2002

Barriers to adolescent help-seeking: Who's not seeking help and why?

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BARRIERS TO ADOLESCENT HELP-SEEKING:

WHO'S NOT SEEKING HELP AND WHY?

by

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A Thesis
Submitted to the Faculty of Graduate Studies and Research
through Psychology
in Partial Fulfillment of the Requirements for
The Degree of Master of Arts at the
University of Windsor

Windsor, Ontario, Canada

ABSTRACT

This study examined the barriers to formal and informal help-seeking behaviour of adolescents. The sample was 451 students (176 male, 275 female) between the ages of 14- to 19- years from high schools in southwestern Ontario. Participants completed self-report questionnaires measuring: background information, stressful problems, perceived and utilized help-seeking resources, barriers to formal and informal help seeking, and internalizing problems.

The types of stressful problems most often indicated were with respect to school, family, relationships, friends/peers, and illness/death. Females and older adolescents both reported greater seriousness, severity, and perceived need for help with stressful problems. Two-thirds of the sample sought help for their most stressful problem. Females sought help significantly more often than males. Adolescents who sought help for their stressful problem were most likely to ask a best friend, mother, or friend. For the adolescents who did not seek help for their stressful problem, the greatest barrier was perceiving self as sufficient to deal with the problem.

Adolescents' reported significantly fewer total utilized help-seeking resources than total available help-seeking resources. The most frequently reported available and utilized resources were best friend, mother, and friend. Some of the least utilized resources included social worker, psychologist, and psychiatrist. Significant findings are reported for age, gender, and internalizing problems

Males, older adolescents, and adolescents with higher levels of internalizing problems reported significantly higher barriers to both formal and informal help seeking. The central barriers to formal help seeking were peers and family as sufficient, and self-

sufficiency. In comparison, the central barriers to informal help seeking were alienation, confidentiality, and family not sufficient. Adolescents with higher barrier scores were less likely to seek help for a stressful problem and were more likely to report fewer help-seeking resources.

Implications for designing effective interventions as well as future directions of research are proposed to aid in the promotion of adolescent mental health.

ACKNOWLEDGEMENTS

I would never have made it this far had it not been for the support of my family and friends. I would like to thank my parents, sisters, and friends for their continued encouragement throughout my twenty years (and counting) of schooling.

I must extend special thanks to my advisor, Dr. Rosanne Menna, for support and guidance above and beyond the call of duty. Many thanks to Dr. Ian Newby-Clark and my committee members for their valuable contributions to my thesis research. As well, I am thankful for the guidance of Dr. Darcy Santor, whose enthusiasm for adolescent mental health first inspired my commitment to this area of research.

Finally, I am tremendously grateful for the boundless patience and dedication of my soon-to-be-husband and my very best friend, Steven, without whom I may never have survived my first years of graduate school.

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INTRODUCTION

1.1 Context

Adolescents are invariably confronted with problems that are stressful or upsetting. These problems may be with respect to school, family, relationships, or issues pertaining to thoughts or feelings about oneself. Most adolescents traverse their teen years without major hardship, however some do not (Elmen & Offer, 1993). An important characteristic of individuals that negotiate adolescence successfully may be the extent to which they seek help for their problems.

Adolescent help seeking research encompasses many important components including specific help-seeking behaviours and resources from which to seek help. An equally important, and seldom considered aspect of adolescent help seeking is barriers to help seeking. Barriers to adolescent help seeking refer to factors that contribute to a general reluctance or resistance to seeking help, or that inhibit help-seeking behaviours (Kuhl, Jarkon-Horlick, & Morrissey, 1997). The study of barriers to adolescent help seeking has important implications for designing interventions and services for adolescents' health and well being.

It is clear that many adolescents are reporting significant distress (Dubow, Lovko, & Kausch, 1990; Offer, Howard, Schonert, & Ostrov, 1991; Rickwood & Braithwaite, 1994). It is not clear, however, why adolescents are generally reluctant to seek help for emotional or psychological problems. Dubow et al. (1990) found that nearly two-thirds of junior high and high school students with distressing problems did not seek help from anyone, even for such significant problems as depression, alcohol use, drug use, and

suicidal behaviour. Offer et al. (1991) found that approximately two-thirds of distressed high school students (e.g., symptomatology and delinquency) had not sought help from a mental health professional.

Additional help-seeking studies have reported that only about one half of their nonreferred adolescent samples had asked for help, or obtained help, for distress (Boldero & Fallon, 1995; Ostrov, Offer, & Hartlage, 1984; Santor, Kusumakar, Kutcher, & McCurdy, 1999; Saunders, Resnick, Hoberman, & Blum, 1994; Whitaker, Johnson, Shaffer, Rapoport, Kalikow, Walsh, Davie, Braiman, & Dolinsky, 1990). This research suggests that a substantial number of adolescents do not seek help for their problems and are experiencing barriers that need to be identified and understood. Moreover, it is clear that adolescent help-seeking interventions would be ineffectual if operating on a supply-and-demand basis, as the demand simply does not reflect the need (West, Kayser, Overton, & Saltmarsh, 1991).

The purpose of this study is to examine the barriers to adolescent help seeking to advance knowledge in this under-researched area. Barriers to adolescent help seeking are hypothesized as being related to stressful problems, help-seeking resources, and internalizing behaviour problems as well as age and gender. An understanding of these barriers is critical in the implementation of any outreach effort to address the problem of infrequent adolescent help seeking. Rickwood and Braithwaite (1994) suggest that adolescents do not consult professionals for their problems, even when they have no one else to talk to, not because they do not need or want to seek help, instead it may be that they do not see their problems as sufficiently important in the adult world. This is

particularly worrisome as the problems that adolescents are not seeking help for are often justifiably distressing.

1.2 Review of Empirical Research

Stressful Problems and Barriers to Help Seeking

Help seeking is a somewhat recent research direction. The scarce adolescent help-seeking research tends to focus on investigating distressed adolescents that *do* seek help for their problems. Far fewer studies have examined distressed adolescents that do *not* seek help for their problems and, in particular, their reasons for not seeking help. This information is important given that these adolescents may be at a greater risk for emotional and behavioural difficulties.

Dubow et al. (1990) examined health-related problems, knowledge and utilization of community resources, perceived helpfulness of helping resources, and perceived barriers to seeking help in a sample of 7th- to 12th- grade students. Adolescents were asked to endorse the most pressing problems they had experienced in the last six months from a checklist of 50 potential problems, indicate whether they had sought help for these problems and, if applicable, indicate the reason(s) that prevented them from seeking help for their problems. The problems endorsed most frequently by adolescents included feeling overweight (18%), trouble with parents (17%), fatigue (12%), depression (11%), alcohol use (10%), peer pressure (9%), trouble dating (9%), drug use (7%), and suicidal thoughts (6%). Of the adolescents who nominated one of these problems as being the most pressing, approximately two-thirds did not seek help for their problem.

Adolescents that did not seek help for their problems were asked to indicate the reasons that prevented them from doing so from a list of seven potential barriers (i.e.,

cost, time constraints, transportation, family finding out, friends finding out, considering the problem too personal, and believing that no one could help). The adolescents consistently endorsed four primary reasons why they did not seek help for their problem including: a sense that no person or service could help them, the problem was too personal to tell anyone, concerns regarding confidentiality, and the assertion that the problem could be managed alone. Gender and age differences were not examined with respect to perceived barriers to seeking help. As well, although the authors collected information from the adolescents pertaining to knowledge and utilization of community resources and perceived helpfulness of helping resources, this data was not analyzed with respect to perceived barriers to help seeking. Examining barriers to adolescent help seeking in the context of both demographic variables and help-seeking resources would unquestionably help researchers to better understand why adolescents so infrequently ask for help for stressful problems.

Culp, Clyman, & Culp (1995) asked 11- to 18-year-old students to indicate, from a checklist, the personal problems that they had experienced in the past year. The five problems endorsed most often were loneliness (66%), school-related problems (64%), not feeling good about oneself (55%), depression (54%), and problems with friends (50%). The three most common reasons nominated by students who *did* seek help for personal problems were that they needed and wanted the help (40%), they wanted advice and assistance in figuring out their problems (16%), and they wanted to feel better and were concerned about their well-being (14%). The three most common reasons nominated by students who reported *not* asking for help for personal problems were that the students felt that they were responsible for dealing with their own problems (31%), that their

problems lacked importance (19%), and that they did not think that they needed help (18%). No main effects for gender or age were reported with respect to how adolescents dealt with their personal problems.

In order to measure resistance to formal help seeking (i.e., seeking help from mental health professionals) and to identify the factors that inhibit formal help-seeking behaviours, Kuhl, Jarkon-Horlick, and Morrissey (1997) developed the Barriers to Adolescent Seeking Help questionnaire (BASH; Kuhl, et al. 1997). Thirteen categories of items were established that represent potential barriers to adolescent help-seeking behaviour: affordability, alienation, confidentiality, family as sufficient to help, knowledge of resources, locus of control, peers as sufficient, perception of therapist, self-awareness/self-perception, self-sufficiency, stigma, time availability, and usefulness of therapy. The barriers to formal help-seeking most frequently endorsed by adolescents in their study were: perceiving family as sufficient to help, perceiving peers as sufficient to help, and self-sufficiency. No main effects for age were found, however, a gender effect was found. Females reported fewer barriers to help seeking than males as indicated by lower scores on the BASH.

To summarize, researchers have consistently found that significant numbers of adolescents are experiencing distress, but are not seeking help (Boldero & Fallon, 1995; Dubow et al., 1990; Offer et al, 1991; Ostrov et al., 1984; Rickwood & Braithwaite, 1994; Saunders et al., 1994; Whitaker et al., 1990). Based on this research, the most frequently recurring barrier to adolescent help seeking pertains to self-sufficiency. That is, most adolescents were not seeking help because they felt that they could manage their distress on their own. Increased knowledge about this barrier, and other barriers, to

adolescent help seeking could inform prevention and intervention programs that promote adolescent well being and deliver mental health services to adolescents.

Help-Seeking Resources and Barriers to Help Seeking

Help-seeking resources are central to the study of the help-seeking behaviour of adolescents as it is neither sufficient, nor useful, to know that adolescents are seeking help without knowing from whom they are seeking help and from whom they are not. The study of help seeking resources may be compared with research on social support, an area that has received far more attention in the literature.

Social support is broadly defined as the interpersonal relationships that play a significant role in maintaining the psychological, social, and physical functioning of the individual over time (Caplan, 1974). These relationships may involve significant persons who are either members of one's social network (e.g., parents, peers) or supportive non-mental health professionals (e.g., family physician, religious figure; Hirsch, 1980). Accordingly, social support may be classified as an informal resource, a nonprofessional extension of, or complement to, the type of help provided by formal resources (e.g., mental health professionals) (Rook & Dooley, 1985). Moreover, the presence of social support may maximize the probability that an individual will take instrumental action (e.g., help seeking) in response to a problem (Caplan, 1974).

In comparison to social support, help-seeking behaviour refers to "any communication about a problem or troublesome event which is directed toward obtaining support, advice, or assistance in times of distress" (Gourash, 1978, p. 414). Help-seeking behaviour may be an attempt to alleviate distress by approaching some form of helping agent, either formal (e.g., mental health professional) or informal (e.g., family, friends)

(Offer, et al., 1991). Therefore, whereas social support is conceptualized as the presence or availability of supportive interpersonal relationships (i.e., the support network), help seeking refers to the actual communicative behaviour directed toward someone in one's network of informal or formal resources. Moreover, in addition to directly providing assistance, one's social support network may be viewed as a possible mediating factor between stressful events and help seeking behaviour (Gourash, 1978). From this perspective, given the occurrence of a stressful life event, the absence or presence of an adequate social support network may mediate the implementation of help seeking behaviour. Finally, both social support and help seeking are concerned with enhancing one's well-being and minimizing one's life stress (Caplan, 1974; Gourash, 1978; Licitra-Kleckler & Waas, 1993; Rook & Dooley, 1985).

Many adolescent help-seeking studies have examined seeking help exclusively from formal resources (e.g., mental health professionals; Bayer & Peay, 1997; Carlton & Deane, 2000; Kessler, Reuter, & Greenley, 1979; Ostrov et al., 1984; Saunders et al., 1994). These studies have found that both distressed and nondistressed adolescent samples under utilize formal resources. For instance, Saunders et al. (1994) examined formal help-seeking for a "serious, personal, emotional, behavioural, or mental health problem" in a sample of 7th- to 12th- grade students. The researchers found that obtaining professional help was strongly associated with several factors. First, adolescents who reported high suicidal ideation were less likely to obtain professional help than those who has less severe or no suicidal ideation. Second, nonwhite adolescents of lower socioeconomic status were the least likely to obtain professional help, whereas white middle-upper class adolescents were the most likely to obtain professional help. Third,

adolescents who utilized informal help-seeking resources (e.g., family or friends) were almost twice as likely to obtain professional help than those adolescents who did not. The results of this study suggest that there may be substantial barriers to seeking professional help for problems. A limitation of this study is that it relied on a single item to determine adolescents' formal help-seeking behaviours (i.e., "Have you had any serious personal, emotional, behavioural, or mental health problems that you felt you needed help with (during the past year)?"). As well, this study did not distinguish between different kinds of formal help-seeking resources (e.g., social worker, psychologist, psychiatrist, community resources). Finally, though this study identified particular groups of adolescents who did not seek help for their problems, it did not to examine the reasons or barriers for why these adolescents did not seek help.

Other help-seeking studies have distinguished between formal help-seeking resources (e.g., mental health professionals) and informal help-seeking resources (e.g., peers, parents; Boldero & Fallon, 1995; Dubow et al., 1991; Lieberman & Mullan, 1978; Oliver, Reed, Katz, & Haugh, 1999; Rickwood, 1995; Rickwood & Braithwaite, 1994; Schonert-Riechl, Offer, & Howard, 1995). Adolescents typically report seeking help the most often from informal resources, specifically peers and parents, and less often from mental health professionals. For instance, Boldero and Fallon (1995) found that friends (40%) and parents (36%) were the most utilized help-seeking resources of adolescents, followed by teachers (11%). The categories of doctor and counselor were so infrequently endorsed by respondents that they were combined into a single category which altogether accounted for approximately 12% of help-seeking resources utilized by the adolescents. Dubow et al. (1990) found that while relatively high percentages of junior high and high

school students consulted informal resources such as friends (89%) and family (81%), less than 10% of adolescents utilized agencies designed to deal with mental health, substance abuse, and sexual problems. It was further revealed that more than one half of adolescents in this study were not aware of the availability of professional helping agencies in their community (e.g., mental health agencies, psychologists, psychiatrists, crisis hotlines). Accordingly, it is important to examine adolescents' perceived availability of help-seeking resources as research indicates that they may not be aware of the services available to them (Dubow et al., 1990; Culp et al., 1995). This lack of knowledge of available resources could be a significant barrier to adolescent help-seeking behaviours.

Schonert-Reichl and Muller (1996) examined help seeking from mothers, fathers, friends, and professionals in a sample of 13- to 18-year-olds. The researchers found that adolescents sought help from their fathers (35%) less often than from their mothers (59%). This is consistent with previous research studies, including Burke and Weir (1979) who found that adolescents generally felt freer to take problems to their mothers and were more likely to disclose distress to their mothers.

It is important to examine the perceived available and actual utilized help-seeking resources reported by adolescents as this information is directly related to barriers to seeking help. If adolescents perceive few, if any, resources as being available to them, then this in itself may represent an important barrier to seeking help for their problems. Further, it is of great concern that adolescents may be under utilizing help-seeking resources, and particularly formal resources, as this implies that many distressed adolescents are going unnoticed.

Internalizing Problems and Barriers to Help-Seeking

Few researchers have sought to identify relations between adolescent adjustment and barriers to help-seeking behaviours (Dubow et al., 1990; Kuhl et al., 1997; Culp et al., 1995). To date, no studies have examined internalizing problems and barriers to help seeking. Internalizing problems include withdrawal, somatic complaints, and anxious and depressive symptomology. These behaviours are referred to as internalizing because they involve internal conflicts and, as a result, are less visible to other people. In view of the scarcity of literature examining internalizing problems and help-seeking behaviours we can draw on some of the complementary social support literature.

There have been several studies linking social support, help seeking, and emotional well-being. For instance, Rickwood and Braithwaite (1994) examined socio-psychological factors affecting help seeking for emotional problems in a sample of Australian adolescents. The researchers found that social support, that is the availability of frank and confiding relationships, was positively related to seeking help for emotional problems. Elmen and Offer (1993) found similar results in their epidemiological study of emotional disturbance, formal help seeking, and social support in 16- to 18-year-olds. They found that disturbed adolescents were both less likely to seek social support and less likely to receive help (from informal or formal resources) for their emotional problems. Windle (1992) found that the presence of social support reduced adolescents' perceptions of stress and contributed to greater overall well being. In fact, adolescent boys experiencing high levels of stress and having low perceived peer support experienced high levels of depressive symptomology. As well, high levels of stress and low levels of perceived family support predicted problem behaviours (e.g., alcohol

problems, delinquent activity, depressive symptoms) in adolescent girls. Taken together, these studies indicate that both social support and help seeking play an integral role in adolescents' emotional well being.

