Australian e-Journal for the Advancement of Mental Health (AeJAMH), Volume 4, Issue 3 (Supplement), 2005
ISSN: 1446-7984

Young people's help-seeking for mental health problems

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Abstract

This paper summarises an ambitious research agenda aiming to uncover the factors that affect help-seeking among young people for mental health problems. The research set out to consider why young people, and particularly young males, do not seek help when they are in psychological distress or suicidal; how professional services be made more accessible and attractive to young people; the factors that inhibit and facilitate help-seeking; and how community gatekeepers can support young people to access services to help with personal and emotional problems. A range of studies was undertaken in New South Wales, Queensland and the ACT, using both qualitative and quantitative approaches. Data from a total of 2721 young people aged 14-24 years were gathered, as well as information from some of the community gatekeepers to young people's mental health care.

Help-seeking was measured in all the studies using the General Help Seeking Questionnaire (Wilson, Deane, Ciarrochi & Rickwood, 2005), which measures future help-seeking intentions and, through supplementary questions, can also assess prior help-seeking experience. Many of the studies also measured recent help-seeking behaviour using the Actual Help Seeking Questionnaire. The types of mental health problems examined varied across the studies and included depressive symptoms, personal-emotional problems, and suicidal thoughts.

The help-seeking process was conceptualised using a framework developed during the research program. This framework maintains that help-seeking is a process of translating the very personal domain of psychological distress to the interpersonal domain of seeking help. Factors that were expected to facilitate or inhibit this translation process were investigated. These included factors that determine awareness of the personal domain of psychological distress and that affect the ability to articulate or express this personal domain to others, as well as willingness to disclose mental health issues to other people.

The results are reported in terms of: patterns of help-seeking across adolescence and young adulthood; the relationship of help-seeking intentions to behaviour; barriers to seeking help—lack of emotional competence, the help-negation effect related to suicidal thoughts, negative attitudes and beliefs about help-seeking and fear of stigma; and facilitators of seeking help—emotional competence, positive past experience, mental health literacy, and supportive social influences. The paper considers the implications of the findings for the development of interventions to encourage young people to seek help for their mental health problems, and concludes by identifying gaps in the help-seeking research and literature and suggesting future directions.

Keywords
Young people, youth, adolescence, help-seeking, mental health, mental illness, barriers, mental health services, gatekeepers

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Citation: Rickwood, D., Deane, F.P., Wilson, C.J. & Ciarrochi, J. (2005). Young people's help-seeking for mental health problems. *Australian e-Journal for the Advancement of Mental Health*, 4(3), Supplement. www.auseinet.com/journal/vol4iss3suppl/rickwood.pdf

Published by: Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet) – www.auseinet.com/journal

Received 3 August 2005; Revised 8 December 2005; Accepted 8 December 2005

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Introduction

Adolescence and young adulthood are critical life stages for mental health. Between the ages of 12 and 26 years, there is increasing prevalence of mental health problems and mental disorders, despite generally improved living conditions and better physical health for young Australians (with the notable exception of Aboriginal peoples and Torres Strait Islanders). Moreover, mental health problems and mental disorders appear to be affecting people at younger ages than previously reported (Zubrick, Silburn, Garton et al., 1995). Most mental disorders—depression, substance use, anxiety and eating disorders (Commonwealth Department of Health and Aged Care & AIHW, 1999) and psychosis (EPPIC, 1997)—have their peak period of incidence at this stage of the lifespan. Of the major mental disorders, only conduct disorders have their onset earlier in life and the dementias later in life.

Adolescence and young adulthood are also critical periods developmentally in the lifespan, particularly in terms of factors that influence mental health and wellbeing. In all developmental domains—social, emotional, physical and cognitive—major changes occur that affect outcomes in adulthood. The impact of a mental health problem or mental disorder at this stage of life can be profound (Kosky & Hardy, 1992). Even a relatively mild mental health problem can cause social, emotional, or cognitive changes that have a major effect on later adult life. During adolescence, young people separate from their parents, establish an independent identity, make educational and vocational decisions, form intimate relationships, and develop peer group affiliations: all of these processes have major long-term influences on the individual. If educational and vocational achievements are disrupted by a mental health problem, opportunities in adulthood can be adversely affected (Kessler, Foster, Saunders & Stand, 1995). Major mental disorder at this time of life can have a momentous impact, with substantial disruptive effects on identity formation and the establishment of adult roles (Raphael, 1986).

Despite the importance of adolescence and young adulthood in the aetiology of mental disorders, young people tend to be poorly informed about mental health (Jorm, Korten, Jacomb et al., 1997). This lack of mental health literacy is especially salient as it is during adolescence and early adulthood that health-related behaviours are formed and when young people assume responsibility for their own health actions. They learn to monitor their own health status and take the health actions that they choose for themselves, taking over the role previously occupied by their parents or guardians.

Several national mental health initiatives have recognised that adolescence and young adulthood are critical periods for mental health and wellbeing. The *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health* (Commonwealth Department of Health and Aged Care, 2000) acknowledges that this is a critical life stage in which to target mental health interventions, particularly early intervention initiatives. The *Better Outcomes in Mental Health Care Initiative* (Commonwealth Department of Health and Aged Care, 2001) supports the development of interventions, particularly in primary care, to encourage young people to seek help early.

The help-seeking behaviours of young people are fundamental to their mental health and wellbeing. Young people need to be encouraged to seek help early and from appropriate sources. Unless effective mental health responses can be found for young people, in terms of services and sources of support that young people will use and that meet their needs, mental health problems and mental disorders will remain a substantial obstacle to improved wellbeing for Australian youth.

Defining help-seeking

Help-seeking is a term that is generally used to refer to the behaviour of actively seeking help from other people. It is about communicating with other people to obtain help in terms of understanding, advice, information, treatment, and general support in response to a problem or distressing experience. Help-seeking is a form of coping that relies on other people, and is therefore often based on social relationships and interpersonal skills.

Help can be sought from a diversity of sources varying in their level of formality. *Informal help-seeking* is from informal social relationships, such as friends and family. *Formal help-seeking* is from professional sources of help; that is, professionals who have a recognised role and appropriate training in providing help and advice, such as mental health and health professionals, teachers, youth workers, and clergy. Increasingly, however, help can be sought from sources that do not involve direct contact with other people, such as the internet.

Help-seeking patterns

Although the research into help-seeking patterns is neither consistent nor clear, some trends are generally found. First, young people tend to not seek help from professional sources. In the Western Australian Child Health Survey, only 2% of the 4–16 year-olds with mental health problems had been in contact with mental health services in a 6-month period (Zubrick, Silburn, Garton, et al., 1995). Similarly, the child and adolescent component of the National Survey of Mental Health and Wellbeing revealed that only 29% of children and adolescents with a mental health problem had been in contact with a professional service of any type in a 12-month period, and this included health, mental health and educational services (Sawyer, Arney, Baghurst et al., 2000). Few young people seek professional help for mental health problems, and young people tend to seek informal help before they turn to formal sources (Benson, 1990; Boldero & Fallon, 1995; Rickwood, 1995).

Second, young people are more likely to seek help from informal rather than formal sources, and friends and family are the main sources of help. Friends tend to be the preferred help source for personal-emotional problems, while parents are generally ranked second to friends (Boldero & Fallon, 1995; Schonert-Reichl & Muller, 1996).

Third, girls and women are more likely to seek help than boys and men. This varies somewhat according to the source of help and type of problem, but overall females are more likely to seek out other people for support and advice for mental health problems (Boldero & Fallon, 1995; Rickwood & Braithwaite, 1994). In contrast, a male is more likely to rely on himself than to seek help from other people, and is also more likely to avoid recognition or deny the presence of a problem in the first place (Offer, Howard, Schonert & Ostrov, 1991).

Finally, some types of problems are more likely to prompt help-seeking behaviour than others and different sources of help are deemed more appropriate for particular types of problems. For example, relationship problems are often discussed with friends, personal problems with parents, and educational problems are more likely to be taken to teachers (Bolder & Fallon, 1995; Offer et al., 1991).

Adaptiveness of help-seeking

Help-seeking has a long history of research that has been reported across a wide variety of disciplines. This continued interest comes from the expectation that help-seeking is a highly adaptive behaviour that has a positive ongoing impact on an individual across the lifespan (Lee, 1999).

There are numerous ways of coping with adversity, and seeking help is only one. Help-seeking is one of the 'approach' styles of coping. Approach coping styles are where a problem is acknowledged and actively addressed in some way. These are generally considered to be effective coping strategies (Frydenberg & Lewis, 1993). Clearly, however, some types of problems are more amenable to resolution than others. Yet, actively acknowledging a problem and attempting to resolve the issue or manage the emotions associated with it, are usually better strategies than denial of the problem and avoidance of the associated thoughts and feelings.

While few young people seek professional psychological help, most will seek help from friends and family members. While it is positive that most young people are willing to talk to someone about their distress, frequently young people do not receive the sort of help they need from their informal supports (Offer et al., 1991). It is unclear if responses that young people receive, particularly from family and friends, who may be untrained in dealing effectively with emotional and personal problems, are helpful. Specifically, when peers are sought for help, they may be poorly equipped to provide helpful responses to difficult issues. For example, disturbed young people show a strong leaning toward other disturbed peers (Sarbornie & Kauffman, 1985), and form friendships that often involve conflict, cognitive distortion, and poor social-cognitive problem solving (Marcus, 1996). These findings raise doubts about the benefit of seeking help from untrained peers (Offer et al., 1991; Rickwood, 1995).

