

1 Article

2 Older Adults' Perceptions of Psychotherapy in 3 Cyprus

4 Ioanna Katsounari ^{1*}

5 ¹ Department of Psychology and Social Sciences, Frederick University Cyprus; soc.ki@frederick.ac.cy

6 * Correspondence: soc.ki@frederick.ac.cy; Tel.: +35799099619

7

8 **Abstract:** The purpose of the study was to explore older adults' views and perceptions of
9 psychotherapy in Cyprus. A total of 25 older adults, aged between 65- 89 participated in semi-
10 structured interviews. Thematic analysis identified three main themes: *Familiar term/Unfamiliar*
11 *process; existential crises during this stage; and the issue of stigma*. Participants indicated a basic
12 understanding of what psychotherapy entails, but did not associate psychotherapy with serious
13 mental illness. Participants identified a number of existential issues that are potentially major life
14 stressors for an elderly person and referred to the historical stigma that has an impact on their own
15 perceptions about psychotherapy. However, participants seemed to view their ability to overcome
16 psychological difficulties on their own, as a proof of personal strength. Psychologists and other health
17 professionals also need to be mindful of how they describe psychological concepts and treatment as
18 older adults may not understand what they are being told or may be afraid of what treatment
19 involves based on historical context. This study highlights the importance of using strategies that
20 have the potential to empower this population in order to proactively attend to their mental health
21 including community-based education and national mental health campaigns.

22 **Keywords:** psychotherapy; elderly; Cyprus

23 1. Introduction

24 The percentage of the population in Cyprus over the age of 65 was 13.9 per cent last year while
25 3.1 per cent were over the age of 80, figures that will rise to 25.2 per cent and 10.8 per cent respectively
26 by 2080. Cypriot women who reach the age of 65 can expect to live another 21.6 years on average
27 while Cypriot men will live on average another 18.6 years once they reach that age [1].

28 In Cyprus there are no detailed data on the prevalence of psychiatric disorders among the
29 elderly. According to World Health Organization (WHO) statistics, Depression is the most common
30 mental health problem in this age group with estimate prevalence rates of 22% for men and 28% for
31 women aged 65 or over and 40% of older people in care homes. Anxiety disorders affect 1 in 20 older
32 people. Less commonly, elderly patients present to services with psychosis due to bipolar disorder
33 or a psychotic disorder [2].

34 Older individuals may experience life stressors common to all people, but also stressors that are
35 unique or more common in later life. Older adults may experience reduced mobility, chronic pain,
36 and health problems. In addition, they are more likely to experience events such as loss, bereavement,
37 and a drop in socioeconomic status. All these stressors can result in isolation, loneliness or
38 psychological distress in older people [3]. Older adults with physical health conditions such as heart
39 disease have higher rates of depression than those who are healthy [4]. Furthermore, elder abuse is
40 now recognized internationally as an extensive and serious problem. Older adults are vulnerable to
41 physical, verbal, psychological, financial and sexual abuse; abandonment; neglect; and subsequent
42 losses of dignity and respect. Elder abuse can lead not only to physical injuries, but also to serious,
43 sometimes long-lasting psychological consequences, including depression and anxiety [5]. Although
44 reported rates of mental illness are lower than younger adults, suicide rates are often higher among
45 older adults [6].

46 Despite this high prevalence of mental disorders among older persons, this cohort's access to
47 mental health services is lower than its rate of need, and it has grown only modestly in recent years
48 [7]. Most community-dwelling older adults continue to seek assistance for mental health problems
49 from primary care physicians, who have repeatedly demonstrated inadequate ability to recognize
50 disorders such as depression or to provide appropriate referrals [7]. Researchers have identified
51 many barriers that contribute to poor access and inadequate use of mental health services by older
52 adults including lack of perceived need for care [8], lack of knowledge about availability of mental
53 health services [9], stigma [10], negative professional attitudes about working with the elderly [11],
54 limited availability of affordable services [12], [13], low rates of referral by general practitioners [14],
55 and difficulty arranging transportation [12].

