Seeking treatment or not?

A study on mental helpseeking and its relation to needs, symptoms, person characteristica, experiences and attitudes in a student population

Main thesis for the Cand. psychol. degree
February 2004

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Aknowledgements

First and foremost I would like to thank Ingunn Skre and Catharina Wang for outstanding supervision and encouragement in the process of this study, and also for financing the distribution of the survey. Especially Ingunns assistance in statistical analyses and Catharinas contribution in form of theoretical, hypotheses-generating dicussions, as well as feedback on the written product from both has been invaluable.

Thanks also to:
Rigmor Bjørkli and the Students Department for arranging the distribution of the questionnaire by sampling respondents.

Oddgeir Friborg, Joar Vittersø, Bente Træen, Monica Martinussen and Ingela Kvalem from the HELT-project for contributing with references.

Hanne Rieber from the Student's social services for references and initial disussion.

Mona Pedersen for practical assistance.

Kristoffer Skarvåg, my husband, for helping with practical work in distributing the survey and with data-punching.

Foreword

This study is based on a survey named "Student life –challenges, problems and needs", screening many aspect of how the student population of the University of Tromsø percieves their situation. The idea to start this project came from my supervisior Catharina Wang, who is involved in drawing up a framework of efforts for students with mental illness. This work needed a foundation in research on mental health problems and needs in the student population.

The questionnaire was made by the author, partly to match an ongoing study at the University of Oslo named the HELT-project. HELT surveys different aspects of student life, such as studies, health and personality, social relations, psychiatric symptoms, medication, strains and coping, physical activity and alcohol consumption. This partly matching was done in order to make comparative studies between the two cities possible. Although many questions and scales in the "Student life" are identical with the HELT questionnaire, there are also an extensive amount of variables included that are especially designed for filling a need for information about Tromsø-students mental health and specifically their needs in terms of mental health service, and also for exploring questions raised in the present study.

Skaland, January 2004-02-01

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Abstract

This study was aimed at uncovering aspects involved in helpseeking behavior; more specifically describing reluctance to seek mental health treatment in individuals who have a subjectively felt need for such help. Respondents from a student sample (N=741) participated in the survey. 491 (66%) had never felt need for help and 250 (33%) had felt need for help. Of those who had felt need, one third (82) had sought help and two thirds (168) had omitted seeking help. The variables that were found in logistic regression to significantly predict avoidance of helpseeking was young age (β=-.21), depression symptoms (β=.12) and having been victim of bullying on repeated occasions in childhood (β=.12). Linear regression analyses showed that related to the depression dimension was gender (more females), low self-liking and low general satisfaction with life. Related to bullying-experiences was gender (more males), low self-liking and high emotional loneliness. The interpersonal aspects of the findings are discussed. Also a survey was done on what type of mental health service was preferred by the group that avoided helpseeking in spite of their need. The majority of this group (57%) reported they would like to make use of online counselling if this was offered to them. Although more negative than individuals without treatment-needs, a substantial share of help-seeking avoiders would like to use mental health services provided by psychology-students (35% wishing individual therapy, 27% wishing telephone counselling).

Despite vast amounts of clinical research in psychology, relatively few studies have addressed treatment seeking behavior for mental problems. Even less material exists on specifically how many people have a subjective need for help but still avoid seeking treatment. We have reasons to assume that some of the more common mental problems go untreated in a vast number of people. Most people who experience mental distress do not seek help for their problems (Mechanic, 1976).

The aim of the present study is to estimate the need for treatment in a representative student population and to describe aspects of symptoms, characteristics and situations of persons with untreated need relative to those who have applied for treatment and those who never felt any need for help. Hopefully this will provide more understanding of what causes reluctance toward helpseeking when such is needed. What is characteristic of this group of people who percieve themselves as being in need of help, but still omit seeking it? What kind of help do they need or prefer? For which reasons do they avoid seeking help?

Theoretical background

A number of reasons why people avoid seeking help have been pointed out in social psychological and clinical litterature. Some are of external, practical nature, while others are more psychological. Amato and Bradshaw (1985) find in an exploratory study that reluctances toward helpseeking, including both professional and informal help, group together in five clusters. These include: 1) stigma and fear about the consequences of seeking help, 2) problem avoidance or denial in the individual, 3) negative evaluation of the helper, 4) external barriers such as time and financial cost and 5) desire to maintain independence, e.g. a wish or need to solve the problem oneself. This means that given that a problem has been identified (2) and that help or treatment is available and affordable (4), there will still be reluctances to helpseeking.The authours (Amato and Bradshaw, 1985) even suggest that 1), 3) and 5) are the most challenging obstacles, indicating that psychological barriers are of great importance in this context. They are obstacles standing between the perception of mental distress and the seeking of help that might alleviate that distress.

Psychological barriers to treatment seeking can be seen as intervening variables between a problem and an individual on the one hand and the actual helpseeking behaviour on the other. They are likely to be affected by type of symptoms and perception of the problems the person is experiencing. Another type of factors that influence helpseeking, are person characteristica like gender, personality, selfconfidence and more. A third group of reasons for reluctance to helpseeking could be the nature of the situation, or experiences the person has had, for instance traumatic episodes or social exclusion of some sort. Finally, attitude toward possible helpsources is likely to be related to whether or not there are barriers toward helpseeking.

Symptoms

Depression and anxiety. Symptoms of depression and anxiety could be described not only as diagnostic clusters, but also as the aspect of a mental illness that portrays the actual felt pain or suffering of the individual in many different diagnoses. Looking at how these symptoms are related to helpseeking is very much of interest because of this phenomenological aspect. Also, high current symptom rating on anxiety, somatization and depression (HSCL-25) has been found to be the strongest predictor of former and current helpseeking addressed to general practioners (Sørgaard, Sandanger, Sørensen; Ingebrigtsen & Dalgard, 1999).

It is not surprising that high general symptom scores are assosiated with helpseeking. The focus here though, is not solely on what characterizes helpseekers relative to the general population, but specifically what separates helpseekers from people who feel need for help but omit seeking it. This group's symptom score will provide an indication of the severity of the untreated mental illness in the student population.

Attachment theory provides a theoretical basis for understanding how symptoms are thought to be related to helpseeking behavior. In Bowlbys theory of internal working models it is assumed that early, and mainly nonverbal, emotional interaction with caregiver the infant form internal working models of self and others (Bowlby, 1969), models that in time becomes habitual and automatic. (Bretherton & Munholland, 1999). Attachment patterns are associated with different ways of regulating negative affect. Insecurely attached individuals are characterized as having negative working models-of-self, and being at risk for poor coping and difficulties in emotional self-regulation. (Anderson & Guerrero, 1998) Attachment can also be related to Eriksons term of basic

trust vs mistrust, and seen as an interpersonal foundation of the fundamental trust an individual has in the environment. The combination of emotional difficulty, inadequate coping and mistrust could well be thought descriptive of helpseeking-avoiders and also fits a description of depression.

In fact, relative to psychiatric illness in general, findings indicate that interpersonal dysfunction is characteristic of current major depressive disorder, and also of dysthymia (Zlotnick, Kohn, Keitner and Della-Grotta, 2000). Dysfunction was most evident in intimate relationship (marital/live-in partner), and measured as fewer positive and more negative interactions. There was no difference in interpersonal functioning between treatment-seekers and nontreatment-seekers suggesting that even though many depressed individuals do not seek help, they still suffer impairment in their interpersonal relationships.

Hypothesizing that interpersonal difficulties to some degree has its root in lack of basic trust or insecure attachment, another and more maintaining aspect can be how depressed individuals create a negative social environment around them and as a cause loses further support frem the network (Coyne, 1976). This would constiute a vicious circle where relations are confirmed not to be trustworthy.

Amato & Bradshaw (1985) suggest that attributing the cause of problem to ones own action is more fear-inducing with regards to helpseeking. This may be especially relevant for depressed individuals with many internal attributions. Core symptoms of depression are low selfesteem, low feelings of worth, pessimism and reduced cognitive alertness (ICD-10). It is reasonable to expect that these factors would hinder helpseeking despite a felt need because the person does not believe in positive outcome and also feels shame and generally is in a passive state. Theory of learned helplessness (Seligman, 1989) has frequently been related to depression and sheds light on why depressed individuals do not try to improve their situation, which they possibly could do by seeking treatment.

Anxiety also consists of symptoms that could be related to early attachment difficulty and effect interpersonal functioning negatively. Particularly social anxiety interferes with the person's relationship to others. A pilot study on patients with eating disorders showed that individuals that did not seek treatment had significantly higher levels of social anxiety compared to those who did engage in treatment (Goodwin and Fitzgibbon, 2002).

Loneliness. One consequence of interpersonal problems can be feelings of loneliness. Considering the experince of loneliness, Weiss (1973) made a distinction between social isolation and emotional isolation. Social isolation involves lack of a social network, while the type of loneliness that comes from emotional isolation is experienced in the absence of a close attachment relationship. Evidence suggests that these two forms of loneliness are distinct experiences (Di Tommasio & Spinner, 1996). In Weiss' theoretical framework, there are different types of social provisions that people get from relationships. He proposed that the absence of the social provision attachment underlies emotional loneliness, while the absence of social integration is what causes social loneliness.

In a recent study, treatment seeking behavior was found to be predicted by social functioning, controlling for the effects of a variety of symptoms of mental disorders as well as sociodemographic variables, percieved social support and attitude toward treatment. Marked social impairment predicted nearly a threefold (odds ratio = 2.9; 95% confidence interval = 1.6 – 5.4) increased likelihood of seeking mental health treatment (Gameroff, 2002). This should indicate, Gameroff concludes, that self percieved social impairment is an independent catalyst for mental health treatment-seeking and hence could help in identifying patients who have high percieved need of treatment. It is not surprising that treatment-seeking is predicted by social impairment, but when comparing helpseekers with people in need of help who do not seek it, the picture is turned around. Seeking help for mental problems requires at least some adequate social functioning, given that this form of help is social by nature.

Eating disorder. Eating disorders like anorexia and bulimia are increasing in prevalence especially among young women (Lewinsohn, Striegel-Moore & Seeley, 2000). This group, though associated with psychiatric comorbidity, probably differs from many other sorts of mental illness in that the person wish to maintain the problematic behavior and simultanously suffers under this; there is a great ambivalence attached to this type of problem. Also, Amato & Bradshaw (1985) suggest that more intimate problems cause more fear of treatment. Eating problems are perhaps percieved as especially intimate and are often kept secretive.

Stress. Stress has been found to increase the likelihood of seeking treatment for physical complaints. (Manuck, Hinrichsen and Ross, 1975) Whether this is a factor that influences helpseeking for mental distress is uncertain, as is the direction of that influence.

Person characteristics

Self-esteem. Some have postulated that helpseeking is threatening to an individuals self-esteem (Fischer et al, 1982). Findings seem to support this in that people are less likely to seek help for very intimate problems (Mayer & Timms, 1970), problems that are stigmatizing (Bergin & Garfield, 1971) or problems that implies personal inadequacy (Shapiro, 1980) –all of which can be percieved as threatening to self-esteem. Amato & Bradshaw suggests that of the components involved in reluctance to treatment seeking it is fear that relates to threat to self-esteem. Self-esteem as a construct has been described two-dimensionally, with selfliking and self-competence as closely related but distinguishable aspects, and this diffraction is argued to help explain conceptual differences in this area (Tarfarodi & Milne, 2002). Self-competence is defined as the valuative experience of oneself as a causal agent, someone with intention, efficacy and power. Self-liking, on the other hand, is defined as the valuative experience of oneself as a social object (Tarfarodi & Swann, 1995). In this perspective, exploring whether self-liking and self-competence is related to helpseeking is of interest.

Satisfaction. An aspect of life quality, satisfaction with life is defined as the degree to which an individual evaluates the overall quality of his or her life (Vittersø, Røysamb & Diener, 2002) Measuring this global life satisfaction makes it possible to explore whether it is related to helpseeking behavior when there is a felt need.

Relationships and friends. As a supplement to loneliness scores, measuring the quality of romantic relatonships could give indications on the relation between interpersonal difficulties and helpseeking. Also of interest in a description of the target behavior will be number of close friends and acquaintances, assuming this might relate to emotinal and social loneliness.

Personality-traits. Negative affect or neuroticism is an example of a personality trait that is associated with lesser psychological wellbeing (Ebert, Tucker & Roth, 2002) and also with expressing more and unfounded symptoms of physical illness(Feldman, Cohen, Doyle, Skoner & Gwaltney, 1999). Personality has been found to be more important than demographic variables in referral to treatment. (Sørgaard, Sandanger, Sørensen, Ingebrigtsen & Dalgard, 1999). Exploring whether personality also has a predictive value concerning helpseeking is one aspect included in the current study.

Sexual orientation. Non-heterosexual orientated individuals have been shown to have higher prevalence on mood-, anxiety and substance use disorders when compared

with heterosexuals, possibly due to harmful effects of social stigma (Cochran, Sullivan & Mays, 2003). Also, minority sexual orientation is considered a risk factor for attempted and completed youth suicide (Gould & Kramer, 2001). Further, Cochran et al. observed that non-heterosexuals had higher use rates of mental health services, with approximatly 7 % of those receiving treatment being lesbian, gay or bisexual, although this group represent less than 3 % of the population. Including sexual orientation in the current analysis will give an indication of whether this difference is due solely to increased prevalence and/or severity of distress or if sexual orientation is related to helpseeking behavior.

Gender. Gender differences in symptom scores have been pointed out; concerning depression there seems to be a large difference between males and females in anxious somatic depression, with more females reporting symptoms, but not in pure depression (unaccompanied by the somatic symptoms) (Silverstein & Lynch 1998). Women's helpseeking attitudes have been reported to be consistently more positive than men's (Fisher & Turner, 1970).

Traumatic experience

Bullying. In victims of childhood bullying associations have been reported with later depression and poor self-esteem (Olweus 1993) and also with risk of various other mental disorders, such as anxiety, psychosomatic symptoms, eating disorder and substance use (Kaltiala, Rimpelae, Rantanen & Rimpelae, 2000). These victims seem to deal with interpersonal stressful events by means of non-engagement coping strategies, resulting in depression (Araki, 2002). This type of strategy is not unlikely to involve avoiding of helpseeking when experiencing distress.

Recent traumatic incidents. Having experienced traumatic events more recently in life could also affect helpseeking behavior. Such episodes could be percieved as relatively concrete and therefore providing the person with a comprehensable reason for seeking treatment. Also recent traumatic experiences probably reduce subjective well-being and could therefore increase help-seeking behaviour.

Students as helpseekers

Students are often in an especially vulnerable situation because starting an education often means moving away from home and thus inducing stress and, for many, reducing social support, which is associated with increased risk of mental illness (Stroebe & Stroebe, 1996).

Interestingly, previous researh on students has suggested that there is a need for change in delivery of psyciatric services to college students, in light of a fairly large number of students (around 50%, but the sample is relatively small) with diagnosable illnesses who neither sought nor considered seeking treatment for their problems (Rimmer, Halikas, Schuckit & McClure, 1978). If the results from the present study resembles Rimmer et al's, in that many report needing help without seeking it, this should have implications for the delivering of mental health services to the student population.

Attitude factors, as well as social norms have been found to predict helpseeking intention, witin a framework of the Theory of Reasoned Action (Howland, 1997). More precisely, two attitude factors were found; a general attitude toward helpseeking and an affective reponse, reflecting how comfortable or unpleasent seeking help was percieved to be. Assuming that intention has at least some impact on actual behavior, knowledge of both attitude factors in individuals who do not seek help despite reported need will be of interest, especially when considering what type of mental health service one would want to offer. In the present study attitudes toward different alternative helpsources is explored, particularly that of interventions run by psychology-students.

Current focus questions and hypotheses

The numerous variables included in the study are included to give a broad description of the topic of helpseeking in a student population. First, indicating how many people who feel they need help but omit seeking it, is of great interest in itself. Based on mentioned findings that most people who experience distress do not seek help, this group is expected to be of substantial size.

All individuals who report they feel a need for help can be expected to have high general symptom scores relative to the rest of the population. But from the clinical

research on depression and its partly interactional nature, and from assuming that social impairment, disengaging coping and basic mistrust are important factors in depression, the expectation would be that especially the depressive symptoms will be associated wth feeling need for help and yet not seek it. The depressive clinical picture including passivity, feelings of helplessness, pessimism and internal attributions further strengthens this assumption. Another expectation, arising from previous research, and in line with our interpersonal focus, is that social anxiety is related to treatment reluctance.

In terms of loneliness, it is predicted that experiencing social loneliness is associated with helpseeking. This would be in line with findings of social impairment increasing the likelihood of seeking mental health treatment. Emotional loneliness, on the other hand, that is attachment-related and consists of a lack of closeness, is hypothesized to be associated with avoiding helpseeking.

In those reporting eating problems it is expected that reluctance toward helpseeking is strong. As for the aspect of stress this study merely explores possible influences on helpseeking.

Self-esteem, conceptualized in self-liking and self-competence is expected to be low in help-avoiders, because low self-esteem is likely to induce fear of being disclosed or reveal oneself. Since the self-liking component is more related to oneself as a social being, it is possible, in line with the interpersonal focus, that this dimension of self-esteem is more important in understanding reluctance to seek help.

The aspects of life satisfaction, quality in romantic relationship, personality traits and sexual orientation have all been included in the study in an exploring manner, for different reasons: Satisfaction is a good indicator of overall subjectively felt wellbeing, relationships are vulnerable to problems with interpersonal dysfunction, personality traits are related to psychopathology and sexual orientation to increased symptoms and to engaging in treatment. These aspects are considered not unlikely to be relevant in considering helpseeking versus reluctance.

Considering traumatic events that people have experienced, the more recent episodes are thought to increase helpseeking behavior because incidents like this are often comprehensible and concrete. Having been a victim of childhood bullying, on the other hand, is hypothesized to decrease the likelihood of seeking help when it is needed. This is due to the important relational implications that bullying has in forming non-engagment coping strategies. Again an interpersonal focus seems appropriate in coming to terms with helpseeking reluctance.

Since intention to seek help is predicted by social norms and attitudes, those attitudes are expected to be relatively negative in the group that avoids seeking help. An attempt to clarify more specifically what attitudes this group holds is also made.

Method

Sample

Mailed questionnaires were sent to 1500 registered students at the University of Tromsø. The University has a total student population of some 6000 registered students, abut half of whom had registered at the time of sampling. The sample was prepared by the University of Tromsø Student Registry, and was selected to be representative of the total student population on variables like gender, age, and according to subjects and level of study progression. Seven-hundred-and-forty-two students returned the questionnaire, and after excluding one because of incomplete answering, the repondents made up 49,4 % of the sample. More females (508 (68.6%)) than males (233 (31.4%)) returned the questionnaire. For comparison the distribution of gender at the University is about 56% females and 44 % males (reported from Student Registry in october 2003). Mean age was 25.4 (SD = 6.73). Twenty-eight questionnaires were returned unanswered.

Procedure and instruments

The project was initially presented and accepted by the Regional committee for research ethics in medicine and psychology, health region V. Participants then received a questionnaire by mail accompanied by an information letter inquiring their anonymous and volunteer participation. Two weeks later they all received a reminder of the inquiry. Letters and questionnaire are shown in the appendix.

The questionnaire contains questions of numerous aspects of the students' lives. Relevant for the present study are questions about demographic variables, social or relational aspects, different symptoms of mental distress, personality, sexual orientation and romantic relationships, self-efficacy and self-esteem, satisfaction, stress, traumatic experiences incuding bullying and helpseeking needs and attitudes. The scales employed are described in the following.

Depression and anxiety. Symptoms of depression and anxiety were measured with the Hopkin Symptom Checklist (HSCL-25) (Derogatis, Lipman, Rickels, Uhlenluth & Covi, 1974). Symptoms were scored along a four-point Likert scale, ranging form "not at all" to "very much". The HSCL-25 has received support as a screening instrument for detecting anxiety and depression in non-psychiatric patients (Winokur, Guthrie, Rickels & Nael, 1982). More recent findings though, suggest the scale is best suited for measuring general level of psychiatric distress (Sandanger, Moum, Ingebrigtsen, Sørensen, Dalgard & Bruusgaard, 1999), and is acceptable as a diagnostic screener only for depression (Sandanger, Moum, Ingebrigtsen, Dalgard, Sørensen & Bruusgaard, 1998). Internal consistency reliabilty of the scale was estimated and the alpha coefficient was .90 for the total scale, .88 for depression subscale and .76 for anxiety subscale.

Loneliness. Following Weiss' typology of loneliness, the Social Emotional Loneliness Scale was used, measuring loneliness on two subscales: social loneliness and emotional loneliness (Wittenberg, 1986(unpublished doctoral dissertation), cited in Shaver & Brennan, 1991). Each loneliness item was indicated on a five-item Likert scale (1 = never, 5 = very often), with higher scores indicating more intense feelings of loneliness. The internal consistency estimates was alpha coefficients of .79 for the total scale, .78 for the social loneliness subscale and .77 for the emotional loneliness subscale.

Eating problems. Screening for eating problems was performed using the Eating Disorder Scale (EDS-5) (Rosenvinge, Perry, Bjørgum, Bergersen, Silvera & Holte, 2001) The scale consists of five items, scored on a seven-point Likert scale with higher scores indicating more pathology. The internal consistency of the scale was indicated by an alpha of .85.

Quality of romantic relationship. A scale was constructed for assessment of quality in romantic relationship. Dimensions assumed relevant for the topic were presented and answered on a five-point scale. These dimensions were: 1) Stable – unstable, 2) hard – not hard, 3) romantic – not romantic, 4) insecure – secure, 5) open – reserved, 6) right for you – not right for you, 7) distant – close and 8) caring – not caring. The internal consistency reliabilty of the scale was acceptable (alpha .89).

Satisfaction. General cognitive judgements of life was measured with the Satisfaction With Life Scale (SWLS), which is a five-item instrument responded to on a seven step Likert scale from strongly disagree to strongly agree (Diener, Emmons,

Larsen & Griffin, 1985). Higher scores indicate more satisfaction. Cronbachs alpha for this scale was .88.