In contrast with informal help-seeking, professional help-seeking is widely recognised as providing protection against a variety of mental health risks, including risk factors for suicide (Martin, 2002). It is also generally accepted that appropriate help-seeking has a strong negative effect on the psychological distress of personal, social and emotional problems (Tracey, Sherry & Keitel, 1986).

From a suicide prevention perspective, appropriate help-seeking has the potential to protect the individual against the risks associated with the development of suicidal thoughts and behaviours (Kalafat, 1997). Seeking help from a professional source, or an individual who can facilitate access to professional psychological help, has been found to reduce or eliminate the immediate risk for suicide completion in individuals experiencing suicidal ideation or exhibiting suicidal behaviours (Rudd, Rajab, Orman et al., 1996). Professional psychological help-seeking has also been found to reduce early forms of suicidal risk before the risk develops into active ideation or suicidal behaviour (Greenberg, Domitrovich & Bumbarger, 2001; Kalafat, 1997).

Factors that affect help-seeking

Research has considered a wide and diverse range of factors that may affect seeking help. Yet, little consensus has been achieved despite considerable research effort in this area. Several major problems have plagued the help-seeking literature. One has been the lack of agreement or consistency in the measurement of help-seeking. Another has been the lack of a unifying theory. Consequently, research has uncovered diverse findings that are often inconsistent and, at times, contradictory.

The current research

The current paper summarises an ambitious research agenda undertaken to determine the factors affecting help-seeking, particularly for young men, who are known to be even more reluctant than young women to seek mental health care. The studies were undertaken from 2000 to 2002 and were mostly funded by a National Health and Medical Research Council grant (Grant YS060)[1], which considered the following questions:

- Why do young people and particularly young males not seek help when they are in psychological distress or suicidal?
- How do we better engage young people in services?
- What might account for findings that healthy young people report they would avoid or refuse help as they become suicidal? and
- How ready are community gatekeepers to support young people to access appropriate help for personal-emotional problems, including suicidal thoughts?

Research strategy

The research strategy involved the following components:

- A series of focus groups was undertaken with young people of differing risk characteristics, namely: high school students; young men in a rural region; Aboriginal adolescents; and young people in drug and alcohol treatment.
- A series of focus groups was undertaken with a range of community gatekeepers, namely: teachers; youth workers; and GPs.
- A core set of measures was used to obtain self-report questionnaire data from a large number of young people, aged 14-24 years, from NSW, Queensland and ACT. Data were available from a total of 2721 young people for the core variables.
- Additional measures were obtained in some samples to test specific hypotheses.
- Experimental designs were used to test the impact of brief interventions aimed at improving help-seeking within some research samples.

Help-seeking measures

At the outset it was essential to develop a consistent way of assessing help-seeking across multiple studies. There is currently no widely accepted measure of help-seeking and, as a consequence, progress in the research area has been hampered by inconsistencies of definition and measurement. The current studies used measures of help-seeking that have been developed over a number of years by the research team, and have now been used in many Australian studies.

Three essential components have been identified for the comprehensive measurement of help-seeking: *time context*; *source of help*; and *type of problem*. Firstly, as help-seeking is a process, it is important to be able to assess changes over time including past and recent behaviour and future behavioural intentions. Secondly, it is necessary to measure help sought from a variety of sources, both informal and formal, as

[1] For more detailed reports of the studies that were conducted see the full reports to the NHMRC—Deane, Wilson, Ciarrochi & Rickwood (2002) and Wilson, Deane, Biro & Ciarrochi (2003). Reports can be downloaded from the Illawarra Institute for Mental Health website at http://www.uow.edu.au/health/iimh/index.html

well as from no-one (as this is a clear preference for many young people), and to be able to match the sources to a specific research focus. Thirdly, the measure needs to be adaptable to different types of mental health and other problems as required by different research objectives.

The help-seeking measures are presented at Appendices A and B. The first measure, the General Help-Seeking Questionnaire (GHSQ) assesses future help-seeking behavioural intentions and has supplementary questions to assess past help-seeking experience. Rationale for the development of the GHSQ and psychometric characteristics are described in Wilson, Deane, Ciarochi and Rickwood (2005). The second measure, the Actual Help Seeking Questionnaire (AHSQ), assesses recent help-seeking behaviour and was adapted from Rickwood and Braithwaite (1994). Within the current series of studies, the AHSQ was successfully used in conjunction with the GHSQ to measure help-seeking across different time contexts, sources of help, and types of problems.

Future help-seeking intentions (Appendix A: questions 1a to 1j) are measured by listing a number of potential help sources and asking participants to indicate how likely it is that they would seek help from that source for a specified problem on a 7-point scale ranging from no intention to seek help to a very high likelihood of seeking help. Note that the specific sources of help listed, the future time-period specified, and the type of problem can be modified to be appropriate to the particular research objectives. For example, schools counsellors or internet sources can be made specific sources of help if these are a research focus.

Help-seeking intentions can be reported as three sub-scales: level of intention for seeking informal help; level of intention for seeking formal help; and level of intention to seek help from no-one. However, information for individual sources of help may also be of interest.

Past help-seeking experience (Appendix A: questions 2a-2d) is operationalised by asking whether professional help has been sought in the past for a specified problem and, if help has been sought, how many times it was sought, what specific sources of help were sought, and whether the help obtained was evaluated as worthwhile on a 5-point scale indicating more or less helpfulness. In the current series of studies, past help-seeking experience was restricted to professional help-seeking, as previous research has shown that past informal help-seeking is so common that its measurement has very little variance (e.g., Rickwood, 2001). Consequently, measuring the availability and adequacy of social support is argued to be a better indicator of prior informal help.

The items tapping past help-seeking experience can be reported in several ways: simply as a dichotomy indicating whether professional help was sought in the past or not; as a scale indicating the amount of professional help sought in the past; or as a weighted scale whereby the amount of help sought in the past is multiplied by its perceived helpfulness.

Recent help-seeking behaviour (Appendix B: questions 3a to 3j) is determined by listing a number of potential help sources and asking whether or not help has been sought from each of the sources during a specified period of time for a specified problem. Note that the specific sources of help listed, the time-period specified, and the type of problem can be modified to be appropriate to the particular research objectives. They may also be selected to complement the GHSQ. For example, in the current series of studies, where the AHSQ and the GHSQ were used together, help-sources and problem-types were matched across the measures.

To provide additional descriptive information and to ensure that participants are responding in the appropriate way, participants are asked to briefly elaborate on the nature of the problem for which help was sought. Participants can also indicate that they have had a problem, but have sought help from no-one.

Recent help-seeking behaviour can be reported as three sub-scales: whether or not informal help has been sought; whether or not formal help has been sought; and whether no help has been sought. Information for individual sources of help is also often of interest.

A growing body of research, including the studies described here, attests to the reliability and validity of the GHSQ and AHSQ (see Wilson et al., 2005). When used as scale scores, reliability analyses show that the scale items are internally consistent. Patterns of associations with other measures of social and emotional wellbeing are as predicted, demonstrating convergent and discriminant validity. These issues are elaborated in the results section.

Theory of help-seeking

Another limitation of the help-seeking research field has been the lack of a unifying theory of help-seeking behaviour. There are few theories in the area, and those that have been applied tend to be descriptive rather than explanatory, or have a macro-level focus on social and economic factors that affect access to services (Pescosolido & Boyer, 1999). The current research program was interested in factors at the micro level—the individual and psychological factors that facilitate or inhibit the help-seeking process.

An underlying theoretical perspective informed the direction of this research program in terms of the measurement of the constructs and the choice of predictive factors investigated. From undertaking prior research in the area over a number of years, the research team has begun to conceptualise help-seeking for mental health problems as a social transaction between the personal domain of the internal world of thoughts and feelings and the interpersonal domain of social relationships. Help-seeking is the process of actively seeking out and utilising social relationships, either formal or informal, to help with personal problems. Unlike many other social transactions, the objective in help-seeking is intensely personal. Help-seeking is at the nexus of the personal and the interpersonal. Consequently, factors that affect both these domains are relevant, but those that operate at their intersection are especially pertinent.

Factors were considered that were expected to affect awareness of the personal domain in relation to mental health problems, the ability to articulate or express this personal domain to others, and willingness to disclose to these people. The following process model of help-seeking guided the research design:

awareness	⇨	***expression***	⇨	***availability***	⇨	***willingness***
and appraisal of problems		*of symptoms and need for support*		*of sources of help*		*to seek out and disclose to sources*

Help-seeking was conceptualised as a process whereby the personal becomes increasingly interpersonal. The process begins with the awareness of symptoms and appraisal of having a problem that may require intervention. This awareness and problem-solving appraisal must then be able to be articulated or expressed in words that can be understood by others and which the potential help-seeker feels comfortable expressing. Sources of help must be available and accessible. Finally, the help-seeker must be willing and able to disclose their inner state to that source.

Studies undertaken

A brief summary of the research program is provided in Table 1. Each study is given a number that is used to refer to it throughout the paper. The Table also presents a brief summary of the nature of the sample, the sample size, the method, and the measures collected, along with a primary reference where more detailed information about the study can be found.

Importantly, all these studies were undertaken within a partnership framework. Researching mental health issues with young people and the organisations that work with them requires the development of a working relationship based on trust and reciprocity. Some of our understanding regarding building such relationships, which was developed over the course of undertaking these studies, is described in Wilson, Rickwood, Deane and Ciarrochi (2001).