56 In particular, attitudes towards mental health services by older adults have been suspected as
57 major barriers to seeking treatment. Reasons why older adults have been thought to reject mental
58 health care include lack of education regarding mental health and generational negative attitudes or
59 stigma surrounding mental illness [15]. It has been proposed that older adults tend to associate
60 mental disorders with personal failure or spiritual deficiency [16]. However, other research found
61 that older participants believed access to mental health services was important despite being unlikely
62 to access the services themselves [12], [13].

63 There is increasing recognition that patients' views of mental health treatments are an important
64 factor to consider in the effort to increase utilization of services [17]. Previous research assessing older
65 peoples' perceptions and views of the nature and purpose of psychotherapy is limited. Research by
66 [18] explored older peoples' attitudes towards, and understanding of, psychotherapy and their
67 willingness to seek out psychological services for themselves. Most participants were found to be
68 reluctant to disclose emotional concerns to their doctor and GPs (General Practitioners) were seen as
69 responsible for initiating discussions about mental health. Lack of enquiry by GPs, short consultation
70 times and unfamiliarity with psychological terminology were considered barriers for accessing
71 treatment. Participants mostly held positive and accepting views of psychotherapy but a lingering
72 stigma, based on historical values of stoicism and self-reliance, was evident. Reductions in societal
73 stigma were attributed to increased exposure to mental health information via the media, however,
74 participants appeared to confuse psychological services with counselling as this was a term that most
75 were familiar with.

76 This study aimed to use a qualitative approach to explore older adults' perceptions of
77 psychotherapy in Cyprus. One of the most distinctive features of qualitative research, is that the
78 approach allows one to identify issues from a participant's point of view, and understands the
79 meaning and interpretations participants give to behaviors, events, or objects [19]. A qualitative
80 methodology was deemed appropriate for the purposes of this research as it allows for in-depth
81 exploration of the subject under study. This is the first study conducted in Cyprus exploring older
82 adults' perceptions of the process of psychotherapy as well as their views on the reasons for seeking
83 psychological help, and ways that psychotherapy can help with life stressors during this stage of life.

84 2. Materials and Methods

85 This study comprised 25 participants aged between 65 and 89 years ($M = 79.5$; $SD = 6.64$), 15
86 women and 10 men. A convenience sample was used and the selection of interviewees was based on
87 the following inclusion criteria: (1) to be over 65 years of age, and (2) to be in a good mental condition.
88 Efforts were made to ensure that both genders were represented. Only three participants reported
89 previous knowledge of psychotherapy, while two participants reported using psychiatric medication
90 for depression and anxiety, which was prescribed through a psychiatrist/neurologist.

91 For data collection, the researcher constructed a semi-structured interview comprising of six
92 open-ended questions regarding the participants' perceptions around the process of psychotherapy,
93 the reasons an older adult may attend psychotherapy, the benefits that an older adult may derive
94 from psychotherapy, as well as their knowledge in regards to the manner that one can access
95 psychological help, and their experience accessing psychological help (if relevant). Interviews ranged

96 from 30 to 60 min in duration and were digitally recorded. Potentially identifying information was
97 removed and pseudonyms were assigned during transcription.

98 The data was analyzed with the use of thematic analysis based on the guidelines outlined by
99 [20]. Thematic analysis allows the researcher to identify 'repeated patterns of meaning' [21] (p.86)
100 within research data and provides a method for describing and interpreting emergent themes. For
101 this purpose, transcribed interviews were read several times. Interviews were coded for common
102 themes or patterns. Following this, the initial codes were put in different themes and sub-themes. All
103 themes were named and selected data extracts that reflected the essence of participants' views
104 regarding psychotherapy were identified.

105 3. Results

106 The thematic analysis revealed three themes *familiar term/unfamiliar process, existential crises*
107 *during this stage, and the issue of stigma*. The three themes are overlapping and some extracts contain
108 references to more than one theme.

