Public perception of social workers as a source for providing help during the COVID-19 pandemic

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Abstract

- **Summary:** The current study examined the contribution of select demographic and psychosocial variables, as well as prior experience with social workers (SWs), to explaining the likelihood of seeking their help by the general public in Israel during the COVID-19 pandemic. For the purpose of the study, an online questionnaire was administered to a sample of 582 respondents older than 20.

- **Findings:** The findings show that the respondents reported a fairly low likelihood of seeking help from SWs. Women, those not in a significant relationship, people who had prior experience with SWs, and those reporting higher levels of loneliness, had a higher likelihood of seeking help from SWs. At the same time, no association was found between age, employment status, depression, and anxiety, and the likelihood of seeking help from SWs.

- **Applications:** When dealing with the mental, health, and social consequences of the COVID-19 crisis, it is important to identify groups with a lower likelihood of seeking help from SWs and to actively offer them help. Furthermore, it is important to develop a policy aimed at promoting knowledge of SW roles and reducing barriers to seeking SW help, while attending to the unique needs of diverse population groups.

**Keywords**
Social work, social work research, social workers, help-seeking, international social work

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Introduction
The purpose of the current study is to examine the likelihood of seeking help from social workers (SWs) by the general population during the COVID-19 crisis. Research conducted during the first year of the COVID-19 pandemic has reported that the many challenges stemming from the disrupted routine, loss of jobs, economic decline, and social isolation, are a significant threat to people’s physical and mental health and well-being and their personal and social functioning. For instance, the studies reported a rise in perceived loneliness, helplessness, lack of meaning, uncertainty, loss of control, adjustment disorder and severe stress and anxiety symptoms (e.g., Kovshi-Eldan & Bing, 2020; Mahat Shamir et al., 2021; Wang et al., 2020). For a considerable part of these challenges, it is possible to receive assistance from SWs, who as part of their professional role provide responses to individuals, families, and the community for an array of crucial needs, as well as help with enhancing and resuming coping and functioning capabilities both in routine times and in times of crisis (Israel Association of Social Workers, 2018; Makaros, 2006).

At the same time, most of the studies conducted in the period prior to the COVID-19 pandemic (e.g., Andersson et al., 2013; Chen, 2012; Vogel et al., 2007, 2011a, 2011b; Zellmer & Anderson-Meger, 2011) indicate that when encountering challenges that detract from the perceived well-being and functioning capabilities of individuals and families, most people prefer to utilize informal sources of support and in many cases do not consider the option of seeking professional help from SWs or other helping professionals (such as psychologists and psychiatrists) (Kagan & Zychlinski, 2016; Vogel et al., 2007). Studies conducted on this subject in Israel, where the current study was carried out, show that fairly high proportions of the respondents reported a very low likelihood, or no likelihood at all, of seeking help from SWs. For instance, in two studies among the general population in Israel (Kagan & Zychlinski, 2016, 2017), such statements were made by 37.7% and 32.1% of the respondents, respectively, while among people with physical disabilities the proportion was 35% (Kagan et al., 2017) and among older men 39% (Kagan et al., 2018).

The studies indicate a long list of barriers to seeking professional help. Some of the studies relate to the individual’s sociodemographic background, such as gender, age, religiosity, education, relationship status, and ethnicity (Andersson et al., 2013; Baum, 2006; Kagan & Zychlinski, 2017; Kagan et al., 2018; Kessler et al., 2005; Mackenzie et al., 2006). Barriers may include perceptions and experiences associated with seeking help, such as the perception that people could and should solve their problems on their own, the concern of self-exposure and of negative labeling (Chen, 2012), lack of knowledge about whom to contact, where, and how, concerns of the costs involved (Andersson et al., 2013; Chen, 2012), low confidence in the effectiveness of professional help, unsympathetic views of professionals, low trust in them (Bolgun & Sahin, 2019; Kagan, 2016), and lack of prior experience with them (Segal et al., 2005). Other barriers involve psychosocial issues such as loneliness, psychological distress, and subjective evaluation of one’s health condition (Kagan et al., 2017, 2018).
In contrast, some claim that in times of collective crises and emergencies people are more inclined to seek help than in routine times when they tend to perceive a considerable portion of their life events as an individual. The collective dimension and the sense of a shared fate, whereby “everyone” is beset by difficulties and needs help, might normalize the seeking of professional help and reduce the sense of tension, lack of self-esteem, dependency, and embarrassment involved (e.g., Kaniasty & Norris, 2000). However, while the issue of seeking help from SWs in times of routine has been studied, it has yet to be explored regarding the COVID-19 period.

