

Help Seeking: Ubiquitous Barriers Across the Life Span

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UNDERLYING VULNERABILITY

e.g.: Mood Disorder / Substance Abuse / Aggression / Anxiety / Impulsivity/ Sexual Orientation/ Abnormal Serotonin Metabolism/ Family Characteristics, including history of suicidality/ Sexual Abuse/Physical Abuse/Social adversity



STRESS EVENT

(often caused by underlying condition)

e.g.: In Trouble With Law or School / Loss/ Bullied



ACUTE MOOD CHANGE

e.g.: Anxiety – Dread / Hopelessness / Anger

INHIBITION

*e.g.: Family cohesion/ Available Support
Religiosity*

FACILITATION

*e.g.: Method/Weapon available /
Recent example / Media displays*



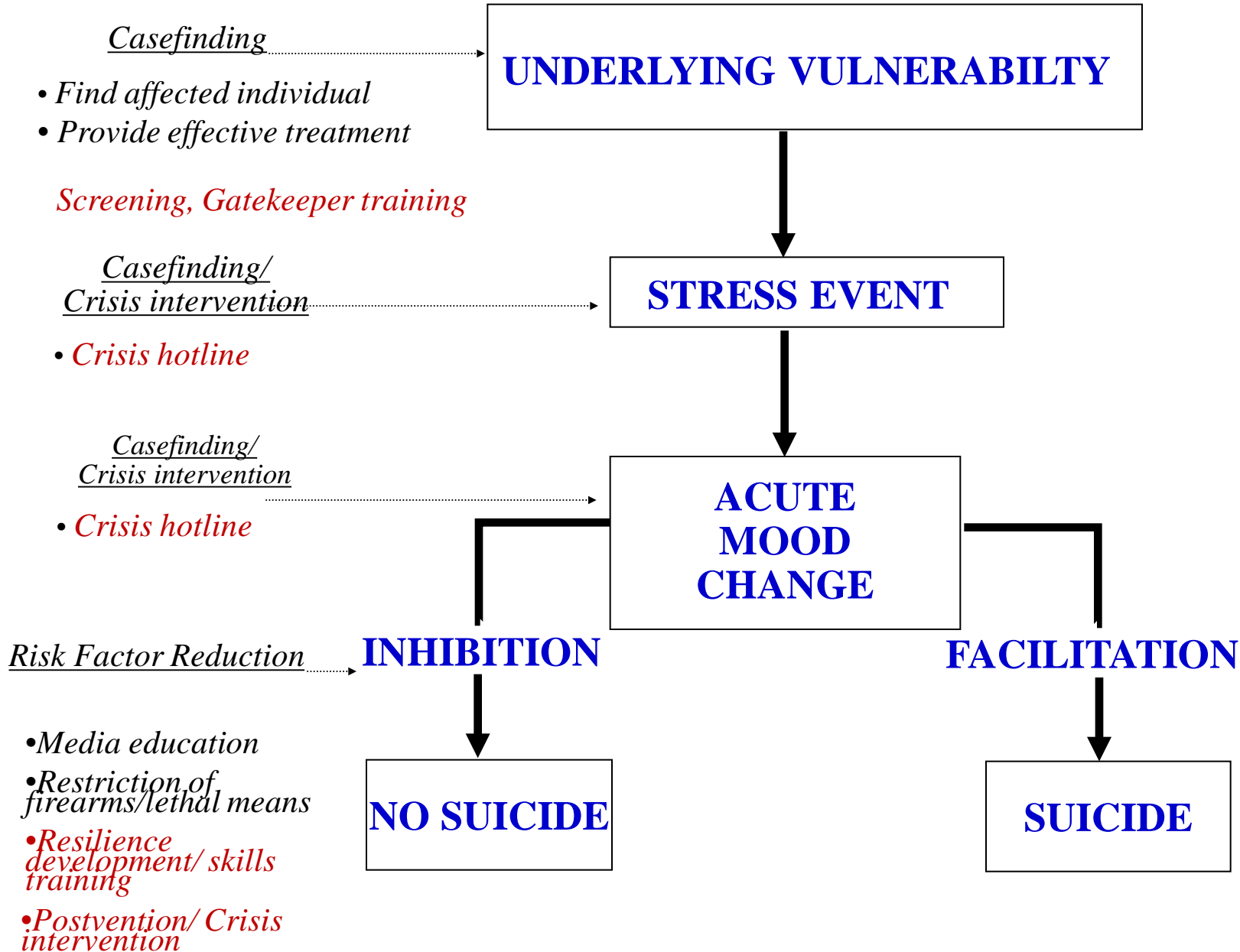
NO SUICIDE



SUICIDE



PREVENTION STRATEGIES





Limited Help-seeking Behavior

-Teenagers-

	12-month Prevalence rate	Treatment Rates
Major depressive disorder	8.2%	39.4%*
Anxiety disorder	11 – 24.9%	17.8%*
Suicide attempts	7.8%	30-45%

***Lifetime rates**



Limited Help-seeking Behavior

-Adults-

	12-month Prevalence rate	Treatment Rates*
Major depressive disorder	6.7%	32.9%
Anxiety disorder	18.1%	21.7%
Suicide Attempts	0.4%	49-55%

* Past 12 months

Help-seeking Behavior

Interactive stages involving:

- Problem recognition
- Decision to seek help
- Service selection

Barriers to Help-seeking: Adolescents



Teenagers' Attitudes About Coping Strategies and Help-Seeking Behavior for Suicidality

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ABSTRACT

Objective: To identify youths' attitudes about coping and help-seeking strategies for suicidal ideation/behavior and examine their demographic and clinical correlates. **Method:** A self-report survey was completed by high school students ($N = 2,419$) in six New York State schools from 1998 through 2001. The relationship between suicide attitudes and gender, depression, substance problems, serious suicidal ideation/behavior, and first-hand experience with a suicidal peer was examined. **Results:** Two factors that approximate avoidance and approach coping responses, maladaptive coping strategies and help-seeking strategies, respectively, were identified. Boys scored higher than girls ($t = 7.96$, $df = 2341$, $p < .001$), and depressed youths ($t = 15.56$, $df = 2323$, $p < .001$), students with substance problems ($t = 11.07$, $df = 2340$, $p < .001$), and suicidal youths ($t = 15.14$, $df = 2341$, $p < .001$) scored significantly higher than their healthy counterparts on the maladaptive coping strategies factor. Students with first-hand experience with a suicidal peer scored significantly higher on the maladaptive coping strategies factor than those without this experience ($t = 7.95$, $df = 2321$, $p < .001$). Lower risk groups scored significantly higher on an adaptive help-seeking strategies factor. **Conclusions:** High-risk adolescents' attitudes are characterized by core beliefs that support the use of maladaptive coping strategies in response to depression and suicidal thoughts and behaviors. Targeting such attitudes is a recommended component of youth suicide prevention efforts. *J. Am. Acad. Child Adolesc. Psychiatry*, 2004;43(9):1124–1133. **Key Words:** coping, help-seeking, attitudes, suicide, adolescence.

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Suicide Attitudes Among High School Students

Factor analysis of 18 items yielded:

Maladaptive Coping Strategies

People should be able to handle their own problems without outside help.

Drugs and alcohol are a good way to help someone stop feeling depressed.

If you are depressed, it is a good idea to keep these feeling to yourself.

Suicide as a possible solution to problems.

Talk to my friend without getting anyone else's help

I wouldn't take it seriously.

I would keep it a secret.

Help-Seeking for a Suicidal Peer

Tell my friend to see a mental health professional.

Tell my friend to call a hotline.

Tell my friend to talk to his/her parents

Talk to an adult about my friend.

Get advice from another friend.



Maladaptive Coping Strategies and Serious Suicidal Ideation

Percentage of agreement with the following statements:

	<u>With SSI</u> (n = 1411)	<u>Without SSI</u> (n = 1008)	<u>OR</u> (CI)
People should be able to handle their own problems without outside help.	36.3%	15.8%	3.1 (2.2 - 4.5)***
Drugs and alcohol are a good way to help someone stop feeling depressed.	26.7%	9.6%	3.5 (2.3 - 5.2)***
If you are depressed, it is a good idea to keep these feelings to yourself.	25.3%	6.4%	5.1 (3.4 - 7.8)***
Suicide as a possible solution to problems.	56.2%	9.5%	12.5 (8.7 - 18.0)***
Talk to my friend without getting anyone else's help.	39.7%	23.0%	2.2 (1.6 - 3.1)***
I wouldn't take it seriously.	12.3%	6.6%	2.0 (1.2 - 3.4)*
I would keep it a secret.	25.3%	6.6%	4.9 (3.2 - 7.4)***

