Factors influencing help seeking in mentally distressed young adults: a cross-sectional survey

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SUMMARY

Background: *Young adults, especially men, are among those least likely to consult healthcare professionals when mentally distressed or suicidal.*

Aims: *To investigate the help-seeking behaviours of mentally distressed young adults.*

Design of study: *Cross-sectional survey.*

Setting: *Bristol and surrounding areas, including inner-city, suburban and urban locations.*

Method: *A questionnaire was sent to a sample of 3004 young adults aged 16–24 years. This assessed probable mental disorder (using the 12-item general health questionnaire [GHQ-12]), suicidal thoughts (GHQ-28 suicide subscale), and help-seeking behaviours.*

Results: *Most responders who were assessed as having probable mental disorders (GHQ 'cases') had not sought help. Help seeking was more common in female GHQ cases than male cases (34.8% and 21.8%, respectively;* P *= 0.003) and women with suicidal thoughts more commonly sought help than men with suicidal thoughts (41.6% and 30.9%, respectively;* P *= 0.15). Small proportions of male and female GHQ cases (7.5% and 8.9%, respectively;* P *= 0.6), and less than one in five responders with suicidal thoughts, had consulted a general practitioner. In more female than male cases, help was sought from family and friends (30.7% and 18.4%, respectively;* P *= 0.004). GHQ score was the strongest predictor of help seeking. Men had a higher threshold of severity at which they would seek help than women. Recent experience of suicidal thoughts appeared to be a stronger predictor of formal help seeking in mentally distressed women than mentally distressed men.*

Conclusion: *Distressed young adults are reluctant to seek help. Men are particularly unlikely to do so unless severely distressed and tend not to seek lay support. Sex differences in help seeking may be important in understanding the high suicide rate for men.*

Keywords: *health behaviour; mental disorder; patient acceptance of health care; suicide.*

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Introduction

YOUNG people are among those least likely to consult healthcare professionals during times of emotional crisis.[1] As few as one in six young adults with mental distress seek help from a healthcare professional.[2] In the extreme, such patterns of low consultation are observed prior to suicide. Less than a third of young people who commit suicide consult their general practitioner (GP) in the month before death[3,4] compared with 40% of all adults.[5] Patterns of low consulting for mental disorder are most evident in young men.[6] These patterns indicate a need for greater understanding of the factors contributing to help seeking in young people. Few studies have actually quantified young adults' use of different help sources or focused on exploring factors associated with the help-seeking behaviours of mentally distressed young adults in general population samples. Existing data tend to derive from psychiatric morbidity surveys with more general aims, and which consider adults of all ages. This study aimed to investigate and compare the help-seeking behaviour of mentally distressed young men and women aged 16–24 years.

Method

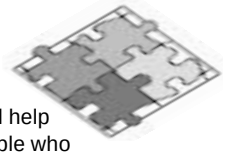
A random sample of 3004 young adults aged 16–24 years, drawn from the population register of Avon Health Authority, was sent an eight-page questionnaire between December 2000 and August 2001. The survey covered inner-city, suburban and urban locations. Two reminders were sent to non-responders. The questionnaire contained the 12-item general health questionnaire (GHQ-12) to identify possible 'cases' of minor mental disorder. Participants scoring 4 or more on a 12-point scale were classified as GHQ cases.[7] A further three questions from the GHQ-28 were included to assess the existence of suicidal thoughts:

Have you recently:
1. felt that life isn't worth living?
2. found yourself wishing you were dead and away from it all?
3. found the idea of taking your own life kept coming into your head?

A positive response to any of these three questions was taken as indicating the presence of suicidal thoughts.

In addition, the questionnaire measured past and current (in the previous 4 weeks) help seeking for psychological or emotional problems, sources of help used, sociodemographic characteristics, and perceived levels of social support. The Duke-UNC functional social support questionnaire

HOW THIS FITS IN



What do we know?

Mentally distressed young adults are particularly unlikely to seek professional help for their problems and most young people who commit suicide do not seek help from a healthcare professional in the 4 weeks prior to suicide.

What does this paper add?