Social work is a socially oriented and context-dependent profession, as social, cultural, political, and economic processes occurring locally and globally (such as the global recession, pandemics, natural disasters, social changes, technological developments, and others) (Weiss et al., 2004) might demand that SWs find new ways of responding to the changing circumstances (Truell & Jones, 2012). This indicates the important need to explore these circumstances in order to allow SWs to develop tools facilitating programs and interventions enabling adjustment to the changing world and its demands and to provide clients with a response adapted to these circumstances (Welbourne, 2009). One important issue in this context is the ability to identify barriers to seeking SW help in non-routine situations, such as during global and local crises exemplified by the COVID-19 pandemic. Accordingly, the purpose of the current study is to examine the association between select demographic variables (gender, age, relationship status, and employment status), psychosocial variables (anxiety, depression, and loneliness), and prior experience with receiving help and treatment from SWs, and the likelihood of seeking their help by the general public in Israel during the COVID-19 crisis.

**Literature review**

**Background—COVID-19 in Israel**

COVID-19 first appeared in China in December 2019 and spread throughout the world. February 2020 saw the first COVID patients in Israel. Official restrictions were promptly introduced in the country, with the purpose of reducing the spread of the virus and effectively handling the disease. In the first stage, directives were issued for dealing with all COVID-19 patients, including treatment in special coronavirus departments, and mandated quarantine for those who had been in contact with the patients. The increase in the number of patients and the pressure on the hospitals led to a change in policy, whereby only severely ill patients were hospitalized in specially designated departments, while the moderately ill and those who had been in contact with patients were placed in home quarantine. The public was required to maintain a social distance of two meters from each other and to wear masks. With the rise in the number of patients, Israel entered its first lockdown in April 2020. Schools were closed, businesses and the economy came to a standstill, and public movement was restricted, aside from essential needs such as buying food, medicine, and receiving medical care, as well as traveling to jobs defined as essential (Ministry of Health, 2021). Towards the end of May 2020, a drop was evident in the number of those contracting the virus, and some of the restrictions
were gradually removed. Nonetheless, many businesses did not resume operations, schools operated only partially and online, many remained jobless, older adults and people with existing diseases were asked to remain at home. In June 2020, morbidity rose again, in a second wave of the coronavirus. Israel entered its second lockdown, which began in September and continued until mid-October (aside from certain towns where the number of patients remained high). In December 2020, Israel began a vaccination campaign, where the first to be vaccinated were the medical teams and older adults. Nevertheless, this period also saw a large rise in the number of those infected, and concerns of contracting mutations of the virus rose. Hence, Israel entered the third lockdown with the aim of minimizing the spread. Nonetheless, although in early February 2021 the morbidity dimensions and overload in the hospitals were fairly high, the restrictions were gradually removed and Israel instituted a policy framework facilitating a gradual return to routine. Towards the end of March, about half of Israel’s citizens (4.6 million) received the second vaccine dose and the basic reproduction number dropped. By 1 September 2021, some 1,066,350 had been infected in Israel since the beginning of the pandemic. About 7,045 had died, and about 5.5 million had received two doses of the vaccine (Ministry of Health, 2021).

**Contribution of demographic variables to explaining the likelihood of seeking help from social workers**

According to data from the Central Bureau of Statistics (2020), the COVID virus has varied consequences that differ by demographic group. For instance, women and older adults have reported graver effects on their mental health than did men and younger people. In addition, about half the public reported that their financial state had worsened and expressed concerns regarding their expenditures. Many had lost their job and were on unpaid leave or had been given notice (Achdut, 2020). Due to these differences, it is important to examine the contribution of demographic variables (gender, age, and employment status) to explaining the likelihood of seeking help from SWs. Another variable examined is relationship status, due to its important contribution to explaining attitudes toward seeking help (Kagan & Zychlinski, 2016).

**Gender**

Studies on the association between gender and seeking both general and professional help, indicate that women are more willing to seek help and do so in practice more than men (Andersson et al., 2013; Baum, 2006). Also, studies that relate specifically to SWs show that women have more positive attitudes towards them (Kagan, 2016) and report a greater likelihood of seeking their help than do men (Kagan & Zychlinski, 2016, 2017). The studies ascribe this to women’s higher ability to identify and recognize their predicaments and their need for help, higher readiness for emotional self-exposure, and greater social legitimization for seeking help (Dahle, 2012; Mackenzie et al., 2006). Among men, difficulties with seeking help might be related to traditional gender norms
that emphasize independence, control, and power, as well as the perception that men should be tough, avoid expressing feelings and weakness, and know how to cope with their problems without talking about it and without the help of others (Addis & Mahalik, 2003; Nam et al., 2010). Hence, seeking help by men might be interpreted as violating traditional male codes and as involving self and public stigma (Barney et al., 2006; Vogel et al., 2011a, 2011b). Another explanation for the fairly low rate of men seeking professional help is that the services offered are not adapted to their unique needs and characteristics. In some cases, even when they are offered help it does not center on their needs but rather is aimed at helping them function better in order to improve the well-being of family members or people in their vicinity (Baum, 2006).