Table 1. Summary of studies

Study no	Sample	N	Method	Main measures	Reference
1[8,10]	first year university students, mean age=20.58 years, SD=4.98	302	self-report questionnaire	suicidal ideation, hopelessness, help-seeking, emotional competence	Deane, Wilson & Ciarrochi (2001) Ciarrochi & Deane (2001)
2	first year university students, mean age=22.06 years, SD=6.39	351	self-report questionnaire	suicidal ideation, hopelessness, anxiety, depression, stress, beliefs about counselling, social problem solving, help-seeking intentions	Wilson, Deane & Ciarrochi (2003a; under review)
3[[5,6]	high school students, NSW and Qld, range 12-21 years mean age=15.64 years, SD=1.69	609*	self-report questionnaire	suicidal ideation, hopelessness, help-seeking, prior help-seeking experience	Wilson, Rickwood, Ciarrochi & Deane (2002)
4	high school students, mean age=17.11 years, SD=.74	219	self-report questionnaire longitudinal: re-test at 3 weeks	help-seeking intentions at two time points (3 weeks apart), retrospective and prospective help-seeking behaviour, barriers	Wilson, Deane, Ciarrochi & Rickwood (2005)
5[11]	high school students, 16-18 years, mean age =16.9 years	137	self-report questionnaire	social support, emotional competence, help-seeking intentions	Ciarrochi, Deane, Wilson & Rickwood (2002)
6[12]	high school students, mean age=14.38 years, SD=1.18	217	self-report questionnaire	emotional competence, hopelessness, social support, help-seeking intentions	Ciarrochi, Wilson, Deane & Rickwood (2003)
7[13,4,9]	high school students, 11 male and 12 female, aged 14-17 years	23	focus groups	barriers, help-seeking intentions, help-seeking behaviour	Wilson & Deane (2001a; 2001b)
8[14]	high school teachers	18	focus groups	attitudes, help-seeking intentions, help-seeking behaviour	Wilson & Deane (2000; under review a)
9[15]	youth workers	47	self-report questionnaire	social problem-solving, barriers, help-seeking intentions, help-seeking behaviour, suicidal ideation, general mental ill-health symptoms, role conflict	Cartmill, Deane & Wilson (2001; under review)

10[16]	GPs	49	self-report questionnaire	referral practices, attitudes toward mental ill-health	Deane, Wilson & Biro (2003)
11[a]	high school students	1184	self-report questionnaire focus groups	help-seeking intentions, help-seeking behaviour	Rickwood (2001) Rickwood (2002)
12[b]	high school students, 14-18 years (mean age=16 years, SD=1.05)	497	self-report questionnaire experimental design (pre, post, follow-up) focus groups	help-seeking intentions, help-seeking behaviour	Rickwood, Cavanagh, Curtis & Sakrouge (2004)
13[7]	high school males, years 9 and 10	173	self-report questionnaire	help-seeking intentions, help-seeking behaviour	Deane, Ciarrochi, Wilson, Rickwood & Anderson (2001)
14[13]	adult men receiving professional services in past 12 months (21-58 years)	73	self-report questionnaire	influences on professional psychological help-seeking process	Cusack, Deane, Wilson & Ciarrochi (2004; in press)
15	high school students, 98 male, 171 female, aged 12-18 years	269	self-report questionnaire	help-seeking intentions, attitudes and beliefs about counselling, hopelessness, prior help-seeking experience, perceived quality of prior help, suicidal ideation	Wilson, Deane & Ciarrochi (2003b; 2005)
16 17[c]	high school students, 88 male, 157 female, aged 12-18 years	357**	self-report questionnaire	professional help-seeking intentions, recent professional help-seeking behaviours, barriers, hopelessness, depression	[c] Wilson, Deane & Ciarrochi (2003c,d)
18	high school students, 47 male, 58 female, aged 12-17 years	105	self-report questionnaire	problem recognition, problem-solving appraisal, total problem-solving capacity, help-seeking intentions, suicidal ideation, general mental ill-health	Richardson, Wilson & Deane (2001) Wilson & Deane (under review b)
19[c]	high school students, 209 male, 278 female, aged 12-21 years	621	self-report questionnaire	help-seeking intentions, help-seeking behaviour	Wilson, Ciarrochi & Deane (2003)

Notes: [No.] Indicates the Appendix number in the main NHMRC report corresponding to the study (see Deane, Wilson, Ciarrochi & Rickwood, 2002).

*Composite sample sourced from Studies 15 and 18 but testing different hypotheses.

**Sample overlap with Study 15 but using additional data and testing different hypotheses to those in Studies 3 and 15

[a] This research was also supported by a grant from Healthpact ACT.

[b] This research was also supported by a grant from Mental Illness Education ACT.

[c] These studies focus specifically on young people's help-seeking barriers to general practice and are reproduced in full in an additional report of research supported by the NHMRC grant and written with support from the Illawarra Division of General Practice (see Wilson, Deane, Biro & Ciarrochi, 2003).

Findings from the current research

Patterns of help-seeking

Consistent with, but extending, knowledge of patterns of help-seeking, the current research revealed that informal sources of help were preferred to formal sources at all ages and for both genders. Overall, girls were more likely to seek and intend to seek help, but this difference was most pronounced for seeking help from friends among older girls. Males preferred seeking help from family, but the low rate of professional help-seeking was equally evident for both boys and girls.

Study 11 investigated the recent help-seeking behaviour for depressive symptoms of a large sample of high school students in the ACT. Figure 1 shows that for future help-seeking intentions, girls increase in their intentions to seek help from friends over the high school years while boys' intentions remain stable. For seeking help from family, girls and boys have similarly decreasing levels of intentions. For formal help-seeking, girls and boys are alike in their level of intentions, and there is a slight decline from Years 7 to 10. Overall, intentions to seek help from family predominate at Year 7, but this is replaced by friends as a source of help for girls by Year 9, whereas boys maintain a slight preference for family.

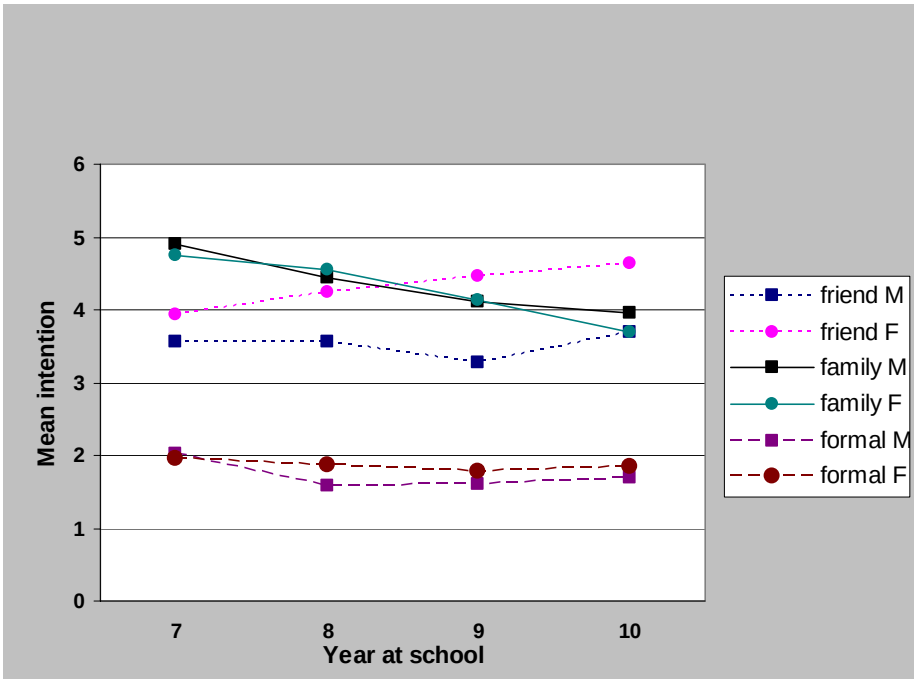

Figure 1. Mean intention to seek help, by source and gender

A similar pattern emerged for recent help-seeking behaviour (Figure 2). Girls were more likely to seek help from friends than were boys at all ages, and girls increase in this behaviour from Years 7 to 10, while boys' help-seeking from friends remains relatively constant. For seeking help from family, there is a decline over the high school years for both boys and girls. However, girls are generally more likely to seek help from family than are boys. For formal help-seeking there is an interesting cross-over pattern, where boys are more likely to seek formal help than girls at Year 7, but after Year 7 boys' formal help-seeking decreases while girls' formal help-seeking increases slightly, and for Years 8, 9, and 10, girls are more likely to seek formal help than boys.