Young men are less likely than young women to seek some form of help when mentally distressed. They tend not to seek lay support and have a higher threshold of severity at which they will consult a GP than women. Less than one in five young adults with suicidal thoughts seek help from their GP. Sex differences in help seeking may be a possible contributor to sex differences in suicide.

was used to measure social support.[8] This is an eight-item scale assessing two qualitative aspects of social support:

1. confidant support, which refers to confiding relationships where important issues and life events are discussed; and
2. affective support, which refers to emotional support and caring.

Both aspects were examined, but only the results for confidant scores are tabulated, since this measures most directly the issues surrounding the perceived availability of help sources. The socioeconomic position of study participants was measured according to their parental social class (coded as non-manual [social classes I–IIINM] or manual (social classes IIIM–V]).[9]

Data were analysed using Stata (version 7). Student *t*-tests and χ^2 tests were used to contrast the characteristics of responders and non-responders. Logistic regression models were used to investigate factors associated with help seeking. Initially, associations with each individual factor were assessed in models controlling for case severity (GHQ-12 score) alone. GHQ score was controlled for by fitting it as a continuous term in the models. The effect of age was not controlled for since no association was found between this and help seeking. Factors associated ($P<0.10$) with help seeking in this preliminary model were entered together in a final multivariable model.

Ethical committee approval was obtained from the following local research ethics committees: United Bristol Healthcare Trust, North Bristol, and Weston Local.

Results

Response rate and characteristics of responders

Of the 3004 questionnaires sent out, 340 (11.3%) were returned unopened because the address was incorrect. The overall response rate among the remainder of the sample was 48% (1276/2664, 42% of men and 54% of women) after

Table 1. Summary table of main characteristics of responders by sex.

Variable[a]	Male (*n* = 560)	Female (*n* = 716)	*P*-value (difference)
Sociodemographic characteristics			
Age in years[b] (mean [SD])	19.6 (2.3)	19.7 (2.3)	0.27
Social support (confidant support)[c] (mean [SD])	19.2 (4.5)	20.0 (4.7)	0.004
Living arrangements[d,e] (*n* [%])			
With parents	435 (77.7)	475 (66.6)	<0.001
With friends	91 (16.2)	107 (15.0)	0.54
With spouse or partner	47 (8.4)	110 (15.4)	<0.001
Occupation[d,f] (*n* [%])			
Employed full-time	226 (40.4)	283 (39.7)	0.79
Studying full-time	268 (47.9)	316 (44.3)	0.20
Parental social class[g] (*n* [%])			
Non-manual	328 (63.7)	428 (64.4)	0.81
Manual	187 (36.3)	237 (35.6)	
General health (self-rated)[h] (*n* [%])			
Excellent/very good	297 (53.1)	367 (51.5)	
Good	194 (34.7)	267 (37.5)	0.54
Fair/poor	68 (12.2)	78 (11.0)	
Psychiatric morbidity (*n* [%])			
GHQ caseness (score of 4+ on GHQ-12)[i]	175 (31.5)	274 (38.5)	0.01
Suicidal thoughts (score 1+ on suicide score)[j]	81 (14.7)	91 (12.8)	0.34
Current psychological problems (self-rated)[k]	132 (24.1)	220 (31.2)	0.006
Usual psychological health (self-rated)[l]			
Good	290 (52.2)	360 (50.7)	
Okay	212 (38.2)	283 (39.9)	0.83
Poor/very poor	53 (9.5)	67 (9.4)	
Help seeking for mental disorder (*n* [%])			
Current (previous 4 weeks)[m]	60 (10.8)	143 (20.2)	<0.001
Past[n]	169 (30.4)	335 (46.8)	<0.001

[a]The total sample consisted of 1276 useable responses. However, missing data on some items means that the total *n* differs for each variable as indicated. [b](*n* =1264). [c](*n* = 1253). [d]Percentages do not add up to 100% since not all response categories are shown and in each case the options given were not all mutually exclusive. [e](*n* = 1273). [f](*n* = 1272). [g](*n* = 1180). [h](*n* = 1271). [i](*n* = 1268). [j](*n* = 1261). [k](*n* = 1254). [l](*n* = 1265). [m](*n* = 1266). [n](*n* = 1270). SD = standard deviation.

