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SOCIAL–PSYCHOLOGICAL FACTORS AFFECTING HELP-SEEKING FOR EMOTIONAL PROBLEMS

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Abstract—Predictors of the attitudinal measure of orientation toward help-seeking for emotional problems have been shown to include demographic, network, and personality variables. This research determined whether these same variables predict the behavioral outcome measure of help-seeking, both in general and from professional services in particular. Help-seeking in response to emotional problems was studied in a sample of Australian adolescents. General help-seeking was predicted by more symptoms of psychological distress, being female, availability of social support, knowing someone who had sought professional help, and the personality characteristics of high private self-consciousness and willingness to disclose mental health. When only those with evident emotional distress were considered, only gender and willingness to disclose remained significant predictors. These same variables did not account for those who sought professional help rather than relying upon their informal network. Level of psychological distress was the only significant predictor of professional consultation. Psychological symptoms and gender were shown to be more relevant predictors of the behavioral measure of help-seeking than network or personality characteristics.

Key words—help-seeking, emotional problems

INTRODUCTION

Minor affective disorders are the most common disorders in all industrialized countries [1]. Yet most people suffering from clinically relevant psychological distress do not consult professional services [2–4]. Many factors have been suggested to explain this reluctance in help-seeking. Rates of medical service utilization have been shown to be related to the socio-demographic variables of age, gender, education, religion, socio-economic status, ethnicity, and delivery system characteristics [5–7]. While these approaches explain some of the variance, individual differences within groups persist [8]. As interest in more micro levels of analysis has emerged, personality has become a focus for empirical study.

One such personality characteristic has been orientation toward help-seeking. A favorable attitude, or psychological readiness to seek help, has been found to facilitate actual help-seeking behavior [9–11]. Tijhuis *et al.* [12] examined some of the determinants of a favorable orientation by analyzing personality, demographic, and network characteristics. Help-seeking orientation was defined in two ways: in terms of willingness to seek help in general and in terms of willingness to seek help from mental health professionals rather than general practitioners. They concluded that those more willing to seek help generally were younger, more educated, had a higher family income, had acquaintances who worked in mental health care, were open about mental health outcomes, did not see their health as being due to chance, and were less dependent on their general practitioner. Those who were willing to seek help from a mental health professional were distinguished from those who were willing to seek help from a general practitioner only by having a higher education.

The current study addresses similar issues to those raised by Tijhuis *et al.* [12] but uses the behavioral outcome variable of help-seeking rather than the attitudinal variable of help-seeking orientation. The first aim was to identify factors that differentiated help-seekers from non-helpseekers. The second was to identify the factors that lead some to seek help from professional services while others rely on their informal social network. Examining use of the informal social network as a source of help expands on previous work, which has tended to concentrate on formal sources of care. There is evidence to suggest, however, that informal sources are a predominant source of care, and generally a first step in the help-seeking process [13, 14]. The processes that facilitate the step beyond informal care to the formal help network are relevant to the study of illness behavior.

The model used to explain help-seeking behavior comprised personality, demographic, and network variables as well as psychological symptoms. Tijhuis *et al.* [12] did not control for symptoms and acknowledge this as a limitation of their model. Symptoms and their severity have been shown to be one of the

major determinants of help-seeking [3, 15]. The often cited help-seeking model of Kessler *et al.* [16] identifies symptoms along with an orientation or propensity to seek help as the primary components. In this study, symptoms were included as a predictor in the help-seeking model and also as a control variable so that the effect of personality factors, independent of symptoms, could be ascertained. This model further expands on that of Kessler *et al.* by defining some of the factors related to propensity to seek help in terms of network and personality characteristics. Furthermore, the model is applied to predicting two types of help-seeking behavior: help-seeking in general and help-seeking specifically from professional services rather than only the informal social support network. While the same model is applied to both types of help-seeking, factors that operate differently for each type of help will be explored.

Personality characteristics

Locus of control has been examined widely as a predictor of help-seeking but with inconsistent results. Some researchers have found that internals engage in more adaptive health behavior [17] while others have shown it to be more functional to have an external locus of control [18]. Amato and Bradshaw [13] found no difference between internals and externals on help-seeking behavior.