Age

The studies portray an ambivalent picture of the association between age and seeking the help of helping and caring professionals in general and SWs in particular (i.e., Andersson et al., 2013; Kagan & Zychlinski, 2016, 2017; Segal et al., 2005; Sirey et al., 2001). Some show a positive association between these variables since older people might contend with more issues that require professional help (for instance, with regard to physical or mental functioning) (Kagan & Zychlinski, 2016, 2017). This might also be because many older people have smaller informal support networks (for instance, following the loss of spouses, friends, and the departure of children) or these networks are incapable of handling their needs, so seeking professional help might be a meaningful solution for them (Andersson et al., 2013; Jorm et al., 2007; Kagan & Zychlinski, 2016; Mackenzie et al., 2006). Other studies report conflicting findings showing that older people have a long list of barriers to seeking professional help, such as traditional perceptions whereby this indicates incompetence and lack of social capabilities, the concern of self-exposure to professionals, limited knowledge of existing help services and how to approach them, and in some cases even concern of the financial expenses involved in receiving treatment (Segal et al., 2005; Sirey et al., 2001).

Relationship status

Certain studies indicate that people who are in a significant intimate relationship report a lower likelihood of seeking professional mental help (e.g., Edwards et al., 1998; Kessler et al., 2005) than those who are not in a significant relationship. They contend that an intimate relationship might constitute a significant setting for providing mental and instrumental support to individuals and for helping them cope with situations of difficulty and crisis, and thus reducing the need to seek professional help.

At the same time, the research findings of Kagan and Zychlinski (2016) contradict this claim and indicate that people who are in a significant relationship reported a higher likelihood of seeking help from SWs. They state that this can be explained by the quality of the intimate relationship rather than by its mere existence. Often, when people evaluate their intimate relationship as able to provide them with support and with a response to their varied needs in times of routine or crisis they will prefer to utilize its strengths
and help rather than seeking professional help (Vogel et al., 2007; Zellmer & Anderson-Meger, 2011). Spouses, however, do not always constitute a source of help and support, due to their own personal and spousal crises, lack of knowledge, or lack of mental and instrumental resources needed in order to help, as well as lack of compliance and readiness to provide help and to contain the needs of their partner. Hence, a need for professional help might emerge specifically among those who are in a significant intimate relationship.

**Employment status**

From the beginning of the COVID-19 crisis in Israel, many businesses halted their operations and lots of workers were placed on unpaid leave or given notice, resulting in a dramatic drop in household income (CBS, 2020). Although people who are unemployed and in a less stable financial situation might need more help and support, and though there are readily available formal responses for people dealing with these issues, in many cases they do not seek professional help or care (Nitzarim & Thompson, 2019; Paul & Moser, 2009; Staiger et al., 2018). Studies claim that this might stem from a sense of distress that makes it hard for people to take action on their own behalf, as well as from shame, fear of being labeled lazy, a failure, and not a contributing member of society (Paul & Moser, 2009; Staiger et al., 2018), and also from a concern of the financial expenses of treatment (Chen, 2012). However, most social services in Israel are provided free of charge and therefore it is important to examine the association between employment status and the likelihood of seeking help from SWs in general and during the COVID-19 crisis in particular.

**The contribution of psycho-social variables to explaining the likelihood of seeking help from social workers**

Data from the Central Bureau of Statistics (2020) for November 2020 indicate that during the COVID-19 crisis some 30% of Israelis aged 21 and older experienced a worsening mental state. Thirty-seven percent of this population reported stress and anxiety, 19% depression, and 18.4% loneliness. Hence, it is important to examine the contribution of these variables to explaining the likelihood of seeking help from SWs during the COVID-19 crisis.

