Seeking Help From a Mental Health Professional: The Influence of One’s Social Network

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The decision to seek psychological help may be hindered or facilitated by many factors. Two potential factors that might facilitate help seeking are having a relationship with someone (a) who recommends seeking help or (b) who themselves have sought help. In two studies (N = 780, N = 746), we explored the relationship between these factors and intentions to seek mental health services. In Study 1, being prompted to seek help and knowing someone who had sought help were both related to positive expectations about mental health services. In Study 2, being prompted to seek help and knowing someone who had sought help were related to more positive attitudes toward help seeking. Also, knowing someone who had sought help was related to the intention to seek help. Of those who sought psychological help, approximately 75% had someone recommend that they seek help and about 94% knew someone who had sought help. 


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Less than 40% of individuals seek any type of professional help within a year of the onset of a psychological disorder (e.g., Andrews, Issakidis, & Carter, 2001; Reiger et al., 1993). Furthermore, the number of people seeking help specifically from a mental health professional is much lower (i.e., 11%), particularly for those experiencing a concern that

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does not meet threshold to be diagnosed as a mental health disorder (i.e., <2%; Andrews et al., 2001). Mental health professionals recognize that to reduce the barriers to seeking help effectively, they need to understand what keeps people from seeking mental health services. Such an understanding would allow mental health professionals to design interventions and education programs to reduce the barriers and encourage greater access for those who are currently underserved.

The social influence of those close to an individual may be an important factor in the decision to seek professional help (Pescosolido & Boyer, 1999; Rickwood & Braithwaite, 1994). Regarding peoples’ decision to seek medical help, Friedson (1961) originally suggested that peer judgments have a significant impact on how an individual would evaluate physical symptoms and whether the individual would ultimately seek medical treatment. Consistent with this perspective, Cameron, Leventhal, and Leventhal (1993) found that 92% of those who sought medical care (as opposed to 61% of those that did not) reported talking to at least one person about his or her problem before seeking professional medical help. They also found that 50% of those who sought medical services were prompted to go by a significant other.

Similarly, researchers have suggested that those closest to the individual play an influential role in whether or not an individual seeks mental health services when experiencing distressing symptoms (see Angermeyer, Matschinger, & Riedel-Heller, 2001). For example, Rickwood and Braithwaite (1994) discussed the importance of having a social network that accepts and encourages help seeking for a problem. Horwitz (1977) originally found that people generally talk to at least four members of their social network about their personal concerns before seeking psychiatric help. Dew et al. (1991) asked 186 individuals experiencing symptoms of depression if they (a) had friends or relatives who suggested they seek help, or (b) had sought mental health services. A discriminant analysis showed that those who sought help were more likely to have had friends or relatives recommend that they get help than those who had not sought services.

Despite the influence that those close to an individual might have on the decision to seek mental health services, few studies have directly examined the role that one’s social network plays in this process. As a result, we know little about the role of one’s social network on one’s attitudes or intentions to seek mental health services. However, researchers (e.g., Bayer & Peay, 1997; Vogel & Wester, 2003) have recently examined a general model of help seeking based on Ajzen and Fishbein’s (1980) Theory of Reasoned Action (TRA). According to this model, one of the primary determinants of help-seeking intentions is one’s attitude towards the therapy process. These attitudes are general opinions or feelings about therapy and are formed through an evaluation and weighing of the anticipated outcomes (i.e., the benefits and risks) and social norms associated with seeking mental health services (Vogel & Wester, 2003). The benefits include distress reduction, increased positive affect, and the attainment of support. The risks include fear of violating gender role expectations, embarrassment over sharing problems with strangers, and vulnerabilities resulting from self-disclosure. The social norms include beliefs about what friends and family would do in a similar situation. Thus, it may be important to directly examine the role of one’s social network on individual’s perceived social norms and anticipated outcomes concerning the anticipated risks and benefits of seeking therapy (Vogel, Wester, Wei, & Boysen, 2005) and on one’s attitudes towards and intentions to seek mental health services (Vogel & Wester, 2003).