109 3.1. Theme 1: Familiar term/Unfamiliar process

110 Most participants were familiar with the term "psychotherapy" as well as recognized the basic
111 processes involved in psychotherapy. Most participants identified that it involves 'treating the soul'
112 (psyche). Some participants explained that their understanding of psychotherapy relates to
113 expressing thoughts that could not be processed by one alone. Participants described psychotherapy
114 as a 'problem-solving' process and the role of the psychotherapist with older adults as one of giving
115 direct advice 'for resolving psychological problems that one cannot resolve alone'. It appeared from
116 the participants' disclosures that although most participants expressed that this is a familiar
117 terminology to them; it was linked with the term "counselling". Interestingly, most participants
118 referred to the cognitive aspect of treatment as opposed to receiving help for emotional difficulties.
119 As one participant stated, 'Psychotherapy is the science which help us by analyzing the problem and
120 providing correct solutions. Every person is different, therefore, in every person it helps to resolve
121 different issues'. Therefore, most participants did not associate psychological terminology with
122 serious mental health problems and disturbing treatment procedures.

123 Among those with previous experience with psychotherapy, a greater level of familiarity
124 with terminology was evident and what it involved: 'Psychotherapy is the therapeutic process during
125 which mental disorders are treated. It is conducted through a conversation in regular meetings,
126 between a qualified psychotherapist and the person with a mental disorder'. Another participant
127 stated, 'Psychotherapy is a process through which a person's functionality towards its family and
128 society in general is improved'.

129 Despite the fact that most participants showed familiarity with the concept of
130 psychotherapy and were able to articulate ideas of what was involved, when asked whether they
131 would seek psychological help when confronted with a serious issue, they expressed that in the past
132 they used their own coping mechanisms instead of seeking professional help. In particular,
133 participants seemed to view their ability to overcome personal difficulties on their own, as a proof of
134 personal strength.

135 In addition, when asked to elaborate on ways to access psychological help, most
136 participants were familiar with the process. Few participants described that access to a
137 psychotherapist is through a general practitioner (GP), while most participants expressed favorable
138 opinions about the recent implementation of the General Healthcare System in Cyprus. General
139 practitioner is a term used in Cyprus to denote a physician, through which referrals are made to
140 specialist doctors. In particular, most participants expressed that the new Healthcare system carries
141 many benefits such as: access to qualified psychologists, quick access to services, and provision of
142 low cost services.

143 Two participants described receiving psychiatric medication in the past in order to cope
144 with personal difficulties. These participants appeared to have difficulty differentiating the role of
145 different mental health professionals (e.g. psychiatrist, neurologist, psychologist). They also did not

146 seem to realize that these difficulties could be resolved by attending psychotherapy. Furthermore,
147 only one participant appeared to be aware of the different applied specializations within psychology
148 practice, the different levels of trainings required, or the registration requirements for psychologists.

149 3.2. Theme 2: Existential crises during this stage

150 Participants identified both psychological and physical causes as the potential reasons for
151 seeking psychological help at later age. All participants identified depression as the main reason that
152 an older person would attend psychotherapy. In addition, all participants identified loneliness as a
153 major life stressor for older adults, especially after the loss of a spouse and children living away from
154 home. As one participant stated, *'This is especially a difficult period, when older people live alone, they
155 cannot find the strength to overcome this, especially women, because they were used to take care of everyone in
156 the family'*. Some participants expressed that loneliness is even more difficult to overcome when
157 relations with children are conflictual *'After years of growing up children together, it is really hard to lose
158 your spouse. When you feel rejected by your own children, it is even harder'*. Participants identified conflicts
159 within the family system in general as a major life stress at an older age.

160 In addition, most participants identified that older adults' isolation can have secondary effects
161 such as depression, lack of self-esteem, and anxiety. Most participants recognized that economic
162 issues can also lead to isolation. More specifically, lack of adequate funds can restrict an individual's
163 available options for outings and entertainment, thus contributing further to their isolation.
164 Emotional difficulties according to these participants, were a direct effect of the psychosocial changes
165 that are prominent at an older age.