Licitra-Kleckler and Waas (1993) examined the moderating effects of social support among 11th- and 12th-grade students with internalizing and externalizing problems, as measured by a self-report depression scale (The Reynolds Adolescent Depression Scale, RADS; Reynolds, 1987) and a self-report delinquency scale (64-item Delinquency Scale, DS; Hindelang, Hirschi, & Weis, 1981). These researchers found that adolescents with higher levels of perceived peer and family support reported lower levels of internalizing problems. These findings underscore the importance of perceived social support and, likewise, perceived help-seeking resources in moderating the effects of internalizing problems. A limitation of this study, however, is that the researchers examined only perceived social support and not actual utilized social support in relation to internalizing problems. Such an approach could provide important information on whether, or not, perceived social support translates into actual utilization of support resources and how these relate to internalizing problems.

Ostrov et al. (1984) made reference to a "quietly disturbed" group of adolescents in their study of adolescent help-seeking behaviours. Quietly disturbed adolescents are those individuals who are emotionally disturbed but who have not communicated this disturbance to mental health professionals, parents, educators, or law enforcement persons. Approximately 20% of adolescents in this study were emotionally disturbed to some degree, and 50% of these disturbed adolescents had not sought help or been identified as needing help. The researchers suggested that many disturbed adolescents

"do not come to the attention of professionals either because they are not sufficiently disturbing to others or because the nature of their pathology precludes their reaching out for help" (Ostrov, et. al., p. 80).

There have been several studies conducted that have found that parents are not aware of the extent of disturbance in adolescents (Lewinsohn, Rohde, & Seeley, 1998; Rutter et al., 1976; Santor et al., 1999). For instance, Santor et al. (1999) conducted a study to evaluate the degree to which parents and teachers were able to identify levels of distress in adolescents using questionnaires assessing a variety of mental health difficulties, including depression, anxiety, and aggressiveness. The researchers found that the actual difficulties experienced by adolescents far exceeded estimates made by both parents and teachers on all domains assessed. Furthermore, the difficulties reported by adolescents far exceeded the severity of difficulties estimated by parents and teachers. As levels of reported distress increased in adolescents, the degree to which parents and teachers underestimated adolescent distress also increased. Thus, it is crucial that the barriers to help seeking in adolescents with internalizing problems be identified and examined to facilitate a better understanding of how to assist them.

Age and Barriers to Help Seeking

Little research has been conducted to examine age differences in adolescent help seeking behaviours. There has been no research examining age differences in barriers to help-seeking behaviours. Consequently, the exploration of developmental differences in adolescent help seeking behaviours has been virtually overlooked. The relative neglect of investigating developmental variations *within* adolescence is unfortunate given that

adolescence is a complex phase of development characterized by numerous biological, cognitive, affective, and social changes (Elmen & Offer, 1993).

The literature is varied in discussing age differences in adolescent help-seeking behaviours. Some researchers have found that older adolescents tend to seek help for their problems more often than younger adolescents (e.g., Gasquet, Chavance, Ledoux, & Choquet, 1997; Dubow et al., 1990; Schonert-Reichl & Muller, 1996). A comparable number of studies have found that younger adolescents tend to seek help for their problems more often than older adolescents (e.g., Garland & Zigler, 1994; Schonert-Reichl et al.,1995). In sum, the previous literature does not appear to have arrived at any clear consensus of the relation of age to adolescent help-seeking behaviours.

Many studies have found that older adolescents report a greater likelihood of seeking help for their problems than do younger adolescents. Gasquet et al. (1997) found that 16- to 20-year-old adolescents more often sought help for depression from the health care system than 12- to 15-year-old adolescents. These researchers accounted for this age difference in stating that family members and teachers may not recognize that psychopathology exists in younger adolescents. Thus, younger adolescents may be less likely to be encouraged (i.e., by family members or teachers) to seek help for problems, resulting in lower rates of help seeking in this group. This has been substantiated by studies that have found that parents and teachers frequently underestimate the prevalence of adolescents' psychopathology (Rutter, Graham, Chadwick, & Yule, 1976; Santor et al., 1999). These findings offer a poor prognosis for those individuals that are significantly distressed during adolescence, and particularly for those who do not ask for help (Elmen & Offer, 1993).

Dubow et al. (1990) examined adolescent problems and help-seeking behaviours in a sample of junior high and high school students. These researchers found a significant increase in several problem types reported by 9th- to 12th-grade students as compared to 7th- to 8th-grade students, including fatigue, moodiness, anxiety, excitability, depression, and alcohol use. In addition, 9th- to 12th- grade students reported significantly more severe levels of psychological, physical, acting-out, and sexual problems than 7th- to 8th-grade students. Thus, these results indicate that there may be an increase in both the number and the severity of problems from 7th-grade to 12th-grade. It was suggested that this increase in problems was likely associated with the transition from junior high to high school and the numerous changes that accompany this transition (e.g., forming new peer networks, more challenging academic expectations, seeking more autonomy from parents; Felner, Primavera, & Cauce, 1981).

Schonert-Reichl and Muller (1996) examined the psychological correlates of help seeking in 13- to 18-year-old adolescents. They found that older adolescents (i.e., 15- to 18-years) were more likely than younger adolescents (i.e., 13- to 14-years) to seek help from mothers, fathers, friends, and professionals (e.g., teacher, school counselor, adolescent counseling agency, crisis hotline, psychologist, minister/priest/rabbi). These findings are consistent with other research on adolescent help-seeking resources (e.g., Windle, Miller-Tutzauer, Barnes, and Welte, 1991) that also found that 15- to 18-year-old adolescents more often sought help from parents, friends, and other adults (e.g, grandparent, other relative, clergyman) than 12- to 14-year olds adolescents.

Many other studies have found that younger adolescents seek help for their problems more often than older adolescents. For instance, Schonert-Reichl et al. (1995)

conducted a needs assessment survey to examine the sociodemographic and psychological correlates of help seeking from formal and informal resources in a sample of 15- to 19-year-old high school students. They found no significant associations between age and seeking help from parents, friends, or school counselors. However, they did find that age was negatively related to seeking help from mental health professionals. Specifically, as the adolescents' age increased, the likelihood of seeking help from a mental health professional decreased. Similarly, Garland and Zigler (1994) investigated help-seeking attitudes across two age groups, 10- to 12-year-olds and 13- to 16-year-olds. They found that the 10- to 12-year-olds had more positive help-seeking attitudes than the 13- to 16-year-olds. They suggested that the older adolescents' struggle for independence and autonomy may bring about a greater resistance to help seeking and, thus, infrequent help-seeking behaviours. As well, the younger group was presumed to be more reliant on help from adults.

In accordance with the dearth of conclusive age relevant help-seeking research, there are few explanations of the potential age differences with respect to adolescent help seeking. This is surprising given the number of developmental changes that occur during this period of development (e.g., forming new peer networks, more challenging academic expectations, seeking more autonomy from parents; Felner et al., 1981). Moreover, the juxtaposition of developmental/pubescent transitions and the transition to high school, both of which confront the adolescent with new and potentially stressful tasks, may result in an exacerbation of the difficulties inherent in this important developmental period (Felner et al., 1981). Further research is necessary to examine age differences and, in

particular, whether there is evidence in support of developmental differences in adolescent help seeking behaviour.

Gender and Barriers to Help Seeking

Gender most consistently differentiates between those adolescents who do seek help, and those who do not. Past researchers, using both adult and adolescent samples, have found that females are more likely than males both to intend to seek help and to actually seek help (Bayer & Peay, 1997; Boldero & Fallon, 1995; Garland & Zigler, 1994; Gasquet et al., 1997; Rickwood & Braithwaite, 1994; Schonert-Reichl et al., 1995; Schonert-Reichl & Muller, 1996). Although a substantial relation between gender and help seeking has been demonstrated, far less attention has been paid to examining gender differences in barriers to help seeking.

Rickwood and Braithwaite (1994) examined whether gender, network support, and personality factors predicted help seeking in a sample of 16- to 19-year-olds. They found a pronounced gender effect in that females were more likely to seek help than males. This gender effect could not be attributed to higher levels of psychological distress in the females, as the gender effect held true when psychological distress was controlled for. Thus, the effect of gender was not strictly a function of increased distress in the females, but appeared to affect help seeking in its own right (Rickwood & Braithwaite, 1994).

Boldero and Fallon (1995) examined help-seeking behaviours in a sample of 11- to 18-year-olds and found that females were more likely than males to ask for help for a personal problem (e.g., family, interpersonal relationship, depression, suicide). These gender differences may stem from the fact that expressing emotion and disclosing

problems have different consequences for males and females in the adolescent peer group (Rickwood & Braithwaite, 1994).

The most prevalent theory proposed to account for gender differences in help seeking is with respect to gender role socialization. Kessler et al. (1979) examined gender differences in adults' use of psychiatric outpatient facilities. They found that females had a greater propensity to seek help for problems, and reported higher numbers of problems, thus making them more likely than males to seek psychiatric services. The authors suggested that females' greater propensity to seek help may be indirectly due to higher levels of psychological distress or due to a greater willingness to disclose personal problems. Further, they pointed out that the willingness to disclose problems has been traditionally deemed an inherently female behaviour. Thus, it makes intuitive sense that males may perceive seeking help as incongruent with masculine norms as a result of gender-role socialization. Thus, gender, in and of itself, may be a barrier to help-seeking behaviour in adolescent males.

There is substantial evidence to illustrate gender differences in the help-seeking behaviour of adolescents. However, there is a significant gap in the literature with respect to gender differences in barriers to adolescent help seeking. This lack of research warrants special attention given that there are likely different reasons underlying males' and females' differential help seeking behaviours, both with respect to those who seek help and those who do not.

1.3 Limitations of Past Research

There are several limitations of previous research on adolescent help seeking that merit discussion. First, adolescent help seeking is a considerably understudied topic of

research. Most help-seeking literature has either excluded adolescents altogether or classified them as adults or children. This is problematic given that adolescence is a life stage altogether different from adulthood and childhood, both experientially and definitionally (Graber, Brooks-Gunn, & Petersen, 1996; Offer et al., 1991; Offer & Schonert-Reichl, 1992). Offer and Schonert-Reichl (1992) assert that this definitional problem demonstrates a disregard for the importance of designating adolescence as a distinct and unique group with which to conduct research. Adolescence is a crucial time for mental health prevention and intervention as many emotional and behavioural difficulties escalate from childhood to adolescence (e.g., delinquency, suicide, substance abuse) as well as some adult disturbances (e.g., schizophrenia) are often first seen in adolescence (Offer et al., 1991).

Second, previous help-seeking research has typically elicited information from adolescents, often in mental health settings, who *have* sought help. Seiffge-Krenke (1993) cautioned that we must be careful in making generalizations about adolescent distress and help-seeking behaviours from the experiences of the highly selected group of teenagers that seek professional help. There is a paucity of research examining adolescents' reasons for *not* seeking help or the perceived barriers to seeking help. This lack of information is significant given that it is those adolescents that do *not* seek help, or that report numerous barriers to seeking help, which may be most at risk (Dubow et al., 1990; Saunders et al., 1994; Seiffge-Krenke, 1993).

Third, there are few measures of help-seeking behaviours, and far fewer measures of barriers to help-seeking behaviours. Moreover, help-seeking measures are rarely tailored to an adolescent population. As a result, many studies have examined help-

seeking behaviours using a single item, or very few items (Boldero & Fallon, 1995; Gasquet et al., 1997; Rickwood, 1995; Rickwood & Braithwaite, 1994; Saunders et al., 1994). For instance, Boldero and Fallon (1995) measured help seeking behaviour by asking respondents to nominate a distressing problem and then state whether or not they had sought help for the problem (e.g., yes or no). Similarly, Saunders et al. (1994) examined formal help-seeking behaviour by asking adolescents whether, or not, they had any personal, emotional, behavioural problems in the previous year for which they had needed help. It is unclear whether adolescent help seeking behaviours can be adequately measured and interpreted using so few items.

A fourth limitation of previous adolescent help-seeking research is with respect to the scarcity of research examining age differences in adolescent help-seeking behaviours. Few studies have examined age differences in the help-seeking behaviours of adolescents, and the findings have been disparate (Garland & Zigler, 1994; Gasquet et al, 1997; Schonert-Reichl & Muller, 1996; Schonert-Reichl et al., 1995; Seiffge-Krenke, 1993). Moreover, studies have offered no mention of age differences with respect to barriers to help seeking. It is worthwhile to examine age differences in adolescent help-seeking behaviours given that different behaviours (e.g., resources sought, perceived barriers) may be characteristic of different periods in adolescence.

A final limitation is that no prior studies have investigated the barriers to adolescent help seeking with respect to internalizing problems. It is suspected that internalizing problems are likely to impede any self-initiated help-seeking efforts in adolescents (Ostrov et al., 1984). Thus, it is meaningful to investigate the relation

between barriers to help seeking and internalizing problems in adolescents to better understand how to identify and assist these quietly disturbed youths.

The goal of this study is to address each of the aforementioned limitations to previous adolescent help-seeking research. This study will employ a compilation of self-report measures to examine barriers to adolescents help seeking. Specifically, this research will investigate adolescents' perceived barriers to help seeking from both informal (e.g., family, friends) and formal resources (e.g., mental health professionals) and with respect to their most stressful problem.

1.4 Operational Definitions of Critical Constructs

As mentioned earlier, the definition of adolescent help-seeking behaviours chosen for this study is "any communication about a problem or troublesome event which is directed toward obtaining support, advice, or assistance in times of distress" (Gourash, 1978, p. 414). This definition includes both general discussions about problems and specific appeals for aid from peers, parents as well as from professional resources. In contrast, barriers to adolescent help seeking refer to a general resistance to seeking help as well as those factors that most strongly inhibit formal and informal help-seeking behaviour (Kulh et al., 1997).

Descriptive information will be collected on adolescent help-seeking behaviour with respect to the most stressful or upsetting problem that they have experienced in the last six months. Specifically, adolescents will be asked to report the severity and seriousness of their stressful or upsetting problem, the perceived need for help with this problem, and whether or not they sought help for this problem. If they indicate that they did seek help for their problem, they will be asked to indicate from whom they sought

help. If they indicate that they did not seek help for their problem, they will be asked to indicate their reasons for not seeking help.

Perceived help-seeking resources are the persons or services perceived as being available to the adolescent to seek help from. Requesting that adolescents indicate the help-seeking resources *available to them* will illustrate their awareness of existing resources in their community. Utilized help-seeking resources refer to the persons or services actually used by the adolescent in seeking help for their problems.

Internalizing behaviour problems will be measured by a self-report checklist (YSR; Achenbach, 1991). The symptoms designated as internalizing include withdrawal, somatic complaints, and anxious/depressed behaviours.

1.5 Hypotheses

The purpose of this study is to examine the barriers to adolescent help-seeking behaviours. These barriers will be examined in relation to stressful problems, perceived and utilized help-seeking resources, internalizing problems, age, and gender. Based on the above literature review, several hypotheses are proposed.

1. It is hypothesized that a greater numbers of barriers will be associated with less help-seeking behaviour. Specifically, a greater number of barriers will be associated with less help-seeking for a stressful problem and less perceived and utilized help-seeking resources. The majority of adolescent help-seeking literature has focused on the adolescents that report greater help-behaviours, that is, those adolescents that *do* seek help for their problems. The present study will offer an examination of those adolescents that are reporting fewer help-seeking behaviours, that is, those adolescents that *do not* seek help and, more importantly, their barriers to seeking help.

2. It is hypothesized that a greater number of barriers to both formal and informal help seeking will coincide with higher levels of internalizing problems. There have been few studies examining adjustment problems and barriers to help-seeking behaviours and they have not offered a consensus about the nature of this relationship (Dubow, 1990; Kuhl et al. 1997; Culp et al., 1995).
3. It is hypothesized that adolescents reporting fewer perceived available and fewer actual utilized help-seeking resources will have report higher levels of internalizing problems as compared to adolescents reporting many resources. The social support literature and, to a lesser extent, the help-seeking literature, have proposed relations between adjustment and help-seeking or support-seeking (Culp et al., 1995; Elmen & Offer, 1993; Licitra-Kleckler & Waas, 1993; Windle, 1992). In particular, Licitra-Kleckler & Wass (1993) found that adolescents with higher levels of perceived family and peers support reported lower levels of internalizing symptomology. Thus, the present study will examine relations between perceived and actual help-seeking resources reported by adolescents and internalizing problems.
4. It is hypothesized that older adolescents will report fewer barriers to help-seeking behaviours than younger adolescents. The literature suggests that barriers to seeking help may decrease from younger to older adolescence (Dubow et al., 1990; Gasquet et al., 1997; Schonert-Reichl & Muller, 1996). Accordingly, the present study will investigate differences in the barriers to informal and formal help-seeking behaviours in 14- to 19-year old adolescents.
5. It is hypothesized that females will report fewer barriers than males to help-seeking behaviours. This hypothesis is consistent with past research that has found that

females are more likely than males both to intend to seek help and to actually seek help (e.g., Bayer & Peay, 1997; Boldero & Fallon, 1995; Garland & Zigler, 1994; Gasquet et al., 1997).