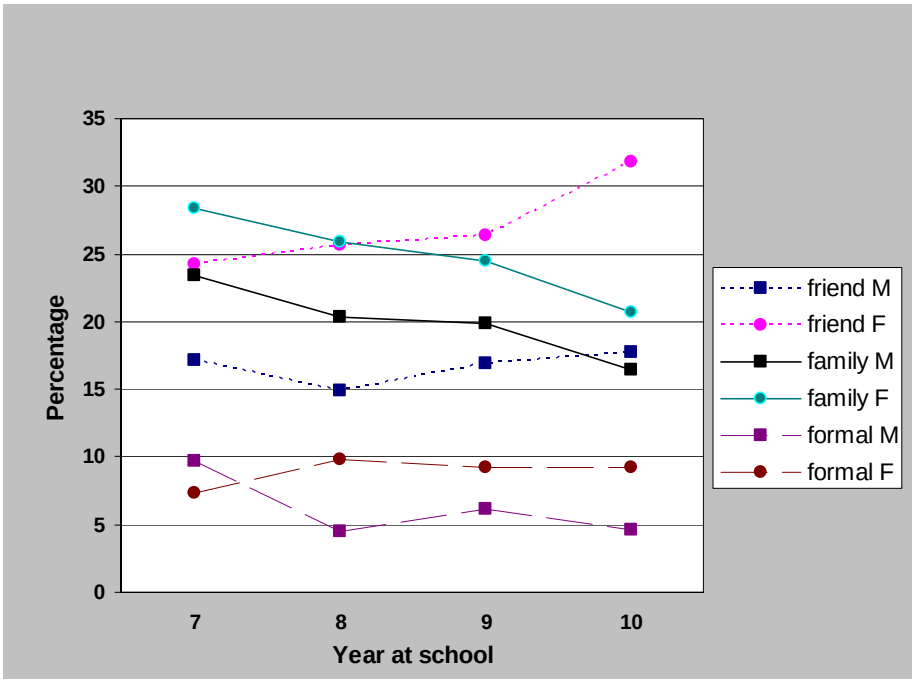

Figure 2. Percentage of students seeking help, by source and gender

For seeking help for personal-emotional problems, a comparable pattern was evident for high school students in NSW and Queensland (Study 3). Again, friends were the preferred source of help, followed by family, with professional sources much less preferred. For professional sources, the source 'religious leader' was rated significantly higher in a religious school compared with a public school, where students were significantly more likely to endorse a GP for help-seeking intentions.

In both high school and university samples (Studies 1,2,3,4,5,6), for suicidal thoughts rather than personal-emotional problems, there were relatively lower intentions to seek help from informal sources and somewhat higher intentions to seek help from professional sources. In the study of young adults at university, mental health professionals and phone help lines were cited as sources of help most likely to be used for suicidal thoughts (Study 1).

It appears that there is a developmental trend whereby over the high school years girls become increasingly socialised to use their friends as a source of help and reduce their dependence on their parents and family, and slightly increase their formal help-seeking behaviour. This is a developmentally appropriate pattern, whereby greater independence from family is gained by mid-adolescence, and help is more often sought outside the family. Adolescence is a period of increasing psychological separation from parents: young people begin to make independent decisions, direct and manage more of their practical affairs, spend less time with their parents, and spend more time alone and with friends (Balters & Silverberg, 1994; Larson & Richards, 1991; Steinberg & Morris, 2001).

For boys, however, this pattern does not occur to the same extent. Boys seem to be socialised to seek less help from all sources across the early and mid-adolescent years. They do not compensate for their reduced reliance on family by building up supportive friendships or starting to seek professional help. The decline in help-seeking for boys starts early in the high school years, appearing between Years 7 and 8.

Relationship of intentions to behaviour

The strength of the relationship between stated help-seeking intentions and future help-seeking behaviour is variable, but generally modest. In two studies, the relationship of intentions to help-seeking behaviour was shown to be relatively weak. In Study 13, over a 3-week period, intentions were found to predict 13% of the variance in actual help-seeking behaviour from the school counsellor. Similarly, correlations between intentions and behaviour varied around r=.20 or less for most of the sources of help over a 2-week period in Study 12. The highest correlation between intentions and behaviour was for seeking help from family (r=.28).

In contrast, Study 4 found that the relationship between help-seeking intentions and both retrospective and prospective behaviour, measured over a 3-week period, was moderately strong for some help-sources and differed depending on the type of problem young people were facing. Correlations between intentions and retrospective help-seeking behaviour ranged between r=.10 (teacher) and r=.43 (friend) for personal-emotional problems, and between r=.05 (teacher) and r=.31 (partner/youth worker) for suicidal thoughts. For prospective help-seeking behaviour, correlations with intentions ranged between r=.10 (GP) and r=.48 (partner) for personal-emotional problems, and between r=.04 (mental health professional) and r=.26 (partner) for suicidal thoughts.

Although preliminary, these studies add weight to the argument that there are discrepancies between people's intentions and actual help-seeking behaviour (Bayer & Peay, 1997). Such findings are consistent with those reported for clinical screening, such as cancer checks and subsequently seeking medical care (Godin & Kok, 1996). It is evident that many factors intervene to prevent the translation of a cognitive intention to seek help into actual behaviour, and there are clearly major barriers to actively seeking help.

Barriers to help-seeking

Help-seeking is not simply a process of identifying need, deciding to seek help and carrying out that decision. At each of these decision points, factors intervene to prevent the progression of the help-seeking process: need may not be identified; if identified, need may not be translated into intention; and intention does not always lead to behaviour.

Lack of emotional competence

Lack of emotional competence is one potential barrier to seeking help. Emotional competence (or intelligence) is defined as the ability to identify and describe emotions, the ability to understand emotions, and the ability to manage emotions in an effective and non-defensive manner (Mayer, Caruso & Salovey, 1999). There are two possible ways that emotional competence could impact on help-seeking. It is possible that people with low emotional competence have the highest intention to seek help for their emotional problems because they feel less capable of handling those emotions on their own. Conversely, it is also possible that people with low emotional competence are the least likely to seek help because they lack some of the skills required to effectively do so.

For three reasons we expected the second hypothesis to be supported, and low emotional competence to be associated with less willingness to seek help. First, people low in emotional competence tend to have fewer sources of social support from extended family and friends and, therefore, have fewer opportunities for seeking help (Ciarrochi, Wilson, Deane & Rickwood, 2003). Second, people low in emotional competence may have had less successful help-seeking experiences in the past (Ciarrochi & Deane, 2001), and these past experiences may make them less willing to seek help in the future. Third, those low in emotional competence may feel too embarrassed about their perceived lack of competence to seek help.

In a university sample (Study 1), the relationship between emotional competence and willingness to seek help for personal-emotional problems and for suicidal ideation was investigated. It was found that those who reported feeling less skilled at managing emotions were less willing to seek help from family and friends for both personal-emotional problems and suicidal ideation and were also less willing to seek help from health professionals for suicidal ideation, compared with those with better emotional competence. These relationships held even after controlling for hopelessness, gender, and past help-seeking experience.

This relationship was confirmed for adolescents. In Study 5, a larger number of emotional competencies was investigated, as well as the possibility that social support explains the relationship between emotional competence and help-seeking. As expected, adolescents who were low in emotional awareness, and who were poor at identifying, describing, and managing their emotions were the least likely to seek help from informal sources and had the highest intention of not seeking help from anyone. However, low emotional competence was not significantly related to intentions to seek help from professional sources. The significant results involving informal sources were only partially explained by social support, suggesting that even adolescents who had high levels of support were less likely to make use of that support if they were low in emotional competence.

These findings were generally confirmed in another study of adolescents (Study 6), where adolescents who were low in emotional competence had the lowest intentions to seek help from informal sources, and the highest intentions to seek help from no-one. In this study, adolescents who were low in emotional competence were also less likely to intend to seek help from some formal sources compared with those higher in emotional competence (e.g., mental health professionals).

Qualitative information derived from Study 11 confirmed that lack of emotional competence, specifically not having the language and skills to recognise, interpret and share emotional experiences inhibits help-seeking. Boys admitted to being particularly poor at recognising their emotional state or having a vocabulary to explain it, with comments such as ‘I’m not good at talking about these things’. A small focus group of young men from a rural area confirmed that lacking ways to express their emotional world to others was as a major barrier to seeking help for boys, ‘You don’t know how to start it off. You don’t know what you’re gonna say’.

While lower levels of emotional competence may inhibit initial help-seeking, the influence of variables related to emotional expression may be less important for someone who has been able to access mental health treatment in the past. Study 14 examined emotion expression variables in relation to help-seeking amongst adult men receiving professional therapy services. It was hypothesised that men who had greater difficulties with emotional expression would have poorer therapeutic bonds with their therapist that in turn would reduce perceived helpfulness of treatment and reduce future help-seeking intentions. Results lead to the conclusion that once in therapy, bond and perceptions of treatment helpfulness are more important to future help-seeking intentions than a man’s difficulty or discomfort with emotional expression (Cusack, Deane, Wilson & Cirrochi, in press).

Help-negation

One of the most important findings for further directions in suicide prevention research, and having major implications for effective therapeutic interventions for mental health problems, is the help-negation effect for suicidal thoughts. Help-negation refers to not utilising available help when it is needed. It is evident as a negative association between suicidal ideation and help-seeking intentions, such that as suicidal ideation increases help-seeking intentions decrease. The process was first identified in samples of patients who were hospitalised due to acute suicide crises (Rudd, Joiner & Rajab, 1995) and was later described for non-clinical samples of New Zealand high school students (Carlton & Deane, 2000).

In the current studies, the help-negation phenomenon was replicated. Across different university and high school samples, results consistently found that young people's help-seeking intentions tend to decrease as their levels of suicidal ideation increase, even when these ideation levels are sub-clinical. In two samples of university students (Studies 1 and 2) and three samples of high school students (Studies 13,15 and 18), higher levels of suicidal ideation were related to lower intentions to seek help from different sources for suicidal thoughts. Studies 1, 2, 13, and 15 also found that higher levels of suicidal ideation were related to higher intentions to seek help from no-one. In the university samples, the strength of the negative relationship between suicidal ideation as measured by the Suicidal Ideation Questionnaire (Reynolds, 1988) and help-seeking intentions for suicidal thoughts ranged from a low of $r = -.11$ for intentions to seek help from a lecturer to a high of $r = -.31$ for intentions to seek help from family. In the high school samples, the strength of the help-negation relationship ranged from $r = -.15$ for intentions to seek help from a GP to a high of $r = -.47$ for intentions to seek help from family.

