Determinants of Community Based Mental Health Services Utilization among War Survivor Communities of Gondar and Wollo Zones, Amhara region

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Abstract

The world faces serious challenges from mental health issues, with untreated illnesses often leading to increased morbidity and mortality. Lack of treatment for mental Illnesses comes from both accesses for the services and patients' preference for the services. World Health Organization (WHO) recommended the Strength based and recovery oriented model called community-based health service (CBMHS) which even though h the response of people to CBMHS use varies across countries and communities. In addition, Ethiopia as a country and war prone communities in the country have their own unique dynamics of context which in turn determines patients' intention to CBMHS. This study aimed at investigating the associated factors of CBMHS use intention among civil war affected zones of north Ethiopia. Absence of studies specifically on people's responses for CBMHS was the rationale for choosing this study and the site.

Quantitative approach with a cross sectional community survey design and questionnaire were used. The study used SPSS version 24 to analyze descriptive and inferential statistics designed to show the characteristics of the data and explain the association between the factors and CBMHS use intention.

CBMHS use intention could be predicted by CMD, self-efficacy and self-concept, attitude, knowledge and expectancy, social norms and social constraints. People with common mental disorders have difficulty to develop intention of using CBMHS. Self-efficacy, self-concept, attitude towards CBMHS and expectancy contributes for the good intention of using CBMHS while knowledge has nothing to do with the intention of people to use CBMHS. Social norms and social constraints are found to be the barriers for the intention of people to consider CBMHS.

With the absence of intention of people survived in the civil war to use CBMHS, it is meaningless to invest in any form of mental health services. It is invaluable to enhance self-efficacy, self-concept, attitude, and expectancy of people, and prevent the prevalence CMD, control social norms and social constraints through health and life skill education. Public health policies are imperative for the better utilization and intention of CBMHS in the war survivor community members. Social work services of all kind are important for the better utilization and intention of CBMHS in the war survivor community members.

Keywords: Community based mental health, Service utilization, Intention, War survivor community

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Introduction

The World Health Organization (WHO) proposed that world countries adopt the model of community based mental health care so as to effectively address the mental health services. Accordingly, many developed countries have turned their face towards it (WHO, 2006). They are expected to exert effort on reorganizing to respond most effectively to the recommendation given by the world health organization. Western countries well-recognized the different elements of a community-based service and started closing down or down-sizing mental health hospitals, integrate psychiatric units in general hospitals and the formation of community-based mental health teams as it requires a new way of arrangement of service system (Alem et al., 2008).

Unfortunately, most of African countries including Ethiopia have not yet utilized either the traditional model of hospital based mental health care nor moved to community based care (Alem et al., 2008). The fact that Ethiopia has its own unique dynamics of socio-cultural and mental health system arrangement determines patients' intention and behavioral response to use it. For several reasons, many of the Ethiopian population with different mental health issues have been reported to prefer traditional healing methods rather than a traditional hospital-based mental health services delivery mode. One of the multiple factors for their preference of traditional healing methods over hospital based service is the fact that many believe all mental illnesses are of spiritual origin and accessibility of traditional healing. Fees charged by traditional healers and costs of prescribed items are usually cheaper than that of the modern services. People feel more at ease and at home with the traditional healers because there is symbolism and meaning to what traditional healers prescribe which matches cultural and religious beliefs (Alem et al., 1995).

In addition to the recommendation of WHO to CBMHS, the preference of Ethiopian population with different mental health issues for traditional healing methods over institutional hospital-based mental health services indicates the tendency of the country's population towards the community based mental health service. However, before conforming to the proposal of WHO and adopt community based mental health care model in Ethiopia, it is critical to conduct research to identify the intention and behavior of people with CMD on the recommended model.

There are several research projects that have contributed to our understanding of mental health issues. For example, Atalay Alem conducted a study on community based mental health in 2003. Galmessa (2005) also examined a cross sectional study to explain the prevalence, causes and effects of mental illness among Alemaya University students. In addition, Deribew and Tesfaye (2005) conducted a study on assessment of knowledge, attitude and practice of nursing staff towards mental health problems in Jimma zone, south western Ethiopia. Moreover, the qualitative study of Shiferaw and Derbew in 2005 focused on how mental health problems are perceived by a community in Agaro town. (Mekonnen & Esayas, 2003) again conducted a study on the correlates of mental distress in Jima town, Ethiopia.

Many other studies were conducted on mental health issues in Ethiopia. But, the most relevant studies listed above and others revolve around; assessing the availability of health services for mentally ill individuals, assessing the attitude of the community towards mental illness by relating with stigma and discrimination and explaining causes and effects of mental illness. In addition, most of the research was limited to specific areas, usually the southern part of Ethiopia only. This might be related to the proximity of the area to research centers and universities. War prone communities are also expected to be different with regard to the prevalence and mental health service utilization. Currently there are no

published studies exploring community based mental health services utilization intention and behaviors and the associated factors and prevalence of common mental disorders among war survivor communities in Ethiopia which is the focus of this study.

