

# Predicting adolescents' future intentions to seek help for mental health problems

To examine whether high school students' current symptoms of general psychological distress, self-rated social problem-solving skills and recent help-seeking experiences predict their future intentions to seek help for a mental health problem, 98 Australian students, aged 12–17 years, completed a self-report survey that included measures of psychological distress, social problem-solving skill and recent help-seeking behaviour. Three weeks later, they completed measures of help-seeking intentions. Students with more severe levels of distress symptoms at Time 1 had lower intentions to seek help for a mental health problem at Time 2. Implications for intervention strategies are discussed and several questions for further research are suggested.

by Coralie Wilson  
& Frank Deane

**G**lobally, about one in four young people aged 13 to 24 years experiences a mental health disorder (Belfer 2008). In Australia, the 2007 *National Survey of Mental Health and Wellbeing* found that 26% of Australians aged 16–24 years had experienced anxiety, substance use or mood disorders such as depression in the previous 12 months (Australian Bureau of Statistics 2007). Seeking and receiving appropriate mental health care can lower the risk for developing severe or extended episodes of these common mental health disorders (Rickwood, Deane & Wilson 2007), but many young people do not seek help from anyone for their symptoms.

Four Australian studies of over 2,600 high school and university students have found that students with more severe symptoms of common mental health disorders are also young people who are most likely to report that they would “not seek help from anyone” (Wilson & Deane 2010; Wilson, Deane & Ciarrochi 2005; Wilson, Rickwood & Deane 2007). Two American studies of 2,419 and 9,000 high school students report similar results (Gould et al. 2004 and Sen 2004, respectively). Despite the benefits of seeking and receiving help, these results suggest that young people who are most at risk for developing a lifelong mental health problem are often those who are most likely to not seek help from anyone for their condition.

## **General psychological distress symptoms and help-seeking intentions**

The development of common mental health disorders is progressive, with symptoms of anxiety often preceding symptoms of depression and other mood disorders (see Wilson 2010 for a review). Symptoms of more general forms of psychological distress can also occur prior to, and alongside, the development of common mental health disorders (e.g. Harrari, Waehler & Rogers

The development of common mental health disorders is progressive, with symptoms of anxiety often preceding symptoms of depression and other mood disorders.

2005). Intending to not seek help for a mental health problem might also be associated with symptoms of general distress that occur prior to the onset of common mental health disorders. Young people may have a predisposition to not seek help for symptoms of general distress, which prevents them from seeking help before these general symptoms develop into common mental health disorders. If symptoms of general psychological distress impede help-seeking for mental health problems, it would suggest that prevention initiatives that focus on help-seeking might be improved by targeting early signs and symptoms of general psychological distress, as well as symptoms for specific common mental health disorders such as anxiety and depression.

The literature is currently unclear about whether symptoms of general distress promote or impede help-seeking. Some studies have found that more severe symptoms of general distress relate to higher intentions to seek help for mental health problems among young people (e.g. Cepeda-Benito & Short 1998), but other studies have found the opposite (e.g. Wilson et al. 2010). A limitation of previous studies was that they only examined intentions to seek help from professional help sources. Yet, often, friends and family have a pivotal role in facilitating access to professional sources (Rickwood, Deane & Wilson 2007).

Consequently, the first aim of this study is to find out whether general psychological distress symptoms predict higher or lower global intentions to seek help for future mental health problems (i.e. help-seeking intentions for a range of specific help sources including family, friends, doctors and counsellors) in a sample of high school students.<sup>1</sup> The second aim is to find out whether future intentions to not seek help from anyone for a mental health problem are also predicted by general psychological distress symptoms among high school students.