CHAPTER 2:

METHOD

2.1 Participants

The participants for this study were 451 high school students (176 male and 275 female) from three Catholic high schools (grades 9 –13) in southwestern Ontario. Ages range from 14.06 years to 19.21 years with a mean age of 16.51 years ($SD = \pm 1.37$). There were no significant gender differences across age, $t(449) = .91$, $p = NS$ (females, $M = 16.46$, $SD = 1.37$; males, $M = 16.58$, $SD = 1.37$). The grade distribution of students was 23.5% grade 9, 17.7% grade 10, 25.9% grade 11, 21.3% grade 12, and 11.5% grade 13. The ethnic composition of the sample was: 76.9% Caucasian, 5.8% Asian/Pacific, 3.5% Black, 2.0% Hispanic, 1.3% Native, and 7.1% Other and 3.3% did not specify.

2.2 Procedure

Permission to conduct this research was obtained from the Ethics Committee of the Psychology Department at the University of Windsor, the Windsor-Essex Catholic District School Board, and participating School Principals. The complete questionnaire package was piloted on a small sample (N = 13) of graduate students to identify any ambiguous or inaccurate items. Several revisions were made as a result of the pilot testing.

Consent and information forms were distributed to participants several weeks prior to data collection (see Appendix A). Parental consent was required for all participants under the age of 18. Participants over the age of 18 were not required to obtain parental consent.

Questionnaire administration took place during regular school hours. The study was described in full and questionnaire packages were distributed to participants. Participants were assured that the information collected would be confidential and that their participation was voluntary. The first page of the questionnaire package was an informed consent form which participants were asked to read and then sign (see Appendix B). Participants then completed a series of paper and pencil measures (see Appendix C). Test administration took approximately 75 minutes of class-time to complete. As each participant completed and turned in their questionnaire package, their informed consent form was removed, to render all data anonymous and confidential. All participants received a letter providing a list of psychological services, community resources, and contact information for the researchers (Appendix D). The researchers remained after the questionnaire administration to answer any questions or concerns regarding the research project.

2.3 Measures

The measures were: (1) a background information questionnaire, (2) a stressful problems questionnaire, (3) help-seeking resource checklists, (4) barriers to formal help-seeking behaviours, (5) barriers to informal help-seeking behaviours, and (6) an internalizing behaviour checklist problems.

Background Information. A background information questionnaire (Appendix C) was used to gather information about adolescents' gender and age.

Stressful Problems. A 5-item questionnaire entitled "Stressful Problems" (Appendix D) was developed to examine participants' help-seeking behaviours in response to the most stressful or upsetting problem that they have had in the last six months. Adolescents

were asked to think of the most stressful or upsetting problems that they had in the previous 6 months and list up to three of them. They were asked to circle the one problem, of those listed, that was *the most* stressful or upsetting. Participants were asked to rate their problem using a 5-point Likert scale for seriousness, severity, and the perceived need for help with the problem.

Participants were then asked to indicate whether they had sought help for their problem (i.e., check "yes" or "no"). Those adolescents that reported that they had sought help for their problem were asked to indicate from whom they sought help from a checklist of 25 potential resources (e.g., mother, teacher, psychologist). Those adolescents that reported that they had not sought help for their problem were asked to indicate reasons why they had not sought help (i.e., from a list of 18 barrier items).

Stressful Problems Barriers Scale

The stressful problems barriers scale was developed using both the BASH and the BIHS as templates. Specifically, all categories that applied to either professional help or to specific help-seeking resources were omitted (i.e., affordability, perception of professional helper, stigma, time availability, usefulness of professional help, peers as sufficient, and family as sufficient). The remaining items were then modified, where necessary, to reflect potential reasons for not seeking help for a stressful or upsetting problem (e.g., "If I got professional help for my problem, my problem would not be kept secret" was changed to "If I told someone my problem, they wouldn't keep it a secret). As well, based on the literature review conducted for the present study, it was determined that one additional barrier category would be added to the scale. Specifically, a barrier

pertaining to the problem being too personal to seek help was added with the corresponding item, "My problem was too personal to seek help from anyone".

The resultant 18-item scale measures perceived barriers to seeking help for a stressful or upsetting problem. Higher scores indicate greater barriers to seeking help for a stressful or upsetting problem whereas lower scores indicate fewer barriers.

Help-Seeking Resource Checklist. A help-seeking resource checklist (Appendix E) was constructed to examine who is perceived as available for adolescents to seek help from and from whom do adolescents actually seek help. The checklist includes the names of twenty-seven persons and groups that may be available for, or utilized by, adolescents when seeking help. Participants were asked to check all of the resources that were *available* for them to ask for help (perceived available help-seeking resources), and then check all of the resources whom they had *actually asked* for help in the last six months (actual utilized help-seeking resources). Total help-seeking scores were calculated for each participant by summing the resources indicated.

Barriers to Adolescent Help Seeking (BASH, Kuhl, Jarkon-Horlick, Morrissey, 1997). A modified version of the Barriers to Adolescents Help Seeking (Kuhl et al., 1997) was used to identify the factors that most strongly inhibit formal help-seeking behaviours (e.g., from mental health professionals; Appendix F). The BASH was originally constructed on a rational-intuitive basis (i.e., items were developed to reflect high face validity), based on (13) relevant barriers categories documented in the authors' literature review. Categories include: affordability, alienation, confidentiality, family as sufficient to help, knowledge of resources, locus of control, peers as sufficient, perceptions of therapist, self-awareness/self-perception, self-sufficiency, stigma, time availability, and

usefulness of therapy. Content and criterion-related validity was established by distributing copies of the scale items to four experienced adolescent clinicians (two psychologists and two psychiatrists) for critical review. Split-half reliability of the BASH was found to be .82 and Cronbach's alpha was .91. Test-retest reliability assessed over a two-week interval was .91.

Nearly all of the BASH items (31 of 37) were modified to examine the adolescents' perceived barriers to seeking help from professional helpers (e.g., psychologists, psychiatrists, social workers, community mental health professionals) as opposed to from therapists (e.g, "My family thinks that anyone who goes to a therapist is crazy" was changed to "My family thinks that anyone who gets professional help is crazy"). The remaining six items did not require modification (e.g., "My problems will go away by themselves", "I think that I should work out my own problems").

Participants were asked to indicate their agreement or disagreement with each item on a 5-point Likert scale (strongly agree to strongly disagree). An overall barriers to formal help-seeking score was calculated for each participant by summing the scores to all items. Higher scores indicate greater barriers to seeking help; lower scores indicate fewer barriers to seeking help.

Barriers to Adolescent Informal Help Seeking (BIHS). This instrument was constructed, based on the BASH, to examine barriers to adolescent help seeking from informal resources (Appendix G). Starting with the BASH as a template, the BIHS was constructed by first omitting the barriers categories relating only to formal help seeking, those being: affordability, perception of professional helper, stigma, time availability, and usefulness of professional help. The items in the remaining barriers categories were then

modified, where necessary, to represent barriers to seeking help from informal resources as opposed to formal resources (e.g., for the category, confidentiality: "If I got professional help for a problem, my problem would not be kept secret" was changed to "If I told a friend my problem(s), they would not keep it a secret"). Great discretion was used to ensure that the integrity of the barriers categories, upon which the original items were based, was preserved during the item construction process. Finally, based on the literature review conducted for the present study, it was decided that there would be one additional barrier category added to the BIHS. A barrier reflecting that the problem was too personal was added with the corresponding two items: "My problems are too personal to discuss with my friends" and "My problems are too personal to discuss with my parents".

The resultant 22-item questionnaire is intended to measure barriers to seeking help from informal resources (i.e., peers, parents, and teachers). Participants were asked to indicate their agreement or disagreement with each item on a 5-point Likert scale (strongly agree to strongly disagree). An overall barriers to informal help-seeking score was calculated for each participant by summing the scores to all items. Higher scores indicate greater barriers to seeking help; lower scores indicate fewer barriers to seeking help.

Youth Self Report (YSR, Achenbach, 1991). The Youth Self Report (Achenbach, 1991) is a widely used self-report instrument intended for children and adolescents between 11- to 18-years of age which elicits information about their competencies and emotional and behaviour problems (Appendix H). A total of 112 items were rated by the participants on a 3-point scale (0 = Not True, 1 = Somewhat or Sometimes True, 2 = Very True or Often

True). The broadband subscale score of internalizing behaviours (e.g., withdrawn, somatic complaints, anxious/depressed) was used. The reliability and validity of this instrument was established by Achenbach (1991). Test-retest reliability (*r*) of the YSR over a one-week time period is .91 for the Total Problems Scale and the Internalizing Scale. The satisfactory reliability is comparable to test-retest obtained for parents and teacher ratings of Total Problems. Content validity for the YSR is "supported by the ability of most YSR items to discriminate significantly between demographically matched referred and nonreferred youths" (Achenbach, 1991, p. 81-82). Internal consistency reliability of the YSR for demographically matched referred and nonreferred male and female samples is as follows: For males, Cronbach's alpha for the Total Problems Scale and the Internalizing Scale are .95, .89, respectively. For females, Cronbach's alpha for the Total Problems Scale and Internalizing Scale are .95, .91, respectively.

CHAPTER 4:

RESULTS

3.1 Overview of Data Analyses

Means, standard deviations, and frequency statistics were computed for all variables. Independent variables in the analysis included gender (male/female) and age (14- to 19- year old adolescents). The dependent variable, barriers to help seeking, was measured through three total barriers scores: barriers to seeking help for a stressful problem, barriers to formal help seeking, and barriers to informal help seeking. Additional variables included in the analyses were summed scores for perceived available and actual utilized help-seeking resources, and internalizing problems scores from the YSR.

3.2 Stressful Problems

The stressful problems most often reported by the adolescents were school (31.0%), family (15.3%) and other problems (12.6%). See Table 1 for summary table of stressful problems.

Crosstabs and chi-square analyses were conducted to examine relations between stressfulness and severity of stressful problems with respect to perceived need for help. As recommended by MacDonald and Gardner (2000), the critical values used to establish significance were adjusted (using the Sidak method) for the number of contrasts considered, thus reducing experimentwise Type 1 error rates. Both the stressfulness and the severity of the stressful problems were found to be related to the perceived need for help (see Tables 2 & 3).

Independent samples t-tests (two-tailed) were performed to investigate gender and age differences in the seriousness, severity, and perceived need for help with stressful problems. An alpha level of .05 was used for all statistical analyses, unless otherwise indicated.

Gender and Stressful Problems

Females (M = 3.46, SD = 1.01) reported their problems to be significantly more stressful than did males (M = 3.10, SD = 1.08), $t(424) = -3.45$, $p = .00$. Females (M = 3.12, SD = 1.04) reported their problems to be significantly more serious than did males (M = 2.82, SD = 1.11), $t(423) = -2.75$, $p = .01$. Females (M = 2.66, SD = 1.36) reported a significantly greater perceived need for help for their stressful problem than did males (M = 2.23, SD = 1.35), $t(424) = -3.17$,

$p = .00$.

Age and Stressful Problems

Correlation analyses revealed significant positive correlations at an alpha level of .01 for age and stressfulness of the problem ($r = .19$, $p = .00$) and seriousness of the problem ($r = .21$, $p = .00$). Positive correlations were found at an alpha level of .05 for age and perceived need for help with the problem ($r = .12$, $p = .01$). Thus, older adolescents reported more stressful and more serious problems, as well as a greater perceived need for help, than did younger adolescents.

Asking for Help vs. Not Asking for Help

Percents, frequency counts, and chi-squares were calculated with respect to the number of adolescents who sought help, and did not seek help, for their most stressful problem. Of the 451 adolescents who participated in the study, 65.5% (n = 256) of

adolescents indicated that they had sought help for their most stressful problem and 34.5% (n =135) adolescents indicated that they had not sought help for their most stressful problem (60 cases were excluded from the analyses as a result of incomplete or misinterpreted responses). Logistic regression analyses were performed to examine gender, age, and gender x age effects in adolescents who sought help for a stressful problem versus adolescents who did not seek help for a stressful problem. No significant effects were found for age ($\chi^2(2, N = 39) = .43, p = NS$) or gender x age ($\chi^2(2, N = 391) = 2.01, p = NS$). A significant main effect was found for gender, $\chi^2(2, N = 391) = 12.05$, $p = .00$. Crosstabs and chi-square analyses were performed to more closely examine the gender differences in seeking help for a stressful problem. It was found that approximately 71.4% of females asked for help for their most stressful problem whereas 55.5% of males asked for help with their most stressful problem ($\chi^2(1, N = 391) = 11.75$, $p = .00$).

Adolescents Who Sought Help

For the adolescents who had sought help for their most stressful problem (n = 256), percents and frequency counts were calculated with respect to type of problem, stressfulness of problem, seriousness of problem, and perceived need for help with the stressful problem. The types of problems that adolescents most often sought help for were school (32.0%), family (14.8%), relationships (14.5%), and illness or death (11.3%). Ninety-eight percent (98.8%) of the sample reported that their problem caused them some degree of stress and approximately 49.4% of these adolescents reported that their problem was either very stressful or extremely stressful. Ninety-five percent (95.0%) of adolescents reported that their problem was somewhat serious, and

approximately 39.1% of these adolescents reported that their problem was very serious or extremely serious. Thirty-five percent (35.5%) of adolescents perceived a need for help with their problem, 45.7% of adolescents were unsure of their need for help, and 18.8% of adolescents did not perceive a need for help with their problem.

Help-seeking resources.

The 256 adolescents who reported seeking help for their most stressful problem were asked to indicate, out of a list of 25 help-seeking resources, whom they had asked for help (see Table 4). These resources were then summed for each participant to produce a total number of resources sought for the stressful problem.

As shown in Table 4, the most frequently reported help-seeking resources were best friend, mother, and friend. The least frequently reported help-seeking resources were school nurse, help-line, and psychiatrist. Crosstabs and chi-squares were computed to examine gender differences for each of the 25 help-seeking resources. The critical values used to establish significance were adjusted (using the Sidak method) for the number of contrasts considered (MacDonald & Gardner, 2000). Females were significantly more likely than males to ask a best friend for help, $\chi^2(1, N = 256) = 9.60, p = .00$. Whereas males and females were about equally likely to ask a teacher for help, females were significantly more likely *not* to ask a teacher for help as compared to males, $\chi^2(1, N = 256) = 6.12, p = .01$. Females were significantly more likely than males *not* to ask a coach for help, $\chi^2(1, N = 256) = 7.77, p = .01$). No significant gender differences were found in total scores on the help-seeking resource checklist, $t(254) = -.86, p = NS$ (two-tailed).

Logistic regression analyses were performed for age and each of the 25 help-seeking resources. Significant results were found for best friend ($\chi^2(1, N = 256) = 4.47$, $p = 04$), boyfriend/girlfriend ($\chi^2(1, N = 256) = 5.61, p = .02$), stepmother ($\chi^2(1, N = 256) = 4.11, p = .04$), and co-worker or boss ($\chi^2(1, N = 256) = 13.81, p = .00$). Specifically, age was negatively related to best friend ($r = -.13, p = .04$), boyfriend/girlfriend ($r = -.15$, $p = .02$), stepmother ($r = -.12, p = .05$), and co-worker or boss ($r = -.22, p = .00$). Thus, older adolescents were significantly less likely than younger adolescents to approach these resources for help with a stressful problem. No significant age difference was found in total scores on the help-seeking resource checklist ($r = .10, p = NS$).

Adolescents Who Did Not Seek Help.

Percents and frequency counts were calculated with respect to type, stressfulness, seriousness, and perceived need for help with the stressful problem, as well as for barriers to seeking help for the problem. The most frequently reported types of problems that adolescents did not seek help for were school (33.3%), family (18.5%), and friends/peers (12.6%). Overall, most adolescents (91.9%) reported their problem to cause them some degree of stress and 37.0% of these adolescents reported their problem to be very stressful or extremely stressful. With respect to seriousness of the problem, only 8.1% of adolescents reported that their problem was not at all serious whereas 24.4% of adolescents reported that their problem was either very serious or extremely serious. Finally, 57.0% of adolescents reported that they did not need help with their problem, 29.6% of adolescents were unsure of whether they needed help for their problem, and only 13.4% of adolescents felt that they needed help for their problem.

Barriers to seeking help for a stressful problem.

Exploratory data analyses were first conducted to examine the data set for potential outliers. Several procedures were implemented in which to detect outliers including residual analyses (i.e., standardized residuals, studentized residuals, and studentized deleted residuals) and influence analysis (i.e., leverage, Cook's D, DFBeta, and Standardized DFBeta). Based on these analyses, it was determined that 3 cases would be omitted as they would likely cause undue influence on the results.