This study aimed at investigating Factors Associated with Community Based Mental Health Services Utilization Intention and Behaviors in the civil war Survivor Communities of Gondar and Wollo Zones. Specifically, the study wanted to respond to the research questions such as What the Relationship between Self efficacy, Self-concept and Common Mental Disorder and the Behavior of Community Mental Health Services Survivor Communities of Gondar and Wollo Zones? What is the relationship between intention of people to use CBMHS and attitude, knowledge and expectancy in the war survivor communities of Gondar and Wollo Zones? What is the relationship between behavior of people to use CBMHS and attitude, knowledge and expectancy in the war survivor communities of Gondar and Wollo Zones? What is the relationship between intention of people to use CBMHS and social constraints and social norms? And what is the relationship between behavior of people to use CBMHS and social constraints and social norms?

The study intended to provide data for a policy makers determined to community based mental health service (CBMHS) initiation. Evidence about the community based service use behavior of war prone communities for relevant stakeholders (policy makers, practitioners, researchers and teachers) could be documented. It specifically informed concerned bodies on issues such as the context, accessibility, acceptability and determinants of community based mental health service use. The study also provided evidences to health community workers and researchers working in the area about the existing challenges and the respective improvement areas in the health care system.

Review of Related Literature

The first comprehensive view of mental wellbeing was proposed by Jahoda as it is composed of the capacities to acknowledge one's unique self, to feel right towards others, to fulfill life's tasks, maintain adequate contact with reality, control thoughts and imagination, be efficient in work and play, and achieve social acceptance, positive self-respect, and a healthy emotional life (Jahoda, 1959). A positive demeanor towards self, the capacity for self-actualization, integration, independence, discernment of reality and natural dominance are the six additional indicators of mental wellbeing recognized by Jahoda.

The World Health Organization (WHO) also emphasized the indicators of mental health in 2006 as a whole package of health with a complete physical, mental and social well-being beyond the absence of disease or infirmity. In the same year, WHO specifically defined mental health as a state or condition whereby persons are resilient with normal life stressors, have awareness of one's potential and an ability to be productive in a society (WHO, 2006). Garland and his associate also defined mental health in 2000 as a state of mind which enables individuals to realize and choose their own life goals including subjective expectations unique to their culture (Garland et. al., 2000).

When one or more mental health qualities mentioned in the above definitions are compromised for some reason, the mental health condition can be considered as a problem. Any mental health problem arises when a person experiences a range of emotional and behavioral problems that are outside the normal range for their age. The common ones among several mental health problems are the group of distress states manifesting with anxiety, depression, and somatic symptoms. These problems usually manifest with shifting combination of symptoms over time indicating emotional or mental abnormality (Mechanic, 1999).

No community/group is immune to mental disorders except that the risk is higher among the poor, homeless, the unemployed, uneducated, victims of violence, migrants and refugees, indigenous populations, children, and adolescents, abused women and the neglected elderly communities. Studies have documented that untreated mental illness in turn results in several adverse consequences including poverty and mortality (Garland et al., 2005).

The world is seriously challenged by mental health disorders regardless of geographic location or income level (Luitel et al., 2015). Mental diseases account for a significant portion of the worldwide burden of disease, accounting for 13% of it till 2000 and anticipated to climb to 15% by 2020. Mental illness accounts for 7.4% of disability adjusted life years (Luitel et al., 2015).

In both industrialized and developing countries, mental illness is recognized as a public health concern. The idea that mental illness is less widespread in low-income countries than in high-income countries has long been debunked. The national mental health strategy indicates that Ethiopia (one of the low-income countries) also has a high rate of mental illnesses. In fact, mental illness is the leading non-communicable disease in Ethiopia with high psychological, physical, and economical burdens.

However, compared to physical health, specialty disparities in research and service practice on mental health is observable in many parts of the world (Garland et. al., 2000). A disparity in access to mental health doesn't only affect the access to treatment but also the health service use behavior of patients. One study reported that even in countries where there are effective treatments, many community members did not seek professional help (adults with diagnosable mental disorders was shown to be only one third). Health service utilization is an active and adaptive process of attempting to cope with health problems or symptoms by using external resources for assistance both formally and informally. Unfortunately institutionalized mental health services do not allow the adaptive process of attempting to get assistance both formally and informally like community based mental health service does (Kerebih, H., et al., 2017). It is important to understand the barriers to seeking out and receiving health care services including mental health assistance.