* p < .05, ** p < .01, *** p < .001



Suicide Attitudes Among High School Students

Maladaptive Coping Strategies

M > F

With Depression > Without Dep

With SA > Without SA

With SSI > Without SSI

With FHESP > Without FHESP

Help-Seeking for a Suicidal Peer

F > M

Without Dep > With Depression

Without SA > With SA

Without SSI > With SSI

Without FHESP > With FHESP

Service Use by At-Risk Youths After School-Based Suicide Screening

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AND ELIZABETH ALTSCHULER, M.A.

ABSTRACT

Objective: We sought to examine follow-up service use by students identified at risk for suicidal behavior in a school-based screening program and assess barriers to seeking services as perceived by youths and parents. **Method:** We conducted a longitudinal study of 317 at-risk youths identified by a school-based suicide screening in six high schools in New York State. The at-risk teenagers and their parents were interviewed approximately 2 years after the initial screen to assess service use during the intervening period and identify barriers that may have interfered with seeking treatment. **Results:** At the time of the screening, 72% of the at-risk students were not receiving any type of mental health service. Of these students, 51% were deemed in need of services and subsequently referred by us to a mental health professional. Nearly 70% followed through with the screening's referral recommendations. The youths and their parents reported perceptions about mental health problems, specifically relating to the need for treatment, as the primary reasons for not seeking service. **Conclusions:** Screening seems to be effective in enhancing the likelihood that students at risk for suicidal behavior will get into treatment. Well-developed and systematic planning is needed to ensure that screening and referral services are coordinated so as to facilitate access for youths into timely treatment. *J. Am. Acad. Child Adolesc. Psychiatry*, 2009;48(12):1193-1201. **Key Words:** suicide, screening, high school.

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REASONS FOR NOT USING SERVICES

- *Structural Barriers* -

	Parent N = 17	Child N = 18
Services were too expensive	1 (5.9%)	2 (11.1%)
Didn't know where to go for services	0 (0%)	1 (5.6%)
Had to wait too long to get an appointment	0 (0%)	0 (0%)
Transportation problem	0 (0%)	1 (5.6%)
It would take too much time	0 (0%)	2 (11.17%)
Any of the structural barriers	1 (5.9%)	2 (11.1%)



REASONS FOR NOT USING SERVICES

- Barriers Related to Perceptions about Mental Health Problems -

	Parent N = 17	Child N = 18
Parent did not think child had a problem	9 (52.9%)	N/A
Child did not think he/she had a problem	5 (29.4%)	12 (75.0%)
The problem wasn't serious enough	9 (52.9%)	6 (33.3%)
Thought problem would get better on its own	5 (29.4%)	4 (22.2%)
Wanted to solve problem by ourselves (by myself on youth questionnaire)	7 (41.2%)	1 (5.6%)
Thought a family member could help	3 (17.6%)	1 (5.6%)
Child no longer needed help	4 (23.5%)	2 (11.1%)
Any perceptions about mental health problems	16 (94.1%)	17 (94.4%)



REASONS FOR NOT USING SERVICES

- Barriers Related to Perceptions About Mental Health Services -

	Parent N = 17	Child N = 18
Concerned what family might think/say	0 (0%)	0 (0%)
Concerned what others might think/say	0 (0%)	0 (0%)
Would not do any good	1 (5.9%)	4 (22.2%)
Did not help in the past	0 (0%)	2 (11.1%)
Child was ashamed	0 (0%)	0 (0%) (I was)
Parent was ashamed	0 (0%)	N/A
Against cultural/religious beliefs	0 (0%)	0 (0%)
Would not trust advice	1 (5.9%)	1 (5.6%)
Family objected	0 (0%)	0 (0%)
The problem was too personal to share	1 (5.9%)	2 (11.1%)
Any perceptions about mental health services	2 (11.8%)	4 (22.%)



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Teenagers' Attitudes about Seeking Help from Telephone Crisis Services (Hotlines)

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The purpose of this study was to examine the attitudes toward the use of telephone crisis services (hotlines) among 519 adolescents in 9th through 12th grade mandatory health courses in six high schools in New York State. Few adolescents (2.1%) used hotlines and negative attitudes were stronger toward hotlines than they were toward other formal sources of help. The most common reasons for hotline nonuse related to feelings of self-reliance and shame. Objections to hotlines were strongest among students most in need of help by virtue of impaired functioning or feelings of hopelessness. The results underscore needed outreach efforts to youth.