Table 2. Help sources used by GHQ cases and those with suicidal thoughts in the 4 weeks before questionnaire completion.[a]

Help source[b]	Male *n* (%)	Female *n* (%)	*P*-value (difference)
GHQ cases[c]			
Any help	38 (21.8)	94 (34.8)	0.003
General practitioner	13 (7.5)	24 (8.9)	0.60
Counsellor	4 (2.3)	8 (3.0)	0.67
Family	20 (11.5)	51 (18.9)	0.04
Friend	25 (14.4)	71 (26.3)	0.003
Voluntary sector	1 (0.6)	2 (0.7)	1.00
Teacher or employer	2 (1.1)	14 (5.2)	0.03
Other	6 (3.4)	12 (4.4)	0.60
Participants with suicidal thoughts[d]			
Any help	25 (30.9)	37 (41.6)	0.15
General practitioner	10 (12.3)	15 (16.8)	0.41
Counsellor	3 (3.7)	6 (6.7)	0.50
Family	11 (13.6)	15 (16.8)	0.55
Friend	14 (17.3)	25 (28.1)	0.09
Voluntary sector	1 (1.2)	2 (2.2)	1.00
Teacher or employer	2 (2.5)	3 (3.4)	1.00
Other	4 (4.9)	5 (5.6)	1.00

[a]The number of GHQ cases and suicidal ideation cases given here is slightly lower than that given in Table 1 since not all cases indicated whether or not they had sought help. [b]Categories in this table are not mutually exclusive so numbers of specific sources add up to a higher total than the 'any help' category. [c]Male = 174, female = 270. [d]Male = 81, female = 89.

two reminders. Men, older subjects and those living in more socioeconomically deprived areas (as measured by the Townsend deprivation index)[10] were more likely to be non-responders.

Compared with male responders, female responders were more likely to be GHQ cases, had higher levels of social support, were more likely to be living with a spouse or partner, and were more likely to consider they had a current mental health problem (Table 1). Levels of suicidal thoughts were similar in men (14.7%) and women (12.8%). There was a strong association between suicidal thoughts and GHQ score. Compared with those scoring less than 4 on the GHQ scale, the odds of having suicidal thoughts were 7.2 (95% confidence interval [CI] = 4.5 to 11.4), 11.9 (95% CI = 7.1 to 20.1), and 60.1 (95% CI = 31.6 to 114.5) in those with a GHQ score of 4–6, 7–9, and 10–12, respectively ($P<0.0001$, adjusted for sex).

Help seeking

Altogether, 20.2% of women compared with 10.8% of men (difference = 9.4%, 95% CI = 5.5 to 13.3, $P<0.001$) had sought help for a psychological problem from friends, family, health services, or other sources in the 4 weeks before completing the questionnaire (Table 1). Among those scoring 4 or more on the GHQ scale (Table 2), female GHQ-cases were also more likely to have sought some form of help in the previous 4 weeks than male cases (34.8% female cases versus 21.8% male cases; difference = 13%, 95% CI = 4.6% to 21.3%, $P = 0.003$). Similarly low proportions of male and female cases had consulted a GP (7.5% male cases, 8.9% female cases; $P = 0.6$). The difference in help-seeking behaviour between the sexes is mainly accounted for by women's greater use of family and friends. Individuals experiencing suicidal thoughts were more likely to have sought help than GHQ cases, but help seeking was still low (41.6% in women and 30.9% in men) and less than one in five responders with suicidal thoughts had consulted a GP. Sex differences in help seeking were seen, though these differences were not significant (Table 2).

Sex differences in the use of help sources persisted among those who recognised that they had a psychological problem. Of those scoring 4 or more on the GHQ-12, 52.9% of men and 59.0% of women felt that they were currently suffering from a psychological or emotional problem. A greater proportion of female cases who perceived that they had a problem sought some form of help (49.4%) compared with male cases (37.1%) (difference = 12.3%, 95% CI = 0.5 to 25.0). This analysis was based on only a small subset of responders ($n = 110$), and there was only weak evidence of a sex difference ($P = 0.06$).