Community based mental health service is defined as care to promote mental health for a community by entertaining community needs in an accessible and acceptable manner based on the goals and strengths of people with mental illnesses using a wide network of supports, services and resources of adequate capacity; and emphasizing services that are both evidence-based and recovery-oriented (Thornicroft, G. et al., 2016). However, community based mental health service access and utility is different across countries with different development level and population type. There is also considerable difference between developing and developed countries regarding access due to low number of trained mental health professionals and mental health facilities (WHO, 2006). Even though there are differences among different population groups in their service use behavior perceived barriers to usual care, perceived difficulties in accessing care specialists were identified as reasons for avoiding mental health services use at all. (Zeber, et.al., 2009).

The response of community based health service use could also vary according to the cultural, social, economic, sex and demographic situation (Amente & Kebede, 2016). Studies in many countries consistently mention some common factors associated with low professional treatment seeking behaviors such as fear of being stigmatized for having mental illness, believing in informal help sources, lack of mental health literacy, negative experience of past help seeking and being unaware of services among others.

Studies on war survivor communities in different parts of the world evidenced that there are high prevalence (38.5% depression, 51.8% anxiety and 20.4% PTSD) and need for mental health services (Murthy & Lakshminarayana, 2006). Despite the findings reviewed above, there is no evidence specific to the incidence/ prevalence and the response of community members on common mental disorders in a war survivor community in Ethiopia. The response of a war survivor community for community based mental health services and barriers are not yet studied in Ethiopia.

Theoretical and Conceptual Framework

Theoretical frame work; Unified theory of Behavior

This study is concerned with explaining health service use intention and the behavioral concepts and constructs in general community based mental health service use. Specific to this research, The Unified Theory of Behavior (UTB) is chosen to be the most ideal comprehensive theoretical framework as it represents the accumulation of knowledge about human intention which is necessary to inform our use of constructs for research practice as it facilitates the understanding of key behavioral variables in the context of mental health service utilization.

Since health seeking and service use behavior is all about a choice of patients as to which practice and service to use, rational choice theory (*health belief model*, *the theory of reasoned action*, and the *theory of planned behavior*), *social network theory* and *social action theory* are the three major versions of unified theory of behavior (UBT) which provide a theoretical framework. In addition to that, the behavioral model of health service use and unified theory of health service use are directly related to the study to be conducted. Finally, the theory is the unification of the other models which is empirically tested to encompass theoretical predictor variables like self-concept, self-efficacy, emotion, attitude about mental health, knowledge on mental health, social constraints, expectancy on mental health service, social norm on mental health and predicted variables like mental health behaviors and mental health intention.

The UTB articulates the important behavioral determinants most amenable to change. The UTB is a comprehensive, multivariate framework that incorporates micro- and macro-level constructs from several evidence-based theories of health behaviors and health-related decision-making. This framework emerged out of a week-long meeting convened by the National Institute of Mental Health (NIMH) in 1991 with leading human behavior theorists aiming to summarize theories of social and developmental psychology under a unifying framework based on their core construct. Although there was no consensus among the theorists, Jaccard and colleagues subsequently summarized a general framework, along with their specific modifications, into what is now the UTB. Specifically, UTB integrates Social Learning Theory (Bandura & Walters, 1963), the Theory of Reasoned Action (Ajzen & Fishbein, 1980) the Theory of Subjective Culture (Triandis, 1994), and self-regulation theories (Kanfer, 1987) into a unified theory of behavior decision-making and performance.

