The Relationship Between Entrapment and Attitude Towards Seeking Mental Health Services Among Young Adults: A Pilot Study

Khushboo Kamiya¹, Dr. Anu Teotia²

¹Student, Amity Institute of Psychology and Allied sciences, Amity University, Noida, Uttar Pradesh, India.
²Assistant Professor, Amity institute of psychology and Allied sciences, Amity University, Noida, Uttar Pradesh, India.

ABSTRACT
Background: Many studies have been carried out in the past that discovered a link between different types of mental health conditions and help-seeking attitudes, but the link between entrapment and attitude towards seeking mental health services remains unknown.
Objective: The study is pilot research that aims to fill the research gap by investigating the existence of association between feelings of entrapment and young adults' attitudes toward accessing mental health care.
Method: A random sample of young individuals (n=90) in the age range of 18-30 years living in the Delhi NCR area of India were invited to complete the questionnaires to determine their level of entrapment and attitude towards seeking mental health care.
Result: It was discovered that the two variables (feelings of entrapment and attitude towards seeking mental health services) have a significant negative relationship (r = -.855).
Conclusion: Based on the findings, it is concluded that a high level of entrapment is associated with unfavourable attitudes regarding getting mental health-related services. Based on the findings, recommendations for a broader, more thorough investigation can be conducted.

Keywords: Entrapment, Young Adults, Attitude, Mental Health Services

INTRODUCTION
Mental health has arisen as a key problem in modern society, with an increasing awareness of its influence on one's well-being and general social functioning. This issue is especially predominant among young adults aged 18 to 30, as they manage the rigours of maturity, educational aspirations, and defining their identities. A young adult goes through several transitions, such as going from high school to college/university, transferring universities, or going from university to a job. These adjustments can be tough for some people, but they can be simple with the right aid and support. Those who struggle with these changes may experience a variety of mental-health-related concerns such as pressure, stress, hopelessness, loneliness, anxiety, sadness, and so on, and they might additionally find it hard to seek treatment.
These people might feel trapped in their circumstances, which is referred to as entrapment. As a psychological concept, entrapment is defined as the feeling or experience of being trapped in unpleasant circumstances with no way out. According to research conducted by Gilbert and Allan in 1998, there are 2 types of entrapment: internal entrapment and external entrapment. Internal entrapment is the experience of being trapped or stuck in one's own emotions, feelings, or thoughts with no perceivable way out. In contrast, External entrapment is the experience of being trapped by external conditions or circumstances in which the individual thinks there is no way out [1].

Entrapment can result in a variety of mental health concerns, including sadness, anxiety, stress, and depression [2], and in more severe situations, even suicide [3] [4]. It can appear as a feeling of being powerless, hopeless, and overwhelmed by life's problems. When people, particularly young adults, feel trapped within themselves or as a result of external circumstances, it can be difficult to recognize or accept their mental health problems/struggles and a lot harder to seek assistance from professionals.

Despite increasing recognition of mental health concerns, there are major hurdles that prevent young adults from receiving the help they require, like,

- **Lack of Awareness**: People may be unaware of the available mental health resources or how to access them. They might be unaware that expert guidance can help them overcome their challenges.
- **Money Constraints**: For financially independent adolescents and young adults, the cost of mental health care can be a significant barrier.
- **Privacy concerns**: Worries about privacy and anonymity may prevent young people from seeking help. They may be anxious that their sensitive information will not be kept secret, resulting in societal or professional consequences.
- **Lack of time**: Work, education, and other commitments may make it hard for young individuals to prioritize getting mental health care. They may assume they do not have enough time to attend their appointments.
- **Self-stigma**: People may internalize negative views towards mental health issues and be embarrassed to seek help. They may believe that asking for help shows weakness or failure.
- **Perceived Severity**: Young people may underestimate the severity of their psychological problems, feeling that they aren't serious enough to warrant professional care. Because of this misperception, many may put off seeking therapy until their problems worsen.
- **Lack of Trust**: Establishing a professional relationship with a mental health practitioner requires trust. Individuals who have had terrible experiences in their past or who lost trust in specialists may be hesitant to seek help.

According to young people, the most significant hurdles to getting treatment are stigma and humiliation, difficulties detecting symptoms, and a tendency for self-reliance. However, there was also proof that young individuals saw pleasant, prior experiences, as well as encouragement and social support from others, as helpful to the process of help-seeking [5].