Although males ($M = 47.52$, $SD = 9.99$) had higher mean barriers scores than females ($M = 44.79$, $SD = 9.57$), a t-test for gender differences revealed that these differences were not significant ($t(130) = 1.61$, $p = NS$, two-tailed). Correlation analyses for age and barriers to seeking help for a stressful problem revealed a significant negative association ($r = -.19$, $p = .03$). Thus, older adolescents reported fewer barriers to seeking help for a stressful problem than younger adolescents.

The items on the stressful problems barriers measure each represent particular categories of barriers to seeking help for a stressful problem (i.e., self sufficiency, too personal, locus of control, confidentiality, knowledge of resources, alienation, self-awareness/self-perception). All items were organized according to their respective barrier categories and mean scores were computed for each barrier category (see Table 5). The barrier with the highest mean score was self-sufficiency. An analysis of gender and barrier categories (see Table 6) revealed that males had significantly higher mean scores on self-sufficiency than females, $F(1, 133) = 5.01$, $p = .03$. Thus, self-sufficiency was a greater barrier to seeking help for a stressful or upsetting problem for males than

for females. No significant relations were found between age and barrier categories (see Table 7).

3.3 Help-Seeking Resources

There were several unanticipated complications that arose in the administration of the help-seeking resource checklist. First, due to a copying error, the second page of the two-page help-seeking resource checklist was not completed in a subset of the data (n = 96) collected from the first school. These 96 incomplete help-seeking resource checklists are therefore not included in the statistical analyses. Second, it became clear during data entry that some participants had misunderstood the instructions of the help-seeking resource checklists. Specifically, the questionnaire asked the participant to first indicate (from a list of resources) who was *available* for him or her to ask for help with problems. That is, who *could* he or she have asked for help from, even if they did not actually ask that particular resource. Then, the participant is asked to indicate (from the same list of resources) whom he or she actually asked for help for problems in the last six months. Thus, it should have been the case that the participant's total available resources would be equal to or greater than the total utilized resources. However, there were 153 cases in which the participant would indicate that he or she had asked for help from a resource who was not indicated as being available. It was decided that, if included in the statistical analyses, this erroneous pattern of responding could render the results invalid. Consequently, 153 help-seeking resource checklists were excluded from the analyses. Finally, there were 10 participants who did not complete this questionnaire. Thus, the final count of properly completed help-seeking resource checklists was 192. Statistical

findings generated from this subset of data should be approached with caution as they may, or may not, be representative of the entire sample.

Responses were summed for both the perceived available help-seeking resource checklist and the actual utilized help-seeking resource checklist to produce (two) total resource scores for each participant. All help-seeking resource statistics were conducted using an alpha level of .05, unless otherwise indicated.

Perceived Available Help-Seeking Resources

Frequency counts and percents were computed for each of the available help-seeking resources as well as for each of the actual utilized help-seeking resources. As shown in Table 8, the available help-seeking resources most frequently reported were best friend (93.2%), mother (91.7%), and friend (90.1%). The available help-seeking resources least frequently reported were other caregiver (7.8%), no one (4.2%), and other (2.6%).

The mean total score for perceived help-seeking resources was 11.44 ($SD = 4.97$). Total scores for perceived available help-seeking resources were slightly higher for females ($M = 11.97$, $SD = 5.05$) than for males ($M = 10.79$, $SD = 4.82$), however, this difference was not significant, $t(190) = -1.66$, $p = NS$ (two-tailed). No significant relation was found between age and total scores for perceived help-seeking resources ($r = .01$, $p = NS$).

The perceived available help-seeking resource checklist was analyzed, item by item, for gender differences using crosstabs and chi-square analyses (Table 8). The critical values used to establish significance were adjusted (using the Sidak method) for the number of contrasts considered, thus reducing experimentwise Type 1 error rates

(MacDonald & Gardner, 2000). Significant gender differences were found only for the perceived availability of community helping agencies ($\chi^2(1, N = 192) = 7.39, p = .00$). Specifically, females were significantly more likely than males to ask community resources for help.

Logistic regression analyses were performed to examine age differences across perceived help-seeking resources. Significant age differences were found for friend ($\chi^2(1, N = 192) = 5.04, p = .03$) and co-worker/boss ($\chi^2(1, N = 192) = 16.68, p = .00$). Specifically, older adolescents were significantly less likely than younger adolescents to perceive a friend ($r = -.16, p = .03$) or a co-worker/boss ($r = -.29, p = .00$) as being available.

Actual Utilized Help-Seeking Resources

As shown in Table 9, the most frequently reported actual utilized help-seeking resources were best friend (72.9%), friend (66.1%), and mother (63.5%). The least frequently reported actual utilized help-seeking resources were school nurse and psychologist (both 0.0%), psychiatrist (0.5%), and social worker and telephone help-line (both 1.0%).

The mean total actual utilized help-seeking resource score was 4.73 (SD = 2.85). Females reported significantly higher total scores for actual utilized help-seeking resources ($M = 5.11, SD = 2.47$) than did males ($M = 4.26, SD = 3.20$), $t(190) = -2.04, p = .04$ (two-tailed). No relation was found for age and total actual utilized help-seeking resource scores ($r = .13, p = NS$).

Frequencies and percents for actual utilized help-seeking resources can be found in Table 9. The actual utilized help-seeking resource checklist was analyzed, item by

item, for gender differences using crosstabs and chi-square analyses. The critical values used to establish significance were adjusted (using the Sidak method) for the number of contrasts considered, thus reducing experimentwise Type 1 error rates (MacDonald & Gardner, 2000). Females were significantly more likely than males to ask both a best friend ($\chi^2(1, N = 192) = 14.60, p = .00$) and a friend ($\chi^2(1, N = 192) = 7.43, p = .01$) for help. In contrast, males were significantly more likely than females to ask a coach for help, $\chi^2(1, N = 192) = 7.57, p = .01$. Logistic regression analyses for age and actual utilized help-seeking resources revealed significant findings for boyfriend/girlfriend ($\chi^2(1, N = 192) = 4.98, p = .02$) and co-worker/boss ($\chi^2(1, N = 192) = 10.74, p = .00$). Specifically, older adolescents were significantly less likely than younger adolescents to ask a boyfriend/girlfriend ($r = -.16, p = .03$) or a co-worker/boss ($r = -.23, p = .00$) for help with problems.

Comparing Perceived Available Help-Seeking Resources and Actual Utilized Help-Seeking Resources

Total scores for perceived available help-seeking resources were significantly higher

($M = 11.44$, $SD = 4.97$) than total scores for actual utilized help-seeking resources ($M = 4.73$, $SD = 2.85$), $t(191) = 18.75$, $p = .00$. Further, the mean discrepancy between the scores was 6.76. No significant differences were found for gender ($t(190) = -.32$, $p = NS$, two tailed) or age ($r = -.08$, $p = NS$) with respect to the discrepancy between available and utilized resources

3.4 Barriers to Help Seeking

Two measures of barriers to adolescent help seeking were included in the questionnaire package, the Barriers to Adolescents Seeking Help (BASH; Kuhl, Jarkon-Horlick, & Morrissey, 1997) and the Barriers to Informal Help Seeking (BIHS). The BIHS was constructed based on the BASH, however, the BIHS was developed to focus on barriers to informal help seeking (e.g., parents, peers, teachers) as opposed to barriers to formal help-seeking (e.g., mental health professionals). A correlation analysis was conducted to examine the concurrent validity between the BASH and the newly developed BIHS. A strong, positive relation was found between the BASH and the BIHS ($r = .64$, $p = .00$).

Exploratory data analyses of the BASH and the BIHS measures indicated the possibility of outliers. Consequently, procedures were implemented in which to detect outliers including residual analyses (i.e., standardized residuals, studentized residuals, and studentized deleted residuals) and influence analysis (i.e., leverage, Cook's D, DFBeta, and Standardized DFBeta). Based on these analyses, one case was excluded from the BASH statistical analyses, and three cases were removed from the BIHS analyses as a precaution against invalid statistical findings. As well, due to aforementioned copying errors, there were 19 cases of missing BASH questionnaires that were omitted from the analyses ($n = 418$). An alpha level of .05 was used for all statistical analyses, unless otherwise indicated.

Barriers to Formal Help-Seeking

Independent samples t-tests were performed to investigate gender differences in total barriers scores on the BASH. It was determined that, on average, males ($M =$

105.69, SD = 18.14) reported significantly higher barriers to formal help seeking than females (M = 95.20, SD = 18.39), $t(416) = 5.69$, $p = .00$ (two-tailed). As well, significant negative relations were found for age and total BASH scores ($r = -.12$, $p = -.02$). Thus, older adolescents reported fewer barriers to help-seeking from professional helpers than did younger adolescents.

To investigate the specific categories of barriers that may inhibit formal help seeking, mean scores were computed for each of the 13 barriers categories (i.e., stigma, peers as sufficient, family as sufficient, time availability, confidentiality, perception of mental health helpers, locus on control, usefulness of professional helpers, alienation, knowledge of resources, self-awareness/self-perception, affordability, and self-sufficiency). As shown in Table 10, the central barriers to formal help seeking were peers as sufficient, family as sufficient, and self-sufficiency. The least important barriers to formal help seeking were self-awareness/self-perception, affordability, and stigma.

To examine gender differences in barriers to formal help seeking, means were computed separately by gender and one-way analyses of variance (ANOVAs; alpha level .01) were conducted for each barrier category (see Table 11). Significantly higher mean scores were found for males for the following barriers: stigma, time availability, confidentiality, locus of control, usefulness of professional helper, self-awareness/self-perception, and self-sufficiency. Correlation analyses were performed for age and barrier categories and significant relations were found for peers as sufficient ($r = .12$, $p = .02$), confidentiality ($r = -.16$, $p = .00$) and locus of control ($r = -.15$, $p = .00$). Younger adolescents more often reported that confidentiality and locus of control are central barriers to seeking help.

Barriers to Informal Help Seeking

Independent sample t-tests were performed to investigate potential gender differences in total scores on the BIHS. It was determined that males ($M = 56.47$, $SD = 10.00$) reported significantly more barriers to informal help seeking than females ($M = 51.53$, $SD = 11.11$), $t(430) = 4.68$, $p = .00$ (two-tailed). As well, significant negative relations were found for age and total BIHS scores ($r(432) = -.105$, $p = .029$). Thus, older adolescents report fewer barriers to informal help seeking than younger adolescents.

To investigate the specific categories of barriers that may inhibit informal help seeking, mean scores were computed for each of the nine BIHS barriers categories (i.e., peers as sufficient, confidentiality, knowledge of resources, alienation, too personal, family as sufficient, self-sufficiency, locus of control, and self-awareness/self-perception. As shown in Table 12, the central barriers to informal help seeking were alienation, confidentiality, and family as sufficient. The least important barriers to informal help seeking were self-awareness/self-perception, peers as sufficient, and knowledge of resources.

Mean scores were computed for barrier categories across gender and oneway ANOVAs (alpha level .01) were performed in which significant differences were found for self-sufficiency, knowledge of resources, and self-awareness/self-perception (see Table 13). Specifically, self-sufficiency, knowledge of resources, and self-awareness/self-perception were significantly more prominent barriers to informal help seeking for males than for females. Correlation analyses revealed significant differences for age and confidentiality ($r = -.11$, $p = .02$), alienation ($r = -.14$, $p = .00$), locus of control ($r = -.12$, $p = .01$), and self-awareness/self-perception ($r =$

-.14, $p = .00$). Thus, older adolescents report that confidentiality, alienation, locus of control, and self-awareness/self-perception are less salient barriers to informal help seeking than younger adolescents.

Help Seeking Behaviours and Barriers to Help Seeking

Analyses were performed to investigate the association between barriers to help seeking, (as measured by the BASH and BIHS) and help-seeking behaviour (as measured by seeking help for a stressful problem and perceived and utilized help-seeking resources).

Independent t-tests were performed to determine the relation between seeking help for a stressful problem and total barrier scores. It was found that adolescents who did not seek help for their stressful problem had significantly higher total BASH and BIHS scores than adolescents who did seek help for a stressful problem, $t(370) = -2.48$, $p = .01$ (two-tailed) and $t(378) = -2.28$, $p = .02$ (two-tailed), respectively. The mean BASH score for adolescents who sought help for a stressful problem was 97.04 ($SD = 18.82$) whereas the mean BASH scores for adolescents who did not seek help for a stressful problem was 102.19 ($SD = 19.17$). The mean BIHS score for adolescents who sought help for a stressful problem was 52.39 ($SD = 10.72$), whereas the mean BIHS score for adolescents who did not seek help for a stressful problem was 55.05 ($SD = 55.05$). Mean scores were also calculated to examine specific barrier categories, on both the BASH and the BIHS, with respect to help seeking for a stressful problem (see Tables 10 & 12). In sum, adolescents who did not seek help for their stressful problem reported a significantly greater number of barriers to both formal and informal help seeking, as compared to adolescents who sought help for their stressful problem.

Correlation analyses for total barriers scores and total help-seeking resource checklist scores revealed significant relations between total BASH scores and total available scores (r = -.18, p = .02) and total BIHS scores and total available scores (r = -.16, p = .03). A negative relation was found between total BIHS scores and total utilized scores (r = -.20, p = .01). Thus, adolescents who reported a greater number of barriers to informal help seeking reported significantly fewer utilized help-seeking resources. Significant findings were not found for total BASH scores and total utilized help-seeking resource scores (r = -.12, p = *NS*).

3.5 Internalizing Problems

Internalizing problem total scores and withdrawn, somatic complaints, and anxious/depressed subscale scores were examined with respect to gender, age, stressful problems, help-seeking resources, and barriers to both formal and informal help seeking.

Gender, Age, and Internalizing Problems

Two-tailed independent samples t-tests were performed to determine whether there were any gender differences for internalizing problems total scores or for any of the three corresponding subscales (i.e., withdrawn, somatic complaints, and anxious/depressed). No significant gender differences were found for internalizing problems scores (males: M = 50.87, SD = 10.06; females: M = 50.80, SD = 9.65; t(439) = .06, p = *NS*), withdrawn scores (males: M = 3.26, SD = 2.39; females: M = 3.42, SD = 2.46; t(439) = -.69, p = *NS*), or anxious/depressed scores (males: M = 5.24, SD = 4.31; females: M = 6.11, SD = 4.83; t(439) = .06, p = *NS*). However, females (M = 4.29, SD = 2.97) reported significantly more somatic complaints than did males (M = 2.75, SD = 2.38), t(439) = -5.97, p = .00).

No relations were found between age and internalizing problems scores ($r = .04$, $p = NS$), withdrawn scores ($r = .04$, $p = NS$), somatic complaints scores ($r = .02$, $p = NS$), or anxious/depressed scores ($r = .03$, $p = NS$).

Stressful Problems and Internalizing Problems

Independent sample t-tests were performed to examine relations between internalizing problems and stressful problems. No significant differences were found in internalizing total scores ($t(382) = .04$, $p = NS$, two-tailed) or withdrawn ($t(382) = -.75$, $p = NS$, two-tailed), somatic complaints ($t(382) = .18$, $p = NS$, two-tailed), anxious/depressed ($t(382) = 1.26$, $p = NS$, two-tailed) subscale scores for adolescents who did, and who did not, seek help for a stressful problem. As reported in Table 14, adolescents reporting higher levels of internalizing problems reported significantly greater stressfulness, severity, and perceived need for help for their problem than did adolescents with lower levels of internalizing problems. These results were consistent for total internalizing scores and all three subscale scores (see Table 14).

For those adolescents who sought help for their problem, total scores on the help-seeking resource checklist were analyzed with respect to internalizing problems (see Table 14). Findings revealed that total scores for help-seeking resources sought for a stressful problem were significantly related to withdrawn subscale scores, however, this relationship did not extend to internalizing problems total scores, somatic complaints subscores, or anxious/depressed subscores. Thus, as the adolescents' withdrawn symptomology increased, their number of help-seeking resources sought for their stressful problem decreased.

For those adolescents who did not seek help for their stressful problem, both barriers total scores and barriers categories were analyzed with respect to internalizing problems (see Table 14). Both total barriers scores and barrier categories were strongly correlated with internalizing problems total scores, withdrawn subscale scores, and anxious/depressed subscale scores. Therefore, adolescents' with elevated internalizing, withdrawn, and anxious/depressed scores reported significantly more barriers to seeking help for a stressful problem.

Help-Seeking Resources and Internalizing Problems

Internalizing problems total scores, withdrawn subscale scores, somatic complaints subscale scores, and anxious/depressed subscale scores were analyzed with respect to total perceived available and total actual utilized help-seeking resources. No significant correlations were found for these variables (see Table 15). Thus, internalizing problems do not appear to be related to total perceived or actual help-seeking resources.