It is also important to examine the potential differential effects of one’s social network on the help-seeking behaviors of women and men. Men in Western culture are less likely than are women to seek help for a range of mental health issues, such as substance abuse, stress, and depression (Husaini, Moore, & Cain 1994; McKay, Rutherford,
Cacciola, & Kabasakalian-McKay, 1996). One reason for this may be that people are less likely to support men seeking mental health services than women, particularly for issues that go against the prescribed roles for men (i.e., need to be strong and withhold certain emotions; see Addis & Mahalik, 2004 for a review). Alternatively, men and women may place differential emphasis on the importance of the beliefs and values of their social networks. For example, Leaf, Livingston, and Tischler (1986) found that whereas women who sought help were more likely to report that family members would not get upset than report that they would, there was no relationship between mens’ beliefs about family members’ opinions and their use of therapy. This finding suggests that men may be less concerned about the response of their social network than women are. Certainly, there is a need for information about what factors are associated with the help-seeking behaviors of women and men.

Current Studies

To build on the previous literature two studies were conducted to examine the role of friends and family in the decision to seek mental health services. Across two large samples of individuals experiencing a broad range of mental health concerns, we examined (a) the effects of one’s social network on peoples’ perceived social norms and anticipated outcomes (i.e., anticipated benefits and risks) of seeking mental health services (Study 1), (b) the effects of one’s social network on peoples’ attitudes towards and intentions to seek mental health services (Study 2), and (c) the potential differences in the effect of one’s social network on the help-seeking behavior of women and men (Study 1 and Study 2).

Study 1

Study 1 examined the relationship of an individual’s social network and her or his (a) having sought mental health services, (b) anticipation of the risks and benefits (i.e. the expected outcomes) of seeking mental health services, and (c) perception of the social norms towards seeking mental health services. Social network was measured by asking if the individual had been prompted to seek help by someone she or he knew, or knew someone else who had sought help. It was hypothesized that those who had been prompted to seek help and those who knew someone else who sought help would be more likely to have sought help and to have greater expectations of the benefits and fewer expectations of the risks of talking to a therapist. If we believe that friends and family would seek help in a similar situation then we may be more likely to believe that treatment would work and perceive fewer risks associated with doing so. We also hypothesized that being prompted to seek help and knowing someone who had sought help would be more likely to be associated with the belief that one would find approval from his or her social network for seeking psychological help for a personal problem (i.e., positive social norms). Finally, it was predicted that women would be more likely to report being prompted to seek help and would be more likely to report knowing someone who had sought help.

Method

Participants

Participants were 780 college students from a large Midwest university. Forty-five percent were men and 55% were women. Forty-seven percent were first-year students, 33% were sophomores, 14% were juniors, and 6% were seniors. Most were European American
(91%), followed by Latino/Latina American (2%), Asian American (2%), African American (2%), multiracial American (1%), international (1%), or other (1%). These demographics, although skewed in terms of ethnicity, are representative of the university at which the study was conducted.

Procedure

Participants were contacted through classes and assessed in groups. They were informed that participation was voluntary. After completing an informed consent form, participants completed the study questionnaire and were then debriefed. They received extra credit in their psychology class.

Measures

Demographics. Participants were asked to indicate their sex, year in school, and ethnic/racial status.

Presence of a mental health issue. Participants were asked to indicate if they currently or recently experienced an emotional or mental health issue in their life by identifying concerns from a list (i.e., anxiety, depression, career or school concerns, concerns with family, marriage or relationship concerns, problems relating to others, dealing with traumatic events, spiritual or religious concerns, or other concerns).

Help seeking. Participants were asked a yes or no question to indicate whether they had ever sought help from a counselor or mental health professional. Participants were also asked a yes or no question to indicate whether they had ever had someone (i.e., friend or relative) prompt them to seek therapy, and whether they knew someone who had sought help from a mental health professional. If someone prompted them to seek help, they were also asked who prompted them (friend, sibling, mother, father, other family member, co-worker, general medical doctor, other).