**Depression and anxiety**

*Depression (Major depressive disorder)* is a mental disorder defined by one or more major depressive episodes and a lifetime absence of mania and hypomania (American Psychiatric Association, 2013; Uher et al., 2013). It is accompanied by at least five of nine symptoms exhibited nearly every day over a lengthy period of at least two consecutive weeks: depressed mood, anhedonia (loss of interest or pleasure), change in weight or appetite, insomnia or hypersomnia, psychomotor retardation or agitation, loss of energy
or fatigue, excessive/inappropriate guilt or feelings of worthlessness, impaired concentration or indecisiveness, recurrent thoughts of death or suicidal ideation, or suicide plans or attempts (American Psychiatric Association, 2013). Anxiety (Generalized Anxiety Disorder) is a mental state manifested by excessive responses of fear and pressure and difficulty controlling the worry resulting from internal or external stimuli (American Psychiatric Association, 2013). It leads to over-arousal of the body’s physiological systems, such that the anxious individual imagines an immediate danger, experiences a strong need to fight or flee, and employs excessive avoidance and caution behaviors (Bystritsky et al., 2013; Grupe & Nitschke, 2013). Anxiety symptoms include at least three of the following six symptoms present for more days than not for the past 6 months: muscle tension, being easily fatigued, restlessness or feeling keyed up or on edge, mind blanking or difficulty concentrating, irritability, and sleep disturbance (American Psychiatric Association, 2013; Substance Abuse and Mental Health Services Administration, 2016).

Studies on people coping with depression and anxiety report that they display fairly low rates of seeking professional help (i.e., Jorm et al., 2007; Roness et al., 2005). For instance, a study conducted in six European countries (Belgium, France, Germany, the Netherlands, Spain, and the UK) found that 52% of men and 41% of women with depression did not seek professional help. Of those who did, most contacted their general practitioner or other medical professional, and a significantly smaller proportion sought help from mental health personnel such as psychiatrists, neurologists, and psychologists (Angst et al., 2002). Findings from a study by Andersson et al. (2013) among people with depression indicate that most preferred to seek help from relatives and acquaintances in the community rather than professional help. Of those who sought professional help, most contacted nurses or doctors, and a fairly low proportion sought the help of SWs.

Studies attribute the fact that a fairly large proportion of people contending with anxiety and depression avoid seeking professional help to factors such as the belief that they can overcome the difficulties themselves or with informal help, skepticism regarding the intervention process, and distrust of professionals, as well as concern of the stigma surrounding seeking mental care and of being labeled “mentally ill” (Angst et al., 2002; Roness et al., 2005; Schomerus et al., 2009). According to Roness et al. (2005), individuals with anxiety seek help more than individuals with depression, as anxiety might be scary, stressful, and unbearable, while depression is identified more strongly with pessimism and passivity which might make it even harder to take action, which is necessary in order to seek help.

Loneliness

Loneliness can be defined as the self-assessment of one’s overall level of social interaction, and it refers to the gap between the actual and expected quality and quantity of social engagement (Vijayshri & Farooqi, 2014). It involves negative feelings due to unrealized intimacy, lack of significant social ties, and the sense of not belonging (Gierveld & Tilburg, 2006), and is significantly related to deficient physical and mental health and cognitive decline (Holt-Lunstad, 2017).
Loneliness is felt by most people at some stage of their life (Dahlberg, 2007). At the same time, during the COVID-19 pandemic, it became more prevalent and intensive following the government’s instructions for minimizing the spread of the virus, which included social isolation, working from home, limiting social ties, and lockdowns (CBS, 2020; WHO, 2020, 2021). However, the association between loneliness and seeking help from SWs has received fairly limited research attention (Kagan et al., 2018) and to the best of our knowledge has yet to be investigated during the COVID-19 crisis, when loneliness became more prevalent (CBS, 2020; Kovshi-Eldan & Bing, 2020). Studies on this issue in the period preceding the COVID-19 pandemic indicate that lonely people are more likely to seek help from helping professionals and particularly SWs (Auslander et al., 2003; Kagan et al., 2018) since in the absence of sufficient personal and social resources they might have more need of professional help and support.

**Contribution of prior experience with receiving social work help and treatment to explaining the likelihood of seeking help from social workers**

Prior experience with receiving professional help in the field of welfare and mental health was found to be a significant predictor of future help seeking (Chang, 2008; Jorm et al., 2007; Kagan & Zychlinski, 2016; Vogel et al., 2007). Some studies (e.g., Davidson & King, 2005; Kagan & Zychlinski, 2017) claim that this association exists so long as the service recipient is satisfied with the intervention process and its outcomes. At the same time, other studies claim that clients who were not sufficiently satisfied with the professional service they received (e.g., social services) might nonetheless seek such help again, for instance, if they perceive it as the only social or mental safety net that can be approached for their needs (Krummer-Nevo et al., 2005). Moreover, prior experience grants people better knowledge of the help-seeking process, contributes to a more positive attitude towards the professionals, reduces uncertainty regarding the intervention process and its outcomes, and thus diminishes the concerns involved in repeated help seeking (Chang, 2008; Kagan & Zychlinski, 2017; Vogel et al., 2007).