A more promising predictor of behavior related to mental health is the personality trait of private self-consciousness [19] or introspection as conceptualized by Mechanic [20]. Both are measures of a person's tendency to think about themselves and monitor their internal thoughts and feelings. A large body of research has demonstrated that being high on such a trait increases awareness and intensity of internal states, including psychological symptoms [20–22]. Greater awareness should make a person's psychological state more salient and more likely to be acted upon.

Openness about mental health is a psychological variable that has been linked with willingness to seek help [12]. In this study, a similar concept of willingness to disclose mental health status was expected to facilitate actual help-seeking behavior.

Network characteristics

Having acquaintances in mental care and having had prior personal contact with mental health professionals were network characteristics that Tijhuis *et al.* [12] found affected willingness to seek help. Because this study focused on adolescents, a more relevant network characteristic for this age group was knowing someone who had sought professional mental health care.

Although number of close friends does not seem to affect willingness to seek help [12], social network characteristics have been shown to affect the likelihood of actually seeking professional help. Those with more close friends are less likely to seek help from professional services [23]. People with more social support rely on their social network for support while those without strong social ties visit the doctor [24–26]. Interest in the use of informal support, rather than professional services, makes network characteristics central to this study.

A more specific characteristic of the social network expected to impact on help-seeking was confidence in doctors. This relates to dependence on general practitioners, which was found to influence willingness to seek help [12]. Level of confidence in doctors reflects the degree to which one's social network encourages professional consultation.

Demographic characteristic

Gender is one of the most consistent predictors of help-seeking behavior. There is considerable debate over whether being male or female has a direct effect on help-seeking or whether its influence is indirect. Some researchers [27–29] have argued that greater help-seeking by women is a result of women's higher rate of affective disorder. The effect of gender must be considered, therefore, in any model of symptoms and help-seeking behavior.

The present paper examines the determinants of help-seeking behavior among Australian adolescents. It was predicted that those who sought help would be more likely to be female, suffering from psychological symptoms, higher on the trait of private self-consciousness, more willing to disclose their current mental state, and have frank and confiding relationships available within their social network. Those who sought help from professional services rather than relying solely on their social network would have greater confidence in doctors, more psychological symptoms, know someone who had sought professional mental health care, more likely to feel lonely, and lack the availability of a frank and confiding relationship.

METHOD

The data reported here are from the first wave of a longitudinal study of adolescent help-seeking behavior undertaken in 1985 and 1986. The first wave of data was collected in October 1985 from a sample of year 12 students just about to complete school in Canberra, the capital city of Australia. The students were administered a battery of self-report questionnaires in class groups at their schools. The confidentiality of responses was assured and participation in the study was voluntary, although no students refused.

Sample

The sample consisted of 715 final year secondary school students. Of these 404 (56%) were female and 311 (44%) were male. The mean age at the time of testing was 17.4 years with an age range between 16 and 19 years. The sample was representative of this

Table 1. Descriptive statistics of predictors

Measure	Number of items	Cronbach alpha	Mean	Standard deviation
Symptoms (GHQ)	12	0.85	2.45	2.91
Availability of frank and confiding relationship	4	0.60	2.74	1.15
Loneliness	1		2.23	0.65
Knowing someone who has sought help	1		0.46	0.50
Confidence in doctors	4	0.44	3.29	0.89
Private self-consciousness	12	0.76	34.12	9.34
Willingness to disclose	5	0.68	2.99	1.45

age group in Canberra, but not for Australia as a whole. The characteristics of the Canberra population differ from those of the general Australian population in several ways, which are discussed in Henderson *et al.* [30]. Specifically, Canberra has a higher socio-economic status, higher levels of education, and a higher retention rate of students through to year 12 than the rest of Australia.

MEASURES

Symptoms

Current mental health status was assessed using the 12-item GHQ (Cronbach alpha = 0.85) [31]. The GHQ has been widely used as a measure of general psychological distress and validated for an Australian population [32–34]. Although most often used as a case identifier, a respondent's total GHQ score reflects the level of psychological impairment [32]. A score of 2 or more indicates mild psychological distress; a score of 4 or more reflects moderate or severe psychological impairment.

Personality

Private self-consciousness was measured by the Self-Consciousness Scale (Cronbach alpha = 0.76) [19]. A higher score indicates a greater propensity to think about oneself. Five items from a multi-scale instrument, the Illness Behavior Questionnaire [35] measured willingness to disclose mental health (Cronbach alpha = 0.68). A higher score indicates more openness with others regarding one's personal and psychological problems.