Justification of the Unified theory of Behavior as a framework

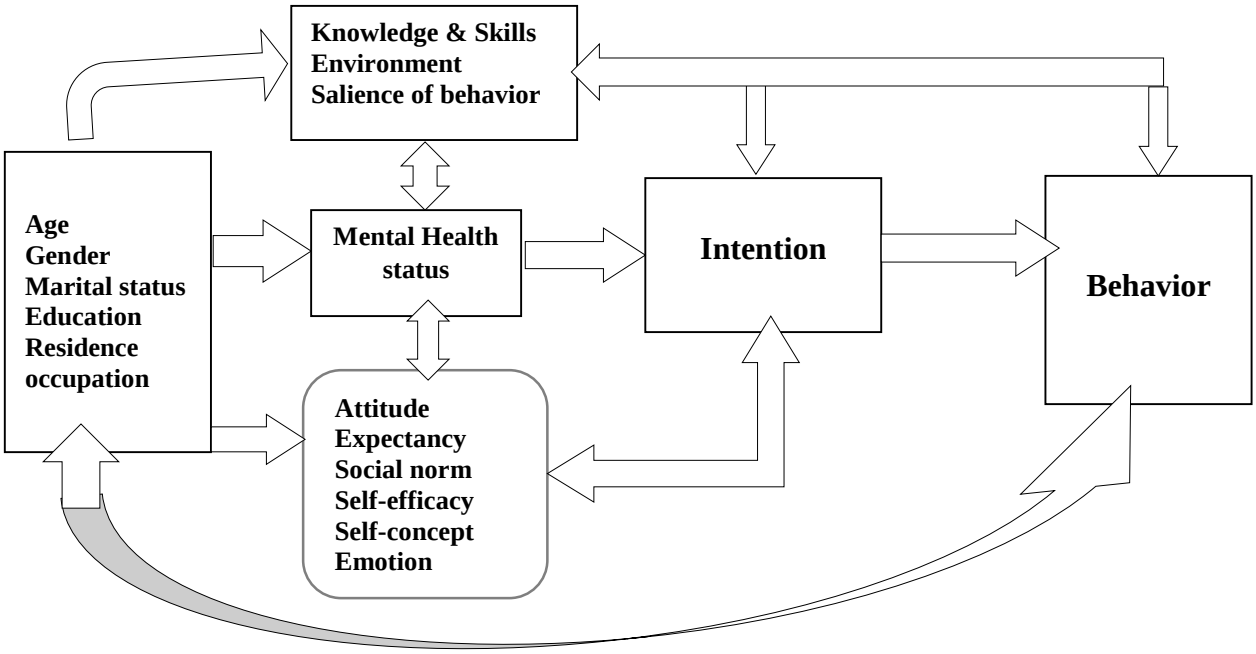
Among its many applications, the UTB offers a powerful framework for understanding behavioral determinants to help-seeking and formal mental health services use for both patients and their caregivers. UTB can facilitate the targeting of core processes and underlying behaviors regarding youth and family engagement, and other family contextual factors influencing service use, including relationships between families and clinicians, and families' sense of self-efficacy, expectations, and

attributions regarding mental health services (Lindsey et al., 2013). The study may systematically assess how structural factors influence people's intention and behavior to use CBMH services with is theory. The UTB has been successfully applied in prior research to evaluate service use intentions and behaviors across various healthcare settings. (Onwujekwe et al., 2010).

Conceptual framework

The conceptual framework includes demographic variables (e.g., age, gender, marital status, education, residence, occupation), as well as psychological and social predictors (e.g., CMDs, self-concept, attitude, social norms, and intention).

Figure 1 Unified Theory of Behavior.



A framework for understanding mental health service use. The above pictorial representation of the theoretical framework is developed by the author based on the relationship between variables explained in the unified theory of behavior.

Approach and Methods

Quantitative research approaches assume that it is possible to generalize about the general population based on the observed pattern of sample respondents under study. This research assumes that the behavioral pattern of sample respondents towards community based mental health service is generalizable (Marlow et al., 2003). The position of the researcher here is that it is possible to achieve the most attainable objectivity if researchers critically reflect on the intersection between the known and (the knowers) themselves and deliberately controlling with standardized and rigorous process.

Study Design

The study used a design of cross-sectional community survey on community based mental health service utilization intentions. This design was selected for this study because the research

objective about barriers/facilitators of community based mental health service intention was incorporated in the specific research objectives mentioned above.

The population of the study is all adult community members in selected war survivor zones of North Ethiopia. North and south Wollo are zones found in the Amhara National Regional State (ANRS) of Ethiopia. The zones are composed of 40 woredas. The woredas directly affected by the Ethio-TPLF war are 25 in number which is estimated to have more than 400,000 adult individuals. Therefore, only those woredas of the four zones (North & South Wollo & Gondar) were selected as cluster of sampling. Multi stage sampling procedure is used to select the study participants. First, woredas directly affected by the war are identified purposively. The population is clustered based on their wareda of residence and proportion is calculated againist the 400,000 adult populations. Then systematic random sampling is applied for each woreda.

Probability sampling technique specifically multistage sampling was employed. An attempt was made to cluster the population based on Woredas. Long lists of adult inhabitants in all woredas were prepared as a population frame and the proportion of sample for each cluster woredas was calculated and then after, systematic random sampling was employed. Given the above population, the sample size determination formula adopted from Kalavalli, 2022, the sample size is 384 for community-based survey (Kalavalli et al.,2022).

$$n = \frac{\frac{Z^2 * P(1-P)}{e^2}}{1 + \left(\frac{Z^2 * P(1-P)}{e^2 N}\right)} \quad n = \frac{\frac{1.96^2 * 0.5(1-0.5)}{0.05^2}}{1 + \left(\frac{1.96^2 * 0.5(1-0.5)}{0.05^2 400000}\right)}$$

n = sample size
P = proportion picking a choice n=384
N = population number
e = margin of error
Z = standard score

