a contextual gap persists in the literature, particularly regarding the exploration of attitudes towards therapy within the cultural contexts of the countries of origin. Patel and Singh (2017) delved into the impact of cultural assimilation on attitudes towards therapy among South Asian immigrants, revealing complex dynamics influenced by acculturation to Western cultural norms. Yet, there is limited research examining attitudes towards therapy among diverse cultural groups in non-Western contexts, pointing to a geographical gap in the literature.

Geographical Gap: Kim and Park (2021) investigated the role of cultural beliefs and values in shaping attitudes towards therapy among Korean American adults, uncovering barriers to help-seeking behavior within specific cultural communities. However, there is a need for research that explores attitudes towards therapy across diverse cultural groups in non-Western contexts, addressing geographical gaps in the literature. Garcia and Sánchez (2018) explored gender dynamics and cultural norms in attitudes towards therapy among Latinx college students, highlighting disparities in help-seeking behavior influenced by intersecting identities. Nevertheless, a geographical gap remains in understanding attitudes towards therapy among

diverse cultural groups in non-Western contexts, necessitating further research to address these gaps comprehensively.

CONCLUSION AND RECOMMENDATIONS

Conclusions

Cultural Differences in Attitudes towards Therapy and Help-Seeking Behavior in Sweden reflect a complex interplay of cultural, social, and contextual factors. While Sweden has a strong tradition of promoting mental health and well-being through accessible healthcare services, cultural attitudes towards therapy and help-seeking behavior may vary among different demographic groups. Immigrants and minority populations in Sweden may face unique challenges in accessing and utilizing mental health services due to language barriers, cultural stigma, and unfamiliarity with the Swedish healthcare system. Moreover, cultural values emphasizing self-reliance and resilience may influence attitudes towards seeking professional help for mental health concerns.

Understanding these cultural differences is crucial for developing culturally sensitive interventions that address the diverse needs and preferences of individuals in Sweden. Efforts to promote mental health literacy, reduce stigma, and increase awareness of available mental health resources should be tailored to accommodate the cultural diversity within Swedish society. Collaborative partnerships between healthcare providers, community organizations, and cultural groups can facilitate culturally competent mental health services and promote positive help-seeking behaviors. By recognizing and respecting cultural differences in attitudes towards therapy and help-seeking, Sweden can foster a supportive and inclusive environment that promotes mental health and well-being for all its residents.

Recommendations

Theory

Researchers should incorporate cultural dimensions into existing theoretical frameworks of therapy and help-seeking behavior to better understand how cultural values, beliefs, and norms influence attitudes towards therapy. This could involve expanding models such as the Theory of Planned Behavior or the Health Belief Model to include cultural variables specific to Sweden.

Practice

Mental health professionals should develop and implement culturally tailored interventions that address the unique attitudes towards therapy and help-seeking behavior prevalent in Sweden. This may involve providing psychoeducation on the efficacy of therapy, addressing stigma, and promoting culturally appropriate coping strategies. Therapists should offer a range of therapeutic modalities that resonate with different cultural groups in Sweden, including culturally adapted forms of therapy such as narrative therapy or culturally sensitive cognitive-behavioral therapy. Offering options allows individuals to choose interventions that align with their cultural preferences and values.

Policy:

Policymakers should prioritize initiatives that increase diversity and cultural competence within the mental health workforce in Sweden. This may involve recruiting and training therapists from diverse cultural backgrounds and implementing cultural competency training programs for mental health professionals. Policies should focus on reducing structural barriers to accessing mental health services, such as improving language accessibility, providing financial assistance for therapy sessions, and expanding teletherapy options. Additionally, addressing stigma through public awareness campaigns can help normalize help-seeking behavior.

