Original Article

Rural adolescents’ help-seeking intentions for emotional problems: The influence of perceived benefits and stoicism

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Abstract

Objective: This study explores the factors that influence adolescents’ help-seeking intentions. Specifically, the study investigates the extent to which perceived benefits of help seeking, stoicism, gender and symptoms of psychological distress are associated with intentions to seek professional help for emotional problems.

Design and setting: A cross-sectional self-report questionnaire was administered to adolescents recruited from seven high schools in rural towns in the Riverina region of New South Wales.

Participants: A total of 778 adolescents were recruited. The sample included 373 male and 404 female participants between 13 and 18 years of age.

Main outcome measure(s): Participants completed an anonymous self-report questionnaire designed to measure help-seeking intentions in the advent that they were to experience emotional problems, psychological distress symptoms, perceived benefits of help seeking and stoicism.

Results: In all, 17% of male participants and 29% of female participants reported they would be likely to seek help from doctors if they were to experience emotional problems. In total, 15% of male participants and 23% of female participants reported they would be likely to seek help from other health care professionals. Multiple regression analysis suggested that adolescents are more likely to seek help from professionals if they perceive help seeking as beneficial ($t = 12.91; P < 0.001$). Female participants reported that they were more likely to seek help than male participants ($t = 2.69; P = 0.01$).

Conclusions: Findings suggest that adolescents are reluctant to seek professional help if experiencing emotional problems, because they do not believe professional help seeking is beneficial. Improving adolescents’ beliefs about the benefits of professional help seeking might be a key strategy for increasing their use of professional health services to address mental health problems.

KEY WORDS: barrier, gender difference, mental health problem, professional help, psychological distress symptom.

Introduction

Adolescence has been identified as a peak period for the onset of mental health problems, with half of all lifetime cases of mental disorders starting by 14 years of age.1 While it is well established that help seeking is a protective factor for many significant health and developmental outcomes,2 adolescents’ use of professional health services compared to the rest of the population is very low.3 Low rates of help seeking are of particular concern in rural areas, where logistical barriers such as limited services and longer waiting periods reduce adolescents’ access to health professionals.4 However, among rural adolescents, personal barriers to help seeking, such as lack of anonymity and a culture of self-reliance have been considered as more problematic.5

Generally, help seeking is defined as a request for assistance with problems that the individual does not have the personal resources to solve on their own.2 The Health Belief Model when applied to help seeking indicates that help seeking is influenced by: (i) perceived benefits of engaging in help-seeking behaviour, and (ii) perceived barriers to engaging in help-seeking behaviour.6 The perception that treatment is helpful and beneficial appears to be related to greater future help-seeking intentions.7 Intentions refer to an individual’s determination to act in a certain way and they are considered the most immediate precursor to behaviour.8 There is limited research into the relationship between perceived benefits and help-seeking intentions among adolescents but the few available studies suggest that adolescents might be reluctant to seek professional help because they do not perceive it as beneficial.9

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Other frequently cited barriers to help seeking among adolescents include the belief that help seeking is a sign of weakness and the desire to be self-reliant. The perception that help seeking is a sign of weakness and self-reliance is a sign of strength corresponds with the concept of stoicism. Denial, suppression and control of emotions are regarded as key features of the modern concept of stoicism. Stoicism involves exercising emotional restraint in the face of adversity, self-reliance, and mental and emotional toughness. Stoicism has been identified as being particularly prevalent in rural communities where self-sufficiency and the ability to deal with hardship is highly valued. These values are often endorsed as reasons for not accessing mental health treatment.

Some studies indicate that symptoms of psychological distress serve as cues to action, in that they motivate individuals to engage in behaviours, such as help seeking, that are aimed at reducing their distress. However, other studies have found that specific forms of psychological distress (e.g. depression) are related to avoidance of help. There is a need to further investigate the contribution of psychological distress on help-seeking intentions among adolescents.

A consistent finding in the help-seeking literature is that women are more likely to seek help than men. Reasons for this gender difference remain unclear. Women might be more likely to express feelings of distress and thus be more open to seeking help. Whereas, particularly in rural areas, men might hold stronger stoic beliefs that involve projecting a strong, autonomous image that might be inconsistent with seeking help.

The current study aims to determine the extent to which current levels of psychological distress symptoms, perceived benefits of help seeking, stoicism and gender are associated with rural adolescents’ intentions to seek help for emotional problems from formal sources such as doctors and other health professionals.