Network

Several aspects of the social support network were assessed. Availability of social support was measured by the availability of frank and confiding relationships scale from the Interview Schedule for Social Interaction (Cronbach alpha = 0.60) [36]. A higher score indicates more availability of frank and confiding relationships within the social network. Perception of belonging to a group was assessed by a single item measuring loneliness. A higher score indicated greater feelings of loneliness. A more specific characteristic of the social network was obtained from the Illness Behavior Questionnaire [35] with one item assessing whether the respondent knew anyone who had been in contact with a mental health service. A score of one indicated that the respondent did know someone who had been in contact with a mental service. A confidence in doctors scale was made up of four items asking whether respondents easily accepted a doctor's diagnosis and whether they could be reassured about their health by a doctor (Cronbach alpha = 0.44). A higher score indicated greater confidence in doctors.

Help-seeking

The dependent measures of help-seeking were developed specifically for the study. The two measures of help-seeking were firstly, whether or not any help had been sought for a psychological problem in the past 12 weeks and, secondly, if help had been sought, whether it was sought from the informal social network (friend or family) or from a professional source (family doctor, mental health service, educational help service). In each case a score of one indicated that help had been sought and a score of zero that help had not been sought.

RESULTS

Table 1 presents descriptive statistics for the scales constructed and the single items used to measure the

Table 2. Frequency of help-seeking behavior

	All respondents $n = 715$	Symptomatic respondents (GHQ = 4+) $n = 198$
Number of respondents who:		
—did not seek help	231 (32.3)[a]	45 (22.7)
—did seek help	484 (67.7)	153 (77.3)
Of those who sought help, number who:		
—sought informal help only	417 (58.3)	119 (60.1)
—sought professional help	67 (9.4)	34 (17.2)

[a]Column percentages in brackets.

Table 3. Intercorrelations of measures

Variables	1	2	3	4	5	6	7	8
1. Symptoms								
2. Gender (female)	0.09*							
3. Confidence in doctors	−0.09*	0.04						
4. Availability of frank and confiding relationships	−0.22**	0.11**	0.08*					
5. Loneliness	−0.35**	−0.03	0.10**	0.29**				
6. Know someone who has sought help	0.14**	0.05	−0.04	0.08*	−0.05			
7. Willing to disclose	−0.05	0.31**	0.16**	0.35**	0.14**	0.08*		
8. Private self-consciousness	0.27**	0.13**	−0.01	−0.02	−0.21**	0.18**	0.12**	
9. Help-seeking	0.18**	0.29**	−0.02	0.15**	−0.09*	0.18**	0.25**	0.26**
10. Professional Help-seeking	0.21**	0.10**	−0.12**	−0.09*	−0.13**	0.11**	0.01	0.12**

Two-tailed significance $*P < 0.05$, $**P < 0.01$.

variables. Where alpha reliabilities were computed they were shown to be satisfactory.

Table 2 presents frequencies for the dependent measures of help-seeking. It shows how many respondents did and did not seek help and of those who did seek help, how many consulted a professional service and how many sought only informal help. In this sample there was a great deal of informal help-seeking within the social network but very little professional help-seeking. Adolescents appear to rely upon their family and friends for support rather than professional services. For those respondents who were moderately or severely symptomatic according to their GHQ score (GHQ = 4 +), professional help-seeking was more prevalent, although still not predominant.

From the correlation matrix presented in Table 3, help-seeking was related to more symptoms, being female, availability of frank and confiding relationships, feelings of loneliness, knowing someone who had sought professional help, willingness to disclose mental health, and higher private self-consciousness. Seeking help from a professional service compared with seeking help solely from the social network was related to more symptoms, being female, less confidence in doctors, lack of availability of frank and confiding relationshps, feelings of loneliness, knowing someone who had sought professional help, and higher private self-consciousness. These relationships were in the expected directions.

Multiple regression analysis was used to examine the factors that differentiated: (1) those who sought help from those who did not; and (2) those who sought help from professional services from those who sought help only within their informal social network. The predictors were entered in a theoretically driven order. Symptoms were entered first so that their effect was controlled when other factors were entered into the analyses. Gender was entered next into the analyses in Model 2 to test the hypothesis that gender differences in help-seeking could be explained by the higher symptomatology of women. The network measures were entered in Model 3. Finally, the psychological variables were entered in Model 4 to determine their contribution beyond that of the other measures.