Perceived risks and benefits. The anticipated risks and benefits of seeking help from a mental health professional were measured with the Disclosure Expectations Scale (DES; Vogel & Wester, 2003). The DES is an 8-item questionnaire designed to assess participants’ expectations about the risks and benefits associated with talking about an emotional problem with a therapist. Through factor analysis of the items, two subscales (Anticipated Risks and Anticipated Benefits) have been identified that are only minimally correlated ($r = -.19$; Vogel & Wester, 2003). The two identified subscales each consist of four items rated on a Likert-type scale from 1 (Not at All) to 5 (Very). Responses are summed for each subscale such that higher scores reflect more anticipated risks and benefits. A sample item for anticipated risk is “How risky would it feel to disclose your hidden feelings to a counselor?” A sample item for anticipated benefits is “How likely would you get a useful response if you disclosed an emotional problem you were struggling with to a counselor?” Vogel et al. (2005) presented validity evidence for the subscales by showing that expectations of the risks and benefits at one time point can predict help-seeking usage 2 to 3 months later. In the same study, the DES correlated with comfort with self-disclosure, mental health stigma, and intentions to seek therapy. The internal consistency for the subscales was previously found to be .74 for Anticipated Risks and .83 for Anticipated Benefits (Vogel & Wester, 2003). Similarly, test–retest reliability
over a 2-week period has been reported (.77 for Anticipated Risks and .75 for Anticipated Benefits; Shaffer, Vogel, & Wei, 2006). The internal consistency for the subscales in the current study was .81 for Anticipated Risks and .84 for Anticipated Benefits.

Social norm. The participants’ perceptions of the social norms of those close to them for seeking mental health services was measured with the question developed by Bayer and Peay (1997). It asked participants to report their agreement from 1 (strongly agree) to 5 (strongly disagree) with the statement, “People who are important to me would think that I should seek help from a mental health professional if I were experiencing a personal problem.” Bayer and Peay found that this item uniquely predicted help-seeking intent such that those who were likely to seek help answered this question more favorably.

Results

Descriptive Analyses

Thirteen percent of the sample (n = 102) had sought help in the past. Twenty percent (n = 158) had someone prompt them to seek help at one point in their life and 59% (n = 459) knew someone else who had sought help. Participants reported being urged to seek help by mothers (47%), friends (29%), fathers (5%), siblings (3%), other family members (6%), general medical doctors (4%), and others (6%). Seventy-nine percent of the sample reported experiencing a recent or current psychological issue. Of these, 42% reported experiencing career or school issues, followed by depression (10%), anxiety (9%), concerns with family (6%), problems relating to others (4%), spiritual or religious concerns (3%), dealing with traumatic events (2%), marriage concerns (1%), or other issues (4%).

Preliminary Analyses

We first examined differences in the frequency of (a) those individuals who were prompted to seek help, (b) those individuals who knew someone who had sought help, and (c) having used mental health services across those currently experiencing a mental health issue (categorized as yes or no). For those currently experiencing a mental health issue, 23% had been prompted to seek help by someone they knew (vs. 8% of those who were not experiencing a current issue), $\chi^2(1, N = 780) = 18.25, p < .001$. Similarly, for those currently experiencing a mental health issue, 62% knew someone else who had sought help (vs. 46% of those who were not experiencing a current issue), $\chi^2(1, N = 780) = 14.80, p < .001$. Finally, for those currently experiencing a mental health issue, 15% reported having sought help (vs. 7% of those who were not experiencing a current issue), $\chi^2(1, N = 780) = 7.72, p < .001$.

Main Analyses

First, we examined differences in the frequency of (a) those individuals who were prompted to seek help, and (b) those individuals who knew someone who had sought help across mental health service use. Of those who sought services, 75% had been prompted to seek help by someone they knew (vs. 12% of those who had not sought help), $\chi^2(1, N = 780) = 213.82, p < .001$. Similarly, of those who sought mental health services, 95% knew someone else who had sought help (vs. 53% of those who had not sought help), $\chi^2(1, N = 780) = 63.69, p < .001$. Across all participants, 48% of people prompted to
seek mental health services and 21% of the people who knew someone who sought mental health services went to see a mental health provider.

Next, we examined whether (a) being prompted to seek help, and (b) knowing someone who had sought help would show differences in the anticipated risks and benefits of talking to a therapist. As expected, those who were prompted to seek help had more positive beliefs about the benefits of talking to a therapist \( (M = 13.2, SD = 3.4) \) than those who were not prompted \( (M = 12.1, SD = 3.4) \), \( t(778) = 3.60, p < .001 \). Similarly, those who knew someone who had sought help had more positive beliefs about the benefits of talking to a therapist \( (M = 12.6, SD = 3.5) \) than those who did not \( (M = 11.8, SD = 3.4) \), \( t(778) = 3.32, p < .001 \). In contrast, there was no difference in the anticipated risks associated with therapy between those who were prompted to seek help \( (M = 12.3, SD = 3.7) \) and those who were not prompted \( (M = 11.7, SD = 3.6) \), \( t(778) = 1.78, p = .07 \). Similarly, those who knew someone else who had sought help did not anticipate more risks \( (M = 11.9, SD = 3.6) \) than those who did not know someone \( (M = 11.9, SD = 3.7) \), \( t(778) = -.48, p = .63 \).