Self-esteem. Measurement of self-esteem was performed employing the Self Liking and Competence Scale (SLCS) (Tarfarodi & Swann, 1995). This scale divides into two 10-item subscales, one designed to measure self-liking, and the other to measure self-competence. Self-liking and self-competence are scored on a five-point Likert scale, ranging from "strongly disagree" to "strongly agree". High internal consistency of the scale and subscales was found, indicated by alpha coefficients of .92 for self-liking, .89 for self-competence and .94 for the total scale.

Personality. Personality traits were assesed using a short version of 5-PFa which is a personality differential built on adjective scales measuring "the Big Five"-model (Engvik, 1993). The five dimensions are: Agreeableness, Extraversion, Conscientiousness, Neurotisism and Openness to experience. Engvik found intersubjective validity ranging from .63 to .78 for the main factors.

Attitudes toward student counselling. A scale was constructed for assessing attitudes in the student population toward receiving help from a psychology-student. Agreement with statements regarding this question was indicated on a five-point scale. The internal consistency reliability of this scale was estimated to alpha .61.

Statistics

All analyses were performed with the SPSS for Windows, version 11.0.0. For comparisons between groups, Anova, with contrast analysis, was employed for continous and Chi-square tests for nominal variables. To study interrelationship between variables, Logistic regression analysis was employed when the dependent variable was dichotomous and Linear regression when the dependent variable was continous. A significance level of 5% was chosen. Missing data were treated as missing. The total N may therefore vary in the different analyses, since the SPSS performed listwise deletion of missing data.

Results

General description of the sample

Insert Table 1

Insert Table 2

Insert Table 3

Participation in the survey was stronger for females, and this is presented in Table1. A demographic description of the whole sample is given in Table 2. On average the repondents are 25.3 years of age and have studied somewhat more than three years.Table 3 reports the distribution of University-subjects and levels in the sample. Concerning general psychiatric symptom level, there was 24.1 % of the total sample that had HSCL scores at 1.75 or above, which has been set as a cutoff for psychiatric problems (Winokur, Winokur, Rickels & Cox, 1984).

Helpseeking and reasons for avioding it

Insert Table 4

As shown in Table 4, the sample divides in three groups of different helpseeking behavior. Two thirds (66.3 %) reported no need of seeking help(No Need-group), The remaining one third of the total sample had felt the need for help and 11.1% had actually sought help (Sought Help-group) while 22.7 % had felt the need for help, but had omitted seeking it (Felt Need-group).

Insert Table 5

Looking closer at the reported reasons in Table 5 for not seeking help despite a felt need, the majority wants to handle the problem themselves and/or feel that the problem is not serious enough to justify treatment seeking. Support from friends and concern with how one would seem also represent strong reasons for avoiding helpseeking. Only one in five says avoidance is due to wish of not bothering anyone.

Comparison of symptoms the three helpseeking groups: Felt Need but omitted, Sought Help and No Need for help

Insert Table 6

The results showed, as expected, that the amount of symptoms is less in the group that reports not feeling need for treatment. Table 6 presents for the three helpseeking groups mean values of total symptom meanscore on the Hopkin Symptoms Checklist, as well as anxiety subscale meanscore and depression subscale meanscore. It also shows a One-Way Analyses of Variance (ANOVA) with helpseeking groups as independent variables and the mentioned mean symptom scores as dependent variables. The three group main effects were significant. Contrast analyses showed significant differences between all groups on total mean score, depicting Felt-Need group as having most symptoms, followed by Sought-Help group and then No-Need group. Separating this symptom-score into anxiety and depression, contrast analyses revealed significant difference in depression between Felt-Need group and Sought-Help group, with the Felt-Need group showing more depression. This difference is not found for anxiety.

Insert Table 7

For Social Emotional Loneliness Scale, Table 7 presents mean values on each of the two subscales and total mean for the three helpseeking-groups, as well as one-way ANOVAs with helpseeking groups as independent variable and the mean loneliness scores as dependent variable. Main group effects are significant for all loneliness measures. No Need-group always shows less loneliness than the others. Contrast analyses showed, significant difference between Felt Need-group and Sought Help-group on emotional loneliness, but regarding social loneliness and total loneliness score there is no such difference. Further, there is significantly less emotional loneliness in No-Need group compared to Felt-Need group, but no difference between Sought Help-group and No Need-group. On the other loneliness measures, social loneliness and total loneliness score, the No-Need group is the one differing significantly from the others.

Insert Table 8

Table 8 shows means on the Eating Disturbance Scale for the three helpseeking groups, and also includes one-way ANOVA with helpseeking groups as independent factors and the EDS score as dependent factor. The main group effect is significant, and contrast analyses indicates that the No-Need group has significantly less eating problems than the others, as expected. There is no difference between Felt-Need and Sought-Help groups on this parameter.

Insert Table 9

Social anxiety and helpseeking is described in Table 9. The No Need group shows significantly less of this symptom, but there is little difference between Felt-Need and Sought-Help groups regarding this.

Insert Table 10

Table 10 reports mean scores on items measuring amount and consequences of stress. In the ANOVA here, all except "pressure at University" came out with significant main group effects, but contrast analyses indicated that there is no difference between Felt-Need group and Sought-Help group on any items. No-Need group experiences in general less stress than the others.

Comparing person-describing variables in the helpseeking groups

Insert Table 11

On quality of romantic relationship and satisfaction with life (table 11), the No Need group reported significantly higher satisfaction and better relationships than the need-groups. Only on the Satisfaction With Life Scale did also the two need-groups differ from one another, with the Felt-Need group being least, the Sought-Help group more and the and No-Need group most satisfied.

Insert Table 12

Self liking and competence in the three helpseeking groups are depicted in table 12, with means on the total scale and the two subscales for each group, and one-way ANOVAs, with helpseeking groups as independent factors and the SLCS scores as dependent factors. The main group effect is significant for all measures, and contrast analyses shows that Felt-Need and Sought-Help groups are significantly different for total score and for self-liking score, but not for self-competence score.

Insert Table 13

As shown in Table 13, the personality dimension negative affect is significantly lower in the No-Need group compared to the others, who feel they need help. There are no significant differences between help-seekers and help-avoiders on any of the personality dimensions.

Insert Table 14

Findings on sexual orientation is shown in Table 14. There were more non-heterosexuals in the two need groups than in the No Need group, but no difference between the two (Felt-Need and Sought-Help groups).

Insert Table 15

Number of friends follows the same pattern as sexual orientation. Table 15 shows means on number of close friends and acquaintances, and one-way ANOVAs with helpseeking groups as independent factors and the means as dependent factors. The main group effect is significant for both measures, and contrast analyses shows that No-Need group differs from the others with more friends. There is no difference between Felt-Need and Sought-Help group.

Comparing traumatic experiences

Insert Table 16

Table 16 shows that the Felt-Need group differs from Sought-Help and No-Need groups in number of cases that have been bullied repeatedly. Repeated bullying has occurred in more than 20% of the individuals who avoid seeking help despite their need. Also, the Felt-Need group and Sought Help group both have a higher percentage of victims who have experienced bullying occationally, relative to the No-Need group.

Insert Table 17
Insert Table 18
Insert Table 19

Other and more recent traumatic experiences are shown by the results not to distinguish between Felt-Need and Sought-Help groups. Tables 17-19 show that experienced disease or damage within the last year is related to actually seeking help, while such disease/damage in someone close is more common in all those who feel need for help. Having painful memories from traumatic events is also more frequent in those who need help.

Predicting avoidance of helpseeking: Logistic regression

Insert Table 20

Table 20 presents the result of a logistic regression indicating that in Felt-Need versus Sought-Help group, there are three significant independent variables that predicts avoiding of helpseeking: Age, depression and having experienced repeated bullying. In a separate logistic regression analysis gender was also entered as an independent variable, and in that analysis neither gender nor repeated bullying reached significance, while age and depression remained significant predictors of help-avoidance. Scrutiny of the correlation pattern between the variables revealed that female gender was correlated ($r = .11$) to depression and male gender was correlated ($r = -.11$) to repeated bullying, and that this interaction between gender and the other variables outweighed the impact of

repeated bullying on help avoidance. To nuance the impact of bullying and depression on help avoidance, separate regression analyses of the predictors of these two variables were performed.

Insert Table 21
Insert Table 22

Tables 21 and 22 show the results of linar regression analyses in the total sample, indicating predictors of depression and childhood bullying, respectively. Depression is significantly predicted by gender (more females), low satisfaction with life and low self-liking. Having been victim of bullying repeatedly is predicted by gender (more males) emotional loneliness and low self-liking.

Insert Figure 1

The results from all regressions are summarized in figure 1. This is not to be understood as a path model, but merely an overview of the three separate regression analyses that were conducted. The logistic regression was performed in the subsample who reported need, while the linear regressions were done in the total sample.

Avoiding helpseeking: Needs and attitudes toward helpsources

Insert Table 23
Insert Table 24

The results show that in the Felt-Need group, where individuals feel need for help but do not seek it, the helpsource considered most likely to be used are psychologist or psychiatrist, general medical practioner and the Students'Social Services, in that order. This is shown in Table 23. Table 24 reports what suggested alternative treatment individuals in the Felt-Need group would prefer over the existing options. 57.5% say they would want contact or counselling on the internet rather than making use of existing resources. When the alternatives therapy and telephone contact with psychology-students are suggested, 35.8 % and 27.3% respectively of the Felt-Need group report they would prefer these alternatives over the already existing.

Insert Table 25

Insert Table 26

Describing attitudes of the sample toward receiving help from psychology-students, Table 25 shows mean scores in negativity for the three helpseeking groups and the result of a one-way ANOVA giving a significant main-group effect. Contrast-analyses indicate that Felt-Need group and Sought-Help group are equally negative towards help from students, and more so than the No-Need group. Table 26 reports the Felt-Need groups' attitudes, and suggests that the most negative attitudes concerning help from other students are about meeting each other in social contexts and percieving the situation as threatening. The more favorable attitudes concerning this question consider the student therapists likely to hold professional standard and to observe secrecy.

Discussion

The main results of the present study were the following:

▪ As many as one third of a representative sample from a studentpopulation reported having ever felt in need of help for mental problems.

▪ Two thirds of those in need , or 23 % of the total sample had felt in need of help but omitted seeking it.

▪ Help avoidance was connected to young age, higher depression score and having been the victim of repeated bullying in childhood and adolescence.

▪ Depression rate was connected to female gender, low satisfaction with life and low self-liking.

▪ Being victim of repeated bullying was connected to male gender, low self-liking and high emotional loneliness.

▪ The existing helpsources that were considered most likely to be used by the group who had felt need for help but not sought it, were: 1) psychologist / psychistrist, 2) general practioner and 3) Students Social Services.

▪ Of suggested alternatives to existing helpsources, 57 % of the Felt Need group were positive to internet counselling.

▪ Though the two need groups were more negative to receiving help from students, within those who felt need but omitted helpseeking 35 % and 27 % were positive to therapy and telephone counselling with psychology students, respectively.

No Need group

Repeatedly throughout the analysis so far we have described differences and characteristics of the three helpseeking groups; The No Need group, the Sought help group and the Felt Need group. From the results, giving a closer description of these groups is possible. The No Need group is the larger one (two thirds of the sample), and to no surprise the group with the lowest psychiatric symptom scores. This includes low level of general psyciatric problems, depression and anxiety (including social anxiety), less of both social and emotional loneliness and less eating problems. The individuals of the No Need group further experience less pressure from others, they have less concentration difficulties and are generally more satisfied with their lives. They also report better quality of their romantic relationships and have more friends than the two need groups. They are more self-confident, with higher self-liking and-competence scores. They score lower on the personality dimension of neurotisism. In this group the percentage of non-heterosexuals is lower than in the need-groups. More of the indiduals in the group have never experienced any bullying in their upgrowing years compared to the others, though more than half of them actually have. They have had less traumatic experiences. Finally, they express more positive attitudes toward mental health services run by students.

Sought Help group

The Sought Help group consists of 11 % of the sample, and has lower symptom scores than the help-avoiders, including general psychiatric symptom level and depression score. This can be interpreted as an indication that the treatment the individuals in this group has received has had a positive effect. Further, those who have actually sought help for mental problems report of less social but not emotional loneliness than those with no need, indicating that they typically can form intimate bonds, but have problems with social adjustment. They have fewer friends and, especially, aquaintances than the No-Need group. The global satisfaction with life among helpseekers is better than for the helpavoiders, which could also be related to effects of therapy, or possibly to a baseline of better functioning. The helpseekers are

characterized by higher self-liking than the helpavoiders. This too, of course, can in part be a result of treatment, but also in part an antecedent of the helpseeking. The linear regression shows that self-liking is in fact related to the predictors of not seeking help. The ability to form intimate bonds, which indicates a certain trust in others and perhaps relates to a history of secure attachment, can partly be explained in the relatively few cases of repeated bullying-victims seen in the helpseeking group. To sum up, helpseekers could be described as relatively secure in interpesonal relations, not lacking closeness to others, liking themselves, not having been seriously bullied in childhood and probably having profitted from treatment.

Felt Need group

The Felt Need group is the one shown most interest in the present study because it consists of indivduals that might benefit from interventions. Revealing some aspect of the reluctance to seek help when such is needed will be not only of theoretical, but also of practical interest in clinical and political work. Addressing the question of how many people in the student population had unmet needs concerning treatment, showed as expected, that this group was substantial; More than one in five of all repondents reported feeling a need for help because of mental distress and did not seek such help. The need being self-reported and thus subjective, this number does not necessarily indicate that all respondents in this group must have treatment. Compared to how many students who had symptom scores above cutoff (24.1 % of the total sample were at or above 1.75 on HSCL), and considering that about 11 % had actually sought help, it is reasonable though, to assume that as many as 10-15 % of the total student population who has not been in contact with mental health services would benefit from treatment or counselling of some sort.

The helpavoiders have the highest symptom scores of all the groups, with higher general level of psychiatric symptoms than the other groups. This indicates that the omitting of seeking help in this group is not due to a lesser need; quite the opposite, it is associated with increased distress. As hypothesized, individuals reluctant to seek help have more depression symptoms than helpseekers, and depression was a significant predictor of help-avoidance. Conclusions from the HSCL about diagnostic clusters are as mentioned earlier perhaps limited to depression. Anyway, the anxiety subsacle was not significantly related to help-avoidance. Neither was social anxiety. This underlines an important aspect of the interpersonal aspects of help-avoidance; they seem to be a

result of depressive symptoms rather than constituting prime symptoms in form of avoidance of social situations.

The Felt Need group also reported more emotional but not social loneliness than the helpseekers. This indicates a lack of interpersonal closeness or intimacy that would be expected in individuals with insecure attachment patterns. It was expected that social loneliness would be related to helpseeking, whereas emotional loneliness would relate to help-reluctance. The logistic regression, though, indicates that emotional loneliness does not significantly predict help-avoidance, indicating that the relation between the concepts is not direct.

The same could be said for low self-liking, which characterizes the Felt Need group. Whereas self-competence reflects instrumental value and has to do with the persons sense of ability, the self-liking component reflects more intrinsic value, or feeling of being good in yourself, not for what you can *do* but rather who you *are.* This is an aspects of social worth; and it is natural that such a feeling of being likable makes a person more likely to seek assistance in others, to disclose. Not appreciating oneself as a social being makes it difficult to make use of helpsources that are based on social interaction with a therapist. Lack of trust adds to this picture. The relation between self-liking and helpavoiding as suggested by the regression results, is that self-liking relates to depression and to experience of repeated bullying.

Given this description of the helpavoiders it may come as no surprise that general satisfaction with life is lower among them than in the helpseeker group. Global satisfaction is found to be related to depression, simply showing that discontent and unhappiness is more likely in depressed individuals. Satisfaction did not directly predict helpavoiding, although it did significantly differ between need-groups, so that helpavoiders can be described as less satisfied with their lives than helpseekers.

The social impairmant decribed in the Felt Need group relates also to the degree of which they hav been victims of repeated bullying while growing up. This variable significantly predict helpavoiding along with depression and young age. It is natural to assume that this type of experiences influence a persons sense of security and trust in others. Also, detachment coping strategies seen in this group fits the behaviour of not acting upon your own needs, especially not when this involves disclosing oneself to another.

Depression and being victim of bullying, then, along with the whole picture of emotional loneliness, self dislike and low satisfaction, support the comprehension of

helpavoiding in terms of poor social functioning, lack of basic trust and dysfunctional coping strategies.

Looking closer at the self-reported reasons for reluctance in helpseeking in the Felt Need group, it seems that need for independence and low self-esteem, as suggested by Amato and Bradshaw (1985), has a strong impact. The most reported reason is wanting to handle the problem oneself. Perhaps is this due to the helpavoiders interpersonal difficulties and history of being alone. Also, believing that degree of seriousness does not justify treament seeking is a strong factor. This could be a sort of self-devaluating typical of people with low self-esteem. It also gives an indication that information about counselling and what one can get help for would be useful in the student population. Feeling you are seeking help when the problem is considered one that people should be able to solve on their own, could also be threatening to self-esteem. This fits the description of helpavoiders as low in self-liking. Self-esteem as a hindrance in helpseeking can also be read into the relativly frequent report of fear of how one would seem in that situation.

Age

Of the main findings are that help-avoiding is predicted by depression, young age and having repeatedly been a victim of childhood bullying. Age is the most significant of these, and this could indicate several things: Younger people are less experienced in life making it more difficult to realize when help is needed. They may have less knowledge about mental illness and about the existance of mental health services. Besides, people who struggle with mental distress tend to delay helpseeking a certain amount of time, which is reasonable in order to coming to terms with the problem. Since many disturbances typically have their onset in early adult years, one could expect the youngest of the students to either not yet to have developed a problem, or if they have, not yet to have taken action and sought help for it. The youngest simply have not had as much time as the older to seek help.

Hypotheses that were not confirmed

Eating problems was expected to be related to a reluctance toward helpseeking, because of the ambivalence that they are asoociated with, and the intimacy of their nature. This was not confirmed, there was no difference between helpseekers and help-avoiders. At least one might conclude that it is understandable that that there are not

more eating problems in the helpseeking group than in the avoiding, since this is typically not a type of problem people wish treatment for.

The results regarding stress (daily stress, pressure and burnout-symptoms) and helpseeking did not reveal any differences between helpseekers and help-avoiders. They both experience more stress than those who report no need. There is no evidence that the threshold for seeking help for mental problems is influenced by level of stress.

Variables that did not distiguish between helpavoiders and helpseekers also included quality of romantic relationship, general selfefficacy, personality, sexual orientation and recent trauma. Since interpersonal dysfunction can be assumed to affect relationships negatively, poor relationship quality might have been expected to be more frequent in the help-avoiding group. When this is not the case, it could be due to a response bias. It may be a problem that romantic relationships get idealized almost up to the point where one seperates, because realizing that something is wrong may not be acceptable in this type of relationship.

As for gender, it was found that more females were depressed and more males had experienced repeated bullying in childhood. This makes it understandable that gender does not predict helpseeking behavior. Also, females may be affected in two directions: Avoiding helpseeking more because of depression and on the other hand seeking more help because they probably hold more positive attitudes toward helpseeking.

Regarding recent traumas, the results show that except for physical illness or injury, there is no difference between helpseekers and avoiders. So whether or not one seeks treatment when it is needed seems not to be related to recent traumatic incidents or their following symptoms.

Attitudes and needs

In screening for what alternative helpsources the students would want to use, attitudes toward mental health service provided by psychology students helpseekers and helpavoiders were equally negative and more so than those who report no need for help. There was no gender difference. Earlier findings though, as mentioned, have suggested that women generally hold more favourable attitudes toward helpseeking. This may be a question for further inquiry, as may the relation between general attitudes (not just toward student therapists) and help-avoiding.

The current results show, that although those in need for help are more negative to receiving help from other students than those who have no need, there is still 35 % of the help-avoiders reporting they would want to accept an offer of individual counselling with a psychology student instead of using an already existing helpsource. 27 % of them report the same for using a telephone contact who is a student. The most striking finding concerning alternative treatments, though, is that almost 60 % of the help-seeking avoiders report they would use online counselling instead of what is currently offered. It has been found that among users of mental health-related online discussion forums, 75 % report that they find it easier to discuss personal problems online than face-to-face, while almost half say they discuss problems online that they do not discuss face-to face (Kummervold, Gammon, Bergvik, Johnsen, Hasvold & Rosenvinge, 2002). These statements reflect problems with direct interpersonal interaction that are described for the group of individuals who have felt need for help but not sought it. Another alternative equally popular among the help-avoiders as online counselling is a telephone contact run by professionals.

Limitations

There are several limitations to the study that should be mentioned. Assessing data concerning mental health through an anonymous questionnaire may be subject to report bias.

The sample in the present study is from a student population, and the data thus may not be representative of the general population. All students have at least 3 years more education (gymnasium or high school) than what is the national minimum, and with university education in addition, they are therefore more educated than the majority of the young adult population of Norway. The student population also have a skewed gender distribution with more women than the normal population. Furthermore proportionally, more female than male students have returned their questionnaires. This was as expected, since women have been found more likely to respond to mail survey than men (Woodward & McKelvie, 1985).

The respondents in a study of this sort must be considered a selection of individuals. More who feel the questions are relvant for them may have returned the questionnaire. However, the purpose of the study was to estimate untreated mental problems in the student population and to describe those who avoid seeking treatment. Even though the response tendency may be biased in the direction that more of those

who feel the questionnaire was relevant for them, it is reason to believe that we at least have a relatively correct picture of this group. It has been known from population surveys that those who do not respond often have more severe problems than those who do respond (Hansen, Jacobsen and Arnesen, 2001). If this is the case in the present study, only a part of the picture of untreated need for mental help in the student population has been uncovered by the present study.