Internalizing problems total scores, withdrawn subscale scores, somatic complaints subscale scores, and anxious/depressed subscale scores were analyzed with respect to individual perceived available and actual utilized help-seeking resources. Adolescents with greater levels of withdrawn symptomology were significantly less likely to perceive a stepfather ($r = -.15, p = .05$) or an "other" help-seeking resource ($r = -.17, p = .02$) as being available for help and they were significantly more likely to actually ask a mother ($r = .18, p = .02$) for help. Adolescents with greater levels of somatic symptomology were significantly less likely to perceive a stepfather as being available for help ($r = -16, p = .03$), and they were significantly less likely to actually ask a family doctor for help ($r = -.16, p = .03$). Adolescents with greater levels of

anxious/depressed symptomology were significantly less likely to actually ask a community helping agency for help ($r = -.24, p = .00$). Finally, adolescents with greater levels of internalizing symptomology were both significantly less likely to perceive a teacher as being available to ask for help ($r = -.17, p = .02$) and were significantly less likely to actually ask a community helping agency for help ($r = -.15, p = .04$).

Barriers to Adolescent Help Seeking and Internalizing Problems

Total scores and barriers category scores on the BASH and BIHS were examined with respect to internalizing problems scores and relevant subscale scores. Findings are summarized in Tables 15 and 16. Significant positive relations were found for internalizing problems total scores, withdrawn subscale scores, somatic complaints subscale scores, and anxious/depressed subscale scores for both total BASH scores and total BIHS scores. Similar results were found when the thirteen BASH barriers categories and the nine BIHS barriers categories were analyzed with respect to internalizing problem total scores and associated subscale scores. In all cases, as adolescents' internalizing symptomology increased, their perceived barriers to both formal and informal help seeking also increased.

CHAPTER 4:

DISCUSSION

The objective of this study was to examine the reasons why adolescents and, in particular, distressed adolescents, do not seek help for stress. Accordingly, information was elicited about adolescent stressful problems and help-seeking resources to investigate the relations between these factors with respect to barriers to help seeking. Furthermore, internalizing problems, age, and gender were also included in this investigation to further examine trends in barriers to adolescent help seeking.

Several hypotheses were purported to examine the barriers to help-seeking behaviours in adolescents. These hypotheses were generally supported by this research.

4.1 Stressful Problems

The stressful problems most frequently reported by adolescents were in relation to school, family, relationships, friends/peers, and other (miscellaneous) problems. A substantial number of adolescents reported that their most stressful problem in the last six months was school-related (31.0%).

Stressfulness, seriousness, and perceived need for help with problems were elicited to describe the relative degree of distress caused by adolescent stressful problems (see Tables 2 & 3). Most adolescents (78.0%) perceived their problem as being stressful, very stressful, or extremely stressful. As well, most adolescents (66.0%) perceived their problem as being serious, very serious, or extremely serious. However, when questioned about perceived need for help, only 27.0% of adolescents felt that they probably or definitely needed help with their problem.

Females reported significantly greater stressfulness, severity, and a greater perceived need for help for their problems than did males. As well, older adolescents reported more stressful and more serious problems, as well as a greater perceived need for help, than did younger adolescents.

Boldero and Fallon (1995) investigated sex and age differences in the perceived seriousness of adolescents' stressful problems and similarly found that females rated their problems as significantly more serious than did males. Further, the researchers reported that students in junior high school rated their problems as significantly less serious than did adolescents in middle or senior high. Likewise, senior high school students rated their problems as significantly more serious than did the other two school levels.

Dubow, Lovko, & Kausch (1990) examined the severity of adolescents' stressful problems by asking the participants to rate how troubling the problem was to them. Although Dubow et al. did not investigate sex differences for each of the severity categories (i.e., not at all troubling, somewhat troubling, extremely troubling), the authors reported that females described more problems as being significantly troubling than did males. Dubow et al. also reported that older adolescents rated many problems to be significantly more troubling than did younger adolescents.

Taken together, the findings of this study and previous studies on adolescent stressful problems indicate that many adolescents experience a great deal of stress around school-related issues. Moreover, both females and older adolescents report the most stressful and serious problems as well as a greater perceived need for help. Gender differences have been accounted for in the literature in several ways including differential rates of self-disclosure (Rickwood & Braithwaite, 1994) and gender role socialization (Kessler,

Reuter, & Greenley, 1979). Age differences have been attributed to factors including number and severity of problems (Dubow et al., 1990). In the present stu y, it is suspected that gender and age differences in stressful problems are likely a combination of some, or all of these factors. However, more important than the origins of these differences, the implications of gender and age differences for adolescent mental health are substantial. Interventions could be designed to focus specifically on the school-related and family-related problems of adolescents and, in particular, of female adolescents and those adolescents in later years of high school.

Asking for Help vs. Not Asking for Help

Of the 391 students who reported their most stressful problem in the previous six months, 65.5% of adolescents ($n = 256$) indicated that they had sought help for their problem whereas 34.5% of adolescents ($n = 135$) indicated that they had not sought help for their problem. This finding is consistent with previous research conducted by Dubow et al. (1990) and Offer, Howard, Schonert, and Ostrov (1991) who also reported that two-thirds of their adolescent samples had sought help for distressing problems.

Despite experiencing more stressful and serious problems, no significant difference was found between the help-seeking rates of older adolescents versus younger adolescents. This finding suggests that help-seeking patterns may already be established by the time adolescents enter high school. With respect to gender, females were significantly more likely to seek help for their most stressful problems than males. Given that gender most consistently differentiates between those adolescents who seek help from those who do not, this finding was anticipated. Nonetheless, this finding was

important because it illustrated that the substantial gender differences in help-seeking behaviours that were prevalent years ago are very much in existence today.

Adolescents Who Sought Help

Approximately two-thirds of adolescents in this study sought help for their most stressful problem. This finding was encouraging because many of the problems that the adolescents sought help for were reported as considerably stressful and serious. The adolescents who sought help for their problems were examined more closely to determine exactly what resources were being utilized most often, and least often, for adolescent stressful problems.

Consistent with previous research (e.g., Boldero & Fallon, 1995; Dubow et al., 1990), the most frequently reported help-seeking resources were informal resources (i.e., best friends, mothers, friends), and the least reported help-seeking resources were formal resources (i.e., school nurse, telephone help-line, and psychiatrist). No significant findings were found for gender or age in total numbers of help-seeking resources utilized. This suggests that the sizes of females' and males' support networks are relatively consistent throughout high school.

Adolescents Who Did Not Seek Help

Approximately one-third of the adolescent sample did not seek help for their most stressful problems though many of these problems were reported as considerably serious and stressful. More than 50.0% of these adolescents did not perceive a need for help with their problem, and an additional 30.0% were unsure of their need for help. Therefore, about 80% of the adolescents who did not seek help for their problem did not report a perceived need for help with their problem, despite reporting considerably serious and

stressful problems. Not perceiving a need for help therefore represented a substantial barrier to seeking help for serious and stressful problems.

Although age differences were not found for seeking help for stressful problems, age differences did emerge with respect to barriers to seeking help for stressful problems. Younger adolescents reported a significantly greater number of barriers to seeking help for stressful problems than did older adolescents. The findings regarding gender and age differences in barriers to seeking help for a stressful problem generally provide evidence in support of two hypotheses associated with this study; that gender and age predict barriers to help seeking for a stressful problem.

The greatest barrier to seeking help for stressful problems was self-sufficiency. That is, the major reason why adolescents did not seek help for their most stressful problem was because they felt that they could, or they should, deal with their problems on their own. This result lends support to the findings of Dubow et al. (1990) and Culp, Clyman, and Culp (1995) who also found self-sufficiency to be a major barrier toward seeking help for stressful problems. The present study may improve the validity of previous findings because stressful problems were elicited qualitatively in this study whereas they were collected quantitatively in previous studies. In both the Dubow et al. and Culp et al. studies, the adolescents were limited to choosing stressful problems from a predetermined list, potentially leading to inaccurate or missing data (e.g., if an adolescents' stressful problem was not on the given list). In the present study, the adolescents were asked to *describe* their stressful problems to ensure the accuracy of the information.

Given the degree of seriousness and stressfulness that the adolescents attributed to their stressful problems, it is discouraging that the greatest barrier would be self-sufficiency. This finding further substantiates the claim that the most in need of help are the least likely to receive it (Choquet & Menke, 1989; Dubow et al., 1990; Seiffge-Krenke, 1989, Windle, Miller-Tutzauer, Barnes, & Welte, 1991). Moreover, self-sufficiency was a significantly more salient barrier for males than for females. This finding offers support for the view that help seeking may be an inherently female behaviour and that it is incongruent with traditional masculine norms (e.g., restricted emotions; Rickwood & Braithwaite, 1994). In sum, many adolescents are feeling that they must deal with their problems on their own.

4.2 Help-Seeking Resources

This study examined perceived available help-seeking resources and actual utilized help-seeking resources with respect to barriers to help seeking. To reiterate, perceived help-seeking resources refer to those persons or services that the adolescents perceives as being available to ask for help from. Actual utilized help-seeking resources, in contrast, refer to the persons or services that the adolescents actually sought help from. As mentioned in the Results section, due to unforeseen circumstances, any conclusions drawn from this subset of data must be approached with caution, as there is the possibility of inaccuracies.

Perceived Help-Seeking Resources

The help-seeking resources most frequently reported as being available were best friend (93.2%), mother (91.7%), and friend (90.1%). Therefore, friends and mothers are present in the majority of adolescents' perceived social support networks.

With respect to the size of adolescents' available support networks, there was no relation found for either age or gender. This suggests that adolescents' perceived support networks are reasonably consistent for females and males across age. In a similar study, Cauce, Felner, & Primavera (1982) found that the perceived amount of available support was not related to gender however, they found a significant relation with respect to age. Specifically, the perceived amount of available support increased with age. The discrepancy between findings from the present study and the Cauce et al. study may be explained, in part, by differences in the samples utilized. In the present study, a total of 451 students in grades 9 through 13 were sampled from three demographically diverse high schools. In contrast, the Cauce et al. study surveyed 250 students, in the 9th grade and the 11th grade, from three inner-city (predominantly non-white, low-income) public high schools. Clearly, the demographics of these samples are quite disparate. More importantly, however, in the present study the age distribution was not significantly disparate whereas in the Cauce et al. study there was a significant age differential. This suggests that Cauce et al. found significant age differences in perceived available support resources because they found significant age differences in their sample.

With respect to gender, the average number of help-seeking resources in females' available support networks was slightly higher than that of males', however this difference was not found to be significant. This finding was somewhat surprising given that previous research generally indicates that adolescent females report having greater social support than males. Helsen, Vollebergh, and Meeus (2000) suggested that males tend to have larger, but less intimate, support networks whereas females tend to have

fewer, more intimate support networks. As a consequence, the support networks of females and males may be similar in quantity, yet different in quality.

Actual Utilized Help-Seeking Resources

The most frequently utilized help-seeking resources were best friend (72.9%), friend (66.1%), and mother (63.5%). It is noteworthy that these same three help-seeking resources were also most frequently reported with respect to seeking help for stressful problems and perceived available help-seeking resources. These findings support previous research suggesting that adolescents most often seek help from informal resources, specifically peers and parents, and less often from mental health professionals (Boldero & Fallon, 1995; Dubow et al., 1990).

Age was not found to be significantly related to the total number of help-seeking resources actually utilized by the adolescents. Thus, adolescents' utilized resources appears to be relatively consistent in size throughout high school. However, it was found that females reported having asked significantly more people for help than did males. Therefore, although females and males reported having similar numbers of resources (as discussed previously), their actual use of these resources was significantly different. That is, number of resources did not appear to indicate whether, or not, one has someone in whom to confide. This finding is consistent with help seeking and social support research that report that males tend to seek help less often than females. Therefore, the problem is not that males do not perceive support as being available for them, it is that they are reluctant to utilize their support.

Comparing Perceived Available and Actual Utilized Help-Seeking Resources

The average number of perceived help-seeking resources across the adolescent sample was about 12 of a list of 27 possible resources. The average number of help-seeking resources actually utilized by the adolescents was about 5 from the same list of 27 possible resources. This disparity was found to be statistically significant. As well, the discrepancy between perceived available and actual utilized resources was consistent across age and gender.

The help-seeking resources that adolescents most often perceived as being available and actually utilized included best friend, mother, and friend. This indicates that there may be some consistency between adolescents' perceived support network and whom they actually asked for help. However, the significant discrepancy between the number of adolescents' perceived available resources and actual utilized resources may indicate otherwise. The large discrepancy between perceived available and actual utilized help-seeking resources could be explained in several ways. For instance, many adolescents who had adequate support resources available to them might have nonetheless been deficient of support because they were reluctant to utilize these resources (Rook & Dooley, 1985). This would suggest that some adolescents did not seek support regardless of its availability. An additional explanation for the large discrepancy might be that the group of adolescents, as a whole, did not experience many problems requiring help in the previous six months. Thus, the adolescents might have perceived having many resources, however, they did not have the opportunity to use them. In sum, the results of this study provided arguments for and against the claim that

there is a discrepancy between adolescents' intentions to seek help and actual help-seeking behaviour (Bayer & Peay, 1997).

That mothers were highly ranked available help-seeking resources along with best friends and friends, is not particularly surprising. Indeed many researchers have reported similar results (i.e., Schonert-Reichl & Muller, 1996). As Kuhl, Jarkon-Horlick, & Mossissey (1997) stated, "The idea that teenagers are developmentally predisposed to avoid adults and favor peers in times of stress may, in fact, be an accepted but unproven stereotype" (p. 646). This finding is encouraging because adolescents who utilize informal help-seeking resources (e.g., mother, best friend, friend) may be more likely to also utilize formal resources (Saunders, Resnick, Hoberman, & Blum, 1994).

4.3 Barriers to Help-Seeking

Barriers to adolescent help-seeking behaviour were conceptualized as factors or reasons that inhibit adolescents from seeking help for their stress and distress. Barriers were examined with respect to informal resources (e.g., parents, peers, and teachers) and formal resources (e.g., mental health professionals). Whereas previous barriers to seeking help for a specific stressful problem were discussed in an earlier section, the following section will focus on adolescents' overall attitudes toward seeking help from informal and formal resources.

Barriers to Formal Help-Seeking

Barriers to formal help-seeking behaviours were those factors that most strongly inhibited adolescents from seeking help from formal resources (i.e., mental health professionals). Gender and age differences emerged for total numbers of barriers to formal help seeking. Males tended to report significantly more barriers to formal help

seeking than did females. As well, older adolescents tended to report fewer barriers to informal help seeking than did younger adolescents. These results provide added support for the hypotheses that (1) males would perceive greater numbers of barriers to formal help seeking as compared to females and, (2) younger adolescents would perceive greater numbers of barriers to formal help seeking as compared to older adolescents.

There were 13 categories of barriers to formal help seeking examined in this study (i.e., stigma, self as sufficient, peers as sufficient, family as sufficient, confidentiality, knowledge of resources, alienation, self-awareness/self-perception, perception of professional helpers, time availability, affordability, usefulness of professional helpers, and locus of control).

The barriers found to most inhibit seeking help from formal resources were (1) peers as sufficient, (2) family as sufficient, and (3) self-sufficiency. Therefore, when faced with a stressful or upsetting problem, adolescents felt that a professional helper could not help them as much as their friends, family, and or themselves. The central barriers found in this study are precisely the same barriers that were found in the original, Kuhl et al. (1997) study.

Adolescent males reported several barriers to be significantly more salient than did females. The following barriers more significantly inhibited males from asking help from mental health professionals: stigma, time availability, confidentiality, locus of control, usefulness of professional helper, self-awareness/self-perception, and self-sufficiency. In no case did females report significantly greater barrier scores than males. These findings offer further support for the hypothesis that males perceive greater numbers of barriers to help seeking than females.

Significant differences were found between the barrier categories most reported by younger adolescents, as compared to older adolescents. Younger adolescents were significantly more likely to report the following barriers to seeking help from mental health professionals: mistrust in confidentiality, peers were sufficient to help with their problems, and an external locus of control. Older adolescents did not report any barrier significantly more often than younger adolescents. These findings offer useful information for the promotion of help-seeking behaviours in adolescents. That is, early intervention efforts directed at younger adolescents could benefit from a strong emphasis on issues pertaining to confidentiality, kinds of problems that mental health professionals are helpful for (as opposed to peers), and improved attitudes about seeking solutions for problems.

Barriers to Informal Help-Seeking

Barriers to informal help seeking referred to reasons why adolescents did not seek help from peers, parents, or teachers. Gender and age differences were consistent with those from previous results regarding stressful problems and formal help seeking. Therefore, males reported significantly greater numbers of barriers to seeking help from peers, parents, and teachers as compared to females. As well, younger adolescents reported a significantly greater number of barriers to informal help seeking than older adolescents.