### **Social problem-solving skills and recent help-seeking behaviour**

Social problem-solving skills are part of a complex thinking process that is involved

in seeking help and coping among young people (D’Zurilla & Nezu 1999; Frydenberg & Lewis 1993). These skills are the goal-directed thinking tasks that must be successfully completed to solve a problem (Frauenknecht & Black 2003). How a young person rates their ability with these skills predicts their behaviour. It is common for those who are psychologically distressed to rate their problem-solving ability as ineffective and to not involve themselves in solving their mental health problem (e.g. Elliott et al. 1995). It seems possible that whether psychological distress symptoms promote or impede future help-seeking intentions will be related to how young people rate their ability with social problem-solving skills.

Recent help-seeking behaviour might also have a role. Defined as automatic processing, a young person’s first response to a problem is usually to do what they have done in the past and often what is easiest (Black & Frauenknecht 1990). This includes seeking help. For example, high school students who have recently received help for a mental health problem have said that they are more likely to seek help for a mental health problem in the future (Wilson & Deane 2001).

The third aim of this study is to find out whether the ratings that high school students give to their social problem-solving skills and their recent help-seeking behaviour have a role in explaining whether general psychological distress symptoms predict future intentions to seek help for a mental health problem. Self-rated social problem-solving skills and recent help-seeking behaviour are of particular interest in this study because both variables can be modified to promote help-seeking.

## **Method**

### **Participants**

Ninety-eight students from one government high school in regional NSW, Australia, took part in the study. Fifty-three students were female and 45 were male, and all were recruited from Grades 7–12. The sample ranged in age from 12 to 17 years and had a mean age of 14.56 years ( $SD = 1.52$ ).

Approximately 50% of the students identified themselves as Australian, 25% as Anglo and the remaining 25% as Eastern European, Aboriginal/Indigenous or Asian.

### Procedure

Ethics approval was obtained from the appropriate institutional ethics and review committees. Parental and student written consent were provided prior to participation. Students completed an anonymous self-report survey at two time points, three weeks apart. The Time 1 survey comprised measures of self-rated social problem-solving skills, recent help-seeking behaviour, current symptoms of general psychological distress, and demographic variables. The Time 2 survey measured help-seeking intentions. At both time points, the survey was completed under the supervision of the researchers. Surveys were returned to the research team in individually sealed envelopes to ensure confidentiality.

### Measures

Help-seeking intentions were measured by items selected from the General Help-Seeking Questionnaire (GHSQ; Wilson et al. 2005). There were 14 items with the same general structure: "If you have a [problem type], how likely are you to talk to a [help source] about it?". Two problem types that are common to young people were used (personal-emotional problem and suicidal thoughts) together with three informal help sources (friend, parent, non-parent family) and three professional mental health help sources (mental health professional, telephone mental health helpline, doctor/GP) (2 problem types x 6 sources of available help = 12 items). The intention to "not seek help from anyone" was also measured for each problem type (2 items). All items were rated on a scale from 1 = *Extremely unlikely* to 7 = *Extremely likely*, with 4 = *Not sure*. These items have demonstrated acceptable validity and reliability in research with high school students when averaged as one scale that measures global intention to seek help from available sources and one scale that measures intention to not seek help from anyone (Wilson et al. 2005). In the current study, to account for the relatively

small number of students who took part, the 12 items for the specific help sources were averaged as one scale to provide a measure of global help-seeking intentions for a mental health problem ( $\alpha = .90$ ). The remaining two items were also averaged to provide a measure of intentions to not seek help for a mental health problem ( $\alpha = .80$ ).

Symptoms of general psychological distress were measured by the 21-item Hopkins Symptom Check-List (HSCL-21; Green et al. 1988). The 21 items examine the degree to which general psychological symptoms (e.g. self-blame, feeling blue), performance distress (e.g. difficulty speaking, remembering things), and somatisation (e.g. back pain, hot/cold spells) have affected individuals in "the past seven days, including today". The items are self-rated on a four-point scale (1–4) that can be summed to obtain a psychological distress score ranging from 21–84, where higher scores indicate greater degrees of psychological distress. The measure has been related to prior help-seeking experience, gender, fear of treatment and higher levels of suicidal thinking in non-patient adolescents (Carlton & Deane 2000; Wilson et al. 2010). The HSCL-21 has also been related to specific measures of depression and anxiety with a correlation coefficient of approximately .7 in non-patient university students (Harari, Waehler & Rogers 2005). A Cronbach's alpha coefficient of .91 was obtained for the current sample.