Conclusion and implications

Realising the methodological limitations of the study, one may still conclude that some aspects of helpseeking behavior have been clarified. There seems to be a substantial part of the student population that has a subjectively felt need for help and also scores high on general psychiatric level of distress, and yet do not seek help in the mental health service. Having obstacles and omitting seeking help for mental problems is typical for indiviuals of young age, with depression symptoms and with repeated childhood experiences of being bullied. These predictors of avoiding helpseeking even though one feels a need for help, can be understood in terms of interpersonal difficulties, and seem to be related to low self-esteem, gender, loneliness and dissatisfaction with life.

Implications from the study for clinical work and organization of mental health service for students would be giving out information of what sort of help is available and what sort of problems can be addressed in a treatment setting. Especially, such information should be targeted toward the younger students and those who are depressed, as well as individuals who have experienced severe bullying. There is reason to assume that the establishment of an internet-based form of intervention could reach many of those who feel reluctant to seek help for their mental problems.

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Tables and figure

Table 1. Response rate by gender (N = 1500).

	Male requested n=616		Female requested n=884		Total n=1500	
	n	%	n	%	n	%
Responding	233	37.8	508	57.5	741	49,4

Note. More females than males responded, $\chi^2(1\ df) = 55.89$, $p < .0001$.

Table 2. Demographic description (N = 741).

	n	%	M (SD)	Median	Min	Max
Age	739	-	25.4(6.73)	23.0	18.0	57.0
Semester studied	734	-	6.6 (4.84)	6.0	1.0	30.0
Semester delayed	725	-				
Marital status:			0.4 (1.05)	0.0	0.0	8.0
Single	435	59.2	-	-	-	-
Married or cohabitant	287	39.0	-	-	-	-
Divorced / separated or widow	13	1.7	-	-	-	-
Living:						
Alone	200	27.1	-	-	-	-
With partner	296	40.1	-	-	-	-
With friends	120	16.2	-	-	-	-
With parents	28	3.8	-	-	-	-
Others	95	12.9	-	-	-	-
Care for children	102	13.9	-	-	-	-
Nationality:						
Norwegian	698	94.3	-	-	-	-
European	33	4.5	-	-	-	-
Others	9	1.2	-	-	-	-
Has moved to Tromsø	523	71.3	-	-	-	-
Belonging in northern region	506	69.0	-	-	-	-
Belonging to Sami population	36	5.1	-	-	-	-

Table 3. Studies: Subjects and level (N = 741).

	n	%
Subject		
Introductory course	38	5.1
Civil engineering	33	4.5
Fishery	58	7.8
Law	90	12.1
Medicine	193	26.0
Science/Mathematics	56	7.6
Social science	169	22.8
History/Philosophy	59	8.0
Others	39	5.3
No information	6	0.8
Level		
Separate subject	70	9.4
Bachelor	209	28.2
Master	213	28.7
Ph.D	10	1.3
Profession-studies	229	30.9
No information	10	1.3

Tabell 4. Helpseeking and need for mental health service (N = 741).

	n	%
Felt need of help but omitted seeking it. (FN-group)	168	22.7
Have sought help. (HS-group)	82	11.1
No need for help.(NN-group)	491	66.2

Table 5. Reported reasons for avioding helpseeking in Felt Need-group (N = 168).

	n	% (within FN-group)
Wanted to handle problem oneself	106	63.1
Problem not serious enough	99	58.9
Sufficient support from friends.	63	37.5
Afraid of how one would seem.	56	33.3
Sufficient support from family.	47	28.0
Sufficient support from partner.	40	23.8
Did not wish to bother anyone.	34	20.2
Other reasons.	31	18.5

Note. Multiple responses were possible.

Table 6. Hopkins Symptoms Checklist: Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups (N = 738).

	Felt Need-group (n = 168)		Sought Help-group (n = 82)		No Need-group (n = 488)		Anova	
	M	SD	M	SD	M	SD	F(2,738)	p
HSCL total mean	1.81 *a b*	.42	1.68	.49	1.43 *c*	.29	80.46	.000
HSCL anxiety mean	1.71 *d*	.39	1.64	.50	1.42 *e*	.30	48.64	.000
HSCL depression mean	1.88 *f g*	.51	1.70	.55	1.43 *h*	.34	77.96	.000

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a FN-group differed from SH-group. t(738) = 2.13, p = .035.
b FN-group differed from NN-group. t(738) = 10.98, p <.0001.
c SH-group differed from NN-group. t(738) = 4.43, p <.0001.
d FN-group differed from NN-group. t(738) = 8.74, p <.0001.
e NN-group differed from SH-group. t(738) = 3.80, p <.0001.
f FN-group differed from SH-group. t(738) = 2.42, p = .017.
g NN-group differed from FN-group. t(738) = 10.49, p <.0001.
h NN-group differed from SH-group. t(738) = 4.28, p <.0001.

Table 7. Social Emotional Loneliness Scale: Means, standard deviations and one-way analysis of variance (ANOVAs) for effects of three helpseeking groups (N = 736).

	Felt Need-group (n = 166)		Sought Help-group (n = 82)		No Need-group (n = 488)		Anova	
	M	SD	M	SD	M	SD	F(2,736)	p
Emotional loneliness mean	2.45 *a b*	.91	2.18	.92	1.98	.85	17.89	.000
Social loneliness mean	2.39	.71	2.30	.78	2.00 *c d*	.53	30.45	.000
Total mean	2.42	.66	2.24	.71	1.99 *e f*	.54	35.54	.000

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a FN-group differed from SH-group, t(736) = 2.20, p = .03.
b FN-group differed from NN-group, t(736) = 5.80, p <.0001.
c NN-group differed from FN-group, t(736) = 6.55, p <.0001.
d NN-group differed from SH-group, t(736) = 3.46, p <.001.
e NN-group differed from FN-group, t(736) = 7.62, p <.0001.
f NN-group differed from SH-group, t(736) = 3.09, p <.003.

Table 8.Eating disturbance: Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups (N = 740).

	Felt Need-group (n = 168)		Sought Help-group (n = 82)		No Need-group (n = 490)		Anova	
	M	SD	M	SD	M	SD	F(2,740)	p
EDS mean	3.44	1.56	3.33	1.57	2.79 *a b*	1.26	16.85	.000

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a NN-group differed from FN-group. t(740) = 4.87, p < .0001.
b NN-group differed from SH-group. t(740) = 3.00, p = .003.

Table 9. Social anxiety and helpseeking behavior (N = 733).

	FN-group (n = 165)		SH-group (n = 80)		NN-group (n = 488)		Total	
Social anxiety	n	%	n	%	n	%	n	%
Yes	53	32.1	24	30.0	49	10.0	126	17.2
No	112	67.9	56	70.0	439	90.0	607	82.8

Note. More cases in the FN and SH groups vs. NN group. $\chi^2(df=2, N=733) = 52.59$, $p < .0001$.

Table 10. Daily stress (N = 734), study-pressure (N = 733), pressure from others (N = 734), concentration difficulty (N = 736) and comprehension difficulty (N = 736): Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups.

	Felt Need-group		Sought Help-group		No Need-group			
	M	SD	M	SD	M	SD	Anova F(df, N)	p
Daily stress-experience	3.14	.97	2.99	.96	2.88 [a]	.93	4.81 (2,734)	.008
Pressure at University	2.08	.65	2.18	.67	2.02	.63	2.28 (2,733)	ns
Pressure from others	1.89	.74	1.83	.74	1.63 [b c]	.70	9.24 (2,734)	.000
Concentration difficulty	2.00	.66	1.93	.69	1.69 [d e]	.63	16.19 (2,736)	.000
Problems comprehending lecturer	1.60	.69	1.59	.67	1.48 [f]	.57	3.24 (2,736)	.040

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a FN-group differed from NN-group. $t(734) = 3.03$, $p = .003$.
b FN-group differed from NN-group. $t(734) = 3.92$, $p < .0001$.
c SH-group differed from NN-group. $t(734) = 2.15$, $p = .034$.
d FN-group differed from NN-group. $t(736) = 5.28$, $p < .0001$.
e SH-group differed from NN-group. $t(736) = 2.83$, $p = .006$.
f FN-group differed from NN-group. $t(736) = 2.12$, $p = .035$.

Table 11. Quality of romantic relationship (N = 463) and satisfaction with life (N = 736): Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups.

	Felt Need-group		Sought Help-group		No Need-group			
	M	SD	M	SD	M	SD	Anova F(df, N)	p
Quality of romantic relationship-mean.	2.34	.92	2.09	.85	1.78 [a b]	.73	19.48 (2,463)	.000
Satisfaction-mean	3.91 [c d]	1.35	4.27	1.26	4.97 [e]	1.12	54.59 (2,736)	.000

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a FN-group differed from NN-group. t(463) = 5.45, p < .0001.
b SH-group differed from NN-group. t(463) = 2.47, p = .016.
c FN-group differed from SH-group. t(736) = -2.05, p = .042.
d FN-group differed from NN-group. t(736) = -9.21, p < .0001.
e SH-group differed from NN-group. t(736) = -4.71, p < .0001.

Table 12. Self-liking and -competence: Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups (N = 735).

	Felt Need-group (n = 168)		Sought Help-group (n = 82)		No Need-group (n = 485)		Anova	
	M	SD	M	SD	M	SD	F(2,735)	p
SLCS-mean	2.59 [a b]	.70	2.37	.76	2.06 [c]	.61	44.35	.000
Self liking-mean	2.87 [d e]	.83	2.62	.90	2.16 [f]	.73	55.95	.000
Self competence-mean	2.32	.70	2.13	.72	1.96 [g h]	.60	20.76	.000

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a FN-group differed from SH-group. t(735) = 2.19, p = .030.
b FN-group differed from NN-group. t(735) = 8.76, p < .0001.
c SH-group differed from NN-group. t(735) = 3.56, p = .001.
d FN-group differed from SH-group. t(735) = 2.07, p = .041.
e FN-group differed from NN-group. t(735) = 9.75, p < .0001.
f SH-group differed from NN-group. t(735) = 4.35, p < .0001.
g FN-group differed from NN-group. t(735) = 5.96, p < .0001.
h SH-group differed from NN-group. t(735) = 2.06, p = .042.

Table 13. Personality traits: Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups (N = 738).

	Felt Need-group (n = 168)		Sought Help-group (n = 82)		No Need-group (n = 488)		Anova	
	M	SD	M	SD	M	SD	F(2,738)	p
Agreeableness	2.56	.86	2.65	1.04	2.51	.87	.99	ns
Extraversion	4.47	1.13	4.66	1.10	4.71 [a]	1.05	3.10	.046
Conscientiousness	3.41	1.32	3.29	1.36	3.10 [b]	1.25	3.93	.020
Neurotisism	4.31	1.15	4.04	1.24	3.39 [c d]	1.15	44.63	.000
Openness to experience	3.26	1.04	3.06	1.03	3.26	1.04	1.35	ns

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a NN-group differed from FN-group. t(738) = -2.41, p = .017.
b NN-group differed from FN-group. t(738) = 2.65, p = .009.
c NN-group differed from FN-group. t(738) = 9.01, p < .0001.
d NN-group differed from SH-group. t(738) = 4.45, p < .0001.

Table 14. Sexual orientation and helpseeking (N = 736).

	FN-group (n = 167)		SH-group (n = 82)		NN-group (n = 487)		Total	
Orientation	n	%	n	%	n	%	n	%
Heterosexual	144	86.2	71	86.6	460	94.5	675	91.7
Non-heterosexual	23	13.8	11	13.4	27	5.5	61	8.3

Note. More cases of non-heterosexuals in FN- and SH-groups vs. NN group, χ^2(df=2, N=736) = 14.27, p = .0001.

Table 15. Number of close friends (N = 732) and aquaintances (N = 692): Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups.

	Felt Need-group		Sought Help-group		No Need-group			
							Anova	
	M	SD	M	SD	M	SD	F(df, N)	p
Close friends	4.78	3.51	5.08	3.09	5.85 *a b*	3.64	6.36 (2,732)	.002
Acquaintances	7.15	6.56	7.15	8.97	9.66 *c d*	13.93	3.36 (2,692)	.035

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a NN-group differed from FN-group. t(732) = -3.37, p = .001.
b NN-group differed from SH-group. t(732) = -2.04, p = .044.
c NN-group differed from FN-group. t(692) = -3.01, p = .003.
d NN-group differed from SH-group. t(692) = -2.08, p = .040.

Table 16. Victim of bullying in childhood (N = 737).

	FN-group (n = 168)		SH-group (n = 81)		NN-group (n = 488)		Total	
Bullied as child/adolescent	n	%	n	%	n	%	n	%
No, never	42	25.0	26	32.1	222	45.5	290	39.3
Yes, on som occations	91	54.2	47	58.0	211	43.2	349	47.4
Yes, repeatedly	35	20.8	8	9.9	55	11.3	98	13.3

Note. More cases of repeated bullying in FN group vs SH an NN groups, and of occational bullying in FN and SH groups vs. NN group. χ^2(df=4, N=737) = 29.29, p <.0001.

Table 17. Traumas: Serious disease or damage and helpseeking (N = 735).

	FN-group (n = 164)		SH-group (n = 82)		NN-group (n = 489)		Total	
Disease/damage	n	%	n	%	n	%	n	%
Yes	14	8.5	14	17.1	34	7.0	62	8.4
No	150	91.5	68	82.9	455	93.0	673	91.6

Note. More cases in the SH groups vs. FN and NN group. χ^2(df=2, N=735) = 9.32, p = .009.

Table 18. Traumas: Serious disease or damage in someone close to you and helpseeking (N = 737).

	FN-group (n = 166)		SH-group (n = 81)		NN-group (n = 490)		Total	
Disease/damage in close person	n	%	n	%	n	%	n	%
Yes	71	42.8	33	40.7	153	31.2	257	34.9
No	95	57.2	48	59.3	337	68.8	480	65.1

Note. More cases in the FN and SH groups vs. NN group. $\chi^2(df=2, N=737) = 8.66$, $p = .013$.

Table 19.Cosequence of trauma: Painful memories in those who experienced traumatic event and helpseeking (N = 412).

	FN-group (n = 107)		SH-group (n = 49)		NN-group (n = 256)		Total	
Painful memories	n	%	n	%	n	%	n	%
Yes	46	43.0	16	32.7	45	17.6	107	26.0
No	61	57.0	33	67.3	211	82.4	305	74.0

Note. More cases of painful memory in the FN and SH vs. NN group. $\chi^2(df=2, N=412) = 26.64$, $p < .0001$.

Table 20. Predicting variables for not seeking help vs. seeking help in individuals who feel need for help: Summary of logistic regression – Enter (N = 248).

Independent variable	B	SE (B)	df	Exp B	95% conf.int. (Exp B)	
					Lower	Upper
Age	.07	.02	1	1.07***	1.03	1.11
Depression mean	-.57	.29	1	.56*	.32	1.00
Bullying	-	-	2	-	-	-
Occational bullying	-.16	.32	1	.85	.46	1.61
Repeated bullying	-.97	.49	1	.38*	.15	.98
Constant	-.1.29	.73	1	.28	-	-

Note. –2 Log likelihood = 289.11, Cox & Snell $R^2 = .09$ and Nagelkerke $R^2 = .12$.
Overall percentage correct = 68.1 %.
*p < .05, *** p < .0001.

Table 21. Summary of simultaneous linear regression for variables predicting depression score (N=738).

Independent variable	B	SE (B)	β	t	95 % conf.int. (B) Lower	Upper
Gender	.08	.03	.09**	3.14	.03	.14
Age	.00	.00	.02	.88	-.00	.01
Emotional loneliness	-.00	.02	-.00	-.02	-.03	.03
Satisfaction with life	-.10	.01	-.29***	-8.34	-.13	-.08
Self liking	.26	.02	.48***	14.24	.23	.30
Constant	1.33	.12	- ***	11.38	1.10	1.56

Note. $R^2 = .49$
** p < .01, *** p < .0001.

Table 22. Summary of simultaneous linear regression for variables predicting victim of bullying in childhood/adolescence (N=737).

Independent variable	B	SE (B)	β	t	95 % conf.int. (B) Lower	Upper
Gender	-.13	.05	-.09*	-2.41	-.24	-.02
Age	.01	.00	.06	1.50	-.00	.01
Emotional loneliness	.08	.03	.11**	2.70	.02	.14
Satisfaction with life	.01	.03	.02	.41	-.04	.06
Self liking	.19	.04	.23***	4.99	.11	.26
Constant	1.03	.24	-***	4.36	.57	1.50

Note. $R^2 = .07$
* p < . 05, ** p < .01, *** p< .0001.

Table 23. Existing help-sources likely used by individuals in Felt Need group, ranked order (N = 168).

Help source	n	%
Psychologist/ Psychiatrist	92	56.4
General practitioner	82	50.3
Students' social services	72	44.2
Students' priest	16	9.8
Self-help groups	12	7.4
Others	12	7.4
Crisis telephone counselling	9	5.5
Centre for battered	1	.6

Note. Multiple responses were possible.

Table 24. Suggested alternative help-source likely used by individuals in Felt Need group, ranked order (N = 168).

Help source	n	%
Contact/counselling on the internet	92	57.5
Telephone counselling with proffessional	93	57.1
Individual therapy with psychology student	58	35.8
Telephone counselling with psychology student	44	27.3
Group led by profesional	43	26.9
Student self-help group	32	20.3
Group led by psychology student	19	11.9

Note. Multiple responses were possible.

Table 25. Attitudes toward help from psychology-students: Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups (N=722).

	Felt Need-group (n = 168)		Sought Help-group (n = 79)		No Need-group (n = 475)		Anova	
	M	SD	M	SD	M	SD	F(2,722)	p
Attitude toward help from students*	3.27	.66	3.31	.65	3.11 [a] [b]	.67	6.02	.003

**Higher values indicate more negative attitude.*

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.

a NN-group differed from FN-group. t(722) = 2.83, p = .005.

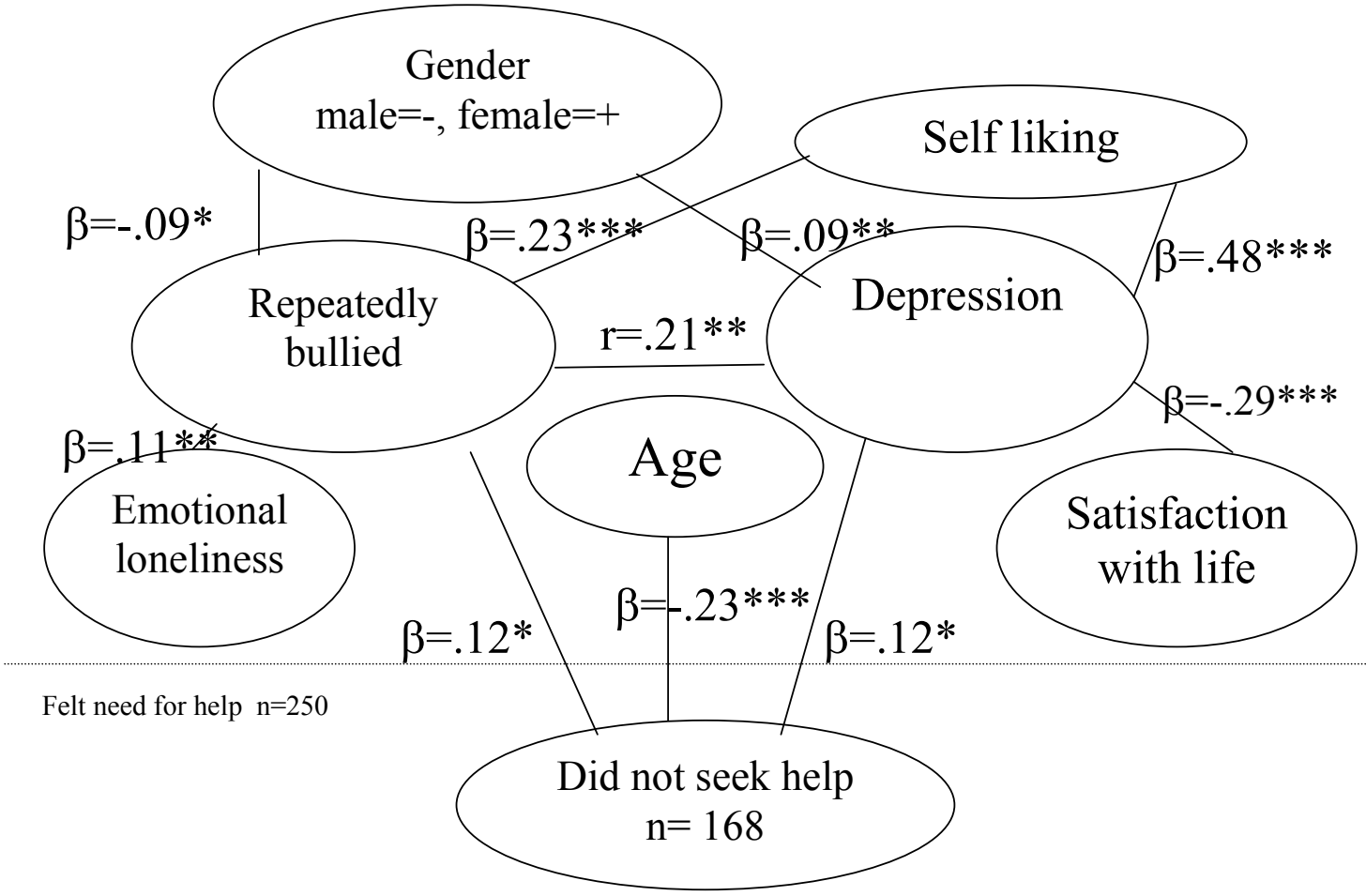
b NN-group differed from SH-group. t(722) = 2.59, p = .011.

Table 26. Attitude toward psychology students as help-source in Felt Need-group, ranked order (N = 168).

Statement	M	SE
Help from students is professionally justifiable.	2.61	.08
Students will observe professional secrecy.	2.64	.10
Equal situation will not be a problem.	2.93	.10
Someone my one age will understand better.	3.53	.09
Talking to a student makes the problem seem less serious.	3.67	.09
Seeking help from students is less threatening.	3.72	.09
The possibility of meeting the student in a social context does not represent a problem.	3.76	.10

Note. Higher value indicates stronger disagreement with the statement. Min = 1.0, Max = 5.0 for all statements.