We also expected that (a) being prompted to seek help, and (b) knowing someone who had sought help would be related to the belief that important people in one’s life would approve of seeking mental health services. Not surprisingly, those who were prompted to seek help had more positive expectations that important people in their lives would approve of seeking help for a personal problem \( (M = 3.1, SD = 1.2) \) than those who had not been prompted to seek help \( (M = 2.5, SD = 1.4) \), \( t(778) = 4.52, p < .001 \). Similarly, those who knew someone who had sought help reported more approval about seeking therapy from important people in their lives \( (M = 2.8, SD = 1.3) \) than those who did not know someone who had sought help \( (M = 2.4, SD = 1.4) \), \( t(778) = 4.50, p < .001 \).

Finally, we predicted that women would be (a) more likely to have been prompted to seek help, and (b) more likely to know someone who had sought help than men. Supporting this expectation, women (26%) were more likely to have been prompted to seek help than men (13%), \( \chi^2(1, N = 780) = 22.17, p < .001 \). Women (66%) were also more likely to know someone else who had sought help than men (50%), \( \chi^2(1, N = 780) = 19.42, p < .001 \). In addition, women (70%) were more likely to have sought help than men (30%), \( \chi^2(1, N = 780) = 10.29, p < .001 \).

**Study 2**

In Study 1, we found some initial evidence for the importance of being prompted to seek help and knowing someone who had sought help. Specifically, those who received mental health services were more likely to have been prompted to seek help and to know someone else who had sought help than the general population. Furthermore, Study 1 showed some evidence that these factors were associated with differences in the anticipated outcomes and social norms of those who had been prompted to seek help and those who knew someone who had sought help. However, these results would be more convincing if replicated in a separate sample. Furthermore, Study 1 did not directly assess attitudes towards seeking mental health services or actual intentions to seek services. According to Ajzen and Fishbein (1980), specific attitudes towards a behavior and intentions to perform a behavior are more proximal determinants of a behavior than the anticipated outcomes and social norms. From this perspective, attitudes (i.e., the positive and negative feelings about the behavior) are distinct from anticipated outcomes (i.e., beliefs about what would happen) and social norms (i.e., beliefs about what others would do), yet influenced by them (Ajzen & Fishbein, 1980). As such, examining whether being prompted...
to seek help and knowing someone who had sought help would be associated with attitudes towards and intentions to seek mental health services would be a significant addition to the findings of Study 1. The purpose of Study 2, therefore, was to (a) replicate in a new sample the findings of Study 1, and (b) examine the relationships of being prompted to seek help and knowing someone who had sought help on attitudes and intentions to seek mental health services. It was hypothesized that those who were prompted to seek help and knew someone who had sought help would have more positive attitudes and intentions to seek mental health services.

Method

Participants

A separate sample of college students \(N = 746\) participated in Study 2. Forty-eight percent were men and 52% were women. Fifty-nine percent were first-year students, 24% were sophomores, 10% were juniors, and 7% were seniors. Most were European American (91%), followed by African American (3%), Latino/Latina American (2%), Asian American (2%), multiracial American (1%), and international (1%).

Procedure

The same procedures used in Study 1 were used in Study 2.

Measures

Demographics, help-seeking behavior, and social norm. These items were identical to the items used Study 1.

Perceived risks and benefits. The Disclosure Expectations Scale (DES; Vogel & Wester, 2003) was again used to assess anticipated risks and benefits of talking to a counselor. The internal consistency for the subscales in the current study was .87 for anticipated benefits and .87 for anticipated risks.