Self-appraised social problem-solving skills were measured by the Problem Solving Skills (PSS) scale of the Social Problem Solving Inventory for Adolescents – Short Version (SPSI-A Short Version; Frauenknecht & Black 2003). The PSS comprises 25 items that are phrased as behaviours and beliefs, and scored on a five-point scale (0 = *Not at all true of me* to 4 = *Extremely true of me*). Higher scores indicate higher self-appraised problem-solving skills. The PSS scale measures the individual's appraisal of their ability on each of the following skills: problem identification, alternative generation, consequence prediction, plan implementation, plan evaluation and reorganisation. The SPSI-A Short Version

While the students were unlikely to seek help from the help sources that were measured in this study, they may turn to another source that was not measured for their mental health concerns.

has demonstrated acceptable reliability and validity among American high school and university students (Frauenknecht & Black 2003). In the current study, the PSS scale had a Cronbach's alpha coefficient of .93.

Recent help-seeking behaviour was measured by the Actual Help-Seeking Questionnaire (AHSQ; Rickwood & Braithwaite 1994; Wilson et al. 2005). In the current study, the AHSQ measured actual help-seeking behaviour for each of the specific sources measured by the GHSQ (friend, parent, non-parent family, mental health professional, telephone mental health helpline, doctor/GP), for a personal or emotional problem in the previous three weeks. Participants provide a *Yes* (= 2) / *No* (= 1) response for each help-source option (6 items). In the current study, the six items were summed to provide a global measure of recent help for a mental health problem.

## Results

Means and standard deviations were calculated for levels of general psychological distress symptoms ( $M = 34.33$ ,  $SD = 10.03$ ), self-rated ability with problem-solving skills ( $M = 1.97$ ,  $SD = .79$ ), recent help-seeking behaviour ( $M = 1.67$ ,  $SD = .20$ ), global intentions to seek help (from formal and informal sources) for a mental health problem ( $M = 2.94$ ,  $SD = 1.05$ ), and intentions to not seek help from anyone for a mental health problem ( $M = 1.76$ ,  $SD = 1.40$ ). The scores indicate that the students in this study were in a normal range (compared to normative data) for all Time 1 measures. At Time 2, the students had low intentions to proactively seek help from friends, family or professionals for a mental health problem, but also reported that they were unlikely to *not* seek some form of help for their condition. Consequently, the results suggest that while the students were unlikely to seek help from the help sources that were measured in this study, they may turn to another source, which was not measured, for their mental health concerns.

Preliminary correlations found that gender was not related significantly to intentions, but being female was related to more severe symptoms of general psycho-

logical distress and recently receiving help for a personal or emotional problem (both  $ps < .01$ ). Associations between the main study measures are reported in Table 1. As expected, more severe levels of general distress symptoms were related significantly and moderately to higher intentions to not seek help from anyone for a mental health problem. Social problem-solving skills that were self-rated as effective were related significantly and moderately to higher global help-seeking intentions for a mental health problem. Recently receiving help for a personal or emotional problem was also related significantly and moderately to higher global help-seeking intentions for a mental health problem (Table 1).

Next, we examined whether the students' general distress symptoms, skills ratings and their recent help-seeking behaviour predicted their global help-seeking intentions and their intentions to not seek help from anyone for a mental health problem. Two multiple regression analyses were conducted, one regression for each intention type (Table 2). Each regression analysis controlled for gender then used general distress symptoms, self-rated skill and recent help-seeking behaviour as the independent variables. Each model used intention as the dependent variable.