Figure 1: Summary model for avoiding helpseeking when help is needed, N=741



*p<.05, **p<.01, ***p<.0001

Seeking treatment or not?

A study on mental helpseeking and its relation to needs, symptoms, person characteristica, experiences and attitudes in a student population

Main thesis for the Cand. psychol. degree
February 2004

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Aknowledgements

First and foremost I would like to thank Ingunn Skre and Catharina Wang for outstanding supervision and encouragement in the process of this study, and also for financing the distribution of the survey. Especially Ingunns assistance in statistical analyses and Catharinas contribution in form of theoretical, hypotheses-generating dicussions, as well as feedback on the written product from both has been invaluable.

Thanks also to:
Rigmor Bjørkli and the Students Department for arranging the distribution of the questionnaire by sampling respondents.

Oddgeir Friborg, Joar Vittersø, Bente Træen, Monica Martinussen and Ingela Kvalem from the HELT-project for contributing with references.

Hanne Rieber from the Student's social services for references and initial disussion.

Mona Pedersen for practical assistance.

Kristoffer Skarvåg, my husband, for helping with practical work in distributing the survey and with data-punching.

Foreword

This study is based on a survey named "Student life –challenges, problems and needs", screening many aspect of how the student population of the University of Tromsø percieves their situation. The idea to start this project came from my supervisior Catharina Wang, who is involved in drawing up a framework of efforts for students with mental illness. This work needed a foundation in research on mental health problems and needs in the student population.

The questionnaire was made by the author, partly to match an ongoing study at the University of Oslo named the HELT-project. HELT surveys different aspects of student life, such as studies, health and personality, social relations, psychiatric symptoms, medication, strains and coping, physical activity and alcohol consumption. This partly matching was done in order to make comparative studies between the two cities possible. Although many questions and scales in the "Student life" are identical with the HELT questionnaire, there are also an extensive amount of variables included that are especially designed for filling a need for information about Tromsø-students mental health and specifically their needs in terms of mental health service, and also for exploring questions raised in the present study.

Skaland, January 2004-02-01

Hedvig Aasen Skarsvåg

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Abstract

This study was aimed at uncovering aspects involved in helpseeking behavior; more specifically describing reluctance to seek mental health treatment in individuals who have a subjectively felt need for such help. Respondents from a student sample (N=741) participated in the survey. 491 (66%) had never felt need for help and 250 (33%) had felt need for help. Of those who had felt need, one third (82) had sought help and two thirds (168) had omitted seeking help. The variables that were found in logistic regression to significantly predict avoidance of helpseeking was young age (β=-.21), depression symptoms (β=.12) and having been victim of bullying on repeated occasions in childhood (β=.12). Linear regression analyses showed that related to the depression dimension was gender (more females), low self-liking and low general satisfaction with life. Related to bullying-experiences was gender (more males), low self-liking and high emotional loneliness. The interpersonal aspects of the findings are discussed. Also a survey was done on what type of mental health service was preferred by the group that avoided helpseeking in spite of their need. The majority of this group (57%) reported they would like to make use of online counselling if this was offered to them. Although more negative than individuals without treatment-needs, a substantial share of help-seeking avoiders would like to use mental health services provided by psychology-students (35% wishing individual therapy, 27% wishing telephone counselling).

Despite vast amounts of clinical research in psychology, relatively few studies have addressed treatment seeking behavior for mental problems. Even less material exists on specifically how many people have a subjective need for help but still avoid seeking treatment. We have reasons to assume that some of the more common mental problems go untreated in a vast number of people. Most people who experience mental distress do not seek help for their problems (Mechanic, 1976).

The aim of the present study is to estimate the need for treatment in a representative student population and to describe aspects of symptoms, characteristics and situations of persons with untreated need relative to those who have applied for treatment and those who never felt any need for help. Hopefully this will provide more understanding of what causes reluctance toward helpseeking when such is needed. What is characteristic of this group of people who percieve themselves as being in need of help, but still omit seeking it? What kind of help do they need or prefer? For which reasons do they avoid seeking help?

Theoretical background

A number of reasons why people avoid seeking help have been pointed out in social psychological and clinical litterature. Some are of external, practical nature, while others are more psychological. Amato and Bradshaw (1985) find in an exploratory study that reluctances toward helpseeking, including both professional and informal help, group together in five clusters. These include: 1) stigma and fear about the consequences of seeking help, 2) problem avoidance or denial in the individual, 3) negative evaluation of the helper, 4) external barriers such as time and financial cost and 5) desire to maintain independence, e.g. a wish or need to solve the problem oneself. This means that given that a problem has been identified (2) and that help or treatment is available and affordable (4), there will still be reluctances to helpseeking.The authours (Amato and Bradshaw, 1985) even suggest that 1), 3) and 5) are the most challenging obstacles, indicating that psychological barriers are of great importance in this context. They are obstacles standing between the perception of mental distress and the seeking of help that might alleviate that distress.

Psychological barriers to treatment seeking can be seen as intervening variables between a problem and an individual on the one hand and the actual helpseeking behaviour on the other. They are likely to be affected by type of symptoms and perception of the problems the person is experiencing. Another type of factors that influence helpseeking, are person characteristica like gender, personality, selfconfidence and more. A third group of reasons for reluctance to helpseeking could be the nature of the situation, or experiences the person has had, for instance traumatic episodes or social exclusion of some sort. Finally, attitude toward possible helpsources is likely to be related to whether or not there are barriers toward helpseeking.

Symptoms

Depression and anxiety. Symptoms of depression and anxiety could be described not only as diagnostic clusters, but also as the aspect of a mental illness that portrays the actual felt pain or suffering of the individual in many different diagnoses. Looking at how these symptoms are related to helpseeking is very much of interest because of this phenomenological aspect. Also, high current symptom rating on anxiety, somatization and depression (HSCL-25) has been found to be the strongest predictor of former and current helpseeking addressed to general practioners (Sørgaard, Sandanger, Sørensen; Ingebrigtsen & Dalgard, 1999).

It is not surprising that high general symptom scores are assosiated with helpseeking. The focus here though, is not solely on what characterizes helpseekers relative to the general population, but specifically what separates helpseekers from people who feel need for help but omit seeking it. This group's symptom score will provide an indication of the severity of the untreated mental illness in the student population.

Attachment theory provides a theoretical basis for understanding how symptoms are thought to be related to helpseeking behavior. In Bowlbys theory of internal working models it is assumed that early, and mainly nonverbal, emotional interaction with caregiver the infant form internal working models of self and others (Bowlby, 1969), models that in time becomes habitual and automatic. (Bretherton & Munholland, 1999). Attachment patterns are associated with different ways of regulating negative affect. Insecurely attached individuals are characterized as having negative working models-of-self, and being at risk for poor coping and difficulties in emotional self-regulation. (Anderson & Guerrero, 1998) Attachment can also be related to Eriksons term of basic

trust vs mistrust, and seen as an interpersonal foundation of the fundamental trust an individual has in the environment. The combination of emotional difficulty, inadequate coping and mistrust could well be thought descriptive of helpseeking-avoiders and also fits a description of depression.

In fact, relative to psychiatric illness in general, findings indicate that interpersonal dysfunction is characteristic of current major depressive disorder, and also of dysthymia (Zlotnick, Kohn, Keitner and Della-Grotta, 2000). Dysfunction was most evident in intimate relationship (marital/live-in partner), and measured as fewer positive and more negative interactions. There was no difference in interpersonal functioning between treatment-seekers and nontreatment-seekers suggesting that even though many depressed individuals do not seek help, they still suffer impairment in their interpersonal relationships.

Hypothesizing that interpersonal difficulties to some degree has its root in lack of basic trust or insecure attachment, another and more maintaining aspect can be how depressed individuals create a negative social environment around them and as a cause loses further support frem the network (Coyne, 1976). This would constiute a vicious circle where relations are confirmed not to be trustworthy.

Amato & Bradshaw (1985) suggest that attributing the cause of problem to ones own action is more fear-inducing with regards to helpseeking. This may be especially relevant for depressed individuals with many internal attributions. Core symptoms of depression are low selfesteem, low feelings of worth, pessimism and reduced cognitive alertness (ICD-10). It is reasonable to expect that these factors would hinder helpseeking despite a felt need because the person does not believe in positive outcome and also feels shame and generally is in a passive state. Theory of learned helplessness (Seligman, 1989) has frequently been related to depression and sheds light on why depressed individuals do not try to improve their situation, which they possibly could do by seeking treatment.

Anxiety also consists of symptoms that could be related to early attachment difficulty and effect interpersonal functioning negatively. Particularly social anxiety interferes with the person's relationship to others. A pilot study on patients with eating disorders showed that individuals that did not seek treatment had significantly higher levels of social anxiety compared to those who did engage in treatment (Goodwin and Fitzgibbon, 2002).

Loneliness. One consequence of interpersonal problems can be feelings of loneliness. Considering the experince of loneliness, Weiss (1973) made a distinction between social isolation and emotional isolation. Social isolation involves lack of a social network, while the type of loneliness that comes from emotional isolation is experienced in the absence of a close attachment relationship. Evidence suggests that these two forms of loneliness are distinct experiences (Di Tommasio & Spinner, 1996). In Weiss' theoretical framework, there are different types of social provisions that people get from relationships. He proposed that the absence of the social provision attachment underlies emotional loneliness, while the absence of social integration is what causes social loneliness.

In a recent study, treatment seeking behavior was found to be predicted by social functioning, controlling for the effects of a variety of symptoms of mental disorders as well as sociodemographic variables, percieved social support and attitude toward treatment. Marked social impairment predicted nearly a threefold (odds ratio = 2.9; 95% confidence interval = 1.6 – 5.4) increased likelihood of seeking mental health treatment (Gameroff, 2002). This should indicate, Gameroff concludes, that self percieved social impairment is an independent catalyst for mental health treatment-seeking and hence could help in identifying patients who have high percieved need of treatment. It is not surprising that treatment-seeking is predicted by social impairment, but when comparing helpseekers with people in need of help who do not seek it, the picture is turned around. Seeking help for mental problems requires at least some adequate social functioning, given that this form of help is social by nature.

Eating disorder. Eating disorders like anorexia and bulimia are increasing in prevalence especially among young women (Lewinsohn, Striegel-Moore & Seeley, 2000). This group, though associated with psychiatric comorbidity, probably differs from many other sorts of mental illness in that the person wish to maintain the problematic behavior and simultanously suffers under this; there is a great ambivalence attached to this type of problem. Also, Amato & Bradshaw (1985) suggest that more intimate problems cause more fear of treatment. Eating problems are perhaps percieved as especially intimate and are often kept secretive.

Stress. Stress has been found to increase the likelihood of seeking treatment for physical complaints. (Manuck, Hinrichsen and Ross, 1975) Whether this is a factor that influences helpseeking for mental distress is uncertain, as is the direction of that influence.

Person characteristics

Self-esteem. Some have postulated that helpseeking is threatening to an individuals self-esteem (Fischer et al, 1982). Findings seem to support this in that people are less likely to seek help for very intimate problems (Mayer & Timms, 1970), problems that are stigmatizing (Bergin & Garfield, 1971) or problems that implies personal inadequacy (Shapiro, 1980) –all of which can be percieved as threatening to self-esteem. Amato & Bradshaw suggests that of the components involved in reluctance to treatment seeking it is fear that relates to threat to self-esteem. Self-esteem as a construct has been described two-dimensionally, with selfliking and self-competence as closely related but distinguishable aspects, and this diffraction is argued to help explain conceptual differences in this area (Tarfarodi & Milne, 2002). Self-competence is defined as the valuative experience of oneself as a causal agent, someone with intention, efficacy and power. Self-liking, on the other hand, is defined as the valuative experience of oneself as a social object (Tarfarodi & Swann, 1995). In this perspective, exploring whether self-liking and self-competence is related to helpseeking is of interest.

Satisfaction. An aspect of life quality, satisfaction with life is defined as the degree to which an individual evaluates the overall quality of his or her life (Vittersø, Røysamb & Diener, 2002) Measuring this global life satisfaction makes it possible to explore whether it is related to helpseeking behavior when there is a felt need.

Relationships and friends. As a supplement to loneliness scores, measuring the quality of romantic relatonships could give indications on the relation between interpersonal difficulties and helpseeking. Also of interest in a description of the target behavior will be number of close friends and acquaintances, assuming this might relate to emotinal and social loneliness.

Personality-traits. Negative affect or neuroticism is an example of a personality trait that is associated with lesser psychological wellbeing (Ebert, Tucker & Roth, 2002) and also with expressing more and unfounded symptoms of physical illness(Feldman, Cohen, Doyle, Skoner & Gwaltney, 1999). Personality has been found to be more important than demographic variables in referral to treatment. (Sørgaard, Sandanger, Sørensen, Ingebrigtsen & Dalgard, 1999). Exploring whether personality also has a predictive value concerning helpseeking is one aspect included in the current study.

Sexual orientation. Non-heterosexual orientated individuals have been shown to have higher prevalence on mood-, anxiety and substance use disorders when compared

with heterosexuals, possibly due to harmful effects of social stigma (Cochran, Sullivan & Mays, 2003). Also, minority sexual orientation is considered a risk factor for attempted and completed youth suicide (Gould & Kramer, 2001). Further, Cochran et al. observed that non-heterosexuals had higher use rates of mental health services, with approximatly 7 % of those receiving treatment being lesbian, gay or bisexual, although this group represent less than 3 % of the population. Including sexual orientation in the current analysis will give an indication of whether this difference is due solely to increased prevalence and/or severity of distress or if sexual orientation is related to helpseeking behavior.

Gender. Gender differences in symptom scores have been pointed out; concerning depression there seems to be a large difference between males and females in anxious somatic depression, with more females reporting symptoms, but not in pure depression (unaccompanied by the somatic symptoms) (Silverstein & Lynch 1998). Women's helpseeking attitudes have been reported to be consistently more positive than men's (Fisher & Turner, 1970).

Traumatic experience

Bullying. In victims of childhood bullying associations have been reported with later depression and poor self-esteem (Olweus 1993) and also with risk of various other mental disorders, such as anxiety, psychosomatic symptoms, eating disorder and substance use (Kaltiala, Rimpelae, Rantanen & Rimpelae, 2000). These victims seem to deal with interpersonal stressful events by means of non-engagement coping strategies, resulting in depression (Araki, 2002). This type of strategy is not unlikely to involve avoiding of helpseeking when experiencing distress.

Recent traumatic incidents. Having experienced traumatic events more recently in life could also affect helpseeking behavior. Such episodes could be percieved as relatively concrete and therefore providing the person with a comprehensable reason for seeking treatment. Also recent traumatic experiences probably reduce subjective well-being and could therefore increase help-seeking behaviour.

Students as helpseekers

Students are often in an especially vulnerable situation because starting an education often means moving away from home and thus inducing stress and, for many, reducing social support, which is associated with increased risk of mental illness (Stroebe & Stroebe, 1996).

Interestingly, previous researh on students has suggested that there is a need for change in delivery of psyciatric services to college students, in light of a fairly large number of students (around 50%, but the sample is relatively small) with diagnosable illnesses who neither sought nor considered seeking treatment for their problems (Rimmer, Halikas, Schuckit & McClure, 1978). If the results from the present study resembles Rimmer et al's, in that many report needing help without seeking it, this should have implications for the delivering of mental health services to the student population.

Attitude factors, as well as social norms have been found to predict helpseeking intention, witin a framework of the Theory of Reasoned Action (Howland, 1997). More precisely, two attitude factors were found; a general attitude toward helpseeking and an affective reponse, reflecting how comfortable or unpleasent seeking help was percieved to be. Assuming that intention has at least some impact on actual behavior, knowledge of both attitude factors in individuals who do not seek help despite reported need will be of interest, especially when considering what type of mental health service one would want to offer. In the present study attitudes toward different alternative helpsources is explored, particularly that of interventions run by psychology-students.

Current focus questions and hypotheses

The numerous variables included in the study are included to give a broad description of the topic of helpseeking in a student population. First, indicating how many people who feel they need help but omit seeking it, is of great interest in itself. Based on mentioned findings that most people who experience distress do not seek help, this group is expected to be of substantial size.

All individuals who report they feel a need for help can be expected to have high general symptom scores relative to the rest of the population. But from the clinical

research on depression and its partly interactional nature, and from assuming that social impairment, disengaging coping and basic mistrust are important factors in depression, the expectation would be that especially the depressive symptoms will be associated wth feeling need for help and yet not seek it. The depressive clinical picture including passivity, feelings of helplessness, pessimism and internal attributions further strengthens this assumption. Another expectation, arising from previous research, and in line with our interpersonal focus, is that social anxiety is related to treatment reluctance.

In terms of loneliness, it is predicted that experiencing social loneliness is associated with helpseeking. This would be in line with findings of social impairment increasing the likelihood of seeking mental health treatment. Emotional loneliness, on the other hand, that is attachment-related and consists of a lack of closeness, is hypothesized to be associated with avoiding helpseeking.

In those reporting eating problems it is expected that reluctance toward helpseeking is strong. As for the aspect of stress this study merely explores possible influences on helpseeking.

Self-esteem, conceptualized in self-liking and self-competence is expected to be low in help-avoiders, because low self-esteem is likely to induce fear of being disclosed or reveal oneself. Since the self-liking component is more related to oneself as a social being, it is possible, in line with the interpersonal focus, that this dimension of self-esteem is more important in understanding reluctance to seek help.

The aspects of life satisfaction, quality in romantic relationship, personality traits and sexual orientation have all been included in the study in an exploring manner, for different reasons: Satisfaction is a good indicator of overall subjectively felt wellbeing, relationships are vulnerable to problems with interpersonal dysfunction, personality traits are related to psychopathology and sexual orientation to increased symptoms and to engaging in treatment. These aspects are considered not unlikely to be relevant in considering helpseeking versus reluctance.

Considering traumatic events that people have experienced, the more recent episodes are thought to increase helpseeking behavior because incidents like this are often comprehensible and concrete. Having been a victim of childhood bullying, on the other hand, is hypothesized to decrease the likelihood of seeking help when it is needed. This is due to the important relational implications that bullying has in forming non-engagment coping strategies. Again an interpersonal focus seems appropriate in coming to terms with helpseeking reluctance.

Since intention to seek help is predicted by social norms and attitudes, those attitudes are expected to be relatively negative in the group that avoids seeking help. An attempt to clarify more specifically what attitudes this group holds is also made.

Method

Sample

Mailed questionnaires were sent to 1500 registered students at the University of Tromsø. The University has a total student population of some 6000 registered students, abut half of whom had registered at the time of sampling. The sample was prepared by the University of Tromsø Student Registry, and was selected to be representative of the total student population on variables like gender, age, and according to subjects and level of study progression. Seven-hundred-and-forty-two students returned the questionnaire, and after excluding one because of incomplete answering, the repondents made up 49,4 % of the sample. More females (508 (68.6%)) than males (233 (31.4%)) returned the questionnaire. For comparison the distribution of gender at the University is about 56% females and 44 % males (reported from Student Registry in october 2003). Mean age was 25.4 (SD = 6.73). Twenty-eight questionnaires were returned unanswered.

Procedure and instruments

The project was initially presented and accepted by the Regional committee for research ethics in medicine and psychology, health region V. Participants then received a questionnaire by mail accompanied by an information letter inquiring their anonymous and volunteer participation. Two weeks later they all received a reminder of the inquiry. Letters and questionnaire are shown in the appendix.

The questionnaire contains questions of numerous aspects of the students' lives. Relevant for the present study are questions about demographic variables, social or relational aspects, different symptoms of mental distress, personality, sexual orientation and romantic relationships, self-efficacy and self-esteem, satisfaction, stress, traumatic experiences incuding bullying and helpseeking needs and attitudes. The scales employed are described in the following.

Depression and anxiety. Symptoms of depression and anxiety were measured with the Hopkin Symptom Checklist (HSCL-25) (Derogatis, Lipman, Rickels, Uhlenluth & Covi, 1974). Symptoms were scored along a four-point Likert scale, ranging form "not at all" to "very much". The HSCL-25 has received support as a screening instrument for detecting anxiety and depression in non-psychiatric patients (Winokur, Guthrie, Rickels & Nael, 1982). More recent findings though, suggest the scale is best suited for measuring general level of psychiatric distress (Sandanger, Moum, Ingebrigtsen, Sørensen, Dalgard & Bruusgaard, 1999), and is acceptable as a diagnostic screener only for depression (Sandanger, Moum, Ingebrigtsen, Dalgard, Sørensen & Bruusgaard, 1998). Internal consistency reliabilty of the scale was estimated and the alpha coefficient was .90 for the total scale, .88 for depression subscale and .76 for anxiety subscale.

Loneliness. Following Weiss' typology of loneliness, the Social Emotional Loneliness Scale was used, measuring loneliness on two subscales: social loneliness and emotional loneliness (Wittenberg, 1986(unpublished doctoral dissertation), cited in Shaver & Brennan, 1991). Each loneliness item was indicated on a five-item Likert scale (1 = never, 5 = very often), with higher scores indicating more intense feelings of loneliness. The internal consistency estimates was alpha coefficients of .79 for the total scale, .78 for the social loneliness subscale and .77 for the emotional loneliness subscale.

Eating problems. Screening for eating problems was performed using the Eating Disorder Scale (EDS-5) (Rosenvinge, Perry, Bjørgum, Bergersen, Silvera & Holte, 2001) The scale consists of five items, scored on a seven-point Likert scale with higher scores indicating more pathology. The internal consistency of the scale was indicated by an alpha of .85.

Quality of romantic relationship. A scale was constructed for assessment of quality in romantic relationship. Dimensions assumed relevant for the topic were presented and answered on a five-point scale. These dimensions were: 1) Stable – unstable, 2) hard – not hard, 3) romantic – not romantic, 4) insecure – secure, 5) open – reserved, 6) right for you – not right for you, 7) distant – close and 8) caring – not caring. The internal consistency reliabilty of the scale was acceptable (alpha .89).