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What are the reasons adolescents state for not using hotlines (and other resources)? (I)

Factor analysis of 15 items yielded:

- Shame
- Self-reliance
- Structure

What are the reasons adolescents state for not using hotlines? (II)

Factor 1: Shame

I was ashamed to call	7.1%
I was concerned about what my family might think or say	10.9%
I was concerned about what my friends might think or say	5.6%
The problem was too personal to tell anyone	15.1%



What are the reasons adolescents state for not using hotlines? (III)

Factor 2: Self-reliance

I wanted to solve the problem by myself	33.1%
I thought the problem would get better by itself	22.8%
I thought a family member or friend could help me	24.6%
I thought it probably would not have done any good	24.0%
I thought the problem was not serious enough	35.3%
I would not have trusted the advice or help they would give me	9.7%



What are the reasons adolescents state for not using hotlines? (IV)

Factor 3: Structure

I have never heard of a crisis hotline	1.8%
Services were too expensive	4.2%
It would have taken too much time	5.6%
I did not know where to call	13.1%
I had problems getting a private telephone	1.4%



What are the reasons adolescents state for not using hotlines? (V)

	<u>Total</u> (n=504)
Self-reliance	62.5%
Shame	22.6%
Structure	18.7%

Barriers to Help-seeking: Adults



National Suicide Prevention Lifeline: Enhancing Mental Health Care for Suicidal Individuals and Other People in Crisis

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Linking at-risk callers to ongoing mental health care is a key goal of crisis hotline interventions that has not often been addressed in evaluations of hotlines' effectiveness. We conducted telephone interviews with 376 suicidal and 278 nonsuicidal crisis callers to the National Suicide Prevention Lifeline (Lifeline) to assess rates of mental health care utilization following Lifeline calls and to assess attitudinal and structural barriers to service utilization. Postcall utilization rates were approximately 50% for suicidal and crisis callers who received mental health care referrals. Lack of health insurance and callers' perceptions about mental health problems emerged as significant barriers to accessing continued help.

Callers' Perceived Reasons for Lack of Utilization of MH Resource following the Call

	Suicide callers <i>N</i> = 85 <i>n</i> (%)	Crisis callers <i>N</i> = 56 <i>n</i> (%)	Total <i>N</i> = 141 <i>n</i> (%)
Barriers related to perceptions about mental health problems	43 (50.6)	32 (57.1)	75 (53.2)
Financial barriers	35 (41.2)	13 (23.2)	48 (34.0)
Personal barriers	25 (29.4)	19 (33.9)	44 (31.2)
Barriers related to perceptions about mental health services	27 (31.8)	16 (28.6)	43 (30.5)
Other structural barriers	20 (23.5)	17 (30.4)	37 (26.2)



Ubiquitous Barriers Across the Life Span

- Summary -

- Perception about mental health problems appear to be the most prevalent barrier to utilizing a mental health service and is cited significantly more often than stigma, structural, or financial barriers.
- Individuals believe that the problem can be handled without treatment, and want to handle the problem on their own.



Help Seeking: Ubiquitous Barriers Across the Life Span

- Recommendations -

- A key factor in enhancing access to mental health services is the recognition of the necessity of respecting and targeting individuals' strong need for self-efficacy in order to optimize their receipt of help.
- We also need to address individuals' attitudinal and perceptual barriers to formal service use and to help individuals to overcome them.

Now we will take questions from our participants. You can type your questions in the bottom box of the command screen. Please press send.

At the end of this webinar we would appreciate your participation in a very brief evaluation survey.

For more information about upcoming Suicide Prevention trainings, go to <http://www.healthandlearning.org/events/> or contact Nicole Miller nicole@healthandlearning.org

Thank you for your participation.