Barriers to informal help seeking were measured by nine barriers categories (i.e., peers as sufficient, confidentiality, knowledge of resources, alienation, too personal, family as sufficient, self as sufficient, locus of control, and self-awareness/self-perception). The barriers that the adolescents reported to most strongly inhibit asking for

help from informal resources were (1) alienation, (2) confidentiality, and (3) family as sufficient*. Hence, the biggest reason inhibiting adolescents from asking for help was because they felt that their problems could neither be helped, nor understood by adults. The second reason preventing adolescent help seeking was because they did not feel that their problem would be kept a secret (i.e., by peers or teachers). The third reason why adolescents would not seek help for their stressful or upsetting problems was because they felt that their parents usually could not help them. There is clearly a single issue underlying these three barriers to adolescent help seeking, namely that adolescents do not have faith in the support of others. Moreover, this lack of confidence applies to parents, teachers, and even peers.

Significant gender and age differences were reported for barrier categories. Males reported that self-sufficiency, knowledge of resources, and self-awareness/self-perception were significantly greater barriers to seeking help from informal resources, than did females. These findings confirm that different reasons underlie males' and females' differential help-seeking behaviours. Specifically, males were significantly more likely than females to report that they would not seek help from informal resources because: they deal with problems on their own, they do not perceive anyone that they could ask for help, and seeking help might adversely affect their perception of themselves.

Younger adolescents reported that confidentiality, alienation, locus of control, and self-awareness/self-perception were significantly greater barriers to informal help seeking, than did older adolescents. It is noteworthy that younger adolescents reported confidentiality and locus of control as significant barriers to formal help seeking as well.

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* reverse-scored – higher scores indicate disagreement for this category

That alienation and self-awareness/self-perception were reported by younger adolescents as major reasons for not seeking help is somewhat curious. This suggests that younger adolescents did not perceive informal resources (i.e., parents, peers, and teachers) as understanding of their problems and that they were afraid and embarrassed to ask these resources for help. Therefore, to promote help seeking in younger adolescents, these youngsters clearly need to be reassured that parents, peers, and teachers can be helpful resources.

Help-Seeking Behaviours and Barriers to Help Seeking

In comparing adolescents who did not seek help for their most stressful problems versus adolescents that did, the adolescents who reported not seeking help were significantly more likely to perceive greater barriers to both informal and formal resources. The primary reason why adolescents did not seek help for their most stressful problems was self-sufficiency, that is, adolescents felt that they could handle their problem by on their own. However, if the adolescent found the problem to be too much to handle, and he or she will not approach informal or formal resources for help, then that adolescent places himself or herself at-risk for psychological distress. Moreover, because this adolescent will not share their distress with others, they might be at-risk for internalizing problems.

Perceived availability of help-seeking resources was included in this study because past research indicated that adolescents may not be aware of many persons and services available to them (i.e., Dubow et al., 1990, Culp et al., 1995). It was hypothesized that if adolescents were to perceive few resources as being available to them, this in itself could represent an important barrier to help seeking. Significant

relations were found between perceived available help-seeking resources and total numbers of both formal and informal barriers. That is, adolescents who reported having fewer available support resources were also likely to report having higher numbers of barriers to seeking help from both mental health professionals and peers, parents, and teachers. Thus, not only did these adolescents feel as if few support resources were available to them, but they also perceived many barriers to seeking help from the few resources that they *did* have. As a consequence, adolescents meeting the above criteria would likely have limited capacity for seeking help when coping with stress.

Findings were less clear-cut for barriers to help seeking with respect to the number of help-seeking resources actually utilized by the adolescents. While there was a significant, negative relation between total number of utilized resources and total barriers to informal help seeking, this relationship did not hold true for total barriers to formal help seeking. Thus, as the number of help-seeking resources utilized by the adolescents increased, the number of reported barriers to informal help-seeking resources decreased. These findings make intuitive sense when the composition of both help-seeking resource checklists is taken into account. Specifically, the resources most often nominated by adolescents, as both available and utilized, were informal resources. Therefore, greater resistance to informal help seeking would have a significant effect on the number of utilized resources, whereas greater resistance to formal help seeking would have less of an impact.

4.4 Internalizing Behaviour Problems

Internalizing behaviour problems were examined with respect to four domains of internalizing problems: (1) withdrawn symptoms, (2) somatic complaints, (3)

anxious/depressed symptoms, and (4) total internalizing symptomology. These behaviours are referred to as internalizing as they represent internal conflicts that are typically not visible to others.

There were no age differences in any domains of internalizing problems. As well, there were generally no gender differences in internalizing problems, with the exception of the somatic complaints domain in which females had significantly higher scores than males.

Stressful Problems and Internalizing Problems

No relation was found between asking help for stressful problems and internalizing problems. That is, when comparing adolescents who sought help for their stressful problems with those adolescents who did not seek help, there were no significant differences in withdrawn, somatic complaints, anxious/depressed, or overall internalizing problems. These findings were contrary to the prediction that greater levels of internalizing problems would impede help-seeking behaviours. Several factors may have accounted for these results.

First, the participants in this study were drawn from a non-clinical population. Thus, the distribution of adolescents with fewer internalizing problems as compared to greater internalizing problems would be considerably unbalanced, in favour of the less distressed adolescents. Due to this imbalance, there likely was not sufficient numbers of adolescents with significant internalizing problems in which to effect significant results. Second, it could be the case that adolescents with greater internalizing problems seek help in a similar fashion for their *most* stressful problems, but are less likely to seek help for daily stresses, as compared adolescents with fewer internalizing problems. Finally,

there were 25 adolescents who did not indicate a stressful problem, and thus, did not respond to the item relating to seeking help for a stressful problem. It is quite possible that these 25 adolescents who neglected to answer the items related to stressful problems did so because they were, in fact, internalizers. Research has indicated that internalizing problems may preclude the sharing of stress and distress. Therefore, the adolescents experiencing the greater levels of internalizing problems might have chosen not to share their stressful problems, thus excluding them from the analyses.

Adolescents that reported higher levels of internalizing problems also tended to report significantly greater stressfulness, severity, and perceived need for help with problems, relative to those adolescents that reported lower levels of internalizing problems. These results were consistent across all domains of internalizing problems. This suggests that, when confronted with stressful problems, individuals with internalizing problems may have a cognitive vulnerability to appraise stress more negatively and pessimistically than individuals without internalizing problems (Garber & Flynn, 2001).

Internalizing problems were generally unrelated to total numbers of resources sought for a stressful problem. The minor exception to this proclamation was that adolescents with increased levels of withdrawal problems reported significantly fewer help-seeking resources than adolescents with decreased levels of withdrawal problems. One explanation that could account for the non-relation between internalizing problems and total numbers of resources sought for a stressful problem could be that very few resources were endorsed at all, by anyone. Of the help-seeking resources sought for a stressful problem, the mean number of resources was about four, with a minimum of one

resource and a maximum of twelve resources. Considering that there were 25 possible resources for the adolescents to choose from, an average of four resources seems pretty small. Therefore, with such a small number of total reported resources, individual differences would also be small.

Help-Seeking Resources and Internalizing Problems

Withdrawn, somatic complaints, anxious/depressed, and overall internalizing problems were not significantly related to total numbers of perceived available or actual utilized help-seeking resources. These findings were contrary to the proposed hypothesis that adolescents with greater levels of internalizing problems would report fewer perceived available and fewer actual utilized help-seeking resources. As previously intimated, results pertaining to the help-seeking resource checklists are likely misleading due to complications in data collection. Therefore, because the above findings were substantially different than those expected (likely due to data inaccuracy), it would be advantageous to replicate these procedures to determine whether, or not, there is an association between perceived help-seeking resources and internalizing symptomology.

Barriers to Help Seeking and Internalizing Problems

As hypothesized, when the adolescents with greater numbers of perceived barriers to informal and formal help seeking were assessed for internalizing problems, significant positive relations were revealed. That is, adolescents with greater numbers of perceived barriers to help seeking experienced greater withdrawal symptoms, somatic complaints, anxious/depressed symptoms, and overall internalizing problems, than did adolescents with fewer perceived barriers. Categories of barriers to formal and informal help seeking

were analyzed individually with respect to internalizing problems to determine whether some barrier(s) may be more important than others.

Thirteen categories of barriers to formal help seeking were examined (i.e., stigma, self as sufficient, peers as sufficient, family as sufficient, confidentiality, knowledge of resources, alienation, self-awareness/self-perception, perception of professional helpers, time availability, affordability, usefulness of professional helpers, and locus of control). The barrier categories most strongly related to the four domains of internalizing problems were as follows: (1) adolescents with greater withdrawal problems reported lack of affordability to be most important reason for not seeking help from formal resources; (2) adolescents with greater somatic complaints problems reported that the most important barrier to formal help seeking was that their family was sufficient to help with problems; (3) adolescents with greater anxious/depressive problems also reported that the most important barrier to formal help seeking that that their family was sufficient to help with problems; and (4) an external locus of control was the strongest barrier to formal help seeking for adolescents with greater levels of overall internalizing problems.

Six of the formal help-seeking barrier categories were significantly and positively related to all domains internalizing problems. That is, as internalizing problems increased, so did concerns regarding professional/client confidentiality, perceived alienation by adults, poor perceptions of professional helpers, beliefs about required time commitments and costs, and the belief that problems are dependent on external factors. The following barriers were significantly higher for adolescents with elevated scores on some, but not all, domains of internalizing problems: stigma of formal help seeking,

knowledge of formal help-seeking resources, and self-awareness/self-perception with respect to formal help seeking.

Perceiving family as sufficient to help deal with problems and perceiving peers as sufficient to help deal with problems were the only barriers to formal help seeking that were negatively related to all domains of internalizing problems. Of these two barriers, perception of family as sufficient was the only significant negative relation. This means that adolescents with greater levels of internalizing problems were significantly *less likely* to perceive (as a barrier to formal help seeking) that their family was sufficient to help with their problems as compared to adolescents with lower levels of internalizing problems. To clarify, the most distressed adolescents were significantly more likely than less distressed adolescents to perceive professional helpers as more helpful than their families.

Felner, Aber, Primavera, and Cauce (1985) discussed possible explanations for why adolescents with internalizing problems might turn to formal support resources over family resources. They speculated that poor family environments, which often coexist with internalizing problems, might lead adolescents to seek out alternate sources of support. Consequences of poor family support include suicidal ideation and attempts, chronic dysphoria, depression, drug and alcohol involvement, and delinquency (Dubow, Kausch, Blum, Reed, & Bush, 1989; Hops, Lewinsohn, Andrews, & Roberts, 1990; Licitra-Kleckler & Waas, 1993). Therefore, given the severity of the stressful problems that internalizing adolescents may be predisposed to encounter, it is suitable that they may be more likely to seek help from formal resources than from family members.

Barriers to informal help-seeking behaviours were classified according to nine categories (i.e., alienation, confidentiality, family as sufficient, too personal, self as sufficient, locus of control, self-awareness/self-perception, peers as sufficient, knowledge of resources). These informal barrier categories were examined with respect to the four domains of internalizing problems. Adolescents with greater withdrawal, anxious/depressive, and overall internalizing problems all reported that their problems were too personal to seek help from informal resources. Adolescents with higher levels of somatic complaints indicated that their family was not sufficient to help them with their problems. It is unfortunate that many distressed adolescents perceived their problems as too personal to discuss with peers, parents, and teachers as these individuals generally represent adolescents' closest relationships.

Six of the informal barrier categories were significantly and positively related to all domains of internalizing problems. Specifically, as all domains of internalizing problems increased, so did: concerns regarding confidentiality, perceived alienation from adults, perceptions that problem were too personal, perceptions of family ineffectiveness, perceptions of self-sufficiency, and external locus of control. The remaining three informal barrier categories were related to some, but not all, domains of internalizing problems. These three barriers were: ineffectiveness of friends to help with problems, insufficient knowledge of resources, and self-awareness/self-perceptions regarding asking informal resources for help.

To summarize, barriers to help seeking were highly interrelated with internalizing problems. As hypothesized, a greater number of barriers to both formal and informal help seeking coincided with higher levels of internalizing problems. This suggests that

the most distressed adolescents are the least likely to seek help. These findings have important implications for the development of prevention and intervention programs that could serve to identify and assist at-risk adolescents.

4.5 Limitations and Future Directions

Although this study had undoubtedly made important contributions to the study of barriers to adolescent help seeking, some limitations should be noted. First, due to unforeseen complications in data collection, findings involving the help-seeking resource checklists should be approached with caution. Second, this study relied exclusively on self-report methods of collecting data therefore, there is the possibility of subjectivity or response biases in the data. However, self-reports measures are generally accepted as the most advantageous method of eliciting information as adolescents themselves have the most complete knowledge of their attitudes and feelings. Nevertheless, future research should employ multiple methods of data collection (e.g., interviews, multiple sources of information) to facilitate a better understanding of barriers to adolescent help seeking.

Despite the above-mentioned limitations, this study has truly surpassed all expectations as an innovative and comprehensive examination of barriers to adolescent help seeking. This study has succeeded in its three goals to support previous research, introduce unique new research, and pave the way for future research. These findings for why adolescents fail to seek help, even when experiencing significant emotional distress, can inform genuinely worthwhile and efficient intervention strategies by bolstering the appropriate supports and overcoming the appropriate barriers. More information is needed, however, to further explain adolescents' help-seeking pathways. Although the

present study has offered new directions, it is up to future researchers to follow, and further, these important paths.

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Table 1.

Frequencies and Percents for Types of Problems

Problem Type	Freq.	%
Family	69	16.2
School	140	32.9
Friends/Peers	49	11.5
Relationship (boyfriend/girlfriend)	50	11.7
Illness or Death	42	9.9
Future	19	4.5
Other	57	13.4
Total	426	100%

Table 2.

Frequencies and Percents for Stressfulness of Problem by Perceived Need for Help

			NEED HELP					
			No	Maybe	Wasn't sure	Prob.	Defin.	TOT.
Stressfulness of the Problem	Not at all Stressful	Count	**15**	1	0	0	0	16
		% within stress	**93.8%**	6.3%	0.0%	0.0%	0.0%	100.0%
		% within need help	**10.6%**	1.1%	0.0%	0.0%	0.0%	3.8%
		% of total	**3.5%**	0.2%	0.0%	0.0%	0.0%	3.8%
	A little stressful	Count	**44**	21	7	**2**	2	76
		% within stress	**57.9%**	27.6%	9.2%	**2.6%**	2.6%	100.0%
		% within need help	**31.2%**	23.3%	8.8%	**2.9%**	4.4%	17.8%
		% of total	**10.3%**	4.9%	1.6%	**0.5%**	0.5%	17.8%
	Stressful	Count	49	37	35	21	**7**	149
		% within stress	32.9%	24.8%	23.5%	14.1%	**4.7%**	100.0%
		% within need help	34.8%	41.1%	43.8%	30.0%	**15.6%**	35.0%
		% of total	11.5%	8.7%	8.2%	4.9%	**1.6%**	35.0%
	Very stressful	Count	**24**	21	30	**31**	16	122
		% within stress	**19.7%**	17.2%	24.6%	**25.4%**	13.1%	100.0%
		% within need help	**17.0%**	23.3%	37.5%	**44.3%**	35.6%	28.6%
		% of total	**5.6%**	4.9%	7.0%	**7.3%**	3.8%	28.6%
	Extreme stressful	Count	**9**	10	8	16	**20**	63
		% within stress	**14.3%**	15.9%	12.7%	25.4%	**31.7%**	100.0%
		% within need help	**6.4%**	11.1%	10.0%	22.9%	**44.4%**	14.8%
		% of total	**2.1%**	2.3%	1.9%	3.8%	**4.7%**	14.8%
TOTAL		Count	141	90	80	70	45	426
		% within stress	33.1%	21.1%	18.8%	16.4%	10.6%	100.0%
		% within need help	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of total	33.1%	21.1%	18.8%	16.4%	10.6%	100.0%

* Bold-faced type indicates significant result

Table 3.