Stigma, fear of judgment, and misinformation about mental health care can all hinder young adults from getting the support they need, as there is also a link between personal stigma and unfavourable attitudes toward obtaining mental health care [6]. Other reasons why young adults do not want to seek mental health assistance could be: failing to recognize that their difficulties are significant enough to warrant expert assistance, downplaying their problems in order to look normal, having insufficient time to seek aid, believing they can fix their difficulties, they could also choose to seek assistance from friends or family instead of seeking it from professionals, personal or social stigma can additionally play a part [7].
The pilot study aims to give preliminary insights on the association between entrapment & attitudes about seeking mental health care. Based on the findings, recommendations for a broader, more complete investigation can be made. Understanding the link between these two factors might give vital insights into possible barriers to young people seeking help, as well as emphasize the significance of individualized solutions. These hurdles must be overcome by public education campaigns, stigma removal, and initiatives to make mental health care accessible, affordable, and inclusive.

METHOD
Aim: The aim is to investigate the relationship between entrapment and attitudes towards seeking mental health services among young adults.
Objectives:
- To explore the potential relationship between feelings of entrapment and the young adults' attitude towards seeking mental health services.
- To assess the feasibility of the data collection method and the overall study design.
Hypothesis: There will be a significant relationship between entrapment and attitude towards seeking mental health services among young adults.
Sample & Its Selection:
90 young adults in the age range of 18-30 were randomly selected from the Delhi NCR region of India.
Inclusion Criteria:
- Individuals capable of providing informed consent,
- Willingness to participate,
- age range of 18-30
Exclusion criteria:
- Individuals’ incapable of providing informed consent,
- Dealing with cognition difficulties

Description Of Tools Employed
- “The Entrapment Scale (Gilbert & Allan, 1998)”:
  It is a 16-item assessment scale with a 5-point Likert Scale ranging from 0 (not at all like me) to 4 (extremely like me). It measures both internal entrapment & external entrapment. [1]
- “Inventory of Attitudes Towards Seeking Mental Health Services (Mackenzie et al., 2004)”:
  It's a 24-item scale that uses a 5-point Likert Scale ranging from 0 (disagree) to 4 (agree). It measures 3 factors related to attitude towards seeking mental health services, i.e., "psychological openness, help-seeking propensity & indifference to stigma". [8]

Procedure:
Young individuals between the ages of 18 & 30 were chosen at random. Each of them provided informed consent to be a part of the study. Then they anonymously completed the entrapment scale to determine the amount of entrapment and the Inventory of Attitudes Towards Seeking Mental Health Services (IASMHS) to examine their attitudes towards obtaining mental health care.

Statistical Analysis:
SPSS Software was used to find the:
- Descriptive statistics- mean and standard deviation
• Pearson correlation between the two variables, i.e., feelings of entrapment and attitude towards seeking mental health services.

**RESULTS**

Table 1 Descriptive statistics showing mean and standard deviation for entrapment & attitude towards seeking mental health services

<table>
<thead>
<tr>
<th>Descriptive Statistics</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entrapment</td>
<td>32.51</td>
<td>19.847</td>
<td>90</td>
</tr>
<tr>
<td>Attitude towards seeking mental health services</td>
<td>42.70</td>
<td>20.517</td>
<td>90</td>
</tr>
</tbody>
</table>

Table 1 represents the descriptive-statistics for the sample. The mean and standard deviation for the Entrapment and Inventory of Attitude Towards Seeking Mental Health Services (IASMHS) scores are shown in the table.

Table 2 Correlation between Entrapment and Attitude towards seeking mental health services

<table>
<thead>
<tr>
<th>Correlations</th>
<th>Entrapment</th>
<th>Attitude towards seeking mental health services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Entrapment</strong></td>
<td></td>
<td>-.855**</td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>&lt;.001</td>
</tr>
<tr>
<td>N</td>
<td>90</td>
<td>90</td>
</tr>
<tr>
<td><strong>Attitude towards seeking mental health services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>-.855**</td>
<td>1</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>&lt;.001</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>90</td>
<td>90</td>
</tr>
</tbody>
</table>

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

In Table 2, the correlation between the variables is shown. The Pearson correlation was found to be negative (r=−.855) and was also found to be significant at 0.01 level. This shows that there is a significant negative relationship between the two variables, feelings of entrapment and attitudes toward seeking mental health services among young adults.