REFERENCES

- Abera (2015). Perceived challenges and opportunities arising from integration of mental health into primary care: A cross-sectional survey of primary health care workers in south-west Ethiopia. *BMC Health Services Research*, 15(1), 1-9. DOI: 10.1186/s12913-015-0912-4
- Akers, A., Barton, A. W., Poznanski, B., & Zalta, A. K. (2018). Attitudes toward mental health treatment among Swedish-speaking Finns in Finland. *Psychological Services*, 15(3), 288–295.
- American Psychological Association. (2018). *Stress in America™ 2018: Generation Z*. Retrieved from <https://www.apa.org/news/press/releases/stress/2018/stress-gen-z.pdf>
- Atilola, O. (2015). Level of community mental health literacy in sub-Saharan Africa: Current studies are limited in number, scope, spread, and cognizance of cultural nuances. *Health Psychology and Behavioral Medicine*, 3(1), 35-46. DOI: 10.1080/21642850.2014.954932
- Betancourt (2016). Stigmatization and mental health treatment of survivors of genocide in Rwanda. *Health Psychology*, 35(1), 43-50. DOI: 10.1037/hea0000243
- Bjorkman (2015). Attitudes towards mental illness, stigma, and willingness to seek psychological help. *Psychiatric Rehabilitation Journal*, 38(3), 234-241. DOI: 10.1037/prj0000140
- Campos (2019). Social determinants of mental health care: The role of public policies and public mental health services in Brazil. *Community Mental Health Journal*, 55(6), 941-946. DOI: 10.1007/s10597-019-00453-4
- Gureje (2015). Prevalence and correlates of the use of formal services for mental health problems among Nigerian adults: Results from the Nigerian survey of mental health and well-being. *Social Psychiatry and Psychiatric Epidemiology*, 50(6), 927-936. DOI: 10.1007/s00127-015-1021-z
- Gururaj (2016). *National Mental Health Survey of India, 2015-16: Prevalence, Pattern and Outcomes*. Bengaluru, India: National Institute of Mental Health and Neuro Sciences.
- Hedman-Lagerlöf, E., Carlbring, P., Kaldö, V., & Cuijpers, P. (2020). Effects of CBT therapist competence on patient outcomes in transdiagnostic internet-delivered CBT: randomized controlled trial. *Journal of Medical Internet Research*, 22(8), e17618.
- Hofstede, G. (1980). *Culture's Consequences: International Differences in Work-Related Values*. Sage.
- Kleinman, A. (1977). Depression, somatization, and the "new cross-cultural psychiatry". *Social Science & Medicine*, 11(1), 3–9.

- Li, Y., & Kim, E. (2019). Understanding Help-Seeking Behavior Among Asian American Immigrants: A Qualitative Study. *Journal of Immigrant and Minority Health*, 21(6), 1234-1245.
- Lund (2018). Stigma, discrimination, and mental illness: Lessons from South Africa. *The Lancet Psychiatry*, 5(12), 986-987. DOI: 10.1016/S2215-0366(18)30386-6
- Markus, H. R., & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion, and motivation. *Psychological Review*, 98(2), 224–253.
- Markus, H. R., & Kitayama, S. (2010). Cultures and selves: A cycle of mutual constitution. *Perspectives on Psychological Science*, 5(4), 420–430.
- Mind. (2018). Equality improvement across mental health services: A report on the first year of the Equality Delivery System in mental health services. Retrieved from <https://www.mind.org.uk/media-a/4723/equality-improvement-across-mental-health-services-report.pdf>
- Mojtabai, R., Olfson, M., & Sampson, N. A. (2011). Barriers to mental health treatment: Results from the National Comorbidity Survey Replication. *Psychological Medicine*, 41(8), 1751-1761. DOI: 10.1017/S0033291710002291
- Ndeti, D. M., et al. (2016). Knowledge, attitude, and practice (KAP) of mental illness among staff in general medical facilities in Kenya: Practice and policy implications. *African Journal of Psychiatry*, 19(1), 1-10. DOI: 10.4172/2167-1052.1000242
- Osafo, J., et al. (2018). Attitudes toward suicide and help-seeking behavior in Ghana: A qualitative study of the views of community members living in the Central Region. *Oxford Research Encyclopedia of Psychology*. DOI: 10.1093/acrefore/9780190236557.013.44
- Patel, A., & Singh, R. (2017). Longitudinal Study of Cultural Assimilation and Attitudes Towards Therapy Among South Asian Immigrants. *Journal of Cross-Cultural Psychology*, 48(7), 1032-1046.
- Smith (2018). Cultural Differences in Attitudes Towards Therapy Among College Students: A Cross-Cultural Survey Study. *Journal of Counseling Psychology*, 65(3), 301-315.
- Sue, D. W., & Sue, D. (2012). *Counseling the Culturally Diverse: Theory and Practice*. John Wiley & Sons.
- Triandis, H. C. (1995). *Individualism and Collectivism*. Westview Press.
- Wong (2020). Culturally Tailored Interventions to Reduce Mental Health Stigma Among Chinese Immigrants: A Mixed-Methods Study. *Cultural Diversity and Ethnic Minority Psychology*, 26(1), 78-91.
- Yamawaki, N. (2020). The attitudes toward seeking mental health services in Japan: A qualitative study of Japanese attitudes toward mental health services. *Asian Journal of Psychiatry*, 49, 101951. DOI: 10.1016/j.ajp.2020.101951