Notably, the help-negation effect for suicidal thoughts was strongest for informal sources of help: young people were least likely to seek informal sources of support when experiencing suicidal thoughts, and most reluctant to seek help from family. Interestingly, in one of the high school samples, the help-negation effect was evident for all but one help-seeking source, namely phone help-lines (Study 13). This suggests that young people may prefer to use more anonymous and less personal forms of help-seeking when experiencing suicidal thoughts.

To further investigate the help-negation effect, it was examined whether feelings of hopelessness or unsatisfactory prior help-seeking experiences might explain the reluctance to seek help. However, neither hopelessness nor prior help-seeking experiences could fully explain the help-negation effect for suicidal thoughts, in either university students (Study 1) or high school students (Study 15). In both these studies, suicidal ideation remained a significant predictor of lower help-seeking intentions, after controlling for these factors. Hopelessness did, however, moderate the help-negation effect in the high school sample (Study 15). As students' levels of suicidal ideation increased, higher levels of hopelessness strengthened their reluctance to seek help. Hopelessness did, however, moderate the help-negation effect in the high school sample (Study 15) and was also found to have a significant direct effect on help-seeking, such that young people reporting higher levels of hopelessness were less likely to intend to seek help.

On the basis of this result, it was hypothesised that hopelessness might contribute to the help-negation effect in young people through negative appraisals about available and appropriate help as a suitable option for managing or solving suicidal thoughts. Some of the focus group research (Study 7), and some previous research (e.g., Weishaar, 1996) indicates that young people may not seek help for suicidal thoughts because they do not recognise they have a problem, do not view the problem as needing a solution, or because they have generally poor problem solving capacity.

In Studies 2 and 18, samples of university and high school students completed measures of suicidal ideation and help-seeking intentions, along with self-perceived problem solving ability, which was measured by three sub-scales of the short form of the Social Problem-Solving Inventory for Adolescents (Frauenknecht & Black, 2003). In both studies, suicidal ideation was associated with lower intentions to seek help for suicidal thoughts and, in Study 2, greater endorsement of seeking help from no-one. However, neither problem-solving appraisal nor problem recognition could fully account for the help-negation effect for suicidal thoughts. Initial results suggest that help-negation does not appear to be due to either lack of self-perceived skill in problem solving or problem solving orientation.

Whether negative beliefs and attitudes about seeking professional psychological help, or negative evaluations of previous professional help, might explain the help-negation effect were examined in high school students (Study 15). Beliefs about seeking professional psychological help were measured by a brief version of the Barriers to Adolescents Seeking Help scale (BASH-B) (Kuhl, Jarkon-Horlick, & Morrisey, 1997; Wilson et al., 2005), negative attitudes towards seeking counselling were measured by a brief version of the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS) (Fischer & Farina, 1995; Fischer & Turner, 1970), and previous professional help was measured by supplementary items on the GHSQ. Suicidal ideation was again associated significantly with lower intentions to seek professional psychological help for suicidal thoughts and higher intentions to seek help from no-one, consistent with studies 1, 2, 13, and 18. While negative evaluations of prior help could not fully account for the help-negation effect for seeking help from a mental health professional, beliefs and attitudes do appear to play a role. Consistent with a number of adolescent studies (e.g., Kuhl et al., 1997; Wilson & Deane, 2001), the belief that young people should solve their own problems was shown to be an important barrier to seeking professional psychological help among this age group.

Finally, whether negative beliefs about seeking professional psychological help, as well as higher levels of psychological distress, might explain the help-negation effect were examined in a university student sample (Study 2). Consistent with Study 15, beliefs were measured by the BASH-B. Levels of distress were measured by the Depression, Anxiety, and Stress Scales (DASS) (Lovibond & Lovibond, 1996). Again, the help-negation effect was confirmed, but contrary to speculation, psychological distress made little contribution to the inverse relationship. Unlike Study 15 which used high school students, in this university sample negative beliefs about counselling mediated the help negation effect for seeking help from mental health professionals. This suggests that at different ages, changing beliefs about counselling may influence intentions to seek professional psychological help in varying ways, and this possibility needs to be examined in further research.

Negative attitudes and beliefs related to seeking professional help

A major barrier to seeking professional psychological help is a negative attitude toward professional help-seeking. Such negative evaluations derive from negative past experiences and also from negative beliefs about seeking professional help (such as beliefs that professional help is not useful). Studies 3, 7, 11 and 18 revealed that past experiences of seeking help that were negative, particularly when the young person felt they were not helped or that their problems weren't taken seriously, were substantial barriers to future help-seeking intentions.

In Study 15, items measuring attitudinal and belief-based barriers to professional help-seeking had small but significant correlations with lower intentions to seek professional help. Students' attitudes as well as their beliefs about seeking counselling predicted lower intentions to seek professional psychological help for both suicidal thoughts and personal-emotional problems. In Studies 2 and 15, it was evident that young people's negative beliefs about seeking professional psychological help influence their preference for seeking help from no-one to manage their suicidal thoughts.

These quantitative findings were supported by qualitative data, with comments about mental health professionals such as, 'I've seen one before and they don't do anything'. Young people also tend to believe that seeking professional help doesn't work or will make problems worse, giving responses such as, 'I'd be scared they'd give me the wrong answer' and 'I couldn't be bothered, it wouldn't help anyway'. This suggests that improving young people's beliefs about professional psychological help-seeking may be an important strategy for increasing their use of mental health services.

Many young people expressed the view in focus groups that it is better to deal with problems yourself (Studies 7 & 11). This was confirmed in the composite sample in Study 3 where the item, 'I should work out my own problems', had the strongest inverse relationship with intentions to seek help for both suicidal thoughts and personal-emotional problems. High school teachers also noted that dealing with problems oneself was a strong societal expectation (Study 8).

In an extension of the current series of studies, Wilson, Bignell and Clancy (2003) revealed that 10 weeks after an intervention aimed at reducing high school students' barriers to consulting a GP, two barriers remained robust: 'I'm embarrassed to talk about my problems' and 'I have to work out my problems alone'. These barriers predicted lower intentions to consult a GP for physical and psychological problems in a regression model that explained almost half (48%) of the variance in students' help-seeking intentions.

Young people tended to believe that their family can help more than professional sources of help for many personal and emotional problems (Studies 7, 11 & 12). High school teachers echoed these beliefs (Study 8) with comments such as, 'That's my upbringing … my family has always been able to solve problems for me'. However, an exception to this is that young people are less likely to share that they have suicidal thoughts (and some other problems such as drug use) with family, citing reasons of not wanting to upset family members, along with fear and shame regarding revealing suicidal thoughts (Study 7).

Fear of the stigma of mental health problems is high in young people, who often don't want their peers to know that they are in need of help for their mental wellbeing, particularly if they are experiencing suicidal thoughts. Statements such as, 'I'd feel embarrassed that I needed one' and 'People might tease me', were common from high school students in Studies 7 and 11.

Fear of stigma also relates to fears regarding the confidentiality of professional services. While in the composite sample of high school students (Study 3), the item related to fear of confidentiality of counsellors was not highly endorsed, in the focus group data this barrier was more evident. For young men in rural areas, it was particularly important that mental health services be discrete and confidential (Study 7). With regard to school settings (Study 12), some students noted that school counsellors' offices are often sited in very public locations, such as near the Principal's office or the front entrance to the school, and that this was a barrier to going there. Students also expressed fears that school counsellors would not keep confidentiality with other teachers and that their problems would be discussed in the staff room.

Facilitators of help-seeking

Factors that might facilitate help-seeking were also investigated. These are factors that intervene to encourage the help-seeking process. At each decision point, facilitators help the identification of need, the translation of need into help-seeking intentions, and the translation of intentions into behaviour.

Emotional competence

Some of the facilitators of help-seeking are the opposite end of the continuum of the barriers to help-seeking. For example, while low levels of emotional competence are a barrier to seeking help, higher levels of emotional competence act as a facilitator. It was clear from the focus groups that emotional competence, in terms of being aware of one's internal, personal world and having a language with which to express it to other people and feeling comfortable doing so, was an important facilitator of both formal and informal help-seeking. Many young people noted that they did not have this skill, particularly boys and young men. For example, some young men commented that, 'Some people are better at opening up than others', 'Some people can just talk and get things off their chest' and 'Sometimes you just can't find

a word to say, even if you do want to talk about it' (Study 7). In contrast, girls and young women were more likely to report that it was easy for them to share their internal world with others, 'I can always tell my best friend anything, we talk about everything all the time' (Study 11).

Positive attitudes, past experience and mental health literacy

Just as negative past experiences are barriers to seeking professional help, positive past experiences act as a facilitator. Young people who have been previously helped by a professional or had a generally positive experience are more likely to intend to seek help in the future (Study 3). This result was confirmed by Study 18, which found that high school students' recent mental health care over the previous three weeks predicted lower belief-based barriers to professional psychological care.

Further support for the impact of favourable past help-seeking experience is reflected in comments made in the focus groups where the young people who had positive past experiences reported more positive attitudes to seeking help in the future (Study 12). Teachers expressed similar beliefs, and noted that the positive experience could be their own or encounters experienced vicariously via other people they knew (Study 8).

Related to past experience is knowledge of what professional help-seeking is likely to involve. Many comments from the focus groups (Studies 11 & 12) were about not knowing what would happen in a professional help-seeking encounter; for example, 'I wouldn't know what to expect' and 'I don't want people messing in my head'. In contrast, one girl reported her experience as, 'The first time was scary. I was freaked because I didn't know what would happen and what I would have to do, but it ended up ok. My counsellor was cool and it wasn't weird like I thought'. Teachers also noted that, 'You get loopy psychiatrists in films and television' (Study 8), which encourages inaccurate stereotypes of mental health care. Accurate knowledge of what to expect from a help-seeking encounter is, therefore, important.