**DISCUSSION**

The pilot research sought to evaluate the potential association between entrapment and young adults’ attitudes about accessing mental health treatment. It looked into how emotions of entrapment impact young people's attitudes towards accessing mental health care. It was hypothesized that feelings of entrapment would have a significant relationship with attitudes toward obtaining mental health treatment. The findings revealed a significant negative relationship between the two variables, namely, feelings of entrapment and attitudes towards seeking mental health services. This implies that a high level of
Entrapment is associated with more negative attitudes toward seeking professional assistance for mental health-related issues.

The sample size was 90 college-going young adults chosen at random (from India's Delhi NCR region). The results revealed a significant negative correlation between entrapment and attitudes towards seeking mental health services ($r = -.855$), indicating that an individual with a high entrapment score is likely to have a greater negative attitude regarding seeking mental health services compared to those with a low entrapment score.

Feelings of entrapment have been linked to a variety of mental health concerns, including stress, anxiety, and depression [1] [2], posttraumatic stress disorder [4], and, in serious circumstances, suicide [3] [4]. Individuals with high levels of entrapment have more negative attitudes toward seeking mental health services. This could be due to a variety of factors, including a belief that they do not require outside assistance and will be able to resolve their problems on their own, a belief that specific issues shouldn't be disclosed to others, a belief that seeking assistance is a waste of valuable time or that they haven't got the time to seek assistance or a belief that they do not have the time to seek assistance, they also regard seeking professional assistance as a last choice, or they believe that their issues will resolve themselves [1]. These barriers are also shown in a research conducted by Czyz et al. (2013); their research suggested similar reasons, including not believing their problems are severe enough to seek assistance from a professional, downplaying their issues in order to make themselves seem normal, lacking sufficient time to seek help, believing they can resolve their problems on their own, preferring to get help from close companions or family members rather than a professional, and stigma (personal or otherwise) may also be a reason [7]. People who seek help from non-professionals like family or friends are more likely to seek assistance for mental health-related issues in the future [10].

Another study has revealed a link between personal stigma and poor attitudes towards accessing mental health care [6]. Research also suggests that younger people have a greater negative view towards seeking mental healthcare services than older individuals. This could be because younger adults lack the financial and lifestyle resources that older adults have [9].

It is critical to identify the difficulties and constraints that are preventing an individual from accessing mental health care and to modify their attitude towards getting mental health treatment. Understanding the psychological factors behind this association between feelings of entrapment and attitudes toward accessing mental health treatment is crucial. It would be worthwhile to study if entrapment feelings lead to hopelessness or the belief that getting therapy will not result in significant change. Identifying these processes may assist in guiding the therapeutic strategy. By identifying the factors that influence these attitudes, mental health providers, politicians, and educators may create targeted measures to promote young adults’ mental health care use.

**CONCLUSION**

The pilot study aims to give preliminary insights on the association between entrapment & attitudes about seeking mental health care. Based on the findings, recommendations for a broader, more complete investigation can be made. The study's findings emphasize the importance of entrapment in influencing people's motivation to seek professional help for mental health disorders. Higher levels of entrapment were linked to more unfavourable views toward seeking mental health help. The findings have far-reaching ramifications. Addressing emotions and feelings of entrapment should be prioritized in mental health therapy geared at young people because they can cause a variety of mental-health difficulties such as
depression, anxiety, and so on. It might manifest as the feelings of helplessness, hopelessness, and being overwhelmed by life's problems. Understanding the causes and complications that keep individuals from seeking help is vital. Self-stigma, religious views, cultural beliefs, an absence of understanding, and trust problems are all elements that may lead to negative attitudes toward obtaining mental health services from a professional. It acts as a foundation for future study and leads the development of more efficient and specific therapies to improve young people's psychological well-being and mental wellness. By recognizing and addressing this group's particular difficulties, we may pave the way for a healthier, more resilient generation.

ACKNOWLEDGEMENT
The authors would like to express their gratitude to those who participated in the research and the people who gave their unconditional support for the completion of the research, whether through advice, resources, or a listening ear. This research would not have been possible without the collective support of each one of them. The authors thank them for being an integral part of this journey.

REFERENCES