Help seeking from a GP

GHQ score was the strongest predictor of seeking help from a GP. Compared with those with a GHQ score of 4–6, the odds ratio (OR) of consulting with a score of 7–9 was 3.4 (95% CI = 1.3 to 8.9) and with a score of 10–12 the OR was 13.4 (95% CI = 5.3 to 33.9). The association of GHQ score with help seeking differed in men and women (P[interaction] = 0.03). Men appeared to have a somewhat higher threshold of severity (as indicated by GHQ score) before seeking help. The mean GHQ score of male help-seekers was 10.0, compared with 8.5 in women, providing some (weak) evidence of a sex difference (difference = 1.5, 95% CI = -0.2 to 3.1, $P = 0.07$).

Table 3 presents the findings of a logistic regression analysis (controlling for GHQ score) of factors associated with seeking help from a GP among male and female GHQ cases. Both male and female cases appeared approximately four times more likely to consult a GP if they had previously sought some form of help (from any source) for psychological or emotional problems. Men from manual class origins were more likely to seek help from a doctor than those of a non-manual class background, whereas the reverse was true in women. Recognition that they were suffering from a mental health problem, suicidal thoughts, and self-reported poor health all appeared to be stronger predictors of GP help seeking in women compared with men. No association was found between help seeking and social support for confidant or affective score.

In a multivariable model including both factors associated with help seeking ($P<0.10$) in men (parental social class, past help seeking), there was no evidence that the association with either of these factors was attenuated by controlling for the other. In women, five factors — parental social class, self-rated health, recognition of current problems, suicidal thoughts, and past help seeking — were associated with help seeking ($P<0.10$). In the multivariable model, associations with parental social class, self-rated health and past help seeking were little changed, but the association with recognition of current problems and suicidal thoughts was much attenuated (OR = 3.3, 95% CI = 0.7 to 16.2, $P = 0.10$ and OR = 1.7, 95% CI = 0.6 to 5.0, P = 0.31, respectively).

Table 3. Factors associated with help seeking from a general practitioner (GP) (previous 4 weeks) among GHQ-12 cases (adjusted for GHQ score).

	Male (n = 168–174)[a]			Female (n = 264–270)[a]		
Variable	OR	95% CI	*P*-value	OR	95% CI	*P*-value
Living arrangements						
With parents	1.00			1.00		
With spouse or partner	1.00	0.08 to 11.70		0.27	0.03 to 2.16	
With friends	1.46	0.28 to 7.61		1.84	0.59 to 5.70	
Other[b]	2.21	0.32 to 15.02	0.86	1.12	0.29 to 4.34	0.28
Occupation						
Employed full-time or part-time	1.00			1.00		
Studying full-time or part-time	0.72	0.13 to 3.87		0.74	0.28 to 2.00	
Other[c]	1.62	0.25 to 10.61	0.97	1.33	0.42 to 4.22	0.61
Parental social class[d]						
Manual	1.00			1.00		
Non-manual	0.18	0.02 to 1.82	0.09	2.25	0.91 to 5.54	0.08
Social support (confidant score)						
5–9	0.23	0.01 to 4.25		0.42	0.04 to 4.05	
10–14	0.18	0.02 to 2.05		1.83	0.58 to 5.80	
15–19	1.29	0.18 to 9.46		1.98	0.63 to 6.19	
20–25	1.00		0.13	1.00		0.31
General health (self-rated)						
Excellent/very good	0.44	0.08 to 2.39		0.11	0.02 to 0.54	
Good	0.56	0.11 to 2.79		0.64	0.24 to 1.70	
Fair/poor	1.00		0.61	1.00		0.004
Usual psychological health (self-rated)						
Good	1.00			1.00		
Okay	2.57	0.20 to 32.84		1.32	0.35 to 5.06	
Poor/very poor	4.72	0.47 to 47.43	0.32	2.95	0.71 to 12.28	0.2
Current problems (self-rated)						
No	1.00			1.00		
Yes	2.89	0.29 to 28.39	0.33	6.51	1.47 to 28.85	0.002
Suicidal thoughts						
No	1.00			1.00		
Yes	1.22	0.30 to 4.86	0.78	3.02	1.16 to 7.82	0.02
Past help seeking						
No	1.00			1.00		
Yes	4.24	0.95 to 18.86	0.04	3.79	1.22 to 11.74	0.01

[a]The sample size varies slightly for each variable due to missing data on some items. [b]Includes those living alone, single parents and a small number of miscellaneous responses. [c]Includes unemployed, looking after home/family and not working due to sickness/disability. [d]Missing data on this variable gave a total of 155 in men and 244 in women. OR = odds ratio.