It is also necessary for young people to have knowledge of available services, as well as what to expect from different types of services. This knowledge is part of what has been termed 'mental health literacy', which includes knowledge of symptoms and when it is necessary to seek help (Jorm et al., 1997). Not knowing where to seek professional help, the services available or how to contact them were barriers to help-seeking reported in Study 3. The converse of this, noted by students in Study 7, is that knowing where and how to go about seeking professional help facilitates help-seeking.

Social influences on help-seeking

Research indicates that individuals experience varying amounts of social encouragement along their pathways to mental health care. For example, in an in-patient psychiatric sample, 38% reported that other people tried to persuade them to seek help, 10% reported the use of force by others, and 46% reported no pressure from others to access services (Monahan, Hoge, Lidz et al., 1996). Parents are a common influence for children and adolescents in regard to seeking help from mental health services (Logan & King, 2001).

The Child and Adolescent component of the National Survey of Mental Health and Wellbeing (Sawyer et al., 2000) found that, of those children and adolescents who had a mental disorder *and* who scored in the clinical range on the Child Behaviour Checklist *and* whose parents reported they needed professional help, only half had attended a service to get help for their problems. Parents were asked about barriers to obtaining help for their children and these were subsequently organised into 11 categories. The most frequent barrier which was described by approximately 50% of parents was that help was too expensive followed by about 48% saying they didn't know where to get help. Barriers that could be construed as

leading to reciprocal influence between parent and child included the belief by parents that they could manage the problem on their own (46%) and that the child did not want to attend services (25%). Unfortunately, the methods used in the National Survey did not allow the relative strength of different barriers to be assessed (only frequency of endorsement was used) and provided no information on the likely dynamics of the influence process between parent and child.

For adults, intimate partners (Tudiver & Talbot, 1999) and GPs (Pirkis & Burgess, 1998) are likely to influence professional help-seeking. Clearly, the effect of other people to either encourage or discourage seeking help is likely to be considerable. However, this impact has not been well researched.

One emerging area of research into the social influences on help-seeking is the impact of potential gatekeepers to mental health care. Gatekeepers are people in the community who are in a position to assist distressed people to access appropriate professional support services (Frederico & Davis, 1996). Professional people, such as teachers and clergy often act as gatekeepers (e.g., Leane & Shute, 1998; Youssef & Deane, 2005), but parents and partners are also in a position to offer help to those who are experiencing psychological distress or suicidal thoughts. It is likely, however, that many of these people are not prepared for such a role. In response to this emerging understanding, gatekeeper training is increasingly being delivered to people in the community to develop knowledge, attitudes, skills and confidence to identify suicidal individuals, appropriately engage with them, encourage them to seek help, and refer them to community mental health resources (e.g,. Capp, Deane & Lambert, 2001). Research examining the effectiveness of gatekeeper training is limited, but attitudinal barriers and stigma related to accessing professional mental health services have been shown to be evident among gatekeepers themselves, and reduce their effectiveness in this role (Wilson & Deane, 2000).

It is becoming evident that training that specifically targets gatekeepers' attitudes towards seeking mental health care can facilitate positive outreach and prevention outcomes for young people. Wilson and Fogarty (2002) developed a classroom outreach program whereby GPs present structured lesson plans to high school students. The program includes a substantial training component that targets GPs' attitudes towards engaging young people with mental health issues, along with their knowledge about youth help-seeking and engagement barriers, strategies for classroom engagement and management, and presentation skills. Controlled evaluation found that 10 weeks after the presentations given by trained GPs, students' intentions to consult a GP for physical and psychological problems had significantly increased and their barriers to engaging with a GP had significantly decreased (Wilson, Bignell & Clancy, 2003).

Similarly, a suicide prevention initiative implemented within a university setting has shown that with training it is possible to reduce the stigma of mental health problems and improve student's attitudes toward talking about mental health problems and suicide in order to encourage students to act as gatekeepers to mental health care for fellow students (Pearce, Rickwood & Beaton, 2003).

Established and trusted relationships. All help-seeking studies show that people are more likely to seek help from their friends and family for personal and emotional problems than from other sources. Clearly, these sources of help are more available, but it is also notable that these relationships are already established and are a known and trusted source of support to young people. Many of the high school students in Study 11 reported comments such as: 'I would talk to my mother as I can trust her'; 'My family know me best and would know how to help'; and 'My friends know me and we are all going through the same things'. Trust, familiarity and rapport were themes that also came through strongly from the focus groups in Study 7.

In contrast to informal sources of help, professional sources of help often involve engaging with a person who is a stranger. It was very clear from the qualitative data collected in Study 11 that high school students did not like to share their most personal experiences with strangers. Students reported that they would be 'afraid', 'too shy', and 'embarrassed' to talk to a professional who they didn't know. Lack of trust and not knowing how to talk to a stranger about personal issues were also problematic, which was evident through responses such as 'lack of trust, I don't really like them', 'wouldn't know what to say', 'hard to talk to a stranger about my problems', and 'I wouldn't know how to talk about personal things with a stranger'. Students in Study 7 confirmed that difficulty trusting professional sources of help and embarrassment were barriers to seeking professional help. Students were scared and shy about talking about their problems with a stranger, and did not want to share their emotions and personal experiences with someone they did not know and with whom they had not built a relationship. Such concerns inhibit professional help-seeking, suggesting that efforts to increase young people's use of mental health services may benefit by strategies aimed at developing trusting and supportive relationships with professionals before the need arises, as well as providing opportunities for young people to practice verbalising to others their personal and emotional issues.

Influences on men's professional psychological help-seeking. The reported reluctance of males to seek help for psychological distress suggests that those who do eventually seek mental health care may have been strongly influenced by others. To date, however, no research has explored the extent to which others have influenced males attending outpatient psychological services. Study 14 considered some of the influences on men's professional psychological help-seeking in a sample of men who were currently receiving or who had received professional psychological services within the past 12 months (Cusack, Deane, Wilson & Ciarrochi, 2004). Only 3 (6%) claimed that they were not influenced by anyone else in their decision to seek help. In marked contrast, about a third claimed that they would not have sought help without the influence of others. Of the 47 (94%) who were influenced to some extent by others to seek help, 27 (57%) indicated that they were influenced by a GP or other health professional, 26 (55%) were influenced by their intimate partner, 22 (47%) by parents or other family members, 19 (40%) by friends, and 3 (6%) by a legal professional. The majority (72%) was influenced by more than one source. A few participants also reported that they were influenced by work colleagues, Centrelink staff, and a men's group. This study confirmed the importance of already established relationships in the help-seeking process, such as relationships with a partner or GP.

General practitioners. GPs are increasingly being recognised for their major role in providing mental health care. GPs were one of the most influential professional gatekeeper groups identified in Study 14. Importantly, it is estimated that about 38% of people who complete suicide have had contact with their GPs within one month of death (Pirkis & Burgess, 1998). When young people do seek professional help, family doctors and school-based counsellors are their professionals of choice (Sawyer et al., 2000).

The role of the GP in mental health care for young people is undergoing intense research interest. Study 19 revealed that in public high school sample, a GP may be the only professional help source that young people will actually consult for help with suicidal thoughts or personal-emotional problems.

Given their role as gatekeepers to specialist mental health care, the referral practices of GPs to other mental health professionals are of interest. Referral practices were considered in Study 10, where 49 GPs were asked to indicate the frequency with which they complied with good practice in referral procedures when 'working with a young person to try and convince them to seek help from a mental health professional'. It was revealed that good practice was followed most of the time by the GPs. Areas where there were room for improvement included consistently discussing confidentiality, clarifying costs,

explaining what to expect in the initial consultation, and explaining the likely duration of a mental health consultation. The study also found a small effect whereby GPs who themselves held lower efficacy beliefs regarding the helpfulness of seeing a mental health professional were somewhat less likely to follow ideal referral practices.

As many people have an established relationship with their GP, the effectiveness of GPs as a source of help themselves and as gatekeepers to other mental health services needs to be further considered. There is considerable potential for GPs to become a more prominent source of mental health care for young people (see Rickwood, in press).

Teachers. For young people still at school, teachers are an easily accessibly source of support. Study 8 examined the help-seeking intentions of 18 high school teachers themselves, aiming to determine whether teachers had a favourable orientation toward seeking help. Consistent with other samples, teachers were more likely to go to informal sources of help such as family and friends than formal sources such as mental health professionals or GPs. Unexpectedly, the teachers were more likely to indicate that they would seek help from no-one for a personal-emotional problem compared with students from the high school in which they taught. However, for suicidal thoughts, teachers had higher intentions to seek help from formal sources (e.g., mental health professionals and GPs) than their students. Themes from the focus group discussions suggested a number of negative influences on the professional help-seeking of teachers including concerns regarding the competency of clinicians, the effectiveness of treatment, fears of stigma, and anxiety about the professional help-seeking experience.

Youth workers. The help-seeking attitudes of youth workers were considered to be particularly important, as youth workers have been identified as 'key community gatekeepers' (NSW Health, 2000). It has been argued that youth workers, and particularly those who are involved with neighbourhood youth centres, come into contact with young people who are more likely to be on the margins of the mainstream community and who are most at risk of mental health problems. 'Young homeless people frequently indicated that … they would rely exclusively on the youth centre worker (often one particular worker) to deal with any problems; they would generally 'trust' a referral to some other source of support if it were made by that worker' (Keys Young, 1997:50).