As shown in Table 2, Model 1 found that self-rated effective ability with problem-solving skills, less severe distress symptoms and recent help-seeking behaviour all predicted stronger global help-seeking intentions for a mental health problem ( $F_{(4,94)} = 8.55$ ,  $p < .001$ ,  $Adj R^2 = .27$ ). Model 2 found that more severe distress symptoms, but not self-rated skills or recent help, predicted stronger intentions to not seek for a mental health problem ( $F_{(4,94)} = 3.13$ ,  $p < .05$ ,  $Adj R^2 = .10$ ).

Finally, we examined whether students' current levels of general distress symptoms would interact with their self-rated skills or recent help-seeking behaviour to predict their future help-seeking intentions. Regression procedures for testing interaction effects with continuous variables were used. Only the symptoms x skills interaction was significant

**TABLE 1** Correlation coefficients for self-rated problem-solving skills, general psychological distress and recent help (at Time 1), intentions to seek help from someone and intentions to not seek help from anyone for a mental health problem (at Time 2, three weeks later).

	2	3	4	5
1. Intentions to not seek help <sup>T2</sup>	-.23*	-.09	.34*	.02
2. Intentions to seek help <sup>T2</sup>		.47*	-.03	.30**
3. Self-rated problem-solving skills <sup>T1</sup>			.16	.24*
4. General psychological distress <sup>T1</sup>				.30**
5. Recent help-seeking behaviour <sup>T1</sup>				

N = 98. \*\*P < .01, \*P < .05

**TABLE 2** Multiple regression coefficients for self-rated problem-solving skills, general psychological distress and recent help (Time 1) predicting intentions to seek help from someone and intentions to not seek help from anyone for a mental health problem (Time 2, three weeks later).

	Model 1: Intentions to seek help <sup>T2</sup>			Model 2: Intentions to not seek help <sup>T2</sup>		
	β	t	p	β	t	p
Self-rated problem-solving skills <sup>T1</sup>	.43	4.39	.000***	-.14	-1.23	.222
General psychological distress <sup>T1</sup>	-.25	-2.31	.024*	.40	3.36	.001**
Recent help-seeking behaviour <sup>T1</sup>	.22	-2.09	.040*	-.07	.57	.570

\* Significantly different from zero

for intentions to not seek any help from anyone ( $b = -.22, t = -2.11, p = .023$ ).<sup>2</sup>

## Discussion

The first aim of this study was to clarify whether symptoms of general psychological distress (measured by the HSCL-21) predict higher or lower global intentions to seek help for a mental health problem. Past research had found mixed results (e.g. Cepeda-Benito & Short 1998; Wilson et al. 2010). Results from this study suggest that, together, more severe symptoms of general distress predict lower global intentions to seek help from specific sources such as family, friends, doctors and counsellors for a mental health problem; while social problem-solving skills that are self-rated as more effective, and recent help-seeking behaviour, both predict higher global intentions to seek help for a mental health problem.

The second aim was to find out whether symptoms of general psychological distress

promote high school students' intentions to not seek help from anyone for a mental health problem. Extending results from previous studies, findings from this study suggest that among high school students, higher levels of general distress symptoms, but not self-rated problem-solving skills or recent help-seeking behaviour, predict higher future intentions to not seek help from anyone for a mental health problem.

The third aim of this study was to find out whether high school students' ratings of their ability with social problem-solving skills or their recent help-seeking behaviour would associate with symptoms of general distress to predict their help-seeking intentions for a mental health problem. The results suggest that as high school students' distress symptoms become more severe, those who rate their social problem-solving skills as ineffective are more likely to not seek help from anyone for a mental health problem than those who rate their skills as effective.

This means that how high school students rate their ability to implement social problem-solving skills is likely to indicate whether they will seek help as a strategy for managing a mental health problem in the future.