**Research hypotheses**

**Sociodemographic variables.** A correlation will be found between gender, employment status, and relationship status, and the likelihood of seeking help. Thus women, those employed, and those in a significant relationship will report a higher likelihood of seeking help from SWs than men, those not employed, and those not in a significant relationship. Moreover, the older the respondents the higher will be their reported likelihood of seeking help from SWs.

**Psychosocial variables.** A correlation will be found between anxiety, depression, and loneliness, and the likelihood of seeking help, such that the less anxiety symptoms, the less
depression symptoms, and the higher the levels of loneliness reported, the higher the reported likelihood of seeking help from SWs.

Prior experience with receiving help from SWs. A correlation will be found between prior experience with receiving help and the likelihood of seeking help, such that respondents who have prior experience with receiving help from SWs will report a higher likelihood of seeking their help again in the future.

Method

Research population and sample

The research population was comprised of citizens of Israel older than 20. For the study, 582 respondents were sampled, with a mean age of 36.95 ($SD = 13.26$), consisting of 59.6% women and 40.4% men. Most of the respondents (62.2%) reported that they were employed, and 62.5% reported that they were in a significant relationship. Regarding seeking help, 83.8% had never sought and never received the help of SWs, 21.7% reported a low or no likelihood (46%) of seeking help from SWs if they or someone in their family had a problem requiring their help, 13.6% a moderate likelihood, only 11% a high likelihood, and 7.7% a very high likelihood.

Sampling and data collection method

The data were collected from December 2020 to March 2021 by structured questionnaires. The questionnaires were distributed on online social networks by Google Forms. The appeal to the respondents included an explanation about the study and a link to a questionnaire and an informed consent form. Data collection was carried out while strictly maintaining the respondents’ anonymity. The response rate cannot be calculated as it is not possible to estimate how many people were exposed to the questionnaire online.

Research tools

Independent variables. Sociodemographic variables: The questionnaire included the following items: gender (0-men, 1-women), age (in years), employment status (0-employed, 1-not employed), and relationship status (0-not in a significant relationship, 1-in a significant relationship).

Depression and anxiety were assessed by a brief screening scale for depression and anxiety (Goldberg et al., 2017) that included ten items, five assessing self-reported depression and five on self-reported anxiety. The respondents were asked to report their feelings in the last two weeks by answering yes (1) or no (0) to each item. The final score was calculated as the sum of responses to both the anxiety questionnaire and the depression questionnaire, such that the maximal score in each was 5 (highest level of depression or anxiety) and the minimal score was 0 (no symptoms of depression.
or anxiety). The internal consistency reliability score for dichotomous variables (Kuder-Richardson Formula 20, KR-20) of the depression questionnaire was 0.78 and of the anxiety questionnaire 0.80.

**Loneliness** (Gierveld & Tilburg, 2006) was assessed by a self-report questionnaire (the De Jong Gierveld Loneliness Scale) that comprised six items. The respondents were asked to rank to what degree the statements were true of them during the COVID-19 period. The response scale ranged from “not at all” (1) to “very much” (5). The final score was calculated as the sum of answers to all questions, such that it could range from 6 to 30, with a higher score indicating greater loneliness. The internal consistency reliability score for this questionnaire, Cronbach’s alpha, was 0.742.

**Prior experience with seeking help from SWs** was examined by the question: “Have you ever sought or received help from SWs on an issue requiring counseling, treatment, or help, for yourself or anyone in your family?” The respondents were asked to choose between an answer of yes (0) or no (1) (Kagan & Zychlinski, 2017).

**Dependent variable.** The likelihood of seeking help from SWs (Kagan & Zychlinski, 2016) was examined by the question “What is the likelihood that you would seek the help of SWs if you or anyone in your family had an issue requiring their help during this period (the COVID-19 pandemic)?” The response scale ranged from (1) “Not at all likely” to (5) “Very highly likely.” For the distribution of the research, variables see Table 1.