Since some of the research objectives in this study demanded different instruments to better determine results, data collection instruments were developed and adapted as necessary. Variables to measure the mental health status, determinants of behavior and intentions of residents displayed in the conceptual model of this study and socio demographic information were used to collect the data. Common mental disorder Checklist with Cronbach alpha value of 0.952 was used to assess the mental health conditions of participants. Scales of related variables mentioned in the conceptual model and the service seeking intention and behavior are tested and it was used as survey instrument in the study. The Cronbach's alpha value for the scales Self-concept, Self-efficacy, Emotion, Attitude, Knowledge, Social constraints, Expectancy, Social norms and MHSU Intention were tested after a pilot data and the alpha values are 0.788, 0.843, 0.794, 0.888, 0.750, 0.940, 0.769, 0.800 and 0.872 respectively.

Table 1 Reliability index of scales used

S.No	Scale	Number of items	Original scale's r (If any)	Pilot r	Main study r
1	Common mental disorders	17	.703	.932	.952
2	Self-concept	29	.700	.789	.752
3	Self-efficacy	10	.802	.843	.843
4	Emotion	9	.811	.859	.839
5	Attitude about mental health	7	.845	.943	.940
6	Knowledge on mental health	19	.705	.710	.722
7	Social constraints	15	.952	.940	.940
8	Expectancy on mental health service	11	.828	.821	.821
9	Social norm on mental health	14	.801	.858	.858
10	Mental health Intention	3	.761	.819	.819

Source: Own survey result, 2025.

Note: Items deletion and/or substitution were taken to improve the reliability value.

The data (mental health survey, community based mental health service utilization intention was analyzed by SPSS version 24. Both descriptive and inferential statistics were applied. The descriptive statistics included mean frequencies, Std. Deviation, Variance, Skewness, and Kurtosis and cross tab. whereas inferential statistics like Pearson correlation, multiple regressions, ANOVA and MANOVA were utilized. Appropriate measures on statistical procedures of data cleaning for parametric statistic tests were followed; there was not an issue of missing data, univariate outliers were checked using z value distribution of continuous variables, and multivariate outliers were checked with mahalanobis distance. All the assumptions of multiple regressions were tested as the quantitative analysis was conducted by those analysis models.

The model of multiple regressions were used to measure the relationship between Self efficacy, Self-concept and Common Mental Disorder and the intention of people to community based mental health services use, $\text{IPCBMHSU} = \beta_0 + \beta_1 Se + \beta_2 Sc + \beta_3 CMD + \varepsilon_{ij}$, to explain the relationship between intention of people to use CBMHS and attitude, knowledge and expectancy, $\text{IPCBMHSU} = \beta_0 + \beta_1 Atti + \beta_2 Kn + \beta_3 Exp + \varepsilon_{ij}$ and explain the relationship between intention of people to use CBMHS and social constraints and social norms;

$$\text{IPCBMHSU} = \beta_0 + \beta_1 Sn + \beta_2 Sc + \varepsilon_{ij}$$

Where, β_1, β_2 & β_3 are coefficients of Self efficacy, Self-concept and Common Mental Disorder (Se_1, Sc_2 and CMD_3) respectively.

βo: ……. constant parameter (intercepts of the intention of people to community based mental health services use (IPCBMHSU))

Se_1, Sc_2 and CMD_3: 3 explanatory variables

ϵ_{ij}: ……..Error term

$Atti, Kn$ & Exp : are the 3 explanatory variables

Sc & Sn: are the 2 explanatory variables

Research ethics is an integral aspect of any research activity; each and every activity of the research should be embedded with the research ethical considerations. The researchers in this project enthusiastically strived to respect all the ethical issues expected in this study and secured IRB from the University of Gondar.

Findings

Introduction

This section presents findings of the research objectives introduced above. The barriers to the intention and utilization of community based mental health services, the difference between people with and without CMDs in their behavior and intention to community based mental health services, the relationship between self-efficacy, self-concept, CMD attitude, knowledge, expectancy, social constraints, social norms and the intention and behavior are reported below.