The help-seeking attitudes of 47 youth workers were examined in Study 9. Youth workers were more likely to seek help and reported fewer barriers to seeking help than young people from the high school samples, reflecting their orientation toward encouraging help-seeking for young people. Study 9 also evaluated an intervention to improve youth workers' help-seeking attitudes and skills, revealing that despite the generally positive help-seeking attitudes of youth workers, there remained room for improvement. The intervention was generally successful at achieving this with significant increases in youth workers' intentions to seek help for personal-emotional problems occurring following a workshop.

Seeking help for others. It has been noted that young people are more likely to seek help for their friends than for themselves. This is a phenomenon understood by teachers and school counsellors, who report that girls in particular will often bring their attention to the personal or emotional needs of a friend or fellow student (Rickwood, 2002). The focus group data from Studies 8, 11, and 12 supported this notion with comments from young people such as, 'I have been to the counsellor to get help for my friend. We could see that she really needed some help, and without us she wouldn't have got it' (Study 12).

Focussing on seeking help for others rather than for oneself is an unexplored approach to facilitating help-seeking behaviour for young people. Using young people's genuine concern for their friends' wellbeing could be used as a focus for the development of interventions to improve mental health literacy and help-seeking intentions and behaviour.

Implications for interventions to encourage young people's help-seeking

The findings of this research program have many practical applications in terms of implications to inform interventions to facilitate help-seeking for young people and improve their wellbeing.

Relationships

One of the most important factors in the help-seeking process is the availability of established and trusted help-seeking pathways. For this reason, friends and family are preferred sources of help for personal and emotional problems. However, there is potential for the identification and development of other relationships whereby help can be sought when the need arises for different types of problems.

Young people need to be encouraged to actively build supportive relationships, both within and beyond their informal support system. Moreover, interventions should be targeted at the people who influence young people's help-seeking, as well as young people themselves. It is clear that there are many potential social influences on the help-seeking process, and this is a factor that needs to be more fully explored, particularly for younger adolescents. For example, parents must be a focus of help-seeking interventions. Parents need accurate information and training in skills that enable them to determine if their child needs help, where such help is available, and how to sensitively encourage their child to accept such help. Similarly, friends and intimate partners also have an important role at different stages of the lifespan.

Professionals in regular contact with young people need to be aware of their potential role in promoting mental health and preventing and intervening early in the development of mental health problems for young people. These professionals need to be encouraged to actively build protective relationships with the young people with whom they are in regular contact. Some people are in positions that are ideally suited to developing such relationships. This includes teachers, youth workers, sport coaches, social activity leaders, and possibly GPs. For young people still at school the roles of teachers and schools counsellors, and their links with other supports, are critical (Rickwood, in press). For those no longer at school, youth workers and relationships developed through work and further study, are relevant.

Trust and security are essential to these relationships. Young people will only open up to people with whom they feel secure, who they are not shy around, who they are not scared of, and who they feel will relate to them empathetically. They are not comfortable opening up to strangers. For mental health service providers this is a particularly important understanding. School counsellors, GPs, and others who are important to young people's mental health and wellbeing need to establish relationships with young people *before* a need arises, so that when it does, the young person already has an established and trusted source of professional help to turn to. There is, therefore, need to encourage both young people to identify and establish such protective relationships, and professionals to reach out to young people to facilitate the building of such relationships.

Outreach

Professional help-seeking services need to be taken *to* young people; help needs to be very easy to access, in fact, put in their pathway, as young people will not go out of their way to seek professional help themselves. The current studies confirm that those young people most likely to need help are often the least likely to seek it. Young people often underestimate the need for outside help and attempt to deal with many of their personal and emotional problems on their own. However, the high rate of suicide attempts and completions for young people indicates that help is needed more often than it is sought. Since young people often do not feel that a problem is appropriate to be dealt with by seeking help, this help needs to be actively taken to young people, in a form that they will respond to positively.

Gatekeepers are an important focus for outreach services, but need training in appropriate assessment and referral practices. It is essential that such training emphasises the rights and empowerment of young people, ensures that all interventions are non-stigmatising, and that discourages a potentially dangerous (albeit often well-intentioned) 'vigilante' approach.

It needs to be recognised that while young people are reluctant to seek help for themselves, they are much more likely to seek help for a friend or partner. This may be an alternative focus to encourage help-seeking; rather than focusing on encouraging young people to seek help for themselves, they may be more open to learning about how to effectively seek help for their friends and this knowledge may then generalise to include their own help-seeking behaviour.

Recovery orientation

It is essential that mental health service providers for young people operate within a recovery orientation. At a minimum, professional services must strive to impart a sense of hope about the help that can be provided from different help-sources, and particularly through professional mental health care. Health care professionals must provide services that young people can feel positive about and where the service works in true partnership with the young people themselves.

Efforts to increase young people's engagement in mental health services may benefit by strategies aimed at addressing young people's help-seeking fears. For example, prevention strategies may be improved by providing explicit information to young people about what a consultation with a mental health professional involves, the benefits that might accrue, and the processes involved in solving personal and emotional problems through psychotherapy (Deane, Wilson & Biro, 2003). Explaining clearly confidentiality issues is particularly important. Providing young people with evidence about the efficacy of professional treatment may also be of benefit (Wilson & Deane, 2001). Engagements with clinical interventions may be more effective with additional emphasis placed on the application of pre-therapy preparation procedures (Deane, Spicer & Leathem, 1992).

While it is important that all young people have accurate and realistic expectations about the help that professional sources can provide, it is also important that adolescents expect professional help to be helpful. Mental health promotion interventions, in schools and elsewhere, similarly need to cultivate an attitude that help is available and effective.

Help-negation and social withdrawal

Importantly, mental health services need to be aware that if young people are experiencing suicidal thoughts, even if the levels of these thoughts are not acute, these young people will be more reluctant than others to seek appropriate help and more likely to seek no help at all. Young people who are experiencing suicidal thoughts, as well as those who are feeling hopeless, are likely to withdraw from their usual social supports of family and friends, and not approach professional services. It is possible that suicidal thoughts and hopelessness cause help-negation through social withdrawal. This hypothesis is somewhat supported in that young people with suicidal thoughts are more likely to use the less personal and more anonymous source of phone help-lines. Although not assessed directly in the studies reviewed here, similar relatively anonymous sources of help include internet resources. Consequently, such avenues of mental health support need to be facilitated for young people. Furthermore, those professionals and services in contact with young people need to be vigilant about changes in social behaviour that indicate social withdrawal and special efforts taken to reach out to such young people to determine whether they need help for suicidal thoughts.

Alternatively, the more anonymous forms of help-seeking that rely least on active social engagement, such as phone help-lines and even more so, help-seeking using the internet, may be services that are particularly effective for young people who are avoiding social contact and consequently not seeking needed help.

In addition, educating young people about the help-negation effect, within the contexts of both prevention and clinical interventions, may be beneficial. For example, by preparing young people to anticipate thoughts that lead to rejecting help it may be possible to decrease the probability that they will either avoid appropriate help or disengage from therapeutic help when they become suicidal. Education in prevention and therapeutic contexts might involve exploring and challenging distorted and inaccurate beliefs about seeking or engaging in help for suicidal thoughts. Similarly, education might involve the rehearsal of strategies to raise young people's attention to changes in their willingness to seek or engage in help. By teaching about the early warning signs of the help-negation process, it might be possible to reduce the negative beliefs and other help-seeking barriers that result in help-negation.

Emotional competence

Young people require skills to understand their thoughts and feelings and to put them into words that enable them to share this experience with others. This necessitates an awareness of personal and emotional experiences and a language that young people are comfortable with that can be used to express emotions to others. In general, girls are much better at expressing their emotional world to others than boys. Girls are also more likely to recognise their psychological distress and share it with others. There are many proposed reasons for this gender difference, including the social roles of boys and girls in our community, which make it more acceptable for girls to admit and express emotional need. In contrast, boys often do not recognise psychological distress for what it is, and if they do, they deliberately attempt to deny it and avoid exposing their distress to others. The social taboo of boys and men expressing their emotional needs may be slowly breaking down, but for the time being, boys still need to learn how to express their emotional needs in a way that is personally and culturally acceptable and empowering.

Mental health literacy

Knowledge of the services that are available, of what to expect from a particular source of help, and understanding when to seek help for oneself and for others, are also important to encourage young people to seek help. Many young people do not have past experience of seeking professional help and base their understanding on inaccurate media stereotypes. Many others are not aware of the services that are available to them. Few young people have adequate information regarding the signs of mental health problems in themselves and others, or of when there is need to call on professional help.

Since mental health problems are pervasive in adolescence and young adulthood, it must be realised that mental health literacy is an essential life skill that must be taught before the need arises. This means that late childhood and early adolescence are times in the lifespan when these skills need to be attained. Consequently, schools have an important role, and need to include mental health literacy as part of their curriculum. This has been recognised through national schools initiatives, particularly the MindMatters and MindMatters Plus initiatives. Recognition of the importance of mental health skills as an essential life skill must become widespread. Social and emotional learning programmes (e.g., Elias, Zins, Weissberg et al., 1997) may benefit adolescents in many ways. In particular, teaching adolescents to accurately identify and effectively manage emotions may not only lead to increases in the quality of their social support (Ciarrochi et al., 2002), it may also make them more willing to use that support in times of need.