Satisfaction. General cognitive judgements of life was measured with the Satisfaction With Life Scale (SWLS), which is a five-item instrument responded to on a seven step Likert scale from strongly disagree to strongly agree (Diener, Emmons,

Larsen & Griffin, 1985). Higher scores indicate more satisfaction. Cronbachs alpha for this scale was .88.

Self-esteem. Measurement of self-esteem was performed employing the Self Liking and Competence Scale (SLCS) (Tarfarodi & Swann, 1995). This scale divides into two 10-item subscales, one designed to measure self-liking, and the other to measure self-competence. Self-liking and self-competence are scored on a five-point Likert scale, ranging from "strongly disagree" to "strongly agree". High internal consistency of the scale and subscales was found, indicated by alpha coefficients of .92 for self-liking, .89 for self-competence and .94 for the total scale.

Personality. Personality traits were assesed using a short version of 5-PFa which is a personality differential built on adjective scales measuring "the Big Five"-model (Engvik, 1993). The five dimensions are: Agreeableness, Extraversion, Conscientiousness, Neurotisism and Openness to experience. Engvik found intersubjective validity ranging from .63 to .78 for the main factors.

Attitudes toward student counselling. A scale was constructed for assessing attitudes in the student population toward receiving help from a psychology-student. Agreement with statements regarding this question was indicated on a five-point scale. The internal consistency reliability of this scale was estimated to alpha .61.

Statistics

All analyses were performed with the SPSS for Windows, version 11.0.0. For comparisons between groups, Anova, with contrast analysis, was employed for continous and Chi-square tests for nominal variables. To study interrelationship between variables, Logistic regression analysis was employed when the dependent variable was dichotomous and Linear regression when the dependent variable was continous. A significance level of 5% was chosen. Missing data were treated as missing. The total N may therefore vary in the different analyses, since the SPSS performed listwise deletion of missing data.

Results

General description of the sample

Insert Table 1

Insert Table 2

Insert Table 3

Participation in the survey was stronger for females, and this is presented in Table1. A demographic description of the whole sample is given in Table 2. On average the repondents are 25.3 years of age and have studied somewhat more than three years.Table 3 reports the distribution of University-subjects and levels in the sample. Concerning general psychiatric symptom level, there was 24.1 % of the total sample that had HSCL scores at 1.75 or above, which has been set as a cutoff for psychiatric problems (Winokur, Winokur, Rickels & Cox, 1984).

Helpseeking and reasons for avioding it

Insert Table 4

As shown in Table 4, the sample divides in three groups of different helpseeking behavior. Two thirds (66.3 %) reported no need of seeking help(No Need-group), The remaining one third of the total sample had felt the need for help and 11.1% had actually sought help (Sought Help-group) while 22.7 % had felt the need for help, but had omitted seeking it (Felt Need-group).

Insert Table 5

Looking closer at the reported reasons in Table 5 for not seeking help despite a felt need, the majority wants to handle the problem themselves and/or feel that the problem is not serious enough to justify treatment seeking. Support from friends and concern with how one would seem also represent strong reasons for avoiding helpseeking. Only one in five says avoidance is due to wish of not bothering anyone.

Comparison of symptoms the three helpseeking groups: Felt Need but omitted, Sought Help and No Need for help

Insert Table 6

The results showed, as expected, that the amount of symptoms is less in the group that reports not feeling need for treatment. Table 6 presents for the three helpseeking groups mean values of total symptom meanscore on the Hopkin Symptoms Checklist, as well as anxiety subscale meanscore and depression subscale meanscore. It also shows a One-Way Analyses of Variance (ANOVA) with helpseeking groups as independent variables and the mentioned mean symptom scores as dependent variables. The three group main effects were significant. Contrast analyses showed significant differences between all groups on total mean score, depicting Felt-Need group as having most symptoms, followed by Sought-Help group and then No-Need group. Separating this symptom-score into anxiety and depression, contrast analyses revealed significant difference in depression between Felt-Need group and Sought-Help group, with the Felt-Need group showing more depression. This difference is not found for anxiety.

Insert Table 7

For Social Emotional Loneliness Scale, Table 7 presents mean values on each of the two subscales and total mean for the three helpseeking-groups, as well as one-way ANOVAs with helpseeking groups as independent variable and the mean loneliness scores as dependent variable. Main group effects are significant for all loneliness measures. No Need-group always shows less loneliness than the others. Contrast analyses showed, significant difference between Felt Need-group and Sought Help-group on emotional loneliness, but regarding social loneliness and total loneliness score there is no such difference. Further, there is significantly less emotional loneliness in No-Need group compared to Felt-Need group, but no difference between Sought Help-group and No Need-group. On the other loneliness measures, social loneliness and total loneliness score, the No-Need group is the one differing significantly from the others.

Insert Table 8

Table 8 shows means on the Eating Disturbance Scale for the three helpseeking groups, and also includes one-way ANOVA with helpseeking groups as independent factors and the EDS score as dependent factor. The main group effect is significant, and contrast analyses indicates that the No-Need group has significantly less eating problems than the others, as expected. There is no difference between Felt-Need and Sought-Help groups on this parameter.

Insert Table 9

Social anxiety and helpseeking is described in Table 9. The No Need group shows significantly less of this symptom, but there is little difference between Felt-Need and Sought-Help groups regarding this.

Insert Table 10

Table 10 reports mean scores on items measuring amount and consequences of stress. In the ANOVA here, all except "pressure at University" came out with significant main group effects, but contrast analyses indicated that there is no difference between Felt-Need group and Sought-Help group on any items. No-Need group experiences in general less stress than the others.

Comparing person-describing variables in the helpseeking groups

Insert Table 11

On quality of romantic relationship and satisfaction with life (table 11), the No Need group reported significantly higher satisfaction and better relationships than the need-groups. Only on the Satisfaction With Life Scale did also the two need-groups differ from one another, with the Felt-Need group being least, the Sought-Help group more and the and No-Need group most satisfied.

Insert Table 12

Self liking and competence in the three helpseeking groups are depicted in table 12, with means on the total scale and the two subscales for each group, and one-way ANOVAs, with helpseeking groups as independent factors and the SLCS scores as dependent factors. The main group effect is significant for all measures, and contrast analyses shows that Felt-Need and Sought-Help groups are significantly different for total score and for self-liking score, but not for self-competence score.

Insert Table 13

As shown in Table 13, the personality dimension negative affect is significantly lower in the No-Need group compared to the others, who feel they need help. There are no significant differences between help-seekers and help-avoiders on any of the personality dimensions.

Insert Table 14

Findings on sexual orientation is shown in Table 14. There were more non-heterosexuals in the two need groups than in the No Need group, but no difference between the two (Felt-Need and Sought-Help groups).

Insert Table 15

Number of friends follows the same pattern as sexual orientation. Table 15 shows means on number of close friends and acquaintances, and one-way ANOVAs with helpseeking groups as independent factors and the means as dependent factors. The main group effect is significant for both measures, and contrast analyses shows that No-Need group differs from the others with more friends. There is no difference between Felt-Need and Sought-Help group.

Comparing traumatic experiences

Insert Table 16

Table 16 shows that the Felt-Need group differs from Sought-Help and No-Need groups in number of cases that have been bullied repeatedly. Repeated bullying has occurred in more than 20% of the individuals who avoid seeking help despite their need. Also, the Felt-Need group and Sought Help group both have a higher percentage of victims who have experienced bullying occationally, relative to the No-Need group.

Insert Table 17
Insert Table 18
Insert Table 19

Other and more recent traumatic experiences are shown by the results not to distinguish between Felt-Need and Sought-Help groups. Tables 17-19 show that experienced disease or damage within the last year is related to actually seeking help, while such disease/damage in someone close is more common in all those who feel need for help. Having painful memories from traumatic events is also more frequent in those who need help.

Predicting avoidance of helpseeking: Logistic regression

Insert Table 20

Table 20 presents the result of a logistic regression indicating that in Felt-Need versus Sought-Help group, there are three significant independent variables that predicts avoiding of helpseeking: Age, depression and having experienced repeated bullying. In a separate logistic regression analysis gender was also entered as an independent variable, and in that analysis neither gender nor repeated bullying reached significance, while age and depression remained significant predictors of help-avoidance. Scrutiny of the correlation pattern between the variables revealed that female gender was correlated ($r = .11$) to depression and male gender was correlated ($r = -.11$) to repeated bullying, and that this interaction between gender and the other variables outweighed the impact of

repeated bullying on help avoidance. To nuance the impact of bullying and depression on help avoidance, separate regression analyses of the predictors of these two variables were performed.

Insert Table 21
Insert Table 22

Tables 21 and 22 show the results of linar regression analyses in the total sample, indicating predictors of depression and childhood bullying, respectively. Depression is significantly predicted by gender (more females), low satisfaction with life and low self-liking. Having been victim of bullying repeatedly is predicted by gender (more males) emotional loneliness and low self-liking.

Insert Figure 1

The results from all regressions are summarized in figure 1. This is not to be understood as a path model, but merely an overview of the three separate regression analyses that were conducted. The logistic regression was performed in the subsample who reported need, while the linear regressions were done in the total sample.

Avoiding helpseeking: Needs and attitudes toward helpsources

Insert Table 23
Insert Table 24

The results show that in the Felt-Need group, where individuals feel need for help but do not seek it, the helpsource considered most likely to be used are psychologist or psychiatrist, general medical practioner and the Students'Social Services, in that order. This is shown in Table 23. Table 24 reports what suggested alternative treatment individuals in the Felt-Need group would prefer over the existing options. 57.5% say they would want contact or counselling on the internet rather than making use of existing resources. When the alternatives therapy and telephone contact with psychology-students are suggested, 35.8 % and 27.3% respectively of the Felt-Need group report they would prefer these alternatives over the already existing.

Insert Table 25

Insert Table 26

Describing attitudes of the sample toward receiving help from psychology-students, Table 25 shows mean scores in negativity for the three helpseeking groups and the result of a one-way ANOVA giving a significant main-group effect. Contrast-analyses indicate that Felt-Need group and Sought-Help group are equally negative towards help from students, and more so than the No-Need group. Table 26 reports the Felt-Need groups' attitudes, and suggests that the most negative attitudes concerning help from other students are about meeting each other in social contexts and percieving the situation as threatening. The more favorable attitudes concerning this question consider the student therapists likely to hold professional standard and to observe secrecy.

Discussion

The main results of the present study were the following:

▪ As many as one third of a representative sample from a studentpopulation reported having ever felt in need of help for mental problems.

▪ Two thirds of those in need , or 23 % of the total sample had felt in need of help but omitted seeking it.

▪ Help avoidance was connected to young age, higher depression score and having been the victim of repeated bullying in childhood and adolescence.

▪ Depression rate was connected to female gender, low satisfaction with life and low self-liking.

▪ Being victim of repeated bullying was connected to male gender, low self-liking and high emotional loneliness.

▪ The existing helpsources that were considered most likely to be used by the group who had felt need for help but not sought it, were: 1) psychologist / psychistrist, 2) general practioner and 3) Students Social Services.

▪ Of suggested alternatives to existing helpsources, 57 % of the Felt Need group were positive to internet counselling.

▪ Though the two need groups were more negative to receiving help from students, within those who felt need but omitted helpseeking 35 % and 27 % were positive to therapy and telephone counselling with psychology students, respectively.

No Need group

Repeatedly throughout the analysis so far we have described differences and characteristics of the three helpseeking groups; The No Need group, the Sought help group and the Felt Need group. From the results, giving a closer description of these groups is possible. The No Need group is the larger one (two thirds of the sample), and to no surprise the group with the lowest psychiatric symptom scores. This includes low level of general psyciatric problems, depression and anxiety (including social anxiety), less of both social and emotional loneliness and less eating problems. The individuals of the No Need group further experience less pressure from others, they have less concentration difficulties and are generally more satisfied with their lives. They also report better quality of their romantic relationships and have more friends than the two need groups. They are more self-confident, with higher self-liking and-competence scores. They score lower on the personality dimension of neurotisism. In this group the percentage of non-heterosexuals is lower than in the need-groups. More of the indiduals in the group have never experienced any bullying in their upgrowing years compared to the others, though more than half of them actually have. They have had less traumatic experiences. Finally, they express more positive attitudes toward mental health services run by students.

Sought Help group

The Sought Help group consists of 11 % of the sample, and has lower symptom scores than the help-avoiders, including general psychiatric symptom level and depression score. This can be interpreted as an indication that the treatment the individuals in this group has received has had a positive effect. Further, those who have actually sought help for mental problems report of less social but not emotional loneliness than those with no need, indicating that they typically can form intimate bonds, but have problems with social adjustment. They have fewer friends and, especially, aquaintances than the No-Need group. The global satisfaction with life among helpseekers is better than for the helpavoiders, which could also be related to effects of therapy, or possibly to a baseline of better functioning. The helpseekers are

characterized by higher self-liking than the helpavoiders. This too, of course, can in part be a result of treatment, but also in part an antecedent of the helpseeking. The linear regression shows that self-liking is in fact related to the predictors of not seeking help. The ability to form intimate bonds, which indicates a certain trust in others and perhaps relates to a history of secure attachment, can partly be explained in the relatively few cases of repeated bullying-victims seen in the helpseeking group. To sum up, helpseekers could be described as relatively secure in interpesonal relations, not lacking closeness to others, liking themselves, not having been seriously bullied in childhood and probably having profitted from treatment.

Felt Need group

The Felt Need group is the one shown most interest in the present study because it consists of indivduals that might benefit from interventions. Revealing some aspect of the reluctance to seek help when such is needed will be not only of theoretical, but also of practical interest in clinical and political work. Addressing the question of how many people in the student population had unmet needs concerning treatment, showed as expected, that this group was substantial; More than one in five of all repondents reported feeling a need for help because of mental distress and did not seek such help. The need being self-reported and thus subjective, this number does not necessarily indicate that all respondents in this group must have treatment. Compared to how many students who had symptom scores above cutoff (24.1 % of the total sample were at or above 1.75 on HSCL), and considering that about 11 % had actually sought help, it is reasonable though, to assume that as many as 10-15 % of the total student population who has not been in contact with mental health services would benefit from treatment or counselling of some sort.

The helpavoiders have the highest symptom scores of all the groups, with higher general level of psychiatric symptoms than the other groups. This indicates that the omitting of seeking help in this group is not due to a lesser need; quite the opposite, it is associated with increased distress. As hypothesized, individuals reluctant to seek help have more depression symptoms than helpseekers, and depression was a significant predictor of help-avoidance. Conclusions from the HSCL about diagnostic clusters are as mentioned earlier perhaps limited to depression. Anyway, the anxiety subsacle was not significantly related to help-avoidance. Neither was social anxiety. This underlines an important aspect of the interpersonal aspects of help-avoidance; they seem to be a

result of depressive symptoms rather than constituting prime symptoms in form of avoidance of social situations.

The Felt Need group also reported more emotional but not social loneliness than the helpseekers. This indicates a lack of interpersonal closeness or intimacy that would be expected in individuals with insecure attachment patterns. It was expected that social loneliness would be related to helpseeking, whereas emotional loneliness would relate to help-reluctance. The logistic regression, though, indicates that emotional loneliness does not significantly predict help-avoidance, indicating that the relation between the concepts is not direct.

The same could be said for low self-liking, which characterizes the Felt Need group. Whereas self-competence reflects instrumental value and has to do with the persons sense of ability, the self-liking component reflects more intrinsic value, or feeling of being good in yourself, not for what you can *do* but rather who you *are.* This is an aspects of social worth; and it is natural that such a feeling of being likable makes a person more likely to seek assistance in others, to disclose. Not appreciating oneself as a social being makes it difficult to make use of helpsources that are based on social interaction with a therapist. Lack of trust adds to this picture. The relation between self-liking and helpavoiding as suggested by the regression results, is that self-liking relates to depression and to experience of repeated bullying.

Given this description of the helpavoiders it may come as no surprise that general satisfaction with life is lower among them than in the helpseeker group. Global satisfaction is found to be related to depression, simply showing that discontent and unhappiness is more likely in depressed individuals. Satisfaction did not directly predict helpavoiding, although it did significantly differ between need-groups, so that helpavoiders can be described as less satisfied with their lives than helpseekers.

The social impairmant decribed in the Felt Need group relates also to the degree of which they hav been victims of repeated bullying while growing up. This variable significantly predict helpavoiding along with depression and young age. It is natural to assume that this type of experiences influence a persons sense of security and trust in others. Also, detachment coping strategies seen in this group fits the behaviour of not acting upon your own needs, especially not when this involves disclosing oneself to another.

Depression and being victim of bullying, then, along with the whole picture of emotional loneliness, self dislike and low satisfaction, support the comprehension of

helpavoiding in terms of poor social functioning, lack of basic trust and dysfunctional coping strategies.

Looking closer at the self-reported reasons for reluctance in helpseeking in the Felt Need group, it seems that need for independence and low self-esteem, as suggested by Amato and Bradshaw (1985), has a strong impact. The most reported reason is wanting to handle the problem oneself. Perhaps is this due to the helpavoiders interpersonal difficulties and history of being alone. Also, believing that degree of seriousness does not justify treament seeking is a strong factor. This could be a sort of self-devaluating typical of people with low self-esteem. It also gives an indication that information about counselling and what one can get help for would be useful in the student population. Feeling you are seeking help when the problem is considered one that people should be able to solve on their own, could also be threatening to self-esteem. This fits the description of helpavoiders as low in self-liking. Self-esteem as a hindrance in helpseeking can also be read into the relativly frequent report of fear of how one would seem in that situation.

Age

Of the main findings are that help-avoiding is predicted by depression, young age and having repeatedly been a victim of childhood bullying. Age is the most significant of these, and this could indicate several things: Younger people are less experienced in life making it more difficult to realize when help is needed. They may have less knowledge about mental illness and about the existance of mental health services. Besides, people who struggle with mental distress tend to delay helpseeking a certain amount of time, which is reasonable in order to coming to terms with the problem. Since many disturbances typically have their onset in early adult years, one could expect the youngest of the students to either not yet to have developed a problem, or if they have, not yet to have taken action and sought help for it. The youngest simply have not had as much time as the older to seek help.

Hypotheses that were not confirmed

Eating problems was expected to be related to a reluctance toward helpseeking, because of the ambivalence that they are asoociated with, and the intimacy of their nature. This was not confirmed, there was no difference between helpseekers and help-avoiders. At least one might conclude that it is understandable that that there are not

more eating problems in the helpseeking group than in the avoiding, since this is typically not a type of problem people wish treatment for.

The results regarding stress (daily stress, pressure and burnout-symptoms) and helpseeking did not reveal any differences between helpseekers and help-avoiders. They both experience more stress than those who report no need. There is no evidence that the threshold for seeking help for mental problems is influenced by level of stress.

Variables that did not distiguish between helpavoiders and helpseekers also included quality of romantic relationship, general selfefficacy, personality, sexual orientation and recent trauma. Since interpersonal dysfunction can be assumed to affect relationships negatively, poor relationship quality might have been expected to be more frequent in the help-avoiding group. When this is not the case, it could be due to a response bias. It may be a problem that romantic relationships get idealized almost up to the point where one seperates, because realizing that something is wrong may not be acceptable in this type of relationship.

As for gender, it was found that more females were depressed and more males had experienced repeated bullying in childhood. This makes it understandable that gender does not predict helpseeking behavior. Also, females may be affected in two directions: Avoiding helpseeking more because of depression and on the other hand seeking more help because they probably hold more positive attitudes toward helpseeking.

Regarding recent traumas, the results show that except for physical illness or injury, there is no difference between helpseekers and avoiders. So whether or not one seeks treatment when it is needed seems not to be related to recent traumatic incidents or their following symptoms.

Attitudes and needs

In screening for what alternative helpsources the students would want to use, attitudes toward mental health service provided by psychology students helpseekers and helpavoiders were equally negative and more so than those who report no need for help. There was no gender difference. Earlier findings though, as mentioned, have suggested that women generally hold more favourable attitudes toward helpseeking. This may be a question for further inquiry, as may the relation between general attitudes (not just toward student therapists) and help-avoiding.

The current results show, that although those in need for help are more negative to receiving help from other students than those who have no need, there is still 35 % of the help-avoiders reporting they would want to accept an offer of individual counselling with a psychology student instead of using an already existing helpsource. 27 % of them report the same for using a telephone contact who is a student. The most striking finding concerning alternative treatments, though, is that almost 60 % of the help-seeking avoiders report they would use online counselling instead of what is currently offered. It has been found that among users of mental health-related online discussion forums, 75 % report that they find it easier to discuss personal problems online than face-to-face, while almost half say they discuss problems online that they do not discuss face-to face (Kummervold, Gammon, Bergvik, Johnsen, Hasvold & Rosenvinge, 2002). These statements reflect problems with direct interpersonal interaction that are described for the group of individuals who have felt need for help but not sought it. Another alternative equally popular among the help-avoiders as online counselling is a telephone contact run by professionals.

Limitations

There are several limitations to the study that should be mentioned. Assessing data concerning mental health through an anonymous questionnaire may be subject to report bias.

The sample in the present study is from a student population, and the data thus may not be representative of the general population. All students have at least 3 years more education (gymnasium or high school) than what is the national minimum, and with university education in addition, they are therefore more educated than the majority of the young adult population of Norway. The student population also have a skewed gender distribution with more women than the normal population. Furthermore proportionally, more female than male students have returned their questionnaires. This was as expected, since women have been found more likely to respond to mail survey than men (Woodward & McKelvie, 1985).

The respondents in a study of this sort must be considered a selection of individuals. More who feel the questions are relvant for them may have returned the questionnaire. However, the purpose of the study was to estimate untreated mental problems in the student population and to describe those who avoid seeking treatment. Even though the response tendency may be biased in the direction that more of those

who feel the questionnaire was relevant for them, it is reason to believe that we at least have a relatively correct picture of this group. It has been known from population surveys that those who do not respond often have more severe problems than those who do respond (Hansen, Jacobsen and Arnesen, 2001). If this is the case in the present study, only a part of the picture of untreated need for mental help in the student population has been uncovered by the present study.