There is evidence that young peoples' help-seeking intentions can be improved by interventions that specifically focus on addressing their social problem-solving skills (Kraag et al. 2006). Findings from this study suggest that school-based health promotion interventions might be additionally improved by addressing students' levels of confidence in their social problem-solving skills ability, particularly when the interventions target help-seeking. This might be done by including activities that enable students to rehearse critical help-seeking and social problem-solving skills (Wilson et al. 2008). Future research needs to examine whether strategies such as these will impact young peoples' help-seeking intentions and behaviours when they are faced with a mental health problem.

## Limitations and conclusions

There are several limitations that must be considered alongside these results. The use of one small high school student sample as the only source of data means that we don't know if these results will be generalisable to young people at other high schools and in the wider community. Problem-solving in this study was self-rated and there may also be a gap between this and more objective measures of actual problem-solving ability.

Despite the limitations, the current study suggests that even at normal levels, symptoms of general psychological distress promote intentions to not seek help from anyone, and self-rated social problem-solving skills together with recent help-seeking behaviour have an important influence on the decision to seek help from specific sources for a mental health problem. Further research needs to explore the questions that were raised in this study, and to replicate the current results with larger groups of young people in other community contexts and cultures.

## Notes

1. This research was supported by the Australian National Health and Medical Research Council, Grant YS060.
2. To explore this interaction further, we followed the procedure suggested by Aiken and West (1991) and generated values from the regression equation based on assigning z score values of "1" and "minus 1" to symptoms and skills (generating four values). The results were as follows (listed with mean help-seeking intentions): less severe symptoms, ineffective self-rated skills,  $M = 1.61$ ; more severe symptoms, ineffective self-rated skills,  $M = 2.78$ ; less severe symptoms, effective self-rated skills,  $M = 1.74$ ; more severe symptoms, effective self-rated skills,  $M = 1.38$ . The results suggest that intentions to not seek help from anyone were highest among those students with more severe distress symptoms who rated their ability with social problem-solving skills as ineffective, compared to those who rated their skills as effective.

## References

- Aiken, L.S. & West, S.G. 1991, *Multiple regression: Testing and interpreting interactions*, Sage, Thousand Oaks, CA.
- Australian Bureau of Statistics 2007, *2007 National survey of mental health and wellbeing: Summary of results*, catalogue no. 4326.0, ABS, Canberra.
- Belfer, M.L. 2008, 'Child and adolescent mental disorders: The magnitude of the problem across the globe', *Journal of Child Psychology and Psychiatry*, v.49, n.3, pp.226-36.
- Black, D.R. & Frauenknecht, M. 1990, 'A primary prevention problem-solving program for adolescent stress management', in *Human stress: Current selected research*, ed. J.H. Humphrey, v.4, AMS Press, New York, pp.89-109.
- Carlton, P.A. & Deane, F.P. 2000, 'Impact of attitudes and suicidal ideation on adolescents' intentions to seek professional psychological help', *Journal of Adolescence*, v.23, n.1, pp.35-45.
- Cepeda-Benito, A. & Short, P. 1998, 'Self-concealment, avoidance of psychological services, and perceived likelihood of seeking professional help', *Journal of Counseling Psychology*, v.45, n.1, pp.58-64.