Frequencies and Percents for Seriousness of Problem by Perceived Need for Help

			NEED HELP					
			No	Maybe	Wasn't sure	Prob.	Defin.	TOT.
Seriousness of the Problem	Not at all Serious	Count	**25**	2	1	1	0	29
		% within serious	**86.2%**	6.9	3.4	3.4	0.0%	100.0
		% within need help	**17.7%**	2.2	1.3	1.4	0.0%	6.8
		% of total	**5.9%**	0.5	0.2	0.2	0.0%	6.8
	A little Serious	Count	**56**	**35**	**11**	**7**	5	114
		% within serious	**49.1%**	**30.7%**	**9.6%**	**9.6%**	4.4%	100.0%
		% within need help	**39.7%**	**39.3%**	**13.8%**	**13.8%**	11.1%	26.8%
		% of total	**13.2%**	**8.2%**	**2.6%**	**2.6%**	1.2%	26.8%
	Serious	Count	40	28	**46**	26	**5**	145
		% within serious	27.6%	19.3%	**31.7%**	17.9%	**3.4%**	100.0%
		% within need help	28.4%	31.5%	**57.5%**	37.1%	**11.1%**	34.1%
		% of total	9.4%	6.6%	**10.8%**	6.1%	**1.2%**	34.1%
	Very serious	Count	**14**	22	16	**27**	17	96
		% within serious	**14.6%**	22.9%	16.7%	**28.1%**	17.7%	100.0%
		% within need help	**9.9%**	24.7%	20.0%	**38.6%**	37.8%	22.6%
		% of total	**3.3%**	5.2%	3.8%	**6.4%**	4.0%	22.6%
	Extreme serious	Count	**6**	**2**	6	9	**18**	41
		% within serious	**14.6%**	**4.9%**	14.6%	22.0%	**43.9%**	100.0%
		% within need help	**4.3%**	**2.2%**	7.5%	12.9%	**40.0%**	9.6%
		% of total	**1.4%**	**0.5%**	1.4%	2.1%	**4.2%**	9.6%
TOTAL		Count	141	89	80	70	45	425
		% within serious	33.2%	20.9%	18.8%	16.5%	10.6%	100.0%
		% within need help	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of total	33.2%	20.9%	18.8%	16.5%	10.6%	100.0%

* Bold-faced type indicates significant result

Table 4.

Frequencies and Percents for Help-Seeking Resources Sought for a Stressful Problem for Sex

Help-Seeking Resources	Males[a]		Females[b]		Total[c]	
	Freq.	%	Freq.	%	Freq.	%
Best friend *	44	55.0	131	74.4	175	68.4
Friend	41	51.3	96	54.5	137	53.5
Boyfriend/girlfriend	22	27.5	66	37.5	88	34.4
Mother	45	56.3	107	60.8	152	59.4
Step-mother	1	1.3	9	5.1	10	3.9
Father	40	50.0	66	37.5	106	41.4
Step-father	3	3.8	8	4.5	11	4.3
Other caregiver/guard.	1	1.3	7	4.0	8	3.1
Sibling	19	23.8	51	29.0	70	27.3
Grandparent	12	15.0	13	7.4	25	9.8
Other family/relative	6	7.5	22	12.5	28	10.9
Co-worker or boss	4	5.0	13	7.4	17	6.6
Friend family/neigh.	3	3.8	13	7.4	16	6.3
Teacher *	29	36.3	38	21.6	67	26.2
Principal	2	2.5	5	2.8	7	2.7
Coach *	10	12.5	6	3.4	16	6.3
School Nurse	0	0.0	0	0.0	0	0.0
Family Doctor	4	5.0	7	4.0	11	4.3

Psychologist	2	2.5	1	0.6	3	1.2
Psychiatrist	0	0.0	2	1.1	2	0.8
Social Worker	4	5.0	11	6.3	15	5.9
Telephone Help Line	0	0.0	1	0.6	1	0.4
Internet resources	2	2.5	6	3.4	8	3.1
Comm. Helping Agen	3	3.8	6	3.4	9	3.5
Other	7	8.8	14	8.0	21	8.2

[a]n = 80. [b]n = 176. [c]n = 256.

* gender difference is significant

Table 5.

Barriers for Why Adolescents Did Not Seek Help for a Stressful Problem

Barrier Category	Total Sample	
	M	SD
Self as Sufficient[a]	3.00	.63
Too Personal[b]	2.40	1.29
Locus of Control[a]	2.97	.86
Confidentiality[a]	2.08	.96
Knowledge of Resources[c]	2.31	1.24
Alienation[a]	2.47	.85
Self-Aware/Self-Percept.[a]	2.12	.96

[a]n = 135. [b]n = 134. [c]n = 133.

Table 6.

Mean Scores for Barriers to Seeking Help for a Stressful Problem for Sex

Barrier Category	Males[a]		Females[b]		*ANOVA*		
	M	SD	M	SD	*df*	*F*	*p*
Self-sufficiency[a]	3.12	.67	2.88	.56	1	5.01	.03*
Too personal[b]	2.32	1.29	2.49	1.29	1	.56	.45
Locus of control[a]	2.86	.86	3.06	.85	1	1.83	.18
Confidentiality[a]	2.09	.96	2.07	.96	1	.02	.88
Knowledge of Resources[c]	2.30	1.23	2.31	1.26	1	.00	.96
Alienation[a]	2.59	.89	2.36	.79	1	2.54	.11
Self-Aware/Self-Percept.[a]	2.21	.95	2.03	.97	1	1.16	.28

[a]n = 135. [b]n = 134. [c]n = 133.

* $p < .05$

Table 7.

Correlations between Age and Stressful Problems Barrier Categories

Barrier Category	1	2	3	4	5	6	7
AGE	-.04	.04	-.04	-.15	-.16	-.15	-.08

Note. 1 = self-sufficiency, 2 = too personal, 3 = locus on control, 4 = confidentiality, 5 = knowledge of resources, 6 = alienation, 7 = self-awareness/self-perception.

* $p < .05$

Table 8.

Frequencies and Percents for Perceived Available Help-Seeking Resources for Sex

Help-Seeking Resources	Males[a]		Females[b]		Total[c]	
	Freq.	%	Freq.	%	Freq.	%
Best friend	79	41.4	100	55.9	179	93.2
Friend	77	44.5	96	55.9	173	90.1
Boyfriend/girlfriend	43	43.9	55	56.1	88	51.0
Mother	77	43.8	99	56.3	176	91.7
Step-mother	5	25.0	15	75.0	20	10.4
Father	76	45.8	90	54.2	166	86.5
Step-father	5	25.0	15	75.0	20	10.4
Other caregiver/guard.	6	40.0	9	60.0	15	7.8
Sibling	63	42.6	85	57.4	148	77.1
Grandparent	53	42.4	72	57.6	125	65.1
Other family/relative	26	37.7	43	62.3	69	35.9
Co-worker or boss	28	41.8	39	58.2	67	34.9
Friend family/neigh.	37	37.8	61	62.2	98	51.0
Teacher	60	42.9	80	57.1	140	72.9
Principal	36	43.4	47	56.6	83	43.2
Coach	39	56.5	30	43.5	69	35.9
School Nurse	7	38.9	11	61.1	114	59.4
Guidance	44	38.6	70	61.4	18	9.4

Family Doctor	30	36.1	53	63.9	83	43.2
Psychologist	7	26.9	19	73.1	26	13.5
Psychiatrist	6	23.1	20	76.9	26	13.5
Social Worker	12	31.6	32	68.4	38	19.8
Telephone Help Line	23	41.8	24	58.2	55	28.6
Internet resources	24	50.0	24	50.0	48	25.0
Religious Figure	44	53.0	39	47.0	83	43.2
Comm. Help. Agen.*	13	27.7	34	72.3	47	24.5
Other	20	20.0	4	80.0	5	2.6

[a]n = 86. [b]n = 106. [c]n = 192.

* gender difference is significant

Table 9.

Frequencies and Percents for Actual Utilized Help-Seeking Resources for Sex

Help-Seeking Resources	Males[a]		Females[b]		Total[c]	
	Freq.	%	Freq.	%	Freq.	%
Best friend *	51	36.4	89	63.6	140	72.9
Friend *	48	37.8	79	62.2	127	66.1
Boyfriend/girlfriend	26	38.2	42	61.8	68	35.4
Mother	49	40.2	73	59.8	122	63.5
Step-mother	2	25.0	6	75.0	8	4.2
Father	44	41.9	61	58.1	105	54.7
Step-father	3	42.9	4	57.1	7	3.6
Other caregiver/guard.	0	0.0	3	100.0	3	1.6
Sibling	33	38.4	53	61.6	86	44.8
Grandparent	14	50.0	14	50.0	28	14.6
Other family/relative	9	33.3	18	66.7	27	14.1
Co-worker or boss	12	63.2	7	36.8	19	9.9
Friend family/neigh.	8	38.1	13	61.9	21	10.9
Teacher	22	46.8	25	53.2	47	24.6
Principal	2	66.7	1	33.3	3	1.6
Coach *	13	76.5	4	23.5	17	8.9
School Nurse	0	0.0	0	0.0	0	0.0
Guidance	11	34.4	21	65.6	32	16.8

Family Doctor	4	26.7	11	73.3	15	7.9
Psychologist	0	0.0	0	0.0	0	0.0
Psychiatrist	0	0.0	1	0.9	1	0.5
Social Worker	0	0.0	2	1.9	1	1
Telephone Help Line	2	2.4	0	0.0	2	1
Internet resources	5	55.6	4	44.4	9	4.7
Religious Figure	4	66.7	2	33.3	6	3.1
Comm. Help. Agen.	1	14.3	6	85.7	7	3.7
Other	0	0.0	3	100.0	3	1.6

[a]n = 85. [b]n = 107. [c]n = 192.

* gender difference is significant

Table 10.

Mean Scores for Barriers to Adolescents Seeking Help (BASH)

Barrier Category	Adolescents Who Sought Help for a Stressful Problem		Adolescents Who Did Not Seek Help for a Stressful Problem		Total Sample	
	M	*SD*	*M*	*SD*	*M*	*SD*
Stigma	2.22	.67	2.35	.74	2.29	.70
Peers as Sufficient	3.78	1.00	3.60	1.06	3.70	1.04
Family as Sufficient	3.67	1.03	3.58	1.08	3.61	1.04
Time Availability	2.65	1.12	2.94	1.17	2.75	1.15
Usefulness of Prof. Help	2.71	.64	2.88	.57	2.78	.62
Perception of Prof. Help	2.56	.82	2.64	.86	2.59	.84
Self-sufficiency	2.96	.70	3.20	.76	3.04	.72
Affordability	2.43	1.21	2.36	1.15	2.41	1.19
Locus of control	2.54	.79	2.77	.83	2.61	.77
Confidentiality	2.87	1.04	2.81	1.00	2.87	1.01
Knowledge of Resources	2.67	1.18	2.88	1.22	2.75	1.19
Alienation	2.84	.77	2.92	.82	2.88	.80
Self-Aware/Self-Percept.	2.44	.68	2.56	.72	2.51	.70

Table 11.

Mean Scores for Barriers to Adolescents Seeking Help (BASH) for Sex

Barrier Category	Males[a]		Females[b]		*ANOVA*		
	M	*SD*	*M*	*SD*	*df*	*F*	*p*
Stigma	2.54	.69	2.13	.67	1	36.10	.00**
Peers as Sufficient	3.68	1.12	3.72	.99	1	.16	.69
Family as Sufficient	3.67	1.02	3.58	1.06	1	.75	.39
Time Availability	2.92	1.17	2.64	1.13	1	6.01	.02*
Usefulness of Prof. Help	2.97	.60	2.67	.60	1	24.97	.00**
Perception of Prof. Help	2.62	.85	2.57	.84	1	.45	.50
Self-sufficiency	3.28	.72	2.89	.68	1	32.07	.00**
Affordability	2.38	1.15	2.42	1.21	1	.09	.77
Locus of control	2.75	.73	2.52	.78	1	9.07	.00**
Confidentiality	3.07	1.03	2.75	.99	1	9.70	.00**
Knowledge of Resources	2.82	1.22	2.70	1.17	1	.92	.34
Alienation	2.97	.80	2.82	.80	1	3.66	.06
Self-Aware/Self-Percept.	2.67	.68	2.41	.69	1	14.76	.00*

* $p < .05$. ** $p < .01$

Table 12.

Mean Scores for Barriers to Informal Help Seeking (BIHS)

Barrier Category	Adolescents Who Asked for Help		Adolescents Who Did Not Ask for Help		Total Sample	
	M	*SD*	*M*	*SD*	*M*	*SD*
Peers as Sufficient	1.72	.76	1.89	.74	1.79	.77
Family as Sufficient	2.56	1.08	2.53	1.12	2.55	1.09
Self-sufficiency	2.35	.66	2.61	.65	2.45	.67
Too Personal	2.51	.86	2.49	.92	2.50	.88
Locus of control	2.33	.73	2.59	.81	2.43	.76
Confidentiality	2.58	.89	2.67	.84	2.62	.89
Knowledge of Resources	1.51	.70	1.65	.73	1.57	.73
Alienation	2.85	.78	2.88	.84	2.86	.81
Self-Aware/Self-Percept.	2.32	.65	2.38	.68	2.36	.65

Table 13.

Mean Scores for Barriers to Informal Help Seeking (BIHS) for Sex

Barrier Category	Males[a]		Females[b]		*ANOVA*		
	M	*SD*	*M*	*SD*	*df*	*F*	*p*
Peers as Sufficient	1.89	.84	1.74	.73	1	3.85	.05*
Family as Sufficient	2.48	1.07	2.60	1.12	1	1.32	.25
Self-sufficiency	2.71	.66	2.30	.64	1	41.34	.00**
Too Personal	2.58	.90	2.45	.88	1	1.91	.17
Locus of control	2.53	.77	2.37	.77	1	4.64	.03*
Confidentiality	2.75	.97	2.55	.84	1	5.29	.02*
Knowledge of Resources	1.70	.80	1.50	.70	1	7.66	.01**
Alienation	2.99	.82	2.79	.81	1	6.25	.01*
Self-Aware/Self-Percept.	2.55	.63	2.24	.65	1	23.27	.00**

* $p < .05$. ** $p < .01$

Table 14.

Correlations for Internalizing Problems and Stressful Problems Items

YSR Scale	Internalizing Problems Total Scores	Withdrawn Subscale Scores	Somatic Complaints Subscale Scores	Anxious/ Depressed Subscale Scores
		Stressful Problems		
Stressfulness of Problem	.37**	.25**	.34**	.40**
Seriousness of Problem	.20**	.16**	.14**	.24**
Perceived Need for Help w/ Prob.	.25**	.16**	.22**	.25**
Total H.S. Resources	-.05	-.16*	-.02	-.03
Barriers to Seeking Help (Total Scores):	.40**	.37**	.13	.37**
– Self as Sufficient	.16	.17	.07	.09
– Too Personal	.38**	.30**	.19**	.40**
– Locus of Control	.37**	.32**	.25**	.32**
– Confidentiality	.32**	.30**	.12	.40**
– Knowledge of Resources	.33**	.32**	.12	.40**
– Alienation	.36**	.24**	.26**	.34**
– Self-Awareness/ Self-Perception	.37**	.35**	.14	.37**

* $p < .05$. ** $p < .01$.

Table 15.

Correlations for Internalizing Problems and Help-Seeking Resources and Barriers to Formal Help Seeking

YSR Scale	Internalizing Problems Total Scores	Withdrawn Subscale Scores	Somatic Complaints Subscale Scores	Anxious/ Depressed Subscale Scores
		Help-Seeking Resources		
Perceived Available H.S. Resources	.09	.02	.09	.06
Actual Utilized H.S. Resources	-.00	-.12	.11	.01
		Barriers to Formal Help Seeking		
Total Barriers to Formal Help Seeking	.27**	.23**	.12**	.23**
– Stigma	.21**	.18**	.08	.18**
– Self as Sufficient	.04	.09	-.08	-.01
– Peers as Sufficient	-.09	-.11**	-.04	-.07
– Family as Sufficient	-.25**	-.20**	-.20**	-.28**
– Confidentiality	.21**	.18**	.15**	.17**
– Knowledge of Resources	.09	.10*	.03	.09
– Alienation	.23**	.18**	.14**	.20**
– Self-Awareness/ Self-Perception	.21**	.20**	.08	.17**
– Perception of Prof. Helpers	.22**	.19**	.17**	.21**
– Time Availability	.22**	.20**	.13**	.18**
– Affordability	.27**	.26**	.18**	.24**
– Usefulness of Prof. Helpers	.05	.03	-.02	.00
– Locus of Control	.29**	.26**	.17**	.23**

* $p < .05$. ** $p < .01$.

Table 16.

Correlations for Internalizing Problems and Barriers to Informal Help Seeking

YSR Scale	Internalizing Problems Total Scores	Withdrawn Subscale Scores	Somatic Complaints Subscale Scores	Anxious/ Depressed Subscale Scores
		Barriers to Informal Help Seeking		
Total Barriers to Informal Help Seeking	.30**	.36**	.18**	.35**
– Self as Sufficient	.27**	.27**	.10*	.26**
– Peers as Sufficient	.11*	.16**	.01	.14**
– Family as Sufficient	.28**	.25**	.25**	.30**
– Confidentiality	.26**	.24**	.14**	.26**
– Knowledge of Resources	.13**	.15**	.08	.09
– Alienation	.27**	.18**	.18**	.28**
– Self-Awareness/ Self-Perception	.16**	.22**	-.02	.15**
– Too Personal	.38**	.38**	.23**	.33**
– Locus of Control	.29**	.27**	.18**	.25**

* $p < .05$. ** $p < .01$.

APPENDIX A: Informed Consent

Parent's/Guardian's Information/Consent Sheet
Study of Adolescents' Feelings of Well-Being and Social Supports

Dear Parent(s),Guardian(s), and Students Over 18 Years of Age,

We are writing this letter to request your permission to allow your son/daughter (under the age of 18) to participate in our study. Or, if you are a student over 18 years of age, we are requesting your participation in our research project.