166 Participants identified a variety of other existential issues that can function as life stressors for
167 the elderly. The experience of loss in the person's later life and the reality of death were the most
168 common identified issues. Participants expressed that multiple losses suffered during an older
169 person's lifetime can have an impact on a person's outlook of life. As one participant stated, *'To
170 experience loss and death, inevitably brings a change of perspective in the person, in the way that he/she
171 perceives the world and in the way he/she interprets them'*. Those participants which discussed the fear of
172 death, also stressed the need of psychotherapy for older adults, in order to plan for the future ahead.
173 In general, participants discussed the fact that older individuals may experience existential crises
174 during which they re-evaluate their past life. They discussed the need for psychotherapy in order to
175 help the person process past life achievements and failures and to accept the present realities.

176 Physical ailment can be another source of stress for the elderly. Participants discussed the fact
177 that confronting serious illnesses (e.g. Alzheimer's) can be a challenge for an older person.
178 Specifically, participants appeared to associate this with becoming a burden on loved ones. Therefore,
179 the need to rely on others in order to meet one's needs can be particularly challenging for older people
180 and an area that psychotherapy can help by challenging these assumptions and providing support
181 for the older person. As one participant stated, *'They really need to come into terms with their present
182 physical and socioeconomic reality. They need to accept that human nature imposes limits on them. And that
183 these are different limits from the ones that society previously imposed on them.'*

184 3.3. Theme 3: The issue of stigma

185 Almost all participants agreed that societal stigma, related to seeking professional psychological
186 help, has been reduced significantly compared to the past. At the same time, participants discussed
187 the fact that it is still quite rare for a person in their generation to attend psychotherapy for
188 psychological difficulties. This line of thought is related to a culture of self-sufficiency and stoicism
189 endorsed by older generations and transmitted as a cultural value. Participants described that in the
190 past, the prejudice which existed against mental illness and its treatment had a strong impact on their
191 own perceptions of psychotherapy. One participant recalled: *'In the past, whoever had a mental illness
192 was ostracized by society. The entire family was secluded from the social context. The person with the mental
193 illness was hidden as someone who had committed a crime. The church had an impact on stigmatizing views as
194 it was believed that the person with a mental illness or the family had sinned'*. Furthermore, the historical
195 association between mental illness and commitment in a mental health hospital also contributes to

196 the fear and stigma that older individuals have around seeking help for mental health issues. A few
197 participants explained that the media's negative portrayal of mental illness has not been helpful in
198 reducing stigma.

199 Most participants expressed that they were raised with the value that being able to cope with
200 life's difficulties and psychological suffering is an indication of personal strength. Emotional
201 problems are a personal responsibility to endure and resolve. Another value was that disclosing
202 personal emotions and thoughts to an outsider of the family was inappropriate. These values appear
203 to continue to negatively impact treatment-seeking behavior. *'In the past we did not go to see a*
204 *psychologist, if you had a problem, it was discussed within the family. I remember my mother suffering from*
205 *post-partum depression after giving birth to my sister. Nobody even considered referring her to a professional*
206 *for support, it was considered that she had to endure and resolve this on her own'.*

207 Despite the fact that participants in general discussed the societal stigma that predominated in
208 the past, they also agreed that there is a change in society's attitude today. Participants in this study
209 also agreed that they view this as a positive change. However, despite the fact that all participants
210 described psychological difficulties in the past years, only two participants reported that they had
211 sought professional help. In addition, when asked whether they would attend psychotherapy for
212 future difficulties, more than half of the participants expressed that they would likely resolve any
213 issue on their own. This attitude was prevalent in individuals over the age of 70. It appears that
214 feelings of stoicism and self-sufficiency when it comes to emotional difficulties are still lingering over
215 older adults, especially those over the age of 70.

216 4. Discussion

217 The aim of this study was to explore older adults' perceptions about psychotherapy. Three
218 general themes emerged as a result of the thematic analysis, (a) *Familiar term/unfamiliar process*; (b)
219 *existential crises during this stage*; and (c) *the issue of stigma*. It was evident during the presentation of
220 the findings that these three themes overlap and are interconnected to a large extent.