Method

Participants and procedure

Permission was provided by the New South Wales Department of Education and Training, the Riverina Department of Education and Training, the Riverina Catholic Education Board and the University of Wollongong Human Ethics Committee. All participants received a debrief sheet with information on various sources of help for mental health issues.

Participants were 778 adolescents from years 9 to 12 recruited from two public high schools from a regional city (population 57 557), one Catholic and public high school from a medium sized rural town (population 11 228) and three public high schools from separate small rural towns (population <7000), all in the Riverina region of New South Wales, Australia. In all, 52% were female and 94% described their cultural affiliation as Australian.

Measures

Help-seeking intentions were assessed by two items adapted from the General Help Seeking Questionnaire (GHSQ), which have been used reliably in previous adolescent help-seeking research. The specific type of emotional distress and the help sources that were measured in the current study were restricted by the local Department of Education and Training and the local government funding source. Consequently, the focus of
this study was limited to adolescents’ help seeking from formal mental health sources for symptoms of general psychological distress. Replicating the items that were used previously, the two items that were used in this study were: ‘If you have an emotional problem like being depressed or stressed out, how likely are you to talk to a doctor about it?’ and ‘If you have an emotional problem, how likely are you to talk to a health professional other than a doctor about it?’ For the second item, respondents were also asked to write down the specific type of professional that they would seek help from. Items are rated on a 7-point scale ranging from 1 (Extremely Unlikely) to 7 (Extremely Likely) and responses are summed such that higher scores reflect greater intentions to seek help. In the present study, the mean of both intentions items was used as a scale to represent general intentions to seek professional help for emotional problems. Cronbach’s alpha for this scale in the current study was 0.79.

**Perceived benefits** of consulting a health care professional was measured by four items that make up the Anticipated Utility subscale of the eight-item Disclosure Expectations Scale (DES)\(^\text{17}\) (e.g. ‘How helpful would it be to share a personal problem with a health professional?’). The Anticipated Utility subscale has been found to correlate positively with the tendency to self-disclose distressing information and intentions to seek therapy.\(^\text{17}\) Cronbach’s alpha for the subscale in the current study was 0.83.

**Stoicism** was measured by two separate scales. The component of stoicism corresponding to emotional control and restraint was measured by the 10 items of the Restrictive Emotionality Scale (RES)\(^\text{18}\) (e.g. ‘I do not like to show my emotions to other people’). The RES has been significantly related to help-seeking attitudes.\(^\text{19}\) The component of stoicism corresponding to an attitude of toughness and self-reliance was captured by five items from the Wollongong University Stoicism Scale (WUSS).\(^\text{20}\) Items were rated on a 6-point scale ranging from 1 (Strongly disagree) to 6 (Strongly agree) so that higher scores reflected higher levels of stoicism (e.g. ‘When the going gets tough I just grin and bear it’). The WUSS has been found to correlate significantly with the Liverpool Stoicism Scale\(^\text{19}\) (\(r = 0.70\)). Cronbach’s alpha for the WUSS in the current study was 0.78.

**Psychological distress** was assessed by the Hopkins Symptom Checklist 21 (HSCL-21).\(^\text{21}\) The items are designed to assess the level of distress participants have experienced over the past 7 days and each item was rated on a scale from 1 (Not at all) to 4 (Extremely). The scale measures three factors of distress: general feelings of distress, somatic distress and performance difficulty. Cronbach’s alpha for the HSCL-21 in the current study was 0.91.

**Results**

For each measure, the mean of all items was calculated and used in the following analyses. To correct for positive skewness scores on the HSCL-21 underwent logarithmic transformation and scores in the modified GSQ underwent square root transformation. Consequently, log HSCL-21 and square root GSQ were used in all multivariate analyses. There were no differences in results between correlations conducted using transformed and untransformed variables, so for ease of interpretation correlations were conducted using untransformed variables.

**Help-seeking intentions**

In order to describe the overall help-seeking intentions of participants, frequencies for different levels of intentions were calculated. Examination of the frequencies of help-seeking intentions for emotional problems by gender and help source indicate that only 17% of male participants (\(n = 62\)) and 29% of female participants (\(n = 117\)) were likely to seek help from a health professional other than a doctor and only 15% of male participants (\(n = 56\)) and 23% of female participants (\(n = 93\)) were likely to seek help from a health care professional other than a doctor.