Both your School Board and your high school Principal have kindly given their permission for this research to take place. This research has been cleared by the Ethics Committee of the Psychology Department of the University of Windsor, and any concerns may be reported to Dr. Stewart Page, Chair of the Ethics Committee (519-253-3000 ext. 2243).

Purpose: This study is about how adolescents feel about themselves, the kinds of stress they experience, and the supports they receive from others.

What Participants Do: Students will be asked to complete 14 brief questionnaires about his/her stress, social supports, relationships, and feelings of well-being. The questionnaires will be administered during regular school hours and will take approximately 75 minutes.

Student's Rights: Involvement in this study is voluntary. Any student may leave the study at any time or choose not to answer any question(s) that he/she feels uncomfortable answering.

Some of the questionnaires used in this study were designed to be screening tools to identify adolescents who might be experiencing emotional difficulties. It is incumbent upon us to inform you if it appears that your son/daughter (under 18 years of age) may be distressed or at risk for depression. If the student is over 18 years of age and indicates that he/she may be distressed or at risk for depression, we will be contacting that student directly. With consent, we can also notify the school psychologist, social worker, or guidance counselor. Due to the nature of the types of questionnaires used in this study, inaccuracies in the information obtained may result. In addition, some adolescents who are experiencing emotional distress may not be identified by these questionnaires because they rely on self-report information. A thorough assessment provided by a mental health professional would be necessary to determine if your son/daughter is emotionally distressed. Some community resources are provided:

Help Link (Central access number where referrals are made) 257-5437
Distress Centre Windsor Essex County 256-5000
Kids Help Phone 1-800-668-6868

Children's Crisis Service (CSS)
690 Cataraqui St.
Windsor, ON
N9A 3P1 519-252-2720 or 1-800-265-5609 (24-hour service)

Regional Children's Centre (RCC)- Windsor Western Hospital
1453 Prince Road
Windsor, ON
N9C 3Z4; 519-257-5215 or 519-257-5437

Teen Health Centre (THC)
1585 Ouellette Ave.
Windsor, ON
N9X 1K5; 519-253-8481 (Central number)

Teen Health Centre Windsor/Essex County Satellite Offices:

Belle River & District Community Information Centre
571B Notre Dame St., Belle River

Health Smart Drug Store
1775 Sprucewood
LaSalle

South Essex Community Centre
215 Talbot St. E.
Leamington

Kingsville Youth Centre
1 Main St. W., Unit 7
Kingsville

Essex Youth Centre
242 Talbot St. N.
Essex

Amherstburg Community Services
400 Sandwich St. S., Unit 31
Amherstburg

The Teen Health Centre also offers a parent support group. You may also want to contact your family physician to discuss any mental health related concerns and/or questions.

The paperwork for this project will be kept confidential. Students' responses will be identified by a code number and will not appear on any of the questionnaires or reports of this study. This code number will allow us to identify those students who may be experiencing emotional difficulties.

Feedback: If you are interested in receiving a copy of the results once the study has been completed, please indicate your name and mailing address on the consent form.

If you have any questions about this study or would like further information, please feel free to contact us.

Amy Silverman, M. A.
Dept. of Psychology, Univ. of Windsor
519-973-7012

Rosanne Menna, Ph.D., C. Psych.
Dept. of Psychology, Univ. of Windsor
519-253-3000 ext. 2230

Lindsay Stanhope, B.Sc.
Dept. of Psychology, University of Windsor
519-253-3000 ext. 2215

----------**PLEASE RETURN TO YOUR SCHOOL**----------

I, _____ HAVE READ AND I UNDERSTAND THIS CONSENT
(**parent/guardian** or **student over the age of 18** print name in full)

FORM AND GIVE PERMISSION
TO

(print student's name in full)

PARTICIPATE IN THIS STUDY _____.
(signature/relationship to student)

DATE _____ PHONE NUMBER

YES, _____ I would like to receive a copy of the results of this study (please write address below)

Address:

APPENDIX B: Teen Consent Form

Teen Consent Form

Study of Adolescents' Feelings of Well-Being and Social Supports

Our names are Amy Silverman and Lindsay Stanhope. We are students at the University of Windsor. We would like you to participate in our study about teen relationships, stress, and well-being.

If you agree to participate, we will ask you to read and answer some questions. There are 13 brief questionnaires to answer and it will take about 1.5 to 2 hours to fill them out. These questions have no right or wrong answers and all of your answers will be kept private. Your name or school will not appear on any reports of the results. We will not share your answers with your teachers, parents, or other teens. However, there are some very important exceptions when we might need to contact your parents.

Sometimes, teens have problems that make them feel very sad or unhappy. If we think that a teen is having serious difficulties, we will need to contact their parents and other people who can help them.

If you would like to participate in our study, please sign your name below and return the signed part to one of us. You don't have to answer all of the questions if you don't want to and you can stop any time if you decide that you don't want to finish the questionnaires. If you have any questions about the study, we are more than happy to answer them.

I have read and understand the above information and I agree to participate in this study.

Name (please print) _____ **Date**

_____

APPENDIX C: Self-Report Measures

Teen Background Information Questionnaire

1. When is your birthday? Please give the month, day, and year (example: June 3, 1984).

   My birthday is _____.

2. What sex are you?

   - ☐ Male
   - ☐ Female

3. How old are you in years? (example: I am 14 years old.)

   I am _____ years old.

4. What grade are you in?

   - ☐ Grade 9
   - ☐ Grade 10
   - ☐ Grade 11
   - ☐ Grade 12
   - ☐ OAC

5. What race or ethnicity do you *most* identify with?

   - ☐ Caucasian
   - ☐ Black
   - ☐ Hispanic
   - ☐ Asian/Pacific
   - ☐ Native
   - ☐ Other- Specify _____

6. Are your parents _____?

   - ☐ Married
   - ☐ Divorced
   - ☐ Separated
   - ☐ Living together
   - ☐ Remarried
   - ☐ None of the above

7. What is your mother's education level?

- ☐ Less than 7 years
- ☐ Some junior high school (e.g., Grade 7, 8, 9)
- ☐ Some high school (e.g., Grade 10, 11, 12)
- ☐ Graduated from high school or equivalent high school diploma
- ☐ Some college or university
- ☐ Graduated from college or university
- ☐ Other _____

8. What is your father's education level?

- ☐ Less than 7 years
- ☐ Some junior high school (e.g., Grade 7, 8, 9)
- ☐ Some high school (e.g., Grade 10, 11, 12)
- ☐ Graduated from high school or equivalent high school diploma
- ☐ Some college or university
- ☐ Graduated from college or university
- ☐ Other _____

9. Is your mother currently employed?

- ☐ Yes
- ☐ No

What is/was your mother's occupation? _____

10. Is your father currently employed?

- ☐ Yes
- ☐ No

What is/was your father's occupation? _____

Stressful Problems

Everyone has troubles or problems that they need help with sometimes. These troubles could be related to school, family, friends, and feelings. We are asking that you list at least three of the most stressful or upsetting problems that you have had in the last 6 months.

1. **Your most stressful or upsetting problems in the last 6 months were ...**

   1. _____

      _____

      _____

      _____

   2. _____

      _____

      _____

      _____

   3. _____

      _____

      _____

      _____

OF THE PROBLEMS THAT YOU JUST LISTED...

Please CIRCLE the problem that you found to be the MOST stressful or upsetting to you. Please keep this most stressful or upsetting problem in mind when answering the following questions.

2. How stressful was your problem?

- ☐ Not at all stressful.
- ☐ A little stressful.
- ☐ Stressful.
- ☐ Very stressful.
- ☐ Extremely stressful.

3. How serious was your problem (to you)?

- ☐ Not at all serious.
- ☐ A little serious.
- ☐ Serious.
- ☐ Very serious.
- ☐ Extremely serious.

4. Did you feel as if you needed help for your problem?

- ☐ No, I did not feel as if I needed help with my problem.
- ☐ I felt that I maybe needed help with my problem.
- ☐ I wasn't sure if I needed help with my problem.
- ☐ I felt that I probably needed help with my problem.
- ☐ I felt that I definitely needed help with my problem.

5. Did you ask someone for help for this problem?

If YES, then please indicate who you asked below.
If NO then please turn the page and indicate why you didn't ask for help

☐ **YES, I asked someone for help with my problem. I talked to... (CHECK ALL THAT APPLY)**

- ☐ Best friend
- ☐ Friend
- ☐ Boyfriend or Girlfriend
- ☐ Mother
- ☐ Step-mother
- ☐ Father
- ☐ Step-father
- ☐ Other caregiver or guardian – Please specify _____
- ☐ Sibling (e.g., brother, sister, step-sister, step-brother)
- ☐ Grandparent
- ☐ Other Family Member or Relative – Please specify _____
- ☐ Co-worker or Boss
- ☐ Friend of the family or neighbour
- ☐ Teacher
- ☐ Principal
- ☐ Coach
- ☐ School Nurse
- ☐ Family Doctor
- ☐ Psychologist
- ☐ Psychiatrist
- ☐ Social Worker
- ☐ Telephone Help Line
- ☐ Internet support/chat group or question and answer webpage
- ☐ Community Helping Agencies (i.e. Teen Health Centre, youth centre)
- ☐ Other – Please specify _____

☐ **NO, I did not ask anyone for help with my problem, because...**
(please check (✓) how you feel about **EVERY** item)

Reason	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
My problem wasn't serious enough to ask for anyone's help.					
My problem was too personal to ask for anyone's help.					
I think that I should work out my own problems.					
No matter what I did, it would not change the problem I had.					
I thought that my problem would go away by itself.					
If I told someone my problem, they wouldn't keep it a secret.					
I didn't know who to talk to about my problem.					
I didn't feel as if any person or helping service could help me with my problem.					
I didn't have anyone that I could talk to about my problem.					
People really can't understand the problems of teenagers today.					
Asking for help is more helpful for adults than for teenagers.					
I was afraid of what other people might think of me if I told them about my problem.					
I was too embarrassed to ask for help for my problem.					
I am too old to ask anyone for help with my problems.					
I didn't need anyone to help me with my problem.					
I was afraid that if I told someone about my problem (e.g., friend, teacher, guidance counselor) they would tell my parent/caregiver.					
If I had asked for help from someone, I might've found out that I was different.					
Asking for help means that you aren't responsible enough to handle the problem yourself.					
Other reason. Please specify _____					
Other reason. Please specify _____					

Who Helps You? Help-Seeking Resource Checklist

Everybody asks for help with their problems from time to time. We are interested in knowing: Who is **AVAILABLE** for you to ask help from (e.g., at your home, in your community, at your school)? That is, who **COULD** you ask for help with your problems, **even if you didn't actually ask them** (e.g., If you could have asked your grandmother for help with your problems, but you didn't actually ask her – then check "AVAILABLE for me to ask for help"). And, **who have you actually asked** for help with your problems **in the last 6 months**? Please check (✓) all of the items below that apply.

Help-Seeking Resource	**AVAILABLE** for me to ask for help	I have asked for help in the last six months from…
Best friend		
Friend		
Boyfriend or Girlfriend		
Mother		
Step-mother		
Father		
Step-father		
Other caregiver or guardian – Specify: _____		
Sibling (e.g., brother, sister, step-brother, step-sister)		
Grandparent		
Other family member or relative – Specify _____		
Co-worker or boss		
Friend of the family or neighbour		
Teacher		
Principal		
Coach		
Guidance Counselor		
School Nurse		
Family Doctor		
Psychologist		

	AVAILABLE for me to ask for help	I have asked for help in the last six months from…
Psychiatrist		
Social Worker		
Telephone Help Line		
Internet support/chat group or question and answer webpage.		
Priest, Minister, Rabbi		
Community Helping Agencies (i.e. Teen Health Centre, youth centre)		
No one		
Other – Please specify: _____ _____ _____ _____		

Barriers to Adolescents Seeking Help

The following questionnaire asks about how teens seek help for any stressful or upsetting problems. When answering the questions we ask that you remember that professional helpers include people like psychologists, psychiatrists, social workers, and community mental health centres. Read each question carefully and check (✔) the response that is most like your feelings about that question. Please check only one response for each item.

Question	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
1. My friends would think I was crazy if I got professional help.					
2. If I had a problem, my friends could help me more than professional help.					
3. If I had a problem I would solve it by myself.					
4. If I had a problem, my family would help me more than professional help.					
5. Even if I wanted to, I wouldn't have time to get professional help.					
6. If I got professional help for a problem, my problem would not be kept secret.					
7. People who get professional help are crazy.					
8. If I got professional help my family would think I was weak.					
9. The idea of getting professional help is pretty scary to me.					
10. If I got professional help, I may have to do or say something that I don't want to.					
11. I think that professional help can be harmful.					
12. I think that professional helpers really want to help people.					
13. Getting professional help means that you don't have the strength to handle the problem yourself.					
14. From what I know, most people get help from professional helpers.					
15. My parents have said they really don't believe in professional help.					
16. I'd never want my friends to know I was getting professional help.					
17. I'd never want my family to know I was getting professional help.					

Question	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
18. Adults really can't understand the problems that kids have.					
19. Professional help is more helpful for adults than for teenagers.					
20. I know where I could get professional help if I needed to.					
21. Professional help can often help teenagers with their problems.					
22. Professional helpers really can't understand teenagers' problems today.					
23. Even if I had a problem, I'd be too embarrassed to talk to a professional helper about it.					
24. If I got professional help, it would make me feel like I was crazy.					
25. If I ever talked to a professional helper about personal things, I'm sure my family would hear about it.					
26. I could not afford to get professional help even if I wanted to.					
27. If I ever went to get professional help, my parents would be pretty upset.					
28. If I had a problem, my parents would think that getting professional help was a good idea.					
29. No matter what I do, it will not change the problems I have.					
30. My problems will go away by themselves.					
31. I know people who have been helped by professional help.					
32. I have had problems in the past which really upset me.					
33. If I got professional help I might find out I was crazy.					
34. My family thinks that anyone who gets professional help is crazy.					
35. I cannot imagine having a problem so serious that I would get professional help.					
36. I think that I should work out my own problems.					
37. People don't need professional help to help them with their problems.					

Barriers to Informal Help Seeking

The following questionnaire asks about how teens seek help for stressful or upsetting problems from persons who are part of their everyday social network (e.g., parents, peers, teachers). Read each question carefully and check (✔) the response that is most like your feelings about that question. Please check only one response for each item.

Question	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
1. My friends can usually help me with my problems.					
2. If I told a friend my problem they would not keep it a secret.					
3. I know that I have friends I could ask for help if I needed to.					
4. Parents really can't understand the problems of teens today.					
5. My problems are too personal to discuss with my friends.					
6. My parents can usually help me with my problems.					
7. I am too old to talk to my parents about my problems.					
8. My problems are too personal to discuss with my parents.					
9. If I asked my parents for help, they may make me do something that I don't want to.					
10. Teachers really can't understand the problems of teens today.					
11. I would be embarrassed to talk to my friends about my problems.					
12. If I told a teacher about my problem(s) he or she would not keep it a secret.					
13. I am afraid of what my friends might think of me if I told them about my problems.					
14. No matter what I do, it will not change the problems that I have.					
15. My problems will go away by themselves.					
16. I have had problems in the past which have really upset me.					
17. Asking for help is more helpful for adults than for teenagers.					
18. If I asked for help from a friend, I might find out that I was different.					
19. If I had a problem, I wouldn't need my friends' to help me solve it.					
20. Asking your parents for help means that you are not responsible enough to handle the problem yourself.					
21. I think that I should work out my own problems.					
22. Teenagers don't need their parents to help them with their problems.					

APPENDIX D: Feedback Sheet

Debriefing

Thank you for participating in our study. The purpose of the study was to examine the relations between support seeking and emotional difficulties among adolescents. Past research has shown that at least 10% to 20% of adolescents in the general population experience a depressive disorder, most of whom do not seek support. Because adolescents very seldom seek support for emotional problems, this research is being conducted to better inform school personnel, parents, and youth workers about how to best help adolescents experiencing emotional difficulties obtain the necessary supports. Factors such as social support, life stress, attachment, and barriers to seeking support will be examined across age and gender and with respect to emotional difficulties.

Results of this study should be available late April 2001. If you are interested in these results you can the student investigators, Amy Silverman or Lindsay Stanhope, or contact the Principal Investigator, Dr. Menna (253-3000 ext. 2230) at the Department of Psychology, University of Windsor.

VITA AUCTORIS

Lindsay J. Stanhope arrived at the University of Windsor in September 2000. She obtained her Bachelor of Science with Honours in Psychology (supervised by Dr. V. Parliament) from Saint Mary's University in her home province of Nova Scotia. She is currently in her third year of graduate study in the Clinical/Developmental program, with a subspeciality in Developmental Psychopathology. Lindsay will continue her graduate studies with the University of Windsor, and plans to return home to the Maritimes upon completion of her doctoral degree.