221 Almost all participants indicated a basic understanding of what psychotherapy entails. Most
222 participants described psychotherapy as a problem-solving process which provides solutions to
223 difficult situations. Very few participants expressed that psychotherapy addresses the emotional
224 aspect of psychological dysphoria. The fact that almost all participants did not associate
225 psychotherapy with serious mental illness, shows that they appear to confuse psychotherapy with
226 counseling. This study highlights a need for efforts to increase mental health literacy among Cypriot
227 older adults. Research has indicated that older adults exhibit poorer mental health literacy than
228 younger adults, including less accuracy at identifying symptoms of mental disorders, and endorsing
229 fewer sources of treatment for a mental disorder [22, 24, 25]. It has been proposed that older adults
230 in closer proximity to someone with a mental disorder are more likely to have better mental health
231 literacy, a finding that has the potential to inform mental health education and promotion strategies
232 in this population [22]. Other research suggests that older adults might get more out of mental health
233 literacy programs in group or social settings. Programs that use older adult peer
234 educators/supporters, such as the "older people's champions" of the Healthy Passport programme in
235 England, might make the programs more effective. Mental health campaigns, such as Australia's
236 beyondblue, might increase mental health literacy of older adults [18, 25]. In Cyprus, where stigma
237 around mental illness holds a long tradition and persists among the elderly, it is important to use
238 strategies that have the potential to empower this population to proactively attend to their mental
239 health including community-based education and national mental health campaigns.

240 Participants identified a number of existential issues that are potentially major life stressors for
241 an elderly person, such as loneliness, isolation, fear of death, coping with multiple losses, managing
242 conflict within the family system, coping with limited socioeconomic resources, and coping with
243 ageing and failing health. They acknowledged that these issues can cause secondary difficulties such
244 as depression, lowered self-esteem, anxiety, and fear. Despite the fact that all participants expressed
245 that psychotherapy can help resolve these issues, most participants did not seem to personally relate
246 to this view. In contrast they expressed the view that one should endure and resolve emotional

247 difficulties on their own. This perception appears to be ingrained through past generations in Cyprus
248 that mental illness is a personal issue that needs to be kept and resolved within the family. It is also
249 associated to the view that not managing to effectively deal with emotional difficulties is a sign of
250 personal weakness. The belief of self-reliance for addressing mental and emotional issues has been
251 indicated in other research [18, 23]. Despite the fact that participants' expressed positive views in
252 regards to the decreased stigmatization of mental illness in Cyprus, a tendency to refer to mental
253 illness as something that it involves 'others' was also evident through participants' discourse. These
254 findings stress the importance of the role of GPs as the first points of contact for an older person. In
255 particular, GPs need to be aware that older adults may not spontaneously disclose emotional and
256 psychosocial problems and that some believe that disclosing about these issues is a sign of personal
257 weakness. Therefore, GPs should be mindful to inquire about these issues in medical consultations
258 and refer to psychologists when appropriate. Psychologists and other health professionals also need
259 to be mindful of how they describe psychological concepts and treatment as older adults may not
260 understand what they are being told or may be afraid of what treatment involves based on historical
261 context [18, 22, 25].

262 It is important to acknowledge that this study was a small, qualitative study of 25 older adults.
263 Consequently it is not possible to generalize the findings to all older adults in Cyprus. Furthermore,
264 a positivity bias may have occurred due to the fact that the sample was self-selected and therefore
265 the likelihood of recruiting participants with ambivalent or negative views about psychotherapy may
266 have been lower. Despite the above mentioned limitations, the findings drawn in this study resonate
267 with previous literature regarding older peoples' perceptions of psychotherapy and they raise
268 important issues regarding access to these services. This suggests that these older adults are not
269 aware of what services are provided by applied psychologists in Cyprus, the different levels of
270 training required (e.g. for Clinical Psychologists versus Psychotherapists) or the registration
271 regulations for psychologists in Cyprus. As such, this study has indicated that initiatives need to be
272 taken in order to increase older adults' willingness to seek professional mental health treatment if
273 needed. This is deemed an urgent matter as worsening socioeconomic circumstances in Cyprus will
274 affect a greater number of elderly with a subsequent impact on their mental health.

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