Given that the dependent variables are binary and not evenly split logistic regression analysis was used in preference to ordinary least squares regression analysis [37]. Initially, a baseline log likelihood model was estimated, including only the intercept as the independent variable. The theoretical predictors were added to this baseline model and a likelihood ratio test of the difference in deviance between the two models was used to compare two nested models. The difference in deviance scores between the models has approximately a χ^2 distribution with degrees of freedom equal to the number of terms in the model. A significant deviance indicated that the addition of the variable, or group of variables, explained significantly more of the variation in help-seeking. For individual level binary data there is no equivalent to the coefficient of determination as a way of testing the goodness of fit of the model [38].

Predicting those who sought help

Table 4 presents parameter estimates for the logistic regression of those who sought help ($n = 704$). All the models significantly contributed to the explanation of help-seeking, as evidenced by a significant change in deviance with the addition of each model. As expected, symptoms emerged as a significant predictor of help-seeking. Gender, however, emerged as the most powerful predictor, with girls more likely to seek help than boys. The finding that gender was significant after controlling for symptoms suggests that this effect is due to differences in help-seeking style rather than differences in symptoms. Of the social network variables, having a frank and confiding relationship available and knowing someone who had sought help from a mental health service predicted help-seeking behavior. Feeling lonely was related to help-seeking when first entered into the regression, but not in the final model after the personality variables were included. Confidence in doctors was not related to help-seeking. It was expected, however, that this factor would have a more specific effect predicting professional help-seeking.

The personality attributes of being high on private self-consciousness and willing to disclose current mental health status made significant contributions to the explanation of help-seeking when entered in

Table 4. Parameter estimates predicting help-seekers ($n = 704$)

Predictors	Model 1	Model 2	Model 3	Model 4
Constant	0.41***[ab]	−1.45***	−2.63***	−3.82***
	(0.10)[c]	(0.27)	(0.51)	(0.61)
Symptoms (GHQ)	0.15***	0.15***	0.15***	0.12***
	(0.03)	(0.03)	(0.04)	(0.04)
Gender (female)		1.24***	1.18***	0.95***
		(0.17)	(0.18)	(0.19)
Availability of frank and confiding relationship			0.32***	0.23***
			(0.08)	(0.09)
Loneliness			0.45*	0.36
			(0.19)	(0.20)
Know someone sought help			0.66***	0.56**
			(0.18)	(0.19)
Confidence in doctors			−0.05	−0.14
			(0.10)	(0.11)
Willing to disclose				0.27***
				(0.07)
Private self-consciousness				0.04***
				(0.01)
Deviance	861.12	806.57	769.53	733.23
df	702	701	697	695
Change in deviance	24.09***	54.55***	37.04***	36.30***
Change in *df*	1	1	4	2

[a]Statistically significant at $*P < 0.05$, $**P < 0.01$, $***P < 0.001$.
[b]Non-standardised parameter estimates.
[c]Standard errors in parentheses.

Model 4, after the effects of symptoms, gender, and the network variables were controlled. After gender, these were the most powerful contributors to the model.

Predicting professional help-seeking

When only those who sought help were considered ($n = 477$), deciding to seek help from a professional service rather than relying solely on the informal social network was predicted by a different set of factors to help-seeking in general. Table 5 presents the parameter estimates predicting professional help-seekers. Professional consultation was shown to be mainly a result of symptoms. Those with more symptoms were more likely to seek professional help. Network variables also had some effect, with lack of frank and confiding relationships attaining significance when first entered into the analyses, although losing significance in the final model. Confidence in doctors did retain significance in the final model. Less confidence in doctors was associated with a greater likelihood of seeking professional help; the direction of this finding was contrary to the hypothesis. Gender and the personality characteristics were unrelated to professional help-seeking.