**Table 1.** Distribution of the research variables (n = 582).

|                           | N (%) | Mean | SD  |
|---------------------------|-------|------|-----|
| Gender                    |       |      |     |
| Male                      | 235 (40.4) |      |     |
| Female                    | 347 (59.6) |      |     |
| Age                       | 36.95 | 13.26|     |
| Relationship status       |       |      |     |
| Not in a significant relationship | 218 (37.5) |      |     |
| In a significant relationship | 364 (62.5) |      |     |
| Employment status         |       |      |     |
| Employed                  | 362 (62.2) |      |     |
| Not employed              | 220 (37.8) |      |     |
| Depression                | 1.66  | 1.41 |     |
| Anxiety                   | 1.72  | 1.57 |     |
| Loneliness                | 20.38 | 5.70 |     |
| Prior experience with SWs |       |      |     |
| Have prior experience     | 94 (16.2) |      |     |
| No prior experience       | 488 (83.8) |      |     |
| Likelihood of seeking help from an SW | 2.13 | 1.31 |
Findings

In order to examine the contribution of the independent variables to explaining the likelihood of seeking help from SWs, a three-step hierarchical regression was conducted. In the first step, the demographic variables were entered (gender, age, relationship, and employment status) \((\Delta R^2 = 0.040, F(4, 577) = 6.09, p < .001)\), in the second step the psychosocial variables (depression, anxiety, and loneliness) \((\Delta R^2 = 0.061, F(7, 574) = 9.25, p < .001)\), and in the final step prior experience with SWs \((\Delta R^2 = 0.125, F(8, 573) = 21.002, p < .001)\). The collinearity assumption was rejected based on a maximal VIF measure of 1.491.

After entering all the variables in the regression model, the adjusted \(R^2\) was 21.6% and only some of the research hypotheses were found to have been confirmed. Hence, women (Beta = .185, \(p < .001\)), people who had prior experience with SWs (Beta = -.361, \(p < .001\)), and those who reported higher levels of loneliness (Beta = .193, \(p < .001\)) reported a higher likelihood of seeking help from SWs. Yet, in contrast to that hypothesized, the rest of the research variables (age, employment status, depression, and anxiety) did not contribute to explaining the dependent variable \((p > .05)\). It was also found that those not in a significant relationship reported a higher likelihood of seeking help from SWs (Beta = -.091, \(p < .05\)). For the results of the regression model see Table 2.

Discussion

The research findings reveal a concerning state of affairs, whereby despite the complex circumstances during the COVID-19 pandemic (such as lockdowns, mandated quarantine and movement restriction, changes in healthcare, work, leisure, and education) and its multi-dimensional consequences for the Israeli public (such as the rise in domestic violence, the prevalence of risk behaviors, and symptoms of loneliness, depression, and anxiety) (Achdut, 2020; CBS, 2020; Kovshi-Eldan & Bing, 2020), a fairly low rate of respondents reported that they would actively seek help from SWs. In fact, although it is possible to utilize the professional services of SWs for a considerable part of the personal, family, and social issues people dealt with during this period, only some 18.7% of all respondents reported a high or very high likelihood of seeking their help. This number is significantly lower than that reported in studies that explored this issue in Israel in routine times (Kagan & Zychlinski, 2017; Kagan et al., 2017, 2018). Hence, in order to explain the likelihood of seeking help from SWs among the general population during the COVID-19 crisis, the contribution of select demographic and psychosocial variables and of prior experience with seeking or receiving help from SWs was examined.

Consistent with previous studies (Andersson et al., 2013; Baum, 2006; Kagan et al., 2018), men were found to report a lower likelihood of seeking help from SWs than did women. A possible explanation of this finding involves the traditional masculine gender norms that are maintained in times of crisis as well. These norms stress qualities such as self-control and control of the situation as well as self-efficacy regarding independent coping with problems, and are also related to the lack of legitimization for admitting difficulties and weaknesses and seeking help (Addis & Mahalik, 2003; Dahle, 2012;...
Jorm et al., 2007; Nam et al., 2010). Violating these norms might lead to social sanctions such as criticism and ridicule, defining men as not masculine and not competent enough, and their impaired perception of themselves and by society. Previous studies (Barney et al., 2006; Vogel et al., 2011a, 2011b) report that self and public stigma towards men who seek help and the stigma surrounding SWs, who are often perceived as caring for disadvantaged populations and those on the margins of society, which is an antithesis to the ideal male image (Addis & Mahalik, 2003; Jorm et al., 2007; Kagan, 2021; Kagan et al., 2018; Nam et al., 2010), constitute a significant barrier to seeking professional help by men. Hence, it is important to plan a policy for providing information on

Table 2. Summary of the hierarchical regression analysis for variables predicting the self-reported likelihood of seeking help from SWs (n = 582).