Conclusion and implications

Realising the methodological limitations of the study, one may still conclude that some aspects of helpseeking behavior have been clarified. There seems to be a substantial part of the student population that has a subjectively felt need for help and also scores high on general psychiatric level of distress, and yet do not seek help in the mental health service. Having obstacles and omitting seeking help for mental problems is typical for indiviuals of young age, with depression symptoms and with repeated childhood experiences of being bullied. These predictors of avoiding helpseeking even though one feels a need for help, can be understood in terms of interpersonal difficulties, and seem to be related to low self-esteem, gender, loneliness and dissatisfaction with life.

Implications from the study for clinical work and organization of mental health service for students would be giving out information of what sort of help is available and what sort of problems can be addressed in a treatment setting. Especially, such information should be targeted toward the younger students and those who are depressed, as well as individuals who have experienced severe bullying. There is reason to assume that the establishment of an internet-based form of intervention could reach many of those who feel reluctant to seek help for their mental problems.

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Tables and figure

Table 1. Response rate by gender (N = 1500).

	Male requested n=616		Female requested n=884		Total n=1500	
	n	%	n	%	n	%
Responding	233	37.8	508	57.5	741	49,4

Note. More females than males responded, $\chi^2(1\ df) = 55.89$, $p < .0001$.

Table 2. Demographic description (N = 741).

	n	%	M (SD)	Median	Min	Max
Age	739	-	25.4(6.73)	23.0	18.0	57.0
Semester studied	734	-	6.6 (4.84)	6.0	1.0	30.0
Semester delayed	725	-				
Marital status:			0.4 (1.05)	0.0	0.0	8.0
Single	435	59.2	-	-	-	-
Married or cohabitant	287	39.0	-	-	-	-
Divorced / separated or widow	13	1.7	-	-	-	-
Living:						
Alone	200	27.1	-	-	-	-
With partner	296	40.1	-	-	-	-
With friends	120	16.2	-	-	-	-
With parents	28	3.8	-	-	-	-
Others	95	12.9	-	-	-	-
Care for children	102	13.9	-	-	-	-
Nationality:						
Norwegian	698	94.3	-	-	-	-
European	33	4.5	-	-	-	-
Others	9	1.2	-	-	-	-
Has moved to Tromsø	523	71.3	-	-	-	-
Belonging in northern region	506	69.0	-	-	-	-
Belonging to Sami population	36	5.1	-	-	-	-

Table 3. Studies: Subjects and level (N = 741).

	n	%
Subject		
Introductory course	38	5.1
Civil engineering	33	4.5
Fishery	58	7.8
Law	90	12.1
Medicine	193	26.0
Science/Mathematics	56	7.6
Social science	169	22.8
History/Philosophy	59	8.0
Others	39	5.3
No information	6	0.8
Level		
Separate subject	70	9.4
Bachelor	209	28.2
Master	213	28.7
Ph.D	10	1.3
Profession-studies	229	30.9
No information	10	1.3

Tabell 4. Helpseeking and need for mental health service (N = 741).

	n	%
Felt need of help but omitted seeking it. (FN-group)	168	22.7
Have sought help. (HS-group)	82	11.1
No need for help.(NN-group)	491	66.2

Table 5. Reported reasons for avioding helpseeking in Felt Need-group (N = 168).

	n	% (within FN-group)
Wanted to handle problem oneself	106	63.1
Problem not serious enough	99	58.9
Sufficient support from friends.	63	37.5
Afraid of how one would seem.	56	33.3
Sufficient support from family.	47	28.0
Sufficient support from partner.	40	23.8
Did not wish to bother anyone.	34	20.2
Other reasons.	31	18.5

Note. Multiple responses were possible.

Table 6. Hopkins Symptoms Checklist: Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups (N = 738).

	Felt Need-group (n = 168)		Sought Help-group (n = 82)		No Need-group (n = 488)		Anova	
	M	SD	M	SD	M	SD	F(2,738)	p
HSCL total mean	1.81 *a b*	.42	1.68	.49	1.43 *c*	.29	80.46	.000
HSCL anxiety mean	1.71 *d*	.39	1.64	.50	1.42 *e*	.30	48.64	.000
HSCL depression mean	1.88 *f g*	.51	1.70	.55	1.43 *h*	.34	77.96	.000

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a FN-group differed from SH-group. t(738) = 2.13, p = .035.
b FN-group differed from NN-group. t(738) = 10.98, p <.0001.
c SH-group differed from NN-group. t(738) = 4.43, p <.0001.
d FN-group differed from NN-group. t(738) = 8.74, p <.0001.
e NN-group differed from SH-group. t(738) = 3.80, p <.0001.
f FN-group differed from SH-group. t(738) = 2.42, p = .017.
g NN-group differed from FN-group. t(738) = 10.49, p <.0001.
h NN-group differed from SH-group. t(738) = 4.28, p <.0001.

Table 7. Social Emotional Loneliness Scale: Means, standard deviations and one-way analysis of variance (ANOVAs) for effects of three helpseeking groups (N = 736).

	Felt Need-group (n = 166)		Sought Help-group (n = 82)		No Need-group (n = 488)		Anova	
	M	SD	M	SD	M	SD	F(2,736)	p
Emotional loneliness mean	2.45 *a b*	.91	2.18	.92	1.98	.85	17.89	.000
Social loneliness mean	2.39	.71	2.30	.78	2.00 *c d*	.53	30.45	.000
Total mean	2.42	.66	2.24	.71	1.99 *e f*	.54	35.54	.000

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a FN-group differed from SH-group, t(736) = 2.20, p = .03.
b FN-group differed from NN-group, t(736) = 5.80, p <.0001.
c NN-group differed from FN-group, t(736) = 6.55, p <.0001.
d NN-group differed from SH-group, t(736) = 3.46, p <.001.
e NN-group differed from FN-group, t(736) = 7.62, p <.0001.
f NN-group differed from SH-group, t(736) = 3.09, p <.003.

Table 8.Eating disturbance: Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups (N = 740).

	Felt Need-group (n = 168)		Sought Help-group (n = 82)		No Need-group (n = 490)		Anova	
	M	SD	M	SD	M	SD	F(2,740)	p
EDS mean	3.44	1.56	3.33	1.57	2.79 *a b*	1.26	16.85	.000

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a NN-group differed from FN-group. t(740) = 4.87, p < .0001.
b NN-group differed from SH-group. t(740) = 3.00, p = .003.

Table 9. Social anxiety and helpseeking behavior (N = 733).

	FN-group (n = 165)		SH-group (n = 80)		NN-group (n = 488)		Total	
Social anxiety	n	%	n	%	n	%	n	%
Yes	53	32.1	24	30.0	49	10.0	126	17.2
No	112	67.9	56	70.0	439	90.0	607	82.8

Note. More cases in the FN and SH groups vs. NN group. $\chi^2(df=2, N=733) = 52.59$, $p < .0001$.

Table 10. Daily stress (N = 734), study-pressure (N = 733), pressure from others (N = 734), concentration difficulty (N = 736) and comprehension difficulty (N = 736): Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups.

	Felt Need-group		Sought Help-group		No Need-group			
	M	SD	M	SD	M	SD	Anova F(df, N)	p
Daily stress-experience	3.14	.97	2.99	.96	2.88 [a]	.93	4.81 (2,734)	.008
Pressure at University	2.08	.65	2.18	.67	2.02	.63	2.28 (2,733)	ns
Pressure from others	1.89	.74	1.83	.74	1.63 [b c]	.70	9.24 (2,734)	.000
Concentration difficulty	2.00	.66	1.93	.69	1.69 [d e]	.63	16.19 (2,736)	.000
Problems comprehending lecturer	1.60	.69	1.59	.67	1.48 [f]	.57	3.24 (2,736)	.040

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a FN-group differed from NN-group. $t(734) = 3.03$, $p = .003$.
b FN-group differed from NN-group. $t(734) = 3.92$, $p < .0001$.
c SH-group differed from NN-group. $t(734) = 2.15$, $p = .034$.
d FN-group differed from NN-group. $t(736) = 5.28$, $p < .0001$.
e SH-group differed from NN-group. $t(736) = 2.83$, $p = .006$.
f FN-group differed from NN-group. $t(736) = 2.12$, $p = .035$.

Table 11. Quality of romantic relationship (N = 463) and satisfaction with life (N = 736): Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups.

	Felt Need-group		Sought Help-group		No Need-group			
	M	SD	M	SD	M	SD	Anova F(df, N)	p
Quality of romantic relationship-mean.	2.34	.92	2.09	.85	1.78 [a b]	.73	19.48 (2,463)	.000
Satisfaction-mean	3.91 [c d]	1.35	4.27	1.26	4.97 [e]	1.12	54.59 (2,736)	.000

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a FN-group differed from NN-group. t(463) = 5.45, p < .0001.
b SH-group differed from NN-group. t(463) = 2.47, p = .016.
c FN-group differed from SH-group. t(736) = -2.05, p = .042.
d FN-group differed from NN-group. t(736) = -9.21, p < .0001.
e SH-group differed from NN-group. t(736) = -4.71, p < .0001.

Table 12. Self-liking and -competence: Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups (N = 735).

	Felt Need-group (n = 168)		Sought Help-group (n = 82)		No Need-group (n = 485)		Anova	
	M	SD	M	SD	M	SD	F(2,735)	p
SLCS-mean	2.59 [a b]	.70	2.37	.76	2.06 [c]	.61	44.35	.000
Self liking-mean	2.87 [d e]	.83	2.62	.90	2.16 [f]	.73	55.95	.000
Self competence-mean	2.32	.70	2.13	.72	1.96 [g h]	.60	20.76	.000

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a FN-group differed from SH-group. t(735) = 2.19, p = .030.
b FN-group differed from NN-group. t(735) = 8.76, p < .0001.
c SH-group differed from NN-group. t(735) = 3.56, p = .001.
d FN-group differed from SH-group. t(735) = 2.07, p = .041.
e FN-group differed from NN-group. t(735) = 9.75, p < .0001.
f SH-group differed from NN-group. t(735) = 4.35, p < .0001.
g FN-group differed from NN-group. t(735) = 5.96, p < .0001.
h SH-group differed from NN-group. t(735) = 2.06, p = .042.

Table 13. Personality traits: Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups (N = 738).

	Felt Need-group (n = 168)		Sought Help-group (n = 82)		No Need-group (n = 488)		Anova	
	M	SD	M	SD	M	SD	F(2,738)	p
Agreeableness	2.56	.86	2.65	1.04	2.51	.87	.99	ns
Extraversion	4.47	1.13	4.66	1.10	4.71 [a]	1.05	3.10	.046
Conscientiousness	3.41	1.32	3.29	1.36	3.10 [b]	1.25	3.93	.020
Neurotisism	4.31	1.15	4.04	1.24	3.39 [c d]	1.15	44.63	.000
Openness to experience	3.26	1.04	3.06	1.03	3.26	1.04	1.35	ns

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a NN-group differed from FN-group. t(738) = -2.41, p = .017.
b NN-group differed from FN-group. t(738) = 2.65, p = .009.
c NN-group differed from FN-group. t(738) = 9.01, p < .0001.
d NN-group differed from SH-group. t(738) = 4.45, p < .0001.

Table 14. Sexual orientation and helpseeking (N = 736).

	FN-group (n = 167)		SH-group (n = 82)		NN-group (n = 487)		Total	
Orientation	n	%	n	%	n	%	n	%
Heterosexual	144	86.2	71	86.6	460	94.5	675	91.7
Non-heterosexual	23	13.8	11	13.4	27	5.5	61	8.3

Note. More cases of non-heterosexuals in FN- and SH-groups vs. NN group, χ^2(df=2, N=736) = 14.27, p = .0001.

Table 15. Number of close friends (N = 732) and aquaintances (N = 692): Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups.

	Felt Need-group		Sought Help-group		No Need-group			
							Anova	
	M	SD	M	SD	M	SD	F(df, N)	p
Close friends	4.78	3.51	5.08	3.09	5.85 *a b*	3.64	6.36 (2,732)	.002
Acquaintances	7.15	6.56	7.15	8.97	9.66 *c d*	13.93	3.36 (2,692)	.035

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a NN-group differed from FN-group. t(732) = -3.37, p = .001.
b NN-group differed from SH-group. t(732) = -2.04, p = .044.
c NN-group differed from FN-group. t(692) = -3.01, p = .003.
d NN-group differed from SH-group. t(692) = -2.08, p = .040.

Table 16. Victim of bullying in childhood (N = 737).

	FN-group (n = 168)		SH-group (n = 81)		NN-group (n = 488)		Total	
Bullied as child/adolescent	n	%	n	%	n	%	n	%
No, never	42	25.0	26	32.1	222	45.5	290	39.3
Yes, on som occations	91	54.2	47	58.0	211	43.2	349	47.4
Yes, repeatedly	35	20.8	8	9.9	55	11.3	98	13.3

Note. More cases of repeated bullying in FN group vs SH an NN groups, and of occational bullying in FN and SH groups vs. NN group. χ^2(df=4, N=737) = 29.29, p <.0001.

Table 17. Traumas: Serious disease or damage and helpseeking (N = 735).

	FN-group (n = 164)		SH-group (n = 82)		NN-group (n = 489)		Total	
Disease/damage	n	%	n	%	n	%	n	%
Yes	14	8.5	14	17.1	34	7.0	62	8.4
No	150	91.5	68	82.9	455	93.0	673	91.6

Note. More cases in the SH groups vs. FN and NN group. χ^2(df=2, N=735) = 9.32, p = .009.

Table 18. Traumas: Serious disease or damage in someone close to you and helpseeking (N = 737).

	FN-group (n = 166)		SH-group (n = 81)		NN-group (n = 490)		Total	
Disease/damage in close person	n	%	n	%	n	%	n	%
Yes	71	42.8	33	40.7	153	31.2	257	34.9
No	95	57.2	48	59.3	337	68.8	480	65.1

Note. More cases in the FN and SH groups vs. NN group. $\chi^2(df=2, N=737) = 8.66$, $p = .013$.

Table 19.Cosequence of trauma: Painful memories in those who experienced traumatic event and helpseeking (N = 412).

	FN-group (n = 107)		SH-group (n = 49)		NN-group (n = 256)		Total	
Painful memories	n	%	n	%	n	%	n	%
Yes	46	43.0	16	32.7	45	17.6	107	26.0
No	61	57.0	33	67.3	211	82.4	305	74.0

Note. More cases of painful memory in the FN and SH vs. NN group. $\chi^2(df=2, N=412) = 26.64$, $p < .0001$.

Table 20. Predicting variables for not seeking help vs. seeking help in individuals who feel need for help: Summary of logistic regression – Enter (N = 248).

Independent variable	B	SE (B)	df	Exp B	95% conf.int. (Exp B)	
					Lower	Upper
Age	.07	.02	1	1.07***	1.03	1.11
Depression mean	-.57	.29	1	.56*	.32	1.00
Bullying	-	-	2	-	-	-
Occational bullying	-.16	.32	1	.85	.46	1.61
Repeated bullying	-.97	.49	1	.38*	.15	.98
Constant	-.1.29	.73	1	.28	-	-

Note. –2 Log likelihood = 289.11, Cox & Snell $R^2 = .09$ and Nagelkerke $R^2 = .12$.
Overall percentage correct = 68.1 %.
*p < .05, *** p < .0001.

Table 21. Summary of simultaneous linear regression for variables predicting depression score (N=738).

Independent variable	B	SE (B)	β	t	95 % conf.int. (B) Lower	Upper
Gender	.08	.03	.09**	3.14	.03	.14
Age	.00	.00	.02	.88	-.00	.01
Emotional loneliness	-.00	.02	-.00	-.02	-.03	.03
Satisfaction with life	-.10	.01	-.29***	-8.34	-.13	-.08
Self liking	.26	.02	.48***	14.24	.23	.30
Constant	1.33	.12	- ***	11.38	1.10	1.56

Note. $R^2 = .49$
** p < .01, *** p < .0001.

Table 22. Summary of simultaneous linear regression for variables predicting victim of bullying in childhood/adolescence (N=737).

Independent variable	B	SE (B)	β	t	95 % conf.int. (B) Lower	Upper
Gender	-.13	.05	-.09*	-2.41	-.24	-.02
Age	.01	.00	.06	1.50	-.00	.01
Emotional loneliness	.08	.03	.11**	2.70	.02	.14
Satisfaction with life	.01	.03	.02	.41	-.04	.06
Self liking	.19	.04	.23***	4.99	.11	.26
Constant	1.03	.24	-***	4.36	.57	1.50

Note. $R^2 = .07$
* p < . 05, ** p < .01, *** p< .0001.

Table 23. Existing help-sources likely used by individuals in Felt Need group, ranked order (N = 168).

Help source	n	%
Psychologist/ Psychiatrist	92	56.4
General practitioner	82	50.3
Students' social services	72	44.2
Students' priest	16	9.8
Self-help groups	12	7.4
Others	12	7.4
Crisis telephone counselling	9	5.5
Centre for battered	1	.6

Note. Multiple responses were possible.

Table 24. Suggested alternative help-source likely used by individuals in Felt Need group, ranked order (N = 168).

Help source	n	%
Contact/counselling on the internet	92	57.5
Telephone counselling with proffessional	93	57.1
Individual therapy with psychology student	58	35.8
Telephone counselling with psychology student	44	27.3
Group led by profesional	43	26.9
Student self-help group	32	20.3
Group led by psychology student	19	11.9

Note. Multiple responses were possible.

Table 25. Attitudes toward help from psychology-students: Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups (N=722).

	Felt Need-group (n = 168)		Sought Help-group (n = 79)		No Need-group (n = 475)		Anova	
	M	SD	M	SD	M	SD	F(2,722)	p
Attitude toward help from students*	3.27	.66	3.31	.65	3.11 [a] [b]	.67	6.02	.003

**Higher values indicate more negative attitude.*

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.

a NN-group differed from FN-group. t(722) = 2.83, p = .005.

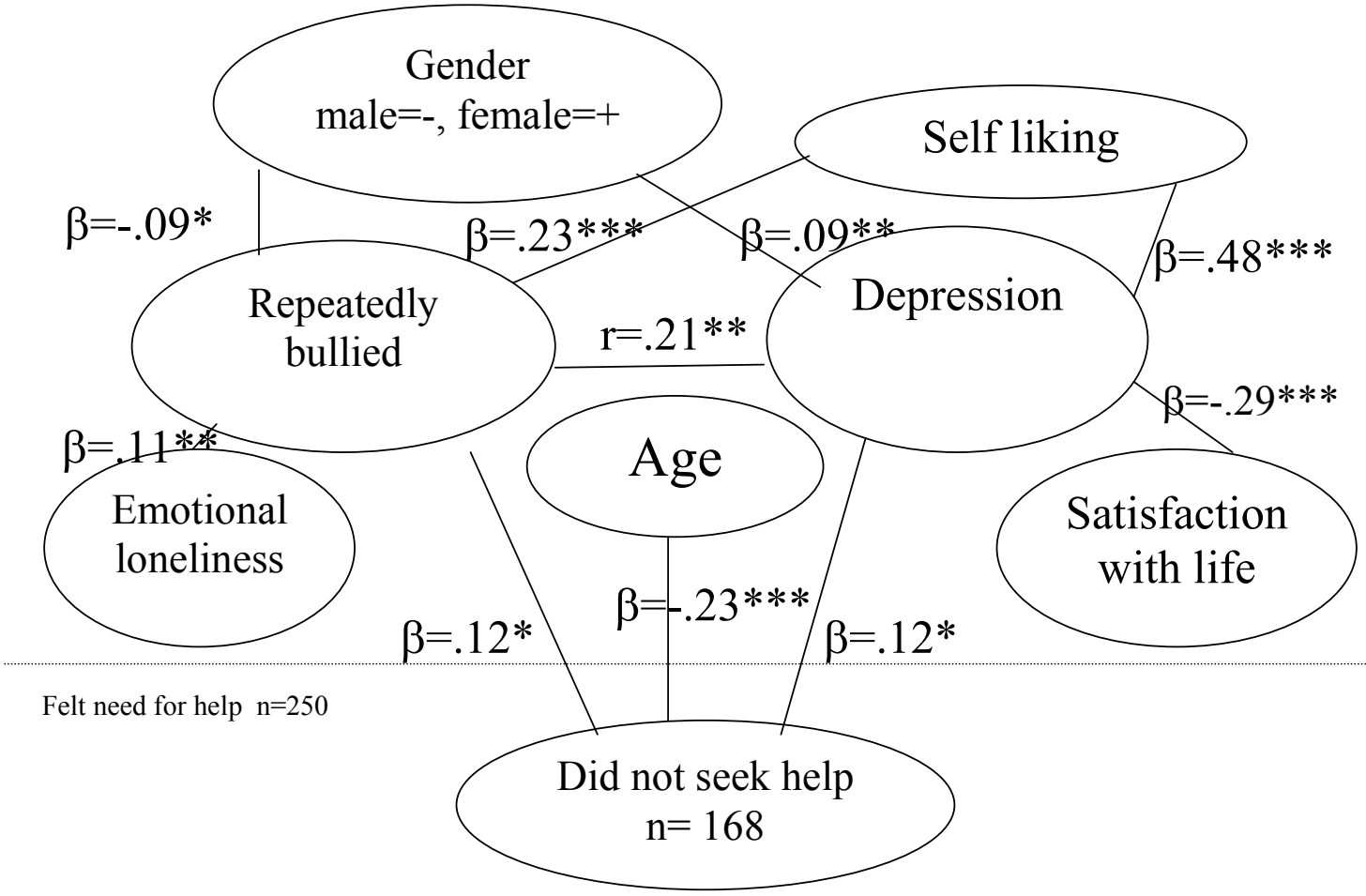
b NN-group differed from SH-group. t(722) = 2.59, p = .011.

Table 26. Attitude toward psychology students as help-source in Felt Need-group, ranked order (N = 168).