A standard multiple regression analysis was performed using help-seeking intentions as the dependent variable, and gender, psychological distress (HSCL-21), stoicism (WUSS and RES) and perceived benefits (DES Anticipated Utility) as independent variables. Correlations between variables and regression coefficients are provided in Table 1. The results of the regression indicate that the model was significant and explained 21% of variance in intentions to seek help, \(F(5,721) = 38.87, P < 0.05\). Perceived benefits and gender were significant unique predictors of help-seeking intentions for emotional problems. Higher perceived benefits of help seeking were associated with higher intentions to seek help and female adolescents were more likely to seek help when compared with male adolescents.

To better understand the nature of gender differences in help-seeking intentions, a series of \(t\)-tests comparing male and female participants on HSCL-21, WUSS, RES and DES means were conducted (Table 2). There were no differences in the significance of results using parametric or non-parametric \(t\)-tests. Therefore, \(t\)-tests were conducted using untransformed variables. Results of the \(t\)-tests indicated that female participants scored significantly higher than male participants on psychological distress, \(t(752) = -3.62, P < 0.001\) and intentions to seek help for emotional problems, \(t(774) = -3.38, P = 0.001\). There were no significant gender differences on WUSS, RES and DES scores.

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In the current study, only 15% of male adolescents and 23% of female adolescents indicated that they were likely to seek help from a health care professional other than their doctor when experiencing emotional problems. This result is consistent with the findings of the Australian National Survey of Mental Health and Wellbeing which surveyed 1490 adolescents between 13 and 17 years of age.3 It was found that among those adolescents who identified themselves as having a mental health problem, only 20% had accessed a professional service in the 6 months before the survey. Our results suggest that such rates are likely affected by low intentions held among adolescents in general, even before the advent of clinical levels of psychological distress.

In the present study, the perceived benefits of help seeking were significantly associated with adolescents’ help-seeking intentions, indicating that adolescents are more likely to seek help from professionals if they perceive it as beneficial. This finding is consistent with research conducted in emerging adult populations,7 and suggests that there might be a direct link between perceived benefits and help-seeking intentions among adolescents. That said, the majority of adolescents in the current study did not, on average, perceive professional help seeking as beneficial (perceived value \(M = 1.02\) out of 5).

Female participants indicated that they were more likely to seek professional help and reported experiencing greater symptoms of psychological distress than male participants. In contrast to predictions, symptoms of psychological distress did not significantly predict help-seeking intentions when all other variables were controlled. Although self-reported levels of psychological distress in the present study were low (equivalent to ‘a little’ on rating scale), they were slightly higher than non-treatment seeking adult samples.22 The lack of relationship with intentions has also been found in prior research among university students with moderate to severe symptoms of distress who also did not seek help.17

Past research has linked stoic attitudes with low help-seeking intentions.12 In the current study stoicism was weakly related to help-seeking intentions, but was not a significant predictor of intentions when other variables were controlled. There were no significant differences in stoicism between male and female participants, suggesting that lower help-seeking intentions among male participants was not a function of stoicism. In an effort to explain why stoicism was only weakly related to help-seeking intentions and did not appear to explain the gender effect, findings from the current study were compared with unpublished data from a university sample of 338 students.20 In the university sample, there was no significant relationship between stoicism (WUSS) and help-seeking intentions from health professionals for emotional problems, but male participants scored significantly higher than female participants on stoicism. The current rural adolescent sample has significantly higher levels of stoicism on the WUSS compared with the university sample (\(M = 3.32\) and standarddevia-

### TABLE 1: Correlations and regression coefficients for HSCL-21, WUSS, RES and DES predicting help-seeking intentions

<table>
<thead>
<tr>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>β</th>
<th>t</th>
<th>P</th>
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</thead>
<tbody>
<tr>
<td>Help-seeking intentions</td>
<td>0.03</td>
<td>-0.10*</td>
<td>-0.10*</td>
<td>0.44*</td>
<td>0.10*</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>HSCL-21</td>
<td>–</td>
<td>0.30</td>
<td>0.36*</td>
<td>0.01*</td>
<td>0.10</td>
<td>0.02</td>
<td>0.66</td>
<td>0.51</td>
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<tr>
<td>WUSS</td>
<td>–</td>
<td>–</td>
<td>0.64*</td>
<td>-0.09*</td>
<td>-0.03</td>
<td>-0.06</td>
<td>-1.42</td>
<td>0.16</td>
</tr>
<tr>
<td>RES</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>-0.10*</td>
<td>0.01</td>
<td>-0.04</td>
<td>-0.88</td>
<td>0.38</td>
</tr>
<tr>
<td>DES – Anticipated Utility</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>0.03</td>
<td>0.43*</td>
<td>12.91</td>
<td>0.00</td>
</tr>
<tr>
<td>Gender</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>0.09*</td>
<td>2.69</td>
<td>0.01</td>
</tr>
</tbody>
</table>

*P < 0.05. DES – Anticipated Utility, Disclosure Expectations Scale – perceived benefits; HSCL-21, Hopkins Symptom Checklist 21; RES, Restrictive Emotionality Scale; WUSS, Wollongong University Stoicism Scale.