Help seeking from friends and family

Altogether, 18.4% of male GHQ cases and 30.7% of female GHQ cases had sought help from friends or family (difference = 12.3%, 95% CI = 4.4 to 20.3, P = 0.004). As with seeking help from a GP, men and women who had sought help from friends and family were more likely to have a higher GHQ score than those who had not. The mean GHQ score of those who had sought help from friends and family was 7.6 in men and 7.4 in women (difference = 0.2, 95% CI = -0.8 to 1.2, P = 0.69).

Similar factors were associated with help seeking from friends and family in men and women (Table 4). These were the responders' own recognition of their problems and having sought help in the past, whereas suicidal thoughts and social support did not appear to influence the likelihood of seeking help from friends and family in either sex. In a multivariable model including terms for recognition of current problems and past help seeking, there was no evidence in men or women that associations with either variable were attenuated when controlling for the other.

Discussion

Summary of main findings

Young adults experiencing minor mental disorder, as identified by a score of 4 or more on the GHQ-12, had notably low rates of help seeking and were particularly unlikely to consult a GP. Even when they perceived themselves as having a mental health problem, most did not seek help. The strongest predictors of help seeking were case severity and previous help seeking. There were two main sex differences in help-seeking behaviour among those with probable disorders (GHQ cases). First, men were significantly less likely to have sought some form of help and were much less likely to confide in the lay group than women. Second, male cases appeared to have a higher threshold of severity for help seeking than female cases, particularly for help from a GP.

Table 4. Factors associated with help seeking from friends and family (previous 4 weeks) among GHQ-12 cases (adjusted for GHQ score).

	Male (n = 168–174)[a]			Female (n = 264–270)[a]		
Variable	OR	95% CI	*P*-value	OR	95% CI	*P*-value
Living arrangements						
With parents	1.00			1.00		
With spouse or partner	0.29	0.03 to 2.41		0.94	0.43 to 2.04	
With friends	1.89	0.74 to 4.81		1.06	0.48 to 2.34	
Other[b]	1.41	0.36 to 5.50	0.22	1.29	0.54 to 3.05	0.94
Occupation						
Employed full-time or part-time	1.00			1.00		
Studying full-time or part-time	0.69	0.29 to 1.69		1.01	0.56 to 1.81	
Other[c]	0.37	0.09 to 1.46	0.32	1.45	0.66 to 3.19	0.6
Parental social class[d]						
Manual	1.00			1.00		
Non-manual	0.59	0.22 to 1.61	0.29	0.98	0.55 to 1.74	0.94
Social support (confidant score)						
5–9	0.48	0.07 to 3.44		0.57	0.17 to 1.89	
10–14	0.34	0.09 to 1.32		0.81	0.40 to 1.61	
15–19	1.09	0.39 to 3.03		0.66	0.34 to 1.25	
20–25	1.00		0.21	1.00		0.55
General health (self-rated)						
Excellent/very good	0.81	0.28 to 2.32		0.6	0.28 to 1.27	
Good	1.07	0.39 to 2.97		1	0.49 to 2.04	
Fair/poor	1.00		0.83	1.00		0.19
Usual psychological health (self-rated)						
Good	1.00			1.00		
Okay	0.53	0.19 to 1.51		1.48	0.76 to 2.89	
Poor/very poor	1.23	0.40 to 3.73	0.23	1.00	0.41to 2.39	0.35
Current problems (self-rated)						
No	1.00			1.00		
Yes	7.75	2.13 to 28.22	<0.001	3.96	2.11 to 7.45	<0.0001
Suicidal thoughts						
No	1.00			1.00		
Yes	1.25	0.53 to 2.93	0.6	0.93	0.50 to 1.72	0.81
Past help seeking						
No	1.00			1.00		
Yes	7.61	2.99 to 19.39	<0.0001	5.8	2.99 to 11.26	<0.0001

[a]The sample size varies slightly for each variable due to missing data on some items. [b]Includes those living alone, single parents and a small number of miscellaneous responses. [c]Includes unemployed, looking after home/family and not working due to sickness/disability. [d]Missing data on this variable gave a total of 155 in males and 244 in females. OR = odds ratio.