Demographic Information about the Study Participants

Table 1 The Demographic Characteristics war survivor community members of Gondar and Wollo Zones in Ethiopia, 2023 (N= 384)

Demographic Varibles	Categories	Frequency	Percent
Age	young	163	42.44
	Adult	193	50.26
	Senior	28	7.3
	Total	384	100
Gendar	Male	224	58.2
	Female	160	41.6
	Total	384	100
Educational status	Illiterate	46	11.9
	Non-formally Literate	18	4.7
	Grade 1-4	76	19.7
	Grade 5-8	72	18.7
	Grade 9-12	50	13.0
	Diploma	65	16.9
	Degree & above	57	14.8
	Total	384	99.7
Marital status	Single	54	14.0
	Married	195	50.6
	Separated	59	15.3
	Divorced	76	19.7
	Total	384	99.7
Residence	Rural	119	30.9
	Urban	265	68.8
	Total	384	99.7
Occupation	Farmer	51	13.2
	Merchant	68	17.7
	Civil Servant	115	29.9
	Entrepreneur	36	9.4
	Housewife	52	13.5

Demographic Varibles	Categories	Frequency	Percent
	Student	7	1.8
	Unemployed	16	4.2
	Retired	39	10.1
	Total	384	99.7

Source: Researcher own questionnaire

The gender of the respondents is composed of 224 (58.2%) male and 160 (41.6%) female out of 384 sample participants. Table 4.4 shows that educational status of the respondent proportionally distributed across the ordinal category of academic status. Grade 1-4 is the leading frequency (76) which is (19.7%) of all the respondents followed by Grade 5-8 who are 72 participants which covers (18.7%) of 384 sample respondents. Even though the sample was systematically randomized across urban and rural residents, table 4.6 depicts that more than half (68.8%) of the respondents in the sample are urban residents. This might be related to the internal displacement of rural people to IDP (internally displaced persons) centers which are located in semi urban areas during and following war. The above table is a frequency composition of occupation about the sample respondents and shows that students are the least number of respondents whereas the civil servants comprises of the highest one. Table 4.5 indicates that 50.6 % of 384 respondents are married. Separated marital status was not common in Ethiopia however the table above shows a significantly high percent (15.3%) of the marital status. Again, this may be related to the war held in the study area as internal displacement is prevalent in areas where there is conflict.

The Relationship between Self efficacies, Self-concept and CMD and the Intention of CBMHS in War Survivor Communities

The intention of this research objective is to know how well the intention of people to community based mental health services can be predicted from a combination of three variables: common mental disorders, self-concept and self-efficacy. It also wanted to know which of these three predictors contribute significantly to the multiple regressions.

Table 2 Means, Standard Deviations, And Inter-correlations for Intention to CBMHSU and Predictor Variables (N=384)

Variables	M	SD	1	2	3	4
MHSU intention	15.9696	3.38411	1	.314	-.073	.441
Predictors variables						
CMDs	8.2072	6.16070		1	.678	-.371
Self-concept	121.8923	19.04935		.678	1	-.159
Self-efficacy	50.2735	7.14083		-.371	-.159	1

First, the output provides the useful description of all the three predictor variables and it showed that the correlations of the Common Mental Disorder (CMD) with Self-concept and Self efficacy are all significantly correlated. But Self efficacy is negatively correlated with the rest two variables.

The Model Summary table shows that the multiple correlation coefficient (R) is statistically significant, using all the predictors simultaneously, (R=.884 which means 88% of the variance in community based mental health service use intention can be predicted by common mental disorders,

self-efficacy, and self-concept. Note that the adjusted (jR^2 = .779) is lower than the unadjusted $R^{2=}$.781 which is in part related to the number of variables in the equation. The adjustment is also affected by the magnitude of the effect size and the sample size. As it can be seen from the coefficients table, common mental disorders *(B*=.576, P<.05), self-concept. (B=937, P<.05) and self-efficacy (B=-.415, P<.05) are all significant.

The ANOVA table shows that F (3,1062) =6.51 and is significant. This indicates that the combination of the predictors (common mental disorders, self-concept self and efficacy) significantly predict community based mental health service use intention. Common mental disorders, self-concept self and efficacy are the only variables that are significantly adding anything to the prediction.

Table 3 Simultaneous multiple regression analysis summary for Common Mental Disorder, Self-concept and Self efficacy predicting CBMHSU Intention (N =384)

Variable	B	SEB	β	Sig
CBMHSU Intention				
Common Mental Disorder	.314	.020	.576	.000
Self-concept	-.073	.006	-.415	.000
Self-efficacy	.441	.013	.937	.000
Constant	.136	.873		.876

The Coefficients table indicates the standardized beta coefficients, which are interpreted similarly to correlation coefficients or factor weights. As you can see from the coefficients table, CMD (β=.576, P<.05), self-concept (β=-.415, P<.05) and self-efficacy (β=.937, P<.05) are all significant for the predicted variable (community based mental health service use intention).

The Relationship between Intention of People to Use CBMHS and Attitude, Knowledge and expectancy in the War Survivor Communities

The intention of this research objective is to know how intention of people to community based mental health services is predicted from a combination of three variables: attitude, knowledge, and expectancy and which of these three predictors contribute significantly to the multiple correlation/regression.