Statement	M	SE
Help from students is professionally justifiable.	2.61	.08
Students will observe professional secrecy.	2.64	.10
Equal situation will not be a problem.	2.93	.10
Someone my one age will understand better.	3.53	.09
Talking to a student makes the problem seem less serious.	3.67	.09
Seeking help from students is less threatening.	3.72	.09
The possibility of meeting the student in a social context does not represent a problem.	3.76	.10

Note. Higher value indicates stronger disagreement with the statement. Min = 1.0, Max = 5.0 for all statements.

Figure 1: Summary model for avoiding helpseeking when help is needed, N=741



*p<.05, **p<.01, ***p<.0001

Seeking treatment or not?

A study on mental helpseeking and its relation to needs, symptoms, person characteristica, experiences and attitudes in a student population

Main thesis for the Cand. psychol. degree
February 2004

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Aknowledgements

First and foremost I would like to thank Ingunn Skre and Catharina Wang for outstanding supervision and encouragement in the process of this study, and also for financing the distribution of the survey. Especially Ingunns assistance in statistical analyses and Catharinas contribution in form of theoretical, hypotheses-generating dicussions, as well as feedback on the written product from both has been invaluable.

Thanks also to:
Rigmor Bjørkli and the Students Department for arranging the distribution of the questionnaire by sampling respondents.

Oddgeir Friborg, Joar Vittersø, Bente Træen, Monica Martinussen and Ingela Kvalem from the HELT-project for contributing with references.

Hanne Rieber from the Student's social services for references and initial disussion.

Mona Pedersen for practical assistance.

Kristoffer Skarvåg, my husband, for helping with practical work in distributing the survey and with data-punching.

Foreword

This study is based on a survey named "Student life –challenges, problems and needs", screening many aspect of how the student population of the University of Tromsø percieves their situation. The idea to start this project came from my supervisior Catharina Wang, who is involved in drawing up a framework of efforts for students with mental illness. This work needed a foundation in research on mental health problems and needs in the student population.

The questionnaire was made by the author, partly to match an ongoing study at the University of Oslo named the HELT-project. HELT surveys different aspects of student life, such as studies, health and personality, social relations, psychiatric symptoms, medication, strains and coping, physical activity and alcohol consumption. This partly matching was done in order to make comparative studies between the two cities possible. Although many questions and scales in the "Student life" are identical with the HELT questionnaire, there are also an extensive amount of variables included that are especially designed for filling a need for information about Tromsø-students mental health and specifically their needs in terms of mental health service, and also for exploring questions raised in the present study.

Skaland, January 2004-02-01

Hedvig Aasen Skarsvåg

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Abstract

This study was aimed at uncovering aspects involved in helpseeking behavior; more specifically describing reluctance to seek mental health treatment in individuals who have a subjectively felt need for such help. Respondents from a student sample (N=741) participated in the survey. 491 (66%) had never felt need for help and 250 (33%) had felt need for help. Of those who had felt need, one third (82) had sought help and two thirds (168) had omitted seeking help. The variables that were found in logistic regression to significantly predict avoidance of helpseeking was young age (β=-.21), depression symptoms (β=.12) and having been victim of bullying on repeated occasions in childhood (β=.12). Linear regression analyses showed that related to the depression dimension was gender (more females), low self-liking and low general satisfaction with life. Related to bullying-experiences was gender (more males), low self-liking and high emotional loneliness. The interpersonal aspects of the findings are discussed. Also a survey was done on what type of mental health service was preferred by the group that avoided helpseeking in spite of their need. The majority of this group (57%) reported they would like to make use of online counselling if this was offered to them. Although more negative than individuals without treatment-needs, a substantial share of help-seeking avoiders would like to use mental health services provided by psychology-students (35% wishing individual therapy, 27% wishing telephone counselling).

Despite vast amounts of clinical research in psychology, relatively few studies have addressed treatment seeking behavior for mental problems. Even less material exists on specifically how many people have a subjective need for help but still avoid seeking treatment. We have reasons to assume that some of the more common mental problems go untreated in a vast number of people. Most people who experience mental distress do not seek help for their problems (Mechanic, 1976).

The aim of the present study is to estimate the need for treatment in a representative student population and to describe aspects of symptoms, characteristics and situations of persons with untreated need relative to those who have applied for treatment and those who never felt any need for help. Hopefully this will provide more understanding of what causes reluctance toward helpseeking when such is needed. What is characteristic of this group of people who percieve themselves as being in need of help, but still omit seeking it? What kind of help do they need or prefer? For which reasons do they avoid seeking help?

Theoretical background

A number of reasons why people avoid seeking help have been pointed out in social psychological and clinical litterature. Some are of external, practical nature, while others are more psychological. Amato and Bradshaw (1985) find in an exploratory study that reluctances toward helpseeking, including both professional and informal help, group together in five clusters. These include: 1) stigma and fear about the consequences of seeking help, 2) problem avoidance or denial in the individual, 3) negative evaluation of the helper, 4) external barriers such as time and financial cost and 5) desire to maintain independence, e.g. a wish or need to solve the problem oneself. This means that given that a problem has been identified (2) and that help or treatment is available and affordable (4), there will still be reluctances to helpseeking.The authours (Amato and Bradshaw, 1985) even suggest that 1), 3) and 5) are the most challenging obstacles, indicating that psychological barriers are of great importance in this context. They are obstacles standing between the perception of mental distress and the seeking of help that might alleviate that distress.

Psychological barriers to treatment seeking can be seen as intervening variables between a problem and an individual on the one hand and the actual helpseeking behaviour on the other. They are likely to be affected by type of symptoms and perception of the problems the person is experiencing. Another type of factors that influence helpseeking, are person characteristica like gender, personality, selfconfidence and more. A third group of reasons for reluctance to helpseeking could be the nature of the situation, or experiences the person has had, for instance traumatic episodes or social exclusion of some sort. Finally, attitude toward possible helpsources is likely to be related to whether or not there are barriers toward helpseeking.

Symptoms

Depression and anxiety. Symptoms of depression and anxiety could be described not only as diagnostic clusters, but also as the aspect of a mental illness that portrays the actual felt pain or suffering of the individual in many different diagnoses. Looking at how these symptoms are related to helpseeking is very much of interest because of this phenomenological aspect. Also, high current symptom rating on anxiety, somatization and depression (HSCL-25) has been found to be the strongest predictor of former and current helpseeking addressed to general practioners (Sørgaard, Sandanger, Sørensen; Ingebrigtsen & Dalgard, 1999).

It is not surprising that high general symptom scores are assosiated with helpseeking. The focus here though, is not solely on what characterizes helpseekers relative to the general population, but specifically what separates helpseekers from people who feel need for help but omit seeking it. This group's symptom score will provide an indication of the severity of the untreated mental illness in the student population.

Attachment theory provides a theoretical basis for understanding how symptoms are thought to be related to helpseeking behavior. In Bowlbys theory of internal working models it is assumed that early, and mainly nonverbal, emotional interaction with caregiver the infant form internal working models of self and others (Bowlby, 1969), models that in time becomes habitual and automatic. (Bretherton & Munholland, 1999). Attachment patterns are associated with different ways of regulating negative affect. Insecurely attached individuals are characterized as having negative working models-of-self, and being at risk for poor coping and difficulties in emotional self-regulation. (Anderson & Guerrero, 1998) Attachment can also be related to Eriksons term of basic

trust vs mistrust, and seen as an interpersonal foundation of the fundamental trust an individual has in the environment. The combination of emotional difficulty, inadequate coping and mistrust could well be thought descriptive of helpseeking-avoiders and also fits a description of depression.

In fact, relative to psychiatric illness in general, findings indicate that interpersonal dysfunction is characteristic of current major depressive disorder, and also of dysthymia (Zlotnick, Kohn, Keitner and Della-Grotta, 2000). Dysfunction was most evident in intimate relationship (marital/live-in partner), and measured as fewer positive and more negative interactions. There was no difference in interpersonal functioning between treatment-seekers and nontreatment-seekers suggesting that even though many depressed individuals do not seek help, they still suffer impairment in their interpersonal relationships.

Hypothesizing that interpersonal difficulties to some degree has its root in lack of basic trust or insecure attachment, another and more maintaining aspect can be how depressed individuals create a negative social environment around them and as a cause loses further support frem the network (Coyne, 1976). This would constiute a vicious circle where relations are confirmed not to be trustworthy.

Amato & Bradshaw (1985) suggest that attributing the cause of problem to ones own action is more fear-inducing with regards to helpseeking. This may be especially relevant for depressed individuals with many internal attributions. Core symptoms of depression are low selfesteem, low feelings of worth, pessimism and reduced cognitive alertness (ICD-10). It is reasonable to expect that these factors would hinder helpseeking despite a felt need because the person does not believe in positive outcome and also feels shame and generally is in a passive state. Theory of learned helplessness (Seligman, 1989) has frequently been related to depression and sheds light on why depressed individuals do not try to improve their situation, which they possibly could do by seeking treatment.

Anxiety also consists of symptoms that could be related to early attachment difficulty and effect interpersonal functioning negatively. Particularly social anxiety interferes with the person's relationship to others. A pilot study on patients with eating disorders showed that individuals that did not seek treatment had significantly higher levels of social anxiety compared to those who did engage in treatment (Goodwin and Fitzgibbon, 2002).

Loneliness. One consequence of interpersonal problems can be feelings of loneliness. Considering the experince of loneliness, Weiss (1973) made a distinction between social isolation and emotional isolation. Social isolation involves lack of a social network, while the type of loneliness that comes from emotional isolation is experienced in the absence of a close attachment relationship. Evidence suggests that these two forms of loneliness are distinct experiences (Di Tommasio & Spinner, 1996). In Weiss' theoretical framework, there are different types of social provisions that people get from relationships. He proposed that the absence of the social provision attachment underlies emotional loneliness, while the absence of social integration is what causes social loneliness.

In a recent study, treatment seeking behavior was found to be predicted by social functioning, controlling for the effects of a variety of symptoms of mental disorders as well as sociodemographic variables, percieved social support and attitude toward treatment. Marked social impairment predicted nearly a threefold (odds ratio = 2.9; 95% confidence interval = 1.6 – 5.4) increased likelihood of seeking mental health treatment (Gameroff, 2002). This should indicate, Gameroff concludes, that self percieved social impairment is an independent catalyst for mental health treatment-seeking and hence could help in identifying patients who have high percieved need of treatment. It is not surprising that treatment-seeking is predicted by social impairment, but when comparing helpseekers with people in need of help who do not seek it, the picture is turned around. Seeking help for mental problems requires at least some adequate social functioning, given that this form of help is social by nature.

Eating disorder. Eating disorders like anorexia and bulimia are increasing in prevalence especially among young women (Lewinsohn, Striegel-Moore & Seeley, 2000). This group, though associated with psychiatric comorbidity, probably differs from many other sorts of mental illness in that the person wish to maintain the problematic behavior and simultanously suffers under this; there is a great ambivalence attached to this type of problem. Also, Amato & Bradshaw (1985) suggest that more intimate problems cause more fear of treatment. Eating problems are perhaps percieved as especially intimate and are often kept secretive.

Stress. Stress has been found to increase the likelihood of seeking treatment for physical complaints. (Manuck, Hinrichsen and Ross, 1975) Whether this is a factor that influences helpseeking for mental distress is uncertain, as is the direction of that influence.

Person characteristics

Self-esteem. Some have postulated that helpseeking is threatening to an individuals self-esteem (Fischer et al, 1982). Findings seem to support this in that people are less likely to seek help for very intimate problems (Mayer & Timms, 1970), problems that are stigmatizing (Bergin & Garfield, 1971) or problems that implies personal inadequacy (Shapiro, 1980) –all of which can be percieved as threatening to self-esteem. Amato & Bradshaw suggests that of the components involved in reluctance to treatment seeking it is fear that relates to threat to self-esteem. Self-esteem as a construct has been described two-dimensionally, with selfliking and self-competence as closely related but distinguishable aspects, and this diffraction is argued to help explain conceptual differences in this area (Tarfarodi & Milne, 2002). Self-competence is defined as the valuative experience of oneself as a causal agent, someone with intention, efficacy and power. Self-liking, on the other hand, is defined as the valuative experience of oneself as a social object (Tarfarodi & Swann, 1995). In this perspective, exploring whether self-liking and self-competence is related to helpseeking is of interest.

Satisfaction. An aspect of life quality, satisfaction with life is defined as the degree to which an individual evaluates the overall quality of his or her life (Vittersø, Røysamb & Diener, 2002) Measuring this global life satisfaction makes it possible to explore whether it is related to helpseeking behavior when there is a felt need.

Relationships and friends. As a supplement to loneliness scores, measuring the quality of romantic relatonships could give indications on the relation between interpersonal difficulties and helpseeking. Also of interest in a description of the target behavior will be number of close friends and acquaintances, assuming this might relate to emotinal and social loneliness.

Personality-traits. Negative affect or neuroticism is an example of a personality trait that is associated with lesser psychological wellbeing (Ebert, Tucker & Roth, 2002) and also with expressing more and unfounded symptoms of physical illness(Feldman, Cohen, Doyle, Skoner & Gwaltney, 1999). Personality has been found to be more important than demographic variables in referral to treatment. (Sørgaard, Sandanger, Sørensen, Ingebrigtsen & Dalgard, 1999). Exploring whether personality also has a predictive value concerning helpseeking is one aspect included in the current study.

Sexual orientation. Non-heterosexual orientated individuals have been shown to have higher prevalence on mood-, anxiety and substance use disorders when compared

with heterosexuals, possibly due to harmful effects of social stigma (Cochran, Sullivan & Mays, 2003). Also, minority sexual orientation is considered a risk factor for attempted and completed youth suicide (Gould & Kramer, 2001). Further, Cochran et al. observed that non-heterosexuals had higher use rates of mental health services, with approximatly 7 % of those receiving treatment being lesbian, gay or bisexual, although this group represent less than 3 % of the population. Including sexual orientation in the current analysis will give an indication of whether this difference is due solely to increased prevalence and/or severity of distress or if sexual orientation is related to helpseeking behavior.

Gender. Gender differences in symptom scores have been pointed out; concerning depression there seems to be a large difference between males and females in anxious somatic depression, with more females reporting symptoms, but not in pure depression (unaccompanied by the somatic symptoms) (Silverstein & Lynch 1998). Women's helpseeking attitudes have been reported to be consistently more positive than men's (Fisher & Turner, 1970).

Traumatic experience

Bullying. In victims of childhood bullying associations have been reported with later depression and poor self-esteem (Olweus 1993) and also with risk of various other mental disorders, such as anxiety, psychosomatic symptoms, eating disorder and substance use (Kaltiala, Rimpelae, Rantanen & Rimpelae, 2000). These victims seem to deal with interpersonal stressful events by means of non-engagement coping strategies, resulting in depression (Araki, 2002). This type of strategy is not unlikely to involve avoiding of helpseeking when experiencing distress.

Recent traumatic incidents. Having experienced traumatic events more recently in life could also affect helpseeking behavior. Such episodes could be percieved as relatively concrete and therefore providing the person with a comprehensable reason for seeking treatment. Also recent traumatic experiences probably reduce subjective well-being and could therefore increase help-seeking behaviour.

Students as helpseekers

Students are often in an especially vulnerable situation because starting an education often means moving away from home and thus inducing stress and, for many, reducing social support, which is associated with increased risk of mental illness (Stroebe & Stroebe, 1996).

Interestingly, previous researh on students has suggested that there is a need for change in delivery of psyciatric services to college students, in light of a fairly large number of students (around 50%, but the sample is relatively small) with diagnosable illnesses who neither sought nor considered seeking treatment for their problems (Rimmer, Halikas, Schuckit & McClure, 1978). If the results from the present study resembles Rimmer et al's, in that many report needing help without seeking it, this should have implications for the delivering of mental health services to the student population.

Attitude factors, as well as social norms have been found to predict helpseeking intention, witin a framework of the Theory of Reasoned Action (Howland, 1997). More precisely, two attitude factors were found; a general attitude toward helpseeking and an affective reponse, reflecting how comfortable or unpleasent seeking help was percieved to be. Assuming that intention has at least some impact on actual behavior, knowledge of both attitude factors in individuals who do not seek help despite reported need will be of interest, especially when considering what type of mental health service one would want to offer. In the present study attitudes toward different alternative helpsources is explored, particularly that of interventions run by psychology-students.

Current focus questions and hypotheses

The numerous variables included in the study are included to give a broad description of the topic of helpseeking in a student population. First, indicating how many people who feel they need help but omit seeking it, is of great interest in itself. Based on mentioned findings that most people who experience distress do not seek help, this group is expected to be of substantial size.

All individuals who report they feel a need for help can be expected to have high general symptom scores relative to the rest of the population. But from the clinical

research on depression and its partly interactional nature, and from assuming that social impairment, disengaging coping and basic mistrust are important factors in depression, the expectation would be that especially the depressive symptoms will be associated wth feeling need for help and yet not seek it. The depressive clinical picture including passivity, feelings of helplessness, pessimism and internal attributions further strengthens this assumption. Another expectation, arising from previous research, and in line with our interpersonal focus, is that social anxiety is related to treatment reluctance.

In terms of loneliness, it is predicted that experiencing social loneliness is associated with helpseeking. This would be in line with findings of social impairment increasing the likelihood of seeking mental health treatment. Emotional loneliness, on the other hand, that is attachment-related and consists of a lack of closeness, is hypothesized to be associated with avoiding helpseeking.

In those reporting eating problems it is expected that reluctance toward helpseeking is strong. As for the aspect of stress this study merely explores possible influences on helpseeking.

Self-esteem, conceptualized in self-liking and self-competence is expected to be low in help-avoiders, because low self-esteem is likely to induce fear of being disclosed or reveal oneself. Since the self-liking component is more related to oneself as a social being, it is possible, in line with the interpersonal focus, that this dimension of self-esteem is more important in understanding reluctance to seek help.

The aspects of life satisfaction, quality in romantic relationship, personality traits and sexual orientation have all been included in the study in an exploring manner, for different reasons: Satisfaction is a good indicator of overall subjectively felt wellbeing, relationships are vulnerable to problems with interpersonal dysfunction, personality traits are related to psychopathology and sexual orientation to increased symptoms and to engaging in treatment. These aspects are considered not unlikely to be relevant in considering helpseeking versus reluctance.

Considering traumatic events that people have experienced, the more recent episodes are thought to increase helpseeking behavior because incidents like this are often comprehensible and concrete. Having been a victim of childhood bullying, on the other hand, is hypothesized to decrease the likelihood of seeking help when it is needed. This is due to the important relational implications that bullying has in forming non-engagment coping strategies. Again an interpersonal focus seems appropriate in coming to terms with helpseeking reluctance.

Since intention to seek help is predicted by social norms and attitudes, those attitudes are expected to be relatively negative in the group that avoids seeking help. An attempt to clarify more specifically what attitudes this group holds is also made.

Method

Sample

Mailed questionnaires were sent to 1500 registered students at the University of Tromsø. The University has a total student population of some 6000 registered students, abut half of whom had registered at the time of sampling. The sample was prepared by the University of Tromsø Student Registry, and was selected to be representative of the total student population on variables like gender, age, and according to subjects and level of study progression. Seven-hundred-and-forty-two students returned the questionnaire, and after excluding one because of incomplete answering, the repondents made up 49,4 % of the sample. More females (508 (68.6%)) than males (233 (31.4%)) returned the questionnaire. For comparison the distribution of gender at the University is about 56% females and 44 % males (reported from Student Registry in october 2003). Mean age was 25.4 (SD = 6.73). Twenty-eight questionnaires were returned unanswered.

Procedure and instruments

The project was initially presented and accepted by the Regional committee for research ethics in medicine and psychology, health region V. Participants then received a questionnaire by mail accompanied by an information letter inquiring their anonymous and volunteer participation. Two weeks later they all received a reminder of the inquiry. Letters and questionnaire are shown in the appendix.

The questionnaire contains questions of numerous aspects of the students' lives. Relevant for the present study are questions about demographic variables, social or relational aspects, different symptoms of mental distress, personality, sexual orientation and romantic relationships, self-efficacy and self-esteem, satisfaction, stress, traumatic experiences incuding bullying and helpseeking needs and attitudes. The scales employed are described in the following.

Depression and anxiety. Symptoms of depression and anxiety were measured with the Hopkin Symptom Checklist (HSCL-25) (Derogatis, Lipman, Rickels, Uhlenluth & Covi, 1974). Symptoms were scored along a four-point Likert scale, ranging form "not at all" to "very much". The HSCL-25 has received support as a screening instrument for detecting anxiety and depression in non-psychiatric patients (Winokur, Guthrie, Rickels & Nael, 1982). More recent findings though, suggest the scale is best suited for measuring general level of psychiatric distress (Sandanger, Moum, Ingebrigtsen, Sørensen, Dalgard & Bruusgaard, 1999), and is acceptable as a diagnostic screener only for depression (Sandanger, Moum, Ingebrigtsen, Dalgard, Sørensen & Bruusgaard, 1998). Internal consistency reliabilty of the scale was estimated and the alpha coefficient was .90 for the total scale, .88 for depression subscale and .76 for anxiety subscale.

Loneliness. Following Weiss' typology of loneliness, the Social Emotional Loneliness Scale was used, measuring loneliness on two subscales: social loneliness and emotional loneliness (Wittenberg, 1986(unpublished doctoral dissertation), cited in Shaver & Brennan, 1991). Each loneliness item was indicated on a five-item Likert scale (1 = never, 5 = very often), with higher scores indicating more intense feelings of loneliness. The internal consistency estimates was alpha coefficients of .79 for the total scale, .78 for the social loneliness subscale and .77 for the emotional loneliness subscale.

Eating problems. Screening for eating problems was performed using the Eating Disorder Scale (EDS-5) (Rosenvinge, Perry, Bjørgum, Bergersen, Silvera & Holte, 2001) The scale consists of five items, scored on a seven-point Likert scale with higher scores indicating more pathology. The internal consistency of the scale was indicated by an alpha of .85.