|                | B     | Std. error | Beta | T   | Adj. R² | ΔR² | F         |
|----------------|-------|------------|------|-----|---------|-----|-----------|
| Model 1        |       |            |      |     |         |     |           |
| Gender         | .491  | .111       | .184 | 4.42*** |         |     |           |
| Age            | .006  | .004       | .059 | 1.43 |         |     |           |
| Relationship status | -.194 | .112 | -.072 | 1.74 |         |     |           |
| Employment status | .023  | .114       | .008 | .20 |         |     |           |
| Model 2        |       |            |      |     |         |     |           |
| Gender         | .477  | .108       | .178 | 4.40*** |         |     |           |
| Age            | .009  | .004       | .093 | 2.20*  |         |     |           |
| Relationship status | -.233 | .109 | -.086 | 2.15* |         |     |           |
| Employment status | -.036 | .111 | -.013 | .33 |         |     |           |
| Depression     | .052  | .045       | .056 | 1.15 |         |     |           |
| Anxiety        | -.012 | .040       | -.015 | 1.31 |         |     |           |
| Loneliness     | .056  | .009       | .244 | 6.12*** |         |     |           |
| Model 3        |       |            |      |     |         |     |           |
| Gender         | .495  | .101       | .185 | 4.92*** |         |     |           |
| Age            | .005  | .004       | .047 | 1.18 |         |     |           |
| Relationship status | -.247 | .101 | -.091 | 2.45* |         |     |           |
| Employment status | -.031 | .103 | -.011 | .30 |         |     |           |
| Depression     | .042  | .042       | .045 | 1.00 |         |     |           |
| Anxiety        | -.038 | .037       | -.045 | 1.01 |         |     |           |
| Loneliness     | .044  | .009       | .193 | 5.16*** |         |     |           |
| Prior experience with SWs | -1.28 | .133 | -.361 | 9.64*** |         |     |           |

*p < .05, **p < .01, ***p < .001.
seeking help by men, while adjusting the manner of contact and the types of responses to their unique demands and needs and taking into account their barriers to seeking help.

Moreover, consistent with several studies on relationship status (i.e., Edwards et al., 1998; Kessler et al., 2005), those not in a significant relationship were found to report a higher likelihood of seeking help from SWs during the COVID-19 crisis. It may be assumed that although intimate relationships might encounter predicaments and crises as a result of the challenges stemming from coping with the COVID-19 crisis, they can also provide one with support, emotional and practical help, and a sense of belonging, more continuously and coherently than that received by people who are not in a significant intimate relationship (Kagan & Zychlinski, 2016). Although most studies indicate that people prefer informal sources of assistance (Andersson et al., 2013; Chen, 2012; Vogel et al., 2007, 2011a, 2011b; Zellmer & Anderson-Meger, 2011), in the absence of a significant partner who shares the same reality and everyday difficulties there is a higher likelihood that people will seek professional help from SWs.

In the current study, no correlation was found between age and employment status and seeking help from SWs. Previous studies (Andersson et al., 2013; Jorm et al., 2007; Kagan & Zychlinski, 2016; Mackenzie et al., 2006) contend that since older people have more objective problems that might require the assistance of SWs, there is a higher likelihood that they will seek such help. Younger people, in contrast, prefer informal means of assistance that include, among others, friends, family, and extensive use of online support networks. In the COVID-19 era, some social services were provided online and some continued to be provided in person. Older people might not have reported a higher likelihood of seeking help from SWs due to their lack of technological skills and the difficulty of communicating with them online as well as due to their greater concern of leaving the house to receive personal assistance or of hosting an SW in their home due to virus-related health risks (Berg-Weger & Morley, 2020). In fact, unrelated to age, most of the respondents reported a fairly low likelihood of seeking help from SWs. It is important to explore this issue in depth in future studies and to develop programs that will encourage help seeking, while adjusting and providing access to social services with consideration for the age issue.

Moreover, although from the beginning of the COVID-19 pandemic a significant drop occurred in the number of those employed and in people’s financial condition, consistent with previous studies (Nitzarim & Thompson, 2019; Paul & Moser, 2009; Staiger et al., 2018), no association was found between employment status and the likelihood of seeking professional help. The explanation for this finding may be that most social services in Israel are provided to everyone at no charge, unrelated to people’s financial and employment status. In addition, although it is possible that the type of problems encountered by those who lost their job temporarily or permanently differed to a certain degree from that of those who continued to work during the COVID-19 period, they all had to deal with a wide range of difficulties and demands posed by the changing circumstances, and thus they cannot be differentiated with regard to the likelihood of seeking professional help.