Experience and mastery

Like many health behaviours, habit and mastery are essential for effective help-seeking. Children need to have graded mastery experiences early in life, showing that seeking help is appropriate and necessary and can be effective in enabling them to deal with the inevitable adversities that will occur in their lives and the confusing emotions they are bound to feel at times. Framing help-seeking as an important life skill that needs to be learned, mastered and used as needed, rather than evidence of weakness may be particularly important to encourage boys to seek help. Again, schools, but also families, have an important contribution to enable young people to learn to effectively seek help through scaffolding help-seeking experiences, so that young people develop the mastery required to seek help when the need arises. A clear message needs to be sent to young people that no problem is insignificant if it causes distress and that professional help is a good way to start reducing distress, particularly within the context of suicide.

Future research directions

This research program attempted to address some of the gaps in the help-seeking research literature. In particular, it contributes to better understanding of the measurement of help-seeking intentions and behaviour. It proposes a preliminary conceptual framework for understanding help-seeking at the level of the individual. Many of the trends in help-seeking behaviour described in the previous research are confirmed. Evidence regarding some of the barriers and facilitators of help-seeking is provided, along with the implications of these for the development of effective interventions for young people. There remain, however, many research questions to be investigated.

Adaptiveness of help-seeking

More research is required into the adaptiveness of help-seeking. The research area assumes that help-seeking is an effective way of dealing with psychological distress and suicidal thoughts. However, the few studies related to this are not conclusive. While some authors maintain that help-seeking, specifically professional help-seeking, is adaptive (e.g., Tracey, Sherry & Keitel, 1986), others suggest that seeking some types of help, particularly from untrained sources such as peers, may not be helpful (e.g., Offer et al., 1991; Rickwood, 1995). Consequently, further research is required to determine what types of help are adaptive in what contexts. This research also needs to be extended beyond a focus on periods of clear need, when a mental health problem has become evident, to the roles of informal help sources in terms of prevention and early intervention.

Appropriateness of different sources of help

Research into the adaptiveness of help-seeking must be integrated with an understanding of the types of supports that young people will actually use. Young people tend to avoid professional sources of help and turn instead to their informal supports, which may not be the most effective form of help for psychological problems. There is much yet to learn about providing the types of professional services that young people will use. Effective support must be provided in forms that are acceptable to young people, particularly to young people with diverse needs — young people who are: living in rural and remote areas; homeless; from culturally and linguistically diverse backgrounds; Aboriginal or Torres Strait Islander; or who have drug and alcohol issues.

Of particular interest are the roles of school counsellors, GPs, youth workers, teachers, sports coaches, and other people who come into regular contact with young people, and who are, therefore, in positions to develop ongoing relationships with them. The extent to which such people could become sources of

emotional support and of referral to mental health services needs to be determined, along with the types of training required to be effective in supporting young people's mental health and wellbeing.

Furthermore, young people's propensity to rely on friends and family for emotional and social support necessitates research into the optimal roles for informal supports in terms of supporting mental health. For example, what are the best strategies for parents to use when trying to influence their reluctant adolescent to seek professional help? Should they co-opt the support of the adolescent's friends or the influence that may come from the expert standing of a GP? Training programs need to be developed to give friends and families skills to enable them to support young people and to know when and how to refer to other services.

Relationship of help-seeking to other forms of coping

The relationship of help-seeking to other forms of coping has not been effectively investigated. Help-seeking is a form of coping, but the help-seeking and coping literatures have developed relatively independently. It would benefit the help-seeking literature to be considered within the wider coping field. How seeking help relates to other coping strategies, and the relative adaptiveness of different types of strategies for different types of problems, need to be determined.

Measures of help-seeking

This series of studies has used a common measurement template for assessing help-seeking, in terms of past help-seeking experiences, recent help-seeking behaviour, and future help-seeking intentions. Ongoing research to further validate these measures is required.

Theory of help-seeking

A theory of help-seeking is urgently needed to integrate the wide range of research findings related to factors that determine help-seeking. The current studies conceptualised help-seeking as a social transaction, and used as a guiding framework the process of expressing the personal within the interpersonal domain. Whether this is a useful conceptual framework for future research remains to be demonstrated. Regardless, the help-seeking field would benefit from more development of theory and less reliance on purely descriptive studies.

Help-seeking patterns across the lifespan

A few studies, including some of those described here, have begun to uncover changes in help-seeking patterns across the lifespan. Seeking help is clearly related to developmental processes and, consequently, different sources of help are more or less important at different stages of the lifespan. For example, friends assume greater importance during adolescence, and intimate partners are especially important for adult men. There is much yet to learn in terms of such trends and research is required to map developmental trends in help-seeking across the whole lifespan, from childhood to old age.

Of related interest is the need to better understand help-seeking when there are multiple and discrete needs over time. Given that many mental health problems recur over time, there are likely to be multiple episodes of care. Preliminary research suggests that prior mental health care generally increases intentions to seek such help again in the future. However, it may be that the perceived helpfulness of this care is more important (e.g., Deane, Skogstad & Williams, 1999) and that context and source of prior help may determine the relationship with future help-seeking (e.g., Skogstad, Deane & Spicer, in press).

Factors that inhibit help-seeking

Many factors have been found to act as barriers to help-seeking, particularly professional psychological help-seeking. Those considered here include the help-negation effect for suicidal thoughts, lack of emotional competence, and negative attitudes and beliefs regarding seeking professional mental health care. It is argued that these factors prevent the personal domain of psychological distress being expressed within the interpersonal domain of social relationships. While the evidence supports these factors being barriers to seeking help, more research is required to fully understand the processes involved. Furthermore, while it is clear that negative past experiences, negative beliefs and help-seeking fears, including stigma, can act as barriers, research needs to determine interventions that can alter these cognitions and encourage young people to view professional help-seeking as a useful life skill that can enhance their wellbeing.

Factors that facilitate help-seeking

Help-seeking is clearly facilitated by the existence of established social relationships that are based on trust and understanding. These relationships need to be both informal and formal, and research needs to determine how to best enable young people to develop such relationships for use in time of need. This is particularly important for professional forms of support, which are not routinely in place for many young people. Related to this is better understanding of the factors that allow young people to express their internal world of personal and emotional experiences to others. Especially for boys, there needs to be research into how to enable them to express their internal world to others in a way that is empowering rather than disempowering and felt to be evidence of weakness. The factors that affect emotional competence and mental health literacy, and that can be used to improve such essential life skills, need to be clearly established and incorporated as routine learning outcomes for young people.

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Notes

[a] Conference presentations (PowerPoint outlines), conference proceedings, posters and reports are available from the Illawarra Institute for Mental Health at http://www.uow.edu.au/health/iimh/index.html

[b] The full report to the NHMRC can be downloaded from the Illawarra Institute for Mental Health website at http://www.uow.edu.au/health/iimh/index.html

[c] Available from the lead author by emailing Debra.Rickwood@canberra.edu.au

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Appendix A

General Help-Seeking Questionnaire

Below is a list of people who you might seek help or advice from if you were experiencing a personal or emotional problem.
Please circle the number that shows **how likely is it** that you would seek help from each of these people for a personal or emotional problem during the **next 4 weeks**?

		Extremely Unlikely						**Extremely Likely**
1a)	Partner (e.g., significant boyfriend or girlfriend)	1	2	3	4	5	6	7
1b)	Friend (not related to you)	1	2	3	4	5	6	7
1c)	Parent	1	2	3	4	5	6	7
1d)	Other relative / family member	1	2	3	4	5	6	7
1e)	Mental health professional (e.g., school counsellor, psychologist, psychiatrist)	1	2	3	4	5	6	7
1f)	Phone help line (e.g., Lifeline, Kids Help Line)	1	2	3	4	5	6	7
1g)	Family doctor / GP	1	2	3	4	5	6	7
1h)	Teacher (year advisor, classroom teacher)	1	2	3	4	5	6	7
1i)	Someone else not listed above (please describe who this was) _____	1	2	3	4	5	6	7
1j)	I would not seek help from anyone	1	2	3	4	5	6	7

2a) Have you ever seen a mental health professional (e.g., school counsellor, counsellor, psychologist, psychiatrist) to get help for personal problems? (Circle one)

Yes No

If you circled "no" in question 2a, you are finished this section. If you circled "yes" please complete 2b, 2c, and 2d below.

2b) How many visits did you have with the mental health professional? _____ visits

2c) Do you know what type of mental health professional(s) you've seen? If so, please list their titles (e.g., counsellor, psychologist, psychiatrist)

_____

2d) How helpful was the visit to the mental health professional? (Please circle)

Extremely Unhelpful				**Extremely Helpful**
1	2	3	4	5

Appendix B

Actual Help-Seeking Questionnaire

Below is a list of people who you might seek help or advice from if you were experiencing a personal or emotional problem.
Tick any of these who you have gone to for advice or help in the **past 2 weeks** for a personal or emotional problem and briefly describe the type of problem you went to them about.

		Yes	Briefly describe the type of problem
3a)	Partner (e.g., significant boyfriend or girlfriend)	☝	
3b)	Friend (not related to you)	☝	
3c)	Parent	☝	
3d)	Other relative / family member	☝	
3e)	Mental health professional (e.g., school counsellor, psychologist, psychiatrist)	☝	
3f)	Phone help line (e.g., Lifeline, Kids Help Line)	☝	
3g)	Family doctor / GP	☝	
3h)	Teacher (year advisor, classroom teacher)	☝	
3i)	Someone else not listed above (please describe who this was) _____	☝	
3j)	I have not sought help from anyone for my problem	☝	