Table 4 Means, Standard Deviations, And Inter correlations for CBMHSU Intention and Predictor Variables (N=384)

Variables	M	SD	1	2	3	4
CBMHSU intention	15.9696	3.26412	1	.025**	.215**	.040**
Predictors						
Attitude	54.4558	5.88040	.025**	1	.613**	.535**
Knowledge	92.7431	11.30668	.215**	.613**	1	.161**
Expectancy	61.9365	7.97901	.040**	.535**	.161**	1

The first row shows the correlations of Knowledge and Expectancy with Attitude are all significantly correlated with it. But, when we see the strength of correlation with each other, Attitude is highly correlated with Knowledge and Expectancy whereas Knowledge is less correlated with Expectancy. The Model Summary table shows that the multiple correlation coefficient (R) is

statistically significant, using all the predictors simultaneously, (R=.965) which means 96.5% of the variance in community based mental health service use intention can be predicted by Attitude, Knowledge and Expectancy. Note that the adjusted (jR^2 = .931) is lower than the unadjusted (R^2=.932) which is in part related to the number of variables in the equation. The adjustment is also affected by the magnitude of the effect size and the sample size.

The ANOVA table shows the F Value F (3, 1267.048, P<.05) =1722.508 that the variance between the means of predictors is statistically significant. It also indicates that the combination of the predictors (Attitude, Knowledge and Expectancy) significantly predict community based mental health service use intention.

Table 5 Simultaneous multiple regression analysis summary for Common Mental Disorder, Self-concept and Self efficacy predicting CBMHSU Intention (N =384)

Variable	**B**	**SEB**	**β**	**Sig**
CBMHSU Intention				
Attitude	.025	.114	.617	.000
Knowledge	.215	.035	.400	.000
Expectancy	.040	.073	.028	.583
Constant	27.012	5.026		.000

The Coefficients table indicates the standardized beta coefficients, which are interpreted similarly to correlation coefficients or factor weights. As you can see from the coefficients table, Attitude (β=.272, P<.05), and Expectancy (β=.795, P<.05) are all significant whereas Knowledge (β=-.010, P>.05) is not statistically significant predictor for the predicted variable (community based mental health service use intention). Attitude and Expectancy are the only variables that are significantly adding anything to the prediction. It is important to note that all the variables related to Community based mental health service used intention are being considered together when these values are computed.

Over the years, many studies of mental disorders reported that attitudes of people with mental illness towards mental health services and treatment have consistently shown negative attitudes. A study explored communities' attitudes towards mentally ill and psychiatric patients as well as perceptions of community members towards psychiatric treatment and reported compared to 24% in 1976. 88% advise people with mental health problems to see a psychiatrist, but 26% still do not want to be referred to a psychiatrist (Ineland et al., 2008).

A study of mental health help-seeking intention and organizational environment among a population of military service members reported similar finding that mental health help-seeking attitude is an important predictor of intention to seek mental health help (Cuyler, 2016).

Amelia Gulliver and her associates (2012) conducted a systematic review of six published randomized controlled trials investigating eight different help-seeking interventions for depression, anxiety, and general anxiety disorder and found mental health literacy content to be effective (i.e. = 0.12 to 0.53). Most post-intervention studies improved help-seeking attitudes but did not affect help-seeking behavior (d = -.01, .02). Finally, although this review recommends that interventions to promote mental health literacy are promising ways to promote positive attitudes toward help-seeking, there are no significant differences in their impact on help-seeking behavior. The review recommended further research to examine the effects of interventions on attitudes, intentions and behaviors (Gulliveret al., 2012).

The Relationship between Intention of People to Use CBMHS and Social Constraints and Social Norms

This specific objective deals with relationship between intentions of people to community based mental health services and social constraints and social norms.

Table 6 Means, Standard Deviations, And Inter correlations for CBMHSU Intention and Predictor Variables (N=384)

Variables	M	SD	1	2	3
CBMHSU intention	15.9696	3.26412	1	-.099**	.317**
Predictors					
Social constraints	60.5663	26.14126	-.099**	1	.799**
Social norms	56.4254	9.67871	.317**	.799**	1

First, the descriptive statistics table displayed that the correlations between Social norms and Social constraints is significantly correlated with each other (r=.799, P<.05). The correlations between Social norms and CBMHS Use intention (r=.304, P<.05) is also significantly correlated (r=.799, P<.05) and Social constraints and CBMHS Use intention is not significantly correlated (r=-.044, P>.05).

The Model Summary table shows that the multiple correlation coefficient (R) is statistically significant, using all the predictors simultaneously, (R=.566) which means 56.6% of the variance in community based mental health service use behavior can be predicted by common mental disorders, self-efficacy and self-concept. Note that the adjusted (jR^2 = .317) is lower than the unadjusted R^2=.320 which is in part related to the number of variables in the equation. The adjustment is also affected by the magnitude of the effect size and the sample size. As you can see from the coefficients table, Social norms (β=.939, P<.05) and Social constraints (β=-.794, P<.05) are all significant.