Where this fits with other literature

The prevalence of GP help seeking among cases with mental disorder in surveys of general adult populations has been estimated as between 22.1% and 39%.[11,12] The results of our study confirm the suggestion from Australian-based studies that young adults are particularly low consulters.[2,13] Other research studies have noted sex differences in help seeking for mental disorder among the general population[14] and adolescents and young adults,[15] but have focused on the use of traditional medical services. Sex differences in the use of a range of help sources do not appear to have been quantified elsewhere. The lack of association between help seeking and age, residency, and occupation in this study contrasts with findings from surveys of adults of all ages that have found age and marital and employment status to be important.[1] This may be because such sociodemographic factors are more influential in middle or later adulthood. The association of severity of mental disorder with help seeking has been noted elsewhere,[1,16] although not in relation to particular sources of help, and a sex effect in thresholds of severity for help seeking appears to have only been previously identified in minority disadvantaged populations.[17]

Strengths and limitations

To the best of our knowledge, this is the first British study to focus specifically on the help-seeking behaviour of mentally distressed young adults. It has also examined help seeking from a variety of sources in addition to traditional medical services, quantifying intuitive understandings about young men's tendencies not to share problems with family and peers. Additionally, whereas other studies of help seeking have been criticised for considering sex solely as a main effect variable, this study has also explored the effect of sex on predictors of help seeking.[17] The study was exploratory and has identified issues for further research, though the relatively small sample size imposed some limitations upon the power to detect clinically significant associations, particularly in multivariable analysis.

The response rate was low (48%). This is probably explained by the nature of the research subjects — a mobile

young population. Studies of non-response have noted the difficulties of recruiting younger adults, particularly men, in population surveys.[18,19] In a recent population survey, the response rate was only 39% in those aged 16–24 years, compared with 58% in 55 to 64-year-olds.[20] Non-responders in the present study were more likely to be male, older and living in poorer areas. In the absence of further data, a crude attempt was made to assess further the likely characteristics of non-responders by comparing the characteristics of those who responded after the second reminder (n = 246) with those of other responders (n = 1030), on the assumption that these late responders would more closely resemble non-responders. We found little difference in overall rates of help seeking or GHQ 'caseness' in late responders compared with other responders.

Limitations were imposed by the use of the GHQ to assess psychiatric morbidity, since it screens for probable disorder and is sensitive to transient disturbances. The prevalence of mental disorder among 16 to 24-year-olds was estimated as 14.2% in the United Kingdom National Survey of Psychiatric Morbidity (2000),[12] which used the revised version of the clinical interview schedule (CIS-R),[21] a diagnostic case-finding tool, to screen responders. The sensitivity and specificity of the GHQ-12 have been estimated as 89% and 80%, respectively.[7] Not all of those identified as GHQ cases are likely to be suffering from a mental disorder, however, they do represent vulnerable individuals.

Seeking help is a complex process, and a survey approach is limited in the extent to which it can disentangle such complexity. Those identified as GHQ cases in a survey of this nature will be at differing phases within both their illness and help-seeking trajectories. Limitations of defining the sample according to GHQ caseness and of the cross-sectional approach may contribute towards interpreting the strong association between help seeking and past help seeking. Past help seeking referred to any episode of help seeking not in the previous 4 weeks, and may in fact be separating chronic or severe cases from transient disturbances where current and past help seeking relate to a continual process in response to one significant episode.

Implications

A high proportion of young people with mental distress and psychiatric morbidity do not seek help. Observed sex differences in help seeking suggest important differences in the ways that men and women respond to mental distress. Young men appear to be less likely to seek help until they reach more extreme levels of morbidity. This may increase the risk of their reaching points of crisis and suicide. Young men were also less likely to use informal sources of help and support, suggesting that their help-seeking resources are more limited than those of young women. Women's greater tendency to confide in friends and family may also have an effect in increasing the likelihood that those with mental disorders reach early medical attention, owing to the function of lay referral provided by friends and family.[22]

The study results suggest that we should focus research and preventive attention on the identification and relaxation of barriers to help seeking. This is particularly the case for young men and should extend to help seeking from non-medical and informal help sources, including friends and family. Services designed to meet young people's needs and preferences may increase their willingness to seek help.

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