Most of the studies that explored the association between depression, anxiety, and help seeking found that higher levels of these symptoms were related to a lower likelihood of
seeking professional help (i.e., Andersson et al., 2013; Angst et al., 2002; Jorm et al., 2007; Roness et al., 2005). Moreover, even when choosing to seek professional help, SWs were not the preferred choice. At the same time, most of the studies on this topic specifically addressed population groups characterized by fairly high levels of depression or anxiety. The current study, in contrast, addressed a wide population and found no association between depression and anxiety and the likelihood of seeking help from SWs. This may be because although a rise in depression and anxiety was evident during the COVID-19 period (CBS, 2020), they were not high among the public at large. In addition, it may be assumed that when dealing with mental health issues such as depression and anxiety people might be deeply occupied with their difficulties and will not consider seeking help at all or will not manage to find sufficient mental resources to seek help. Alternately, they might seek informal help (such as among their relatives, or on online support networks) or seek professional help from medical personnel (physicians, nurses) or other mental health personnel (such as psychologists) by choice or from a lack of familiarity with SWs’ fields of occupation and the belief that they do not treat issues related to mental health (Kagan, 2016, 2021). Therefore, it is important to expose the public to SWs’ full range of roles not only in routine times (Kagan, 2016; Makaros, 2006) but rather also in times of crisis, when this range expands in order to provide an adjusted response to clients in the new and changing circumstances.

With regard to loneliness, consistent with some of the studies conducted in pre-COVID-19 eras (Auslander et al., 2003; Kagan et al., 2018), the current study found a positive association between perceived loneliness and the likelihood of seeking help from SWs. This finding is particularly encouraging as loneliness constitutes one of the most conspicuous and prevalent consequences of the COVID-19 pandemic (CBS, 2020; Kovshi-Eldan & Bing, 2020) and since the current respondents reported medium-high levels of loneliness. This finding may be explained as during the COVID-19 period the issue of loneliness was a topic of public debate and there was more legitimization for speaking about it, admitting its existence, recognizing the difficulties stemming from it, and accordingly searching for a response to it (Kovshi-Eldan & Bing, 2020). Therefore, when setting government policy regarding COVID-19 restrictions, it is very important to consider the dimension of loneliness and act to balance the need for social distancing with the danger of generating disconnection and a sense of loneliness. Moreover, it is important to develop mechanisms that will make it possible to reduce feelings of loneliness during the COVID-19 crisis, such as creating online support forums, online interest groups, or small in-person meetings while maintaining the distancing rules. In addition, since lonely people expressed more willingness to seek help from SWs, it is important to provide them with access to this option and to adapt the services provided in order to meet their needs. SWs are often perceived as professionals who primarily provide instrumental services (Kagan, 2016), hence it is important to increase public awareness that SWs can provide support, assistance, and direction for psychosocial issues such as loneliness as well.

Consistent with previous studies (Chang, 2008; Jorm et al., 2007; Kagan & Zychlinski, 2017; Vogel et al., 2007), prior experience with seeking or receiving help from SWs was found associated with a higher likelihood of seeking their help in the
future. Prior experience may allow one to be more familiar with the SW’s work, improve trust, and reduce concerns regarding the intervention process and its consequences. In addition, previous studies show that a considerable part of those who received help from SWs in the past were fairly satisfied with the service received (i.e., Davidson & King, 2005; Kagan & Zychlinski, 2017). Hence, in order to encourage active help seeking from SWs not only in times of routine but rather also in times of crisis, it is important to introduce the public to SWs and their range of roles, for instance in educational settings, institutions of higher education, public institutions, community projects, and others.

Research limitations and recommendations for further research

One of the limitations of the current study is that it was distributed on social networks and therefore it might not represent Israel’s entire population. For instance, population groups who rarely use online means (such as older adults and the Jewish Orthodox) may not have been exposed to the questionnaire at all. Moreover, the questionnaire was distributed in Hebrew and was not accessible to segments of the Israeli population who do not have a good command of this language (such as immigrants and minorities). In further research, the sampling method should be expanded, addressing a more extensive population, as the cultural-ethnic aspect might significantly explain attitudes and behaviors related to help seeking (Bolgun & Sahin, 2019; Kagan, 2021). In addition, the current study addressed a limited number of variables in the context of explaining the likelihood of seeking help from SWs. Therefore, in future studies, it is important to address additional issues such as level of education, economic status, type of problem for which the help of SWs is required, familiarity with the role of SWs, level of trust in them, and stigma related to seeking and receiving their help. Furthermore, the current study has a cross-sectional design and therefore it is important to conduct longitudinal studies examining the issue of seeking SW help at other points in time throughout the COVID-19 crisis.

Ethics

The current study was conducted after receiving the approval of the ethics committee for non-clinical research in humans at Ariel University.

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