Table 5. Parameter estimates predicting professional help-seekers from those who sought only informal help ($n = 477$)

Predictors	Model 1	Model 2	Model 3	Model 4
Constant	−2.38***[ab]	−2.74***	−1.37	−1.65
	(0.20)[c]	(0.53)	(0.82)	(1.00)
Symptoms (GHQ)	0.17***	0.16***	0.11**	0.11*
	(0.04)	(0.04)	(0.04)	(0.04)
Gender (female)		0.22	0.22	0.24
		(0.30)	(0.30)	(0.31)
Availability of frank and confiding relationship			−0.27*	−0.25
			(0.12)	(0.13)
Loneliness			0.34	0.31
			(0.36)	(0.36)
Know someone sought help			0.45	0.44
			(0.29)	(0.29)
Confidence in doctors			−0.31*	−0.30*
			(0.14)	(0.14)
Willing to disclose				−0.05
				(0.11)
Private self-consciousness				0.01
				(0.02)
Deviance	369.14	368.60	353.35	352.90
df	475	474	470	468
Change in deviance	17.99***	0.54	15.25**	0.45
Change in *df*	1	1	4	2

[a]Statistically significant at $*P < 0.05$, $**P < 0.01$, $***P < 0.001$.
[b]Non-standardised parameter estimates.
[c]Standard errors in parentheses.

Table 6. Parameter estimates predicting help-seekers for those with symptoms (GHQ = 4+, $n = 196$)

Predictors	Model 1	Model 2	Model 3	Model 4
Constant	0.31[a]	−1.72*[b]	−2.90**	−4.15**
	(0.52)[c]	(0.72)	(1.08)	(1.37)
Symptoms (GHQ)	0.15	0.10	0.14	0.08
	(0.08)	(0.09)	(0.09)	(0.10)
Gender (female)		1.53***	1.42***	1.21**
		(0.37)	(0.38)	(0.40)
Availability of frank and confiding relationship			0.34*	0.18
			(0.15)	(0.16)
Loneliness			0.23	0.21
			(0.50)	(0.54)
Know someone sought help			0.25	0.36
			(0.38)	(0.39)
Confidence in doctors			0.01	−0.06
			(0.20)	(0.21)
Willing to disclose				0.40**
				(0.15)
Private self-consciousness				0.04
				(0.02)
Deviance	205.17	186.94	180.18	168.10
df	194	193	189	187
Change in deviance	3.58	18.22***	6.76	12.08**
Change in *df*	1	1	4	2

[a]Statistically significant at $*P < 0.05$, $**P < 0.01$, $***P < 0.001$.
[b]Non-standardised parameter estimates.
[c]Standard errors in parentheses.

Predicting help-seeking among symptomatic adolescents

When only those adolescents with moderate or severe symptom levels were considered, a different picture emerged. Twenty-three percent ($n = 45$) of those who were symptomatic did not seek help even though their GHQ score of 4 or more is considered indicative of moderate or severe disturbance [39]. The parameter estimates predicting help-seeking for those with symptoms are presented in Table 6. For these adolescents, only being female and the personality attribute of being more willing to disclose mental health status contributed significantly to the explanation of help-seeking. Symptoms were still included in the model to determine whether symptom severity was important, but this did not appear to be the case. The network variables were also not relevant when only those with symptoms were considered.

Predicting professional help-seeking among symptomatic adolescents

When considering symptomatic adolescents, only symptoms energed as a significant predictor of those who sought professional help from those who sought

Table 7. Parameter estimates predicting professional help-seekers from those who sought only informal help for those with symptoms (GHQ = 4+, $n = 156$)

Predictors	Model 1	Model 2	Model 3	Model 4
Constant	−2.83***[ab]	−3.36***	−1.74	−0.86
	(0.63)[c]	(0.98)	(1.28)	(1.66)
Symptoms (GHQ)	0.23**	0.22**	0.18	0.21*
	(0.08)	(0.09)	(0.09)	(0.10)
Gender (female)		0.33	0.22	0.31
		(0.46)	(0.48)	(0.49)
Availability of frank and confiding relationship			−0.36	−0.30
			(0.18)	(0.19)
Loneliness			−0.41	−0.55
			(0.66)	(0.68)
Know someone sought help			0.75	0.72
			(0.47)	(0.47)
Confidence in doctors			−0.13	−0.13
			(0.23)	(0.24)
Willing to disclose				−0.16
				(0.17)
Private self-consciousness				−0.02
				(0.03)
Deviance	153.71	153.19	145.50	144.00
df	150	149	145	143
Change in deviance	7.88**	0.52	7.69	1.50
Change in *df*	1	1	4	2

[a]Statistically significant at $*P < 0.05$, $**P < 0.01$, $***P < 0.001$.
[b]Non-standardised parameter estimates.
[c]Standard errors in parentheses.

help only within their informal network. The parameter estimates predicting the behavior of these adolescents are presented in Table 7. Twenty-two percent ($n = 34$) of the symptomatic help-seekers consulted a professional service and these adolescents had more symptoms than those who restricted their help-seeking behavior to within their social network. Gender and the network and personality variables measured here did not predict professional help-seeking for those with symptoms.