The ANOVA table shows that F (2, 653.359, P<.05) =89.739 and is significant. This indicates that the combination of the predictors (Social norms and Social constraints) significantly predict community based mental health service use intention.

Table 7 Simultaneous multiple regression analysis summary for Social constraints and Social norms predicting CBMHSU Intention (N =384)

Variable	B	SEB	β	Sig
Social constraints	-.099	.009	-.794	.000
Social norms	.317	.024	.939	.000
Constant	4.115	.977		.000

The Coefficients table indicates the standardized beta coefficients, which are interpreted similarly to correlation coefficients or factor weights. The t value and the P value of each independent variable indicates whether that variable is significantly contributing to the equation for predicting community based mental health service use behavior from the whole set of predictors. Social norms and Social constraints are significantly adding something to the prediction.

Stecker et al., 2010 has similar finding consistent with this finding. Whereas Cuyler reported contrary to the finding of this research that neither the social norms of mental health help seeking nor the perceived control of mental health help seeking behavior were significant predictors for intention to seek mental health help (Cuyler, 2016). This paper is different to previous research of leadership support climate as a social constraint and social norms contributing to a community member's decision to seek mental health care were regressed and found that they are not significant on whether community members will seek mental health care or not (Cuyler, 2016).

The only research closer to social constraint (social pressure) demonstrates that organizational climate can affect a service member's intention to seek mental health care. The relationship between the leaders and non-leaders should have been supportive because influence that leaders have on individuals can affect individual's attitudes and intentions (Cuyler, 2016).

There is a large gap between relatively high help-seeking intentions and significantly low knowledge of helpful resources. Predictors of help-seeking intentions for mental health problems in the current study are consistent with previous studies. (Yu et al., 2015).

Conclusion

This study was conducted with the aim of investigating factors associated with CBMHS utilization intention in the Civil war survivor communities of Gondar and Wollo zones having three specific objectives. The results are precisely presented as followed.

The intention of this research objective was to know how well can intention of people to community based mental health services be predicted from variables: common mental disorders, self-concept and self-efficacy, attitude, knowledge, expectancy, social norm and social constraints and which of these predictors contribute significantly to the multiple regression models. The result shows that each model was significant. This indicates that the combination of the predictors (common mental disorders, self-concept and self-efficacy, attitude, knowledge, expectancy, social norm and social constraints) significantly predict community based mental health service use intention.

Therefore, public health services are imperative for the better utilization and intention of CBMHS in the war survivor community members. Access for the services and mental health education can alter the situation in the study area.

The study showed that there is statistically significant relationship between common mental disorder and community based mental health service use intention. Therefore, some other agent is mandatory to help those mentally challenged people to come for the treatment of community based mental health service use intention and behavior. The combination of the predictors (common mental disorders, self-concept self and efficacy) significantly predict community based mental health service use intention. Providing life skills education that enhances self-concept, self-efficacy, positive attitudes, expectancy, and addresses social norms and constraints may help prevent CMDs and improve service uptake. We argue that improving treatment is as important as changing attitudes through accurate information.

In addition to access and availability of CBMHS or other modality of services, intention of people with the mental health issue for the service offered is supposed to be positive. Therefore, social work services of all kind are imperative for the better utilization and intention of CBMHS in the war

survivor community members. Advocacy for the access of services and mental health outreach intervened by social workers can alter the situation in the study area.

The paper contributes to the literature by providing a new look at theoretical framework (UTB) to study CBMHSU intention and behavior or mental health help-seeking in war survivor community members. Unified theory of behavior explores every construct related to behavior and intention in general. This paper indicates that whatever specific study one wants to approach, UTB needs to be solicited to control the rest of variables and constructs as extraneous or intermediate variable. As far as the search for literature is concerned, there is no study used UTB to drive the formulation of hypothesis in mental health help-seeking research in general CBMHSU intention and behavior in particular. The incorporation of personal and environmental constructs together was not tried to study behavior and intention. Our society as a whole is challenged with encouraging people with mental health problems to seek mental health care. Efforts should focus on creating environments that minimize social constraints and encourage mental health help-seeking.

The finding confirmed that community based mental health service use intention and social norm are inversely related. This finding suggests that social workers should ensure they fully understand the influence social norm on the intentions of war survivors to mental health care. Social workers therefore, should take an active role in shaping the norm of CBMHSU environment. Social workers should also influence the policy of professional education and mental health training pedagogy in a way that social workers are not only trained to provide service but also actualize the latent demands of CBMHS and promote a positive environment mental health care.

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