### TABLE 2: Means, standard deviations and t-values for female and male participants on WUSS, RES, DES, HSCL-21 and help-seeking intentions

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th></th>
<th>Male</th>
<th></th>
<th>t-value</th>
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<tbody>
<tr>
<td></td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HSCL-21</td>
<td>1.89 (0.56)</td>
<td>1.76 (0.58)</td>
<td>–3.62*</td>
<td>1.58 (0.58)</td>
<td></td>
</tr>
<tr>
<td>WUSS</td>
<td>3.48 (1.16)</td>
<td>3.58 (1.14)</td>
<td>1.13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RES</td>
<td>3.66 (1.27)</td>
<td>3.63 (1.30)</td>
<td>-0.32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DES – Anticipated Utility</td>
<td>2.63 (1.01)</td>
<td>2.56 (1.03)</td>
<td>-0.10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Help-seeking intentions</td>
<td>1.71 (0.45)</td>
<td>1.60 (0.46)</td>
<td>-3.38*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*P < 0.05. DES – Anticipated Utility, Disclosure Expectations Scale – perceived benefits; HSCL-21, Hopkins Symptom Checklist 21; RES, Restrictive Emotionality Scale; SD, standard deviation; WUSS, Wollongong University Stoicism Scale.

### Discussion

In the current study, only 15% of male adolescents and 23% of female adolescents indicated that they were likely to seek help from a health care professional other than their doctor when experiencing emotional problems. This result is consistent with the findings of the Australian National Survey of Mental Health and Wellbeing which surveyed 1490 adolescents between 13 and 17 years of age.3 It was found that among those adolescents who identified themselves as having a mental health problem, only 20% had accessed a professional service in the 6 months before the survey. Our results suggest that such rates are likely affected by low intentions held among adolescents in general, even before the advent of clinical levels of psychological distress.

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tion = 0.93), \( t(1089) = 2.95, P < 0.001 \). It is possible that as overall levels of stoicism increase, gender differences also become less prominent. However, we are not able to determine whether higher overall levels of stoicism in the present study are a function of the group coming from a rural area, or whether it is due to differences in ages and developmental stages between the samples.

Conclusions

Findings from the current study indicate that adolescents in a rural/regional area appear reluctant to seek professional help if experiencing emotional problems. Most participants did not believe that they would benefit from seeking professional help if they were experiencing emotional problems. A caveat with these findings relates to the use of a sample of adolescents who were not experiencing high levels of psychological distress. It is possible that among adolescents who are experiencing clinical levels of psychological distress, the nature of these relationships in relation to intentions and actual help seeking might vary. Thus, results might not generalize to adolescents who are actually experiencing moderate or severe emotional difficulties. Further, the measure of help-seeking intentions that was used in the current study did not include a description of the severity of the emotional problem that was experienced by the adolescent. This leaves the item somewhat open to interpretation, raising the possibility that adolescents might have interpreted the emotional problem that was asked about as not severe enough to require help. Future research might account for this limitation by including a description of severity when assessing help-seeking intentions.

Although intentions proximate actual behaviour, there is still a considerable gap between intentions to act and actual help-seeking behaviour. Future research might include measures of actual help seeking (e.g. service utilization records) as well as longitudinal measures of actual help seeking.

Despite these limitations, the relationship between the perceived benefits of help seeking and help-seeking intentions provides insight into why at least some adolescents might be reluctant to seek help. This finding suggests that increasing adolescents' understanding of the benefits of professional help seeking might be a key strategy for increasing their use of professional health services for mental health problems. Although it was found that female participants were more likely to seek professional help than male participants, stoicism was not significantly related to either being male or female. Therefore, in the current study, reasons behind gender differences in help-seeking intentions were not explained by higher levels of stoicism that have been hypothesized to be present in male participants. Understanding why there are gender differences in help seeking will likely provide further guidance about factors to target when designing interventions that aim to improve help seeking among adolescents.

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Author contributions

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