DISCUSSION

A substantial 27% of this sample of Australian adolescents was shown to be moderately or severely distressed by scoring 4 or more on the 12-item GHQ. Of greater significance was the fact that 23% of these adolescents sought no help at all for their distress and only 17% sought professional help. Help-seeking for psychological problems was most likely to occur within the informal social network rather than from professional services. Eighty-six percent of those who sought help did so within their social network from family and friends while only 14% of help-seekers sought help from a professional source. People rely more on their informal support network and confide their psychological distress in friends in preference to seeking professional help [13]. Adolescents, in particular, have been shown to rely primarily on their peers [40–42], and the behavior of this sample of Australian adolescents was consistent with this pattern. Informal care is the preferred option for adolescents, and this suggests that there are barriers to seeking professional help for psychological problems among adolescents that need to be understood. If the mental health needs of this age group are to be adequately met, the reluctance of young people to consult professional services must be explained.

The model proposed here was adequate to explain help-seeking behavior in general, but did little to uncover the reasons for professional help-seeking. For general help-seeking, the findings are consistent with the behavioral model proposed by Kessler *et al.* [16]. Gender, symptoms, and factors related to what may broadly be called orientation to help-seeking predicted help-seeking in general. The specific components of orientation emerging from this analysis were private self-consciousness, willingness to disclose, having frank and confiding relationships, and knowing others who had sought help. Whereas Tijhuis *et al.* [12] focused on the structural determinants of orientation, this study focused on the psychological determinants. In comparing the two studies, both converge on the notion that help-seekers are more familiar with mental health services (for Tijhuis *et al.* through providers, in this study through other users) and more at ease in discussing mental health matters. This convergence points to the importance of modelling and identifying with people in the system if one is to seek help. One has to know how to seek help, not by being told what to do, but by being shown how to do it by being involved in a network where discussing personal problems is accepted and encouraged.

This study also confirmed the openness hypothesis of Tijhuis *et al.* [12], but extended this notion by establishing the importance of private self-consciousness. It is not enough to be open about mental health matters, one must also be sensitive to and aware of one's own reactions and feelings. That private self-consciousness emerged as a powerful predictor in this study while locus of control did not for Tijhuis *et al.* is not surprising. Private self-consciousness ties into one's priorities, locus of control does not. A person high on private self-consciousness assigns, willingly or unwillingly, a high priority to his or her feelings, regardless of whether one believes the feelings are internally created or externally induced. Those highly self-conscious cannot suppress their self-monitoring and this is debilitating for everyday life. Seeking help is therefore a priority, and private self-consciousness contributes in its own right when symptoms and openness to others are controlled.

Having frank and confiding relationships was important in this study, yet Tijhuis *et al.* [12] found that number of friends did not affect orientation. Two explanations for this divergence may be considered. First, a measure reflecting quality of social relationships is important [43]. Number of friends does not indicate whether one has someone in whom to confide. Second, having frank and confiding relationships may affect behavior but not necessarily orientation. Adolescents with such relationships may rely on their informal support for help and act in a social milieu of sharing feelings, but this overt behavior may not necessarily be reflected in a more abstract concept of orientation to seek help.

The significant effect of social support, in the form of availability of frank and confiding relationships, evident here is consistent with theory and supports a direct effect of social support on help-seeking behavior. This is not a surprising outcome in these data, as most general help-seeking was undertaken within the informal social network of friends and family; having someone available was a prerequisite for seeking such help.