Attitudes toward seeking mental health services. Attitudes toward seeking mental health services were measured with the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS; Fischer & Farina, 1995). This version of the ATSPPHS is a shortened 10-item revision of the original 29-item measure (ATSPPHS; Fischer & Turner, 1970). Items are rated from 1 (disagree) to 4 (agree) with five items reversed scored so that higher scores reflect more positive attitudes. A sample item is “If I believed I was having a mental breakdown, my first inclination would be to get professional attention.” The revised scale strongly correlated with the longer version (.87) suggesting that they are measuring the same construct (Fischer & Farina). The revised scale also correlated with previous use of professional help for a problem (.39). The 1-month test–retest (.80) and the estimated internal consistency (.84) reliabilities were also found to be adequate. For the current study, estimated internal consistency was .81.

Intentions to seek mental health services. Intentions to seek mental health services were measured with the Intentions to Seek Counseling Inventory (ISCI; Cash, Begley, McCown, & Weise, 1975). The ISCI is a 17-item measure that asks respondents to rate on a scale from 1 (very unlikely) to 4 (very likely), how likely they would be to seek therapy.
if they were experiencing one of the problems listed. Problems included issues such as relationship difficulties, depression, personal worries, and drug problems. Responses on the ISCI are summed for each subscale such that higher scores indicate a greater likelihood of seeking professional services for that problem. The measure has been found to detect preferences in college students’ intent to seek mental health services (Cash et al., 1975). The ISCI has also been found to be associated with the significance of a current problem (Lopez, Melendez, Sauer, Berger, & Wyssmann, 1998). Adequate internal consistency estimates have been present across studies (.84–.95; Kelly & Achter, 1995; Lopez et al., 1998; Solberg, Ritsma, Davis, Tata, & Jolly 1994). In the current study, the estimated internal consistency was .90.

Results

Descriptive Analyses

Sixteen percent of the sample (n = 117) had sought help in the past. Twenty-seven percent (n = 201) reported having someone prompt them to seek help and 65% percent (n = 481) knew someone else who had sought help at some point in their lives. Seventy-eight percent of the sample reported experiencing a recent or current psychological issue. Of these, 37% reported experiencing career or school issues, followed by depression (13%), anxiety (8%), concerns with family (5%), dealing with traumatic events (5%), problems relating to others (3%), spiritual or religious concerns (2%), marital concerns (1%), or other issues (4%).

Replication of Study 1’s Findings

Consistent with Study 1, of those who sought help, 78% had been prompted to seek help (vs. 18% of those who had not sought help), \( \chi^2(1, N = 746) = 182.17, p < .001 \). Similarly, of those who sought help, 92% knew someone else who had sought help (vs. 59% of those who had not sought help), \( \chi^2(1, N = 746) = 46.93, p < .001 \). Across all participants, 45% of people prompted to seek mental health services and 23% of the people who knew someone who sought mental health services went to see a mental health provider. Also, consistent with Study 1, women (32%) were more likely to have been prompted to seek help than men were (21%), \( \chi^2(1, N = 746) = 12.72, p < .001 \). Women (70%) were also more likely to know someone else who had sought help than men (58%), \( \chi^2(1, N = 746) = 12.77, p < .001 \). Women (62%) were also more likely to have sought help than men (38%), \( \chi^2(1, N = 746) = 4.97, p < .05 \).

As expected, those who were prompted to seek help had more positive beliefs about the benefits of talking to a therapist (\( M = 12.9, SD = 4.0 \)) than those who were not prompted (\( M = 11.8, SD = 3.6 \)), \( t(744) = 3.40, p < .001 \). Similarly, those who knew someone who had sought help had more positive beliefs about the benefits of talking to a therapist (\( M = 12.6, SD = 3.7 \)) than those who did not (\( M = 11.2, SD = 3.6 \)), \( t(744) = 4.79, p < .001 \). In addition, those who were prompted to seek help had more positive expectations that important people in their lives would approve of seeking help for a personal problem (\( M = 3.2, SD = 1.3 \)) than those who had not been prompted to seek help (\( M = 2.7, SD = 1.3 \)), \( t(744) = 4.09, p < .001 \). Similarly, those who knew someone who had sought help reported positive expectations that important people in their lives would approve of seeking help (\( M = 3.0, SD = 1.3 \)) than those who did not know someone who had sought help (\( M = 2.7, SD = 1.3 \)), \( t(744) = 3.04, p = .002 \). As in Study 1, there was no difference in the anticipated risks associated with mental health services between...
those who were prompted to seek help ($M = 12.3$, $SD = 3.6$) and those who were not prompted ($M = 12.6$, $SD = 3.5$), $t(744) = -1.01$, $p = .32$. However, those who knew someone else who had sought help did, in Study 2, anticipate fewer risks ($M = 12.2$, $SD = 3.6$) than those who did not know someone ($M = 12.9$, $SD = 3.4$), $t(744) = -2.54$, $p = .01$.