- D'Zurilla, T.J. & Nezu, A.M. 1999, *Problem solving therapy: A social competence approach to clinical intervention*, 2nd edn, Springer, New York, NY.
- Elliott, T.R., Sherwin, E., Harkins, S.W. & Marmarosh, C. 1995, 'Self-appraised problem-solving ability, affective states, and psychological distress', *Journal of Counseling Psychology*, v.42, n.1, pp.105-15.
- Frauenknecht, M. & Black, D.R. 2003, *The Social Problem Solving Inventory for Adolescents (SPSI-A): A manual for application, interpretation, and psychometric evaluation*, PNG Publications, Morgantown WV.
- Frydenberg, H.L. & Lewis, R. 1993, 'Boys play sport and girls turn to others: Age, gender, and ethnicity as determinants of coping', *Journal of Adolescence*, v.16, n.3, pp.253-66.
- Gould, M.S., Velting, D., Kleinman, M., Lucas, C., Thomas, J.G. & Chung, M. 2004, 'Teenagers' attitudes about coping strategies and help-seeking behavior for suicidality', *Journal of the American Academy of Child and Adolescent Psychiatry*, v.43, n.9, pp.1123-30.
- Green, D.E., Walkey, F.H., McCormick, I.A. & Taylor, A.J.W. 1988, 'Development and evaluation of a 21-item version of the Hopkins Symptom Checklist with New Zealand and United States respondents', *Australian Journal of Psychology*, v.40, n.1, pp.61-70.
- Harari, M.J., Waehler, C.A. & Rogers, J.R. 2005, 'An empirical investigation of a theoretically based measure of perceived wellness', *Journal of Counseling Psychology*, v.52, n.1, pp.93-103.
- Kraag, G., Zeegers, M.P., Kok, G., Hosman, C. & Abu-Saad, H.H. 2006, 'School programs targeting stress management in children and adolescence: A meta-analysis', *Journal of School Psychology*, v.44, n.6, pp.449-72.
- Rickwood, D.J. & Braithwaite, V.A. 1994, 'Social-psychological factors affecting seeking help for emotional problems', *Social Science and Medicine*, v.39, n.4, pp.563-72.
- Rickwood, D.J., Deane, F.P. & Wilson, C.J. 2007, 'When and how do young people seek professional help for mental health problems', *The Medical Journal of Australia*, v.187, supplement, pp.S35-S39.
- Sen, B. 2004, 'Adolescent propensity for depressed mood and help seeking: Race and gender differences', *Journal of Mental Health Policy and Economics*, v.7, n.3, pp.133-45.
- Wilson, C.J. 2010, 'General psychological distress symptoms and help-seeking intentions in young Australians', *Advances in Mental Health*, v.9, n.1, pp.63-72.
- Wilson, C.J. & Deane, F.P. 2001, 'Adolescent opinions about reducing help-seeking barriers and increasing engagement', *Journal of Educational and Psychological Consultation*, v.12, n.4, pp.345-64.
- 2010, 'Help-negation and suicidal ideation: The role of depression, anxiety and hopelessness', *Journal of Youth and Adolescence*, v.39, n.3, pp.291-305.
- Wilson, C.J., Deane, F.P. & Ciarrochi, J. 2005, 'Can hopelessness and adolescents' beliefs about seeking help account for help negation?', *Journal of Clinical Psychology*, v.61, n.12, pp.1525-39.
- Wilson, C.J., Deane, F.P., Ciarrochi, J. & Rickwood, D. 2005, 'Measuring help-seeking intentions: Properties of the General Help-seeking Questionnaire', *Canadian Journal of Counselling*, v.39, n.1, pp.15-28.
- Wilson, C.J., Deane, F.P., Marshall, K.L. & Dalley, A. 2008, 'Reducing adolescents' perceived barriers to treatment and increasing help-seeking intentions: Effects of classroom presentations by general practitioners', *Journal Youth and Adolescence*, v.37, n.10, pp.1257-69.
- Wilson, C.J., Deane, F.P., Marshall K.L. & Dalley, A. 2010, 'Adolescents' suicidal thinking and reluctance to consult general medical practitioners', *Journal of Youth and Adolescence*, v.39, n.4, pp.343-56.
- Wilson, C.J., Rickwood, D. & Deane, F.P. 2007, 'Depressive symptoms and help-seeking intentions in young people', *Clinical Psychologist*, v.11, n.3, pp.98-107.

## AUTHORS

**Coralie Wilson** is Academic Leader of Personal and Professional Development, and Behavioural Health Sciences, in the Graduate School of Medicine, at the University of Wollongong.

**Frank Deane** is Professor of Psychology, in the School of Psychology, at the University of Wollongong.

Copyright of Youth Studies Australia is the property of Australian Clearinghouse for Youth Studies and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.