The finding that social support did not predict professional help-seeking is contrary to theory, which predicts that inadequate support should prompt professional help. Health providers can be a source of support for those without strong social ties [25, 26]. This prediction comes from studies of chronic and physical illness, and in such cases professional health care may be an acceptable source of support. For minor psychiatric disorder in adolescents this does not appear to be the case. Professional help-seeking was rare and the problems that these adolescents experienced may not have been seen as appropriate to be taken to a professional, in the absence of someone to talk to among friends and family. Most of these

problems would not be taken seriously in the adult world, although they assumed great significance for these adolescents. Other work has shown that events that adults see as trivial are of great concern to young people [44]. Taking such problems to someone who was a stranger, an adult, and a professional was not a viable action for these young people, even if they had no one else to talk to. Adolescents may rightly perceive that, in the adult world of professional help, these problems may be viewed as merely an inevitable part of growing up and, therefore, not worthy of attention. Most adolescents talked to their friends because their problems were best understood and shared by others with similar experiences and reactions.

The gender effect was pronounced in these data with girls more likely to seek help than boys. This effect was not due to the girls' higher level of psychological distress, as gender exhibited a direct effect after psychological symptoms were controlled. When the analysis was restricted to those who were symptomatic, gender remained significant in the final model. This finding contributes to the debate on whether the effect of gender is direct or indirect through symptom levels. These results lend support to a direct effect of gender on help-seeking. Willingness to disclose mental health also had a direct effect on general help-seeking after symptoms were controlled. The predisposition to be open about one's mental health state was, like being female, not merely a function of being distressed, but affected help-seeking in its own right.

Why males and those people with a psychological predisposition not to disclose their mental health status avoid help-seeking even when experiencing relatively high levels of psychological distress remains unanswered by the current model and needs to be addressed. It is noteworthy that the gender difference was most pronounced for help-seeking in general and was not evident predicting those who sought professional help. Expressing emotion and confiding problems may have a very different effect for boys and girls within the peer group. For girls, discussing problems with friends probably serves to consolidate friendships by encouraging intimacy. Admitting to psychological problems does not detract from a girl's image because female norms allow girls to express and amplify emotion [45]. In contrast, boys are expected to restrict emotion, and admitting to and discussing such problems probably has a negative effect on peer relations [46]. Norms of appropriate masculinity discourage expression and sharing of emotion [47, 48]. The Australian culture, in particular, has been described as a 'hard' culture, especially for men, who are expected to be tough, suppress their emotion, and avoid feminine qualities such as compassion [49]. This lack of emotional expression may partly account for the higher suicide rate in young males, when it is females who report higher rates of mental distress [50]. While girls acknowledge and share their problems, males suppress their distress until they decide to cope in a violently masculine way (suicide, drunk driving).

The gender effect was not evident for professional help-seeking, however, and only more symptoms seemed to facilitate moving from the informal network to professional services. Even when much of the variance in symptoms was removed by considering only those with moderate or severe symptom levels, this relationship persisted. There are, therefore, other factors that encourage or discourage professional help-seeking. Tijhuis *et al.* [12] also had difficulty discriminating those who were prone to seek help from mental health professionals rather than general practitioners; education emerged as the best discriminator between these two groups. In the present study, the sample is homogeneous with respect to many of these background variables like age and education. As a result, possible effects of such variables are not evident in these data. When potentially contributing structural factors are held constant there remain attitudinal, network, and personality factors specific to adolescent refusal to use professional services for psychological problems. Such factors may be related to the types of attributions that adolescents assign to their symptoms. Adolescents may attribute their symptoms in such a way that professional care is not seen as appropriate. It may even be that the social network provides effective help for most adolescent psychological distress. The help-seeking literature provides little direction in the area of adolescent professional help-seeking and the current model provides few clues.

Given that there is such a prevalence of psychological distress at this age and so little use of existing services, there is clearly a need for more extensive study of the barriers to the use of professional services, in order to provide effective mental health services to adolescents. Professional services need to be seen as an appropriate option by adolescents in distress. For adolescents, mental health care may be best provided within the milieu of informal peer counselling. Drop-in centres, telephone hot-lines, and counselling provided by young people themselves may be ways to integrate adolescents' preference for informal help into professional care. The fact that males and those unwilling to disclose their mental health problems avoid help-seeking of all types, even when experiencing high levels of psychological distress, is an important and disturbing finding from a policy perspective. Future research should focus on the culture of male adolescents and examine the links between maleness and disclosure. An examination of the factors that affect willingness to disclose one's mental health status may uncover reasons why adolescents do not use professional services, and why boys, in particular, avoid all types of help.

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