**Attitudes Toward and Intentions to Seek Mental Health Services**

Next, we examined whether (a) being prompted to seek help, and (b) knowing someone who had sought help would show differences in the attitudes toward and intentions to seek mental health services. As expected, those who were prompted to seek help had more positive attitudes about seeking mental health services ($M = 25.8$, $SD = 6.2$) than those who were not prompted ($M = 24.2$, $SD = 5.2$), $t(744) = 3.54$, $p < .001$. Similarly, those who knew someone who had sought help had more positive attitudes about seeking mental health services ($M = 25.7$, $SD = 5.4$) than those who did not ($M = 22.7$, $SD = 5.1$), $t(744) = 7.53$, $p < .001$. Those who were prompted to seek help did not have significantly greater intentions to seek mental health services ($M = 35.1$, $SD = 9.3$) than those who were not prompted ($M = 33.7$, $SD = 9.0$), $t(744) = 1.83$, $p = .068$. However, those who knew someone who had sought help did have significantly greater intentions to seek mental health services ($M = 35.1$, $SD = 9.1$) than those who did not ($M = 32.7$, $SD = 8.8$), $t(744) = 3.89$, $p < .001$.

We also examined whether those who had previously sought mental health services had (a) more positive attitudes about mental health services, and (b) intentions to seek services than those who had not sought services. As would be expected, those who had previously sought mental health services had more positive attitudes about seeking mental health services ($M = 28.4$, $SD = 5.3$) than those who had not sought services ($M = 23.9$, $SD = 5.3$), $t(744) = 8.50$, $p < .001$. Similarly, those who had previously sought mental health services had greater intentions to seek mental health services ($M = 37.6$, $SD = 9.3$) than those who had not sought services ($M = 33.5$, $SD = 8.9$), $t(744) = 4.57$, $p < .001$.

**General Discussion**

The overall goal of Studies 1 and 2 was to examine the role of those close to an individual on help-seeking attitudes, intent, and behavior. Across the two studies, those who sought mental health services were prompted to do so 74% to 78% of the time. In addition, those who sought services knew someone else who had sought help 92% to 95% of the time. These results suggest that those close to an individual may be related to the decision to seek mental health services, as most people in treatment were specifically prompted to seek help by someone close them and knew someone who had sought treatment. Consistent with this assertion, in Study 1 and 2, those who were prompted to seek help and who knew someone who had sought help had more positive expectations about (a) therapy, and (b) what friends and family would think if they sought therapy. Furthermore, in Study 2, those who were prompted to seek help and who knew someone who had sought help had more positive attitudes towards seeking therapy, and those who knew someone had greater willingness to seek mental health services. These findings extend previous research and theory by providing support for the hypothesis that attitude toward mental health services is at least partially transmitted by family and friends who therefore play a role in whether an individual decides to seek help (Angermeyer, Matschinger, & Reidel-Heller, 2001; Kadushin, 1969; Rickwood & Braithwaite, 1994).
Our results also shed some light on the role of gender in help seeking. Gender has been found to play a part in help-seeking decisions (Good & Wood, 1995). Studies tend to find that women have more positive attitudes than men regarding seeking professional help (Fischer & Farina, 1995) and tend to seek help to a greater degree, at least for depression (i.e., see Moller-Leimkühler, 2002). In turn, however, men are more likely to be treated for severe psychiatric diagnoses (Leaf & Bruce, 1987) and those men who do seek help are more likely to rate their level of distress as extreme or severe when compared to women who seek help (Tomlinson & Cope, 1988). Why do these differences in help-seeking decisions occur? Our results, which found that women were both more likely to be prompted to seek help and more likely to know someone who had sought help, are consistent with the idea that the public generally believes that mental health services should be used only after other sources of support have failed (Angermeyer et al., 1999). This is particularly true for men suffering from nonpsychotic or emotional problems such as depression (Hammen & Peters, 1977; Warren, 1983). This finding is also consistent with one study that showed that participants were more willing to refer a woman than a man to therapy (Raviv, Sills, Raviv, & Wilansky, 2000). Furthermore, modeling may play a part. In our sample, 47% of participants reported that mothers encouraged them to seek help, whereas only 5% reported that fathers did. Silence from fathers about seeking help may be further reinforcing gender stereotypes of help seeking. The present findings indicate that greater exploration into the relationships among sex, influential individuals, and help-seeking behavior could help explain differential patterns of help seeking among women and men.

Professional Implications

One clear professional implication of these results is that there is a need to foster the discussion of mental health issues openly. Many individuals have experienced a mental health issue directly or know friends or family members who have dealt with a mental health issue. Discussion of these issues as well as what people have done to cope can increase the normalization of having a mental health issue and increase the perceived norm of asking for help. Similarly, the current results suggest that mental health services may be more likely to be used if not only the individual experiencing a mental health concern is contacted but if their social network is involved in the help-seeking process. Consistent with this, researchers have found that men’s partners play an important role in the help-seeking decisions of men. Encouraging spouses to come to an initial appointment may facilitate the use of mental health services for some individuals (Cusack, Deane, Wilson, & Ciarrochi, 2004). As such, it may be necessary to identify sources of support in the environment for at-risk groups and reach out to the social community surrounding the group if we want to facilitate greater use of services. One way to do so would be the creation of social advocacy groups that include partners, friends, family, and individuals from the community (Byrne, 2000).

It may also be useful to describe mental health services in ways that promote the benefits not only for the individual experiencing a mental health concern but also for those around the individual. Some family members, for example, may not be supporting an individual’s seeking mental health services due to a fear that the individual’s seeking help will negatively affect the family (Lee, Lee, Chiu, & Kleinman, 2005). If people find out a family member has sought services they may react negatively towards the family. Consistent with this, family members have been found to report lowered self-esteem as the result of a family member seeking mental health services (Lefley, 1992; Wahl &
Harman, 1989). Due to this concern, those close to the individual may have a stake in keeping the person from making their problems known. To overcome this potential problem, the profession may need to know more about the beliefs of those around the individual and work with these perceptions. In practical terms, outreach and media advertisements might be most helpful if they were to target, not only the individual who might need help, but also the individual’s peers, family, and friends.

Conclusion and Limitations

The findings of this study lend support for the importance of those close to the individual in help-seeking attitudes and intentions. However, despite the importance of these findings, some limitations of these studies should be noted. First, the results are based solely on self-report measures. As such, biases in reporting may be present. In addition, although two studies with large samples were used, both studies were conducted on mainly White students from a Midwest university. Thus, the results may not be applicable to individuals from diverse backgrounds or to those who are not in college. However, a better understanding of college students’ psychological help seeking is useful. Levine and Cureton (1998) have reported that today’s generation of college students enter college feeling “overwhelmed and more damaged than in previous years” (p. 5) and possess fewer social supports than in the past. Benton and colleagues (2003) have also reported an increase in college students concerns about loneliness, depression, and other interpersonal issues. Therefore, the findings in this study help improve our understanding of the role of social influences on college students’ decisions to seek help from a mental health professional so we may develop interventions and outreach programs designed to increase usage of mental health services by college students.

Another limitation of the study is that the procedures do not allow causal relationships to be identified. Importantly, the results need to be taken with caution, as our measurement of being prompted to seek help and of knowing someone who sought psychological services was only one item (yes-or-no question). Future studies would benefit from a more detailed measurement of being prompted and knowing someone who had sought help. Future research is also needed to explore in more detail how these factors specifically influence help-seeking decisions. For example, “Does the specific person who sought help or the person who suggested seeking help (e.g., close friend, sibling) matter?” “Does what they sought help for or the issue they suggested seeking help for matter?” or “Does how many people you know or how many people suggested seeking help matter?” Finally, consistent with most studies on help seeking, a limitation of these studies is that longitudinal help-seeking behavior was not measured. Several authors have noted that an important next step would be to assess the role of help-seeking factors on actual future behavior (Fischer & Farina, 1995). Despite these limitations, the current results suggest that the role of social influence is a unique factor in an individual’s decisions to seek help (Pescosolido & Boyer, 1999).

References