Quality of romantic relationship. A scale was constructed for assessment of quality in romantic relationship. Dimensions assumed relevant for the topic were presented and answered on a five-point scale. These dimensions were: 1) Stable – unstable, 2) hard – not hard, 3) romantic – not romantic, 4) insecure – secure, 5) open – reserved, 6) right for you – not right for you, 7) distant – close and 8) caring – not caring. The internal consistency reliabilty of the scale was acceptable (alpha .89).

Satisfaction. General cognitive judgements of life was measured with the Satisfaction With Life Scale (SWLS), which is a five-item instrument responded to on a seven step Likert scale from strongly disagree to strongly agree (Diener, Emmons,

Larsen & Griffin, 1985). Higher scores indicate more satisfaction. Cronbachs alpha for this scale was .88.

Self-esteem. Measurement of self-esteem was performed employing the Self Liking and Competence Scale (SLCS) (Tarfarodi & Swann, 1995). This scale divides into two 10-item subscales, one designed to measure self-liking, and the other to measure self-competence. Self-liking and self-competence are scored on a five-point Likert scale, ranging from "strongly disagree" to "strongly agree". High internal consistency of the scale and subscales was found, indicated by alpha coefficients of .92 for self-liking, .89 for self-competence and .94 for the total scale.

Personality. Personality traits were assesed using a short version of 5-PFa which is a personality differential built on adjective scales measuring "the Big Five"-model (Engvik, 1993). The five dimensions are: Agreeableness, Extraversion, Conscientiousness, Neurotisism and Openness to experience. Engvik found intersubjective validity ranging from .63 to .78 for the main factors.

Attitudes toward student counselling. A scale was constructed for assessing attitudes in the student population toward receiving help from a psychology-student. Agreement with statements regarding this question was indicated on a five-point scale. The internal consistency reliability of this scale was estimated to alpha .61.

Statistics

All analyses were performed with the SPSS for Windows, version 11.0.0. For comparisons between groups, Anova, with contrast analysis, was employed for continous and Chi-square tests for nominal variables. To study interrelationship between variables, Logistic regression analysis was employed when the dependent variable was dichotomous and Linear regression when the dependent variable was continous. A significance level of 5% was chosen. Missing data were treated as missing. The total N may therefore vary in the different analyses, since the SPSS performed listwise deletion of missing data.

Results

General description of the sample

Insert Table 1

Insert Table 2

Insert Table 3

Participation in the survey was stronger for females, and this is presented in Table1. A demographic description of the whole sample is given in Table 2. On average the repondents are 25.3 years of age and have studied somewhat more than three years.Table 3 reports the distribution of University-subjects and levels in the sample. Concerning general psychiatric symptom level, there was 24.1 % of the total sample that had HSCL scores at 1.75 or above, which has been set as a cutoff for psychiatric problems (Winokur, Winokur, Rickels & Cox, 1984).

Helpseeking and reasons for avioding it

Insert Table 4

As shown in Table 4, the sample divides in three groups of different helpseeking behavior. Two thirds (66.3 %) reported no need of seeking help(No Need-group), The remaining one third of the total sample had felt the need for help and 11.1% had actually sought help (Sought Help-group) while 22.7 % had felt the need for help, but had omitted seeking it (Felt Need-group).

Insert Table 5

Looking closer at the reported reasons in Table 5 for not seeking help despite a felt need, the majority wants to handle the problem themselves and/or feel that the problem is not serious enough to justify treatment seeking. Support from friends and concern with how one would seem also represent strong reasons for avoiding helpseeking. Only one in five says avoidance is due to wish of not bothering anyone.

Comparison of symptoms the three helpseeking groups: Felt Need but omitted, Sought Help and No Need for help

Insert Table 6

The results showed, as expected, that the amount of symptoms is less in the group that reports not feeling need for treatment. Table 6 presents for the three helpseeking groups mean values of total symptom meanscore on the Hopkin Symptoms Checklist, as well as anxiety subscale meanscore and depression subscale meanscore. It also shows a One-Way Analyses of Variance (ANOVA) with helpseeking groups as independent variables and the mentioned mean symptom scores as dependent variables. The three group main effects were significant. Contrast analyses showed significant differences between all groups on total mean score, depicting Felt-Need group as having most symptoms, followed by Sought-Help group and then No-Need group. Separating this symptom-score into anxiety and depression, contrast analyses revealed significant difference in depression between Felt-Need group and Sought-Help group, with the Felt-Need group showing more depression. This difference is not found for anxiety.

Insert Table 7

For Social Emotional Loneliness Scale, Table 7 presents mean values on each of the two subscales and total mean for the three helpseeking-groups, as well as one-way ANOVAs with helpseeking groups as independent variable and the mean loneliness scores as dependent variable. Main group effects are significant for all loneliness measures. No Need-group always shows less loneliness than the others. Contrast analyses showed, significant difference between Felt Need-group and Sought Help-group on emotional loneliness, but regarding social loneliness and total loneliness score there is no such difference. Further, there is significantly less emotional loneliness in No-Need group compared to Felt-Need group, but no difference between Sought Help-group and No Need-group. On the other loneliness measures, social loneliness and total loneliness score, the No-Need group is the one differing significantly from the others.

Insert Table 8

Table 8 shows means on the Eating Disturbance Scale for the three helpseeking groups, and also includes one-way ANOVA with helpseeking groups as independent factors and the EDS score as dependent factor. The main group effect is significant, and contrast analyses indicates that the No-Need group has significantly less eating problems than the others, as expected. There is no difference between Felt-Need and Sought-Help groups on this parameter.

Insert Table 9

Social anxiety and helpseeking is described in Table 9. The No Need group shows significantly less of this symptom, but there is little difference between Felt-Need and Sought-Help groups regarding this.

Insert Table 10

Table 10 reports mean scores on items measuring amount and consequences of stress. In the ANOVA here, all except "pressure at University" came out with significant main group effects, but contrast analyses indicated that there is no difference between Felt-Need group and Sought-Help group on any items. No-Need group experiences in general less stress than the others.

Comparing person-describing variables in the helpseeking groups

Insert Table 11

On quality of romantic relationship and satisfaction with life (table 11), the No Need group reported significantly higher satisfaction and better relationships than the need-groups. Only on the Satisfaction With Life Scale did also the two need-groups differ from one another, with the Felt-Need group being least, the Sought-Help group more and the and No-Need group most satisfied.

Insert Table 12

Self liking and competence in the three helpseeking groups are depicted in table 12, with means on the total scale and the two subscales for each group, and one-way ANOVAs, with helpseeking groups as independent factors and the SLCS scores as dependent factors. The main group effect is significant for all measures, and contrast analyses shows that Felt-Need and Sought-Help groups are significantly different for total score and for self-liking score, but not for self-competence score.

Insert Table 13

As shown in Table 13, the personality dimension negative affect is significantly lower in the No-Need group compared to the others, who feel they need help. There are no significant differences between help-seekers and help-avoiders on any of the personality dimensions.

Insert Table 14

Findings on sexual orientation is shown in Table 14. There were more non-heterosexuals in the two need groups than in the No Need group, but no difference between the two (Felt-Need and Sought-Help groups).

Insert Table 15

Number of friends follows the same pattern as sexual orientation. Table 15 shows means on number of close friends and acquaintances, and one-way ANOVAs with helpseeking groups as independent factors and the means as dependent factors. The main group effect is significant for both measures, and contrast analyses shows that No-Need group differs from the others with more friends. There is no difference between Felt-Need and Sought-Help group.

Comparing traumatic experiences

Insert Table 16

Table 16 shows that the Felt-Need group differs from Sought-Help and No-Need groups in number of cases that have been bullied repeatedly. Repeated bullying has occurred in more than 20% of the individuals who avoid seeking help despite their need. Also, the Felt-Need group and Sought Help group both have a higher percentage of victims who have experienced bullying occationally, relative to the No-Need group.

Insert Table 17
Insert Table 18
Insert Table 19

Other and more recent traumatic experiences are shown by the results not to distinguish between Felt-Need and Sought-Help groups. Tables 17-19 show that experienced disease or damage within the last year is related to actually seeking help, while such disease/damage in someone close is more common in all those who feel need for help. Having painful memories from traumatic events is also more frequent in those who need help.

Predicting avoidance of helpseeking: Logistic regression

Insert Table 20

Table 20 presents the result of a logistic regression indicating that in Felt-Need versus Sought-Help group, there are three significant independent variables that predicts avoiding of helpseeking: Age, depression and having experienced repeated bullying. In a separate logistic regression analysis gender was also entered as an independent variable, and in that analysis neither gender nor repeated bullying reached significance, while age and depression remained significant predictors of help-avoidance. Scrutiny of the correlation pattern between the variables revealed that female gender was correlated ($r = .11$) to depression and male gender was correlated ($r = -.11$) to repeated bullying, and that this interaction between gender and the other variables outweighed the impact of

repeated bullying on help avoidance. To nuance the impact of bullying and depression on help avoidance, separate regression analyses of the predictors of these two variables were performed.

Insert Table 21
Insert Table 22

Tables 21 and 22 show the results of linar regression analyses in the total sample, indicating predictors of depression and childhood bullying, respectively. Depression is significantly predicted by gender (more females), low satisfaction with life and low self-liking. Having been victim of bullying repeatedly is predicted by gender (more males) emotional loneliness and low self-liking.

Insert Figure 1

The results from all regressions are summarized in figure 1. This is not to be understood as a path model, but merely an overview of the three separate regression analyses that were conducted. The logistic regression was performed in the subsample who reported need, while the linear regressions were done in the total sample.

Avoiding helpseeking: Needs and attitudes toward helpsources

Insert Table 23
Insert Table 24

The results show that in the Felt-Need group, where individuals feel need for help but do not seek it, the helpsource considered most likely to be used are psychologist or psychiatrist, general medical practioner and the Students'Social Services, in that order. This is shown in Table 23. Table 24 reports what suggested alternative treatment individuals in the Felt-Need group would prefer over the existing options. 57.5% say they would want contact or counselling on the internet rather than making use of existing resources. When the alternatives therapy and telephone contact with psychology-students are suggested, 35.8 % and 27.3% respectively of the Felt-Need group report they would prefer these alternatives over the already existing.

Insert Table 25

Insert Table 26

Describing attitudes of the sample toward receiving help from psychology-students, Table 25 shows mean scores in negativity for the three helpseeking groups and the result of a one-way ANOVA giving a significant main-group effect. Contrast-analyses indicate that Felt-Need group and Sought-Help group are equally negative towards help from students, and more so than the No-Need group. Table 26 reports the Felt-Need groups' attitudes, and suggests that the most negative attitudes concerning help from other students are about meeting each other in social contexts and percieving the situation as threatening. The more favorable attitudes concerning this question consider the student therapists likely to hold professional standard and to observe secrecy.

Discussion

The main results of the present study were the following:

▪ As many as one third of a representative sample from a studentpopulation reported having ever felt in need of help for mental problems.

▪ Two thirds of those in need , or 23 % of the total sample had felt in need of help but omitted seeking it.

▪ Help avoidance was connected to young age, higher depression score and having been the victim of repeated bullying in childhood and adolescence.

▪ Depression rate was connected to female gender, low satisfaction with life and low self-liking.

▪ Being victim of repeated bullying was connected to male gender, low self-liking and high emotional loneliness.

▪ The existing helpsources that were considered most likely to be used by the group who had felt need for help but not sought it, were: 1) psychologist / psychistrist, 2) general practioner and 3) Students Social Services.

▪ Of suggested alternatives to existing helpsources, 57 % of the Felt Need group were positive to internet counselling.

▪ Though the two need groups were more negative to receiving help from students, within those who felt need but omitted helpseeking 35 % and 27 % were positive to therapy and telephone counselling with psychology students, respectively.

No Need group

Repeatedly throughout the analysis so far we have described differences and characteristics of the three helpseeking groups; The No Need group, the Sought help group and the Felt Need group. From the results, giving a closer description of these groups is possible. The No Need group is the larger one (two thirds of the sample), and to no surprise the group with the lowest psychiatric symptom scores. This includes low level of general psyciatric problems, depression and anxiety (including social anxiety), less of both social and emotional loneliness and less eating problems. The individuals of the No Need group further experience less pressure from others, they have less concentration difficulties and are generally more satisfied with their lives. They also report better quality of their romantic relationships and have more friends than the two need groups. They are more self-confident, with higher self-liking and-competence scores. They score lower on the personality dimension of neurotisism. In this group the percentage of non-heterosexuals is lower than in the need-groups. More of the indiduals in the group have never experienced any bullying in their upgrowing years compared to the others, though more than half of them actually have. They have had less traumatic experiences. Finally, they express more positive attitudes toward mental health services run by students.

Sought Help group

The Sought Help group consists of 11 % of the sample, and has lower symptom scores than the help-avoiders, including general psychiatric symptom level and depression score. This can be interpreted as an indication that the treatment the individuals in this group has received has had a positive effect. Further, those who have actually sought help for mental problems report of less social but not emotional loneliness than those with no need, indicating that they typically can form intimate bonds, but have problems with social adjustment. They have fewer friends and, especially, aquaintances than the No-Need group. The global satisfaction with life among helpseekers is better than for the helpavoiders, which could also be related to effects of therapy, or possibly to a baseline of better functioning. The helpseekers are

characterized by higher self-liking than the helpavoiders. This too, of course, can in part be a result of treatment, but also in part an antecedent of the helpseeking. The linear regression shows that self-liking is in fact related to the predictors of not seeking help. The ability to form intimate bonds, which indicates a certain trust in others and perhaps relates to a history of secure attachment, can partly be explained in the relatively few cases of repeated bullying-victims seen in the helpseeking group. To sum up, helpseekers could be described as relatively secure in interpesonal relations, not lacking closeness to others, liking themselves, not having been seriously bullied in childhood and probably having profitted from treatment.

Felt Need group

The Felt Need group is the one shown most interest in the present study because it consists of indivduals that might benefit from interventions. Revealing some aspect of the reluctance to seek help when such is needed will be not only of theoretical, but also of practical interest in clinical and political work. Addressing the question of how many people in the student population had unmet needs concerning treatment, showed as expected, that this group was substantial; More than one in five of all repondents reported feeling a need for help because of mental distress and did not seek such help. The need being self-reported and thus subjective, this number does not necessarily indicate that all respondents in this group must have treatment. Compared to how many students who had symptom scores above cutoff (24.1 % of the total sample were at or above 1.75 on HSCL), and considering that about 11 % had actually sought help, it is reasonable though, to assume that as many as 10-15 % of the total student population who has not been in contact with mental health services would benefit from treatment or counselling of some sort.

The helpavoiders have the highest symptom scores of all the groups, with higher general level of psychiatric symptoms than the other groups. This indicates that the omitting of seeking help in this group is not due to a lesser need; quite the opposite, it is associated with increased distress. As hypothesized, individuals reluctant to seek help have more depression symptoms than helpseekers, and depression was a significant predictor of help-avoidance. Conclusions from the HSCL about diagnostic clusters are as mentioned earlier perhaps limited to depression. Anyway, the anxiety subsacle was not significantly related to help-avoidance. Neither was social anxiety. This underlines an important aspect of the interpersonal aspects of help-avoidance; they seem to be a

result of depressive symptoms rather than constituting prime symptoms in form of avoidance of social situations.

The Felt Need group also reported more emotional but not social loneliness than the helpseekers. This indicates a lack of interpersonal closeness or intimacy that would be expected in individuals with insecure attachment patterns. It was expected that social loneliness would be related to helpseeking, whereas emotional loneliness would relate to help-reluctance. The logistic regression, though, indicates that emotional loneliness does not significantly predict help-avoidance, indicating that the relation between the concepts is not direct.

The same could be said for low self-liking, which characterizes the Felt Need group. Whereas self-competence reflects instrumental value and has to do with the persons sense of ability, the self-liking component reflects more intrinsic value, or feeling of being good in yourself, not for what you can *do* but rather who you *are.* This is an aspects of social worth; and it is natural that such a feeling of being likable makes a person more likely to seek assistance in others, to disclose. Not appreciating oneself as a social being makes it difficult to make use of helpsources that are based on social interaction with a therapist. Lack of trust adds to this picture. The relation between self-liking and helpavoiding as suggested by the regression results, is that self-liking relates to depression and to experience of repeated bullying.

Given this description of the helpavoiders it may come as no surprise that general satisfaction with life is lower among them than in the helpseeker group. Global satisfaction is found to be related to depression, simply showing that discontent and unhappiness is more likely in depressed individuals. Satisfaction did not directly predict helpavoiding, although it did significantly differ between need-groups, so that helpavoiders can be described as less satisfied with their lives than helpseekers.

The social impairmant decribed in the Felt Need group relates also to the degree of which they hav been victims of repeated bullying while growing up. This variable significantly predict helpavoiding along with depression and young age. It is natural to assume that this type of experiences influence a persons sense of security and trust in others. Also, detachment coping strategies seen in this group fits the behaviour of not acting upon your own needs, especially not when this involves disclosing oneself to another.

Depression and being victim of bullying, then, along with the whole picture of emotional loneliness, self dislike and low satisfaction, support the comprehension of

helpavoiding in terms of poor social functioning, lack of basic trust and dysfunctional coping strategies.

Looking closer at the self-reported reasons for reluctance in helpseeking in the Felt Need group, it seems that need for independence and low self-esteem, as suggested by Amato and Bradshaw (1985), has a strong impact. The most reported reason is wanting to handle the problem oneself. Perhaps is this due to the helpavoiders interpersonal difficulties and history of being alone. Also, believing that degree of seriousness does not justify treament seeking is a strong factor. This could be a sort of self-devaluating typical of people with low self-esteem. It also gives an indication that information about counselling and what one can get help for would be useful in the student population. Feeling you are seeking help when the problem is considered one that people should be able to solve on their own, could also be threatening to self-esteem. This fits the description of helpavoiders as low in self-liking. Self-esteem as a hindrance in helpseeking can also be read into the relativly frequent report of fear of how one would seem in that situation.

Age

Of the main findings are that help-avoiding is predicted by depression, young age and having repeatedly been a victim of childhood bullying. Age is the most significant of these, and this could indicate several things: Younger people are less experienced in life making it more difficult to realize when help is needed. They may have less knowledge about mental illness and about the existance of mental health services. Besides, people who struggle with mental distress tend to delay helpseeking a certain amount of time, which is reasonable in order to coming to terms with the problem. Since many disturbances typically have their onset in early adult years, one could expect the youngest of the students to either not yet to have developed a problem, or if they have, not yet to have taken action and sought help for it. The youngest simply have not had as much time as the older to seek help.

Hypotheses that were not confirmed

Eating problems was expected to be related to a reluctance toward helpseeking, because of the ambivalence that they are asoociated with, and the intimacy of their nature. This was not confirmed, there was no difference between helpseekers and help-avoiders. At least one might conclude that it is understandable that that there are not

more eating problems in the helpseeking group than in the avoiding, since this is typically not a type of problem people wish treatment for.

The results regarding stress (daily stress, pressure and burnout-symptoms) and helpseeking did not reveal any differences between helpseekers and help-avoiders. They both experience more stress than those who report no need. There is no evidence that the threshold for seeking help for mental problems is influenced by level of stress.

Variables that did not distiguish between helpavoiders and helpseekers also included quality of romantic relationship, general selfefficacy, personality, sexual orientation and recent trauma. Since interpersonal dysfunction can be assumed to affect relationships negatively, poor relationship quality might have been expected to be more frequent in the help-avoiding group. When this is not the case, it could be due to a response bias. It may be a problem that romantic relationships get idealized almost up to the point where one seperates, because realizing that something is wrong may not be acceptable in this type of relationship.

As for gender, it was found that more females were depressed and more males had experienced repeated bullying in childhood. This makes it understandable that gender does not predict helpseeking behavior. Also, females may be affected in two directions: Avoiding helpseeking more because of depression and on the other hand seeking more help because they probably hold more positive attitudes toward helpseeking.

Regarding recent traumas, the results show that except for physical illness or injury, there is no difference between helpseekers and avoiders. So whether or not one seeks treatment when it is needed seems not to be related to recent traumatic incidents or their following symptoms.

Attitudes and needs

In screening for what alternative helpsources the students would want to use, attitudes toward mental health service provided by psychology students helpseekers and helpavoiders were equally negative and more so than those who report no need for help. There was no gender difference. Earlier findings though, as mentioned, have suggested that women generally hold more favourable attitudes toward helpseeking. This may be a question for further inquiry, as may the relation between general attitudes (not just toward student therapists) and help-avoiding.

The current results show, that although those in need for help are more negative to receiving help from other students than those who have no need, there is still 35 % of the help-avoiders reporting they would want to accept an offer of individual counselling with a psychology student instead of using an already existing helpsource. 27 % of them report the same for using a telephone contact who is a student. The most striking finding concerning alternative treatments, though, is that almost 60 % of the help-seeking avoiders report they would use online counselling instead of what is currently offered. It has been found that among users of mental health-related online discussion forums, 75 % report that they find it easier to discuss personal problems online than face-to-face, while almost half say they discuss problems online that they do not discuss face-to face (Kummervold, Gammon, Bergvik, Johnsen, Hasvold & Rosenvinge, 2002). These statements reflect problems with direct interpersonal interaction that are described for the group of individuals who have felt need for help but not sought it. Another alternative equally popular among the help-avoiders as online counselling is a telephone contact run by professionals.

Limitations

There are several limitations to the study that should be mentioned. Assessing data concerning mental health through an anonymous questionnaire may be subject to report bias.

The sample in the present study is from a student population, and the data thus may not be representative of the general population. All students have at least 3 years more education (gymnasium or high school) than what is the national minimum, and with university education in addition, they are therefore more educated than the majority of the young adult population of Norway. The student population also have a skewed gender distribution with more women than the normal population. Furthermore proportionally, more female than male students have returned their questionnaires. This was as expected, since women have been found more likely to respond to mail survey than men (Woodward & McKelvie, 1985).

The respondents in a study of this sort must be considered a selection of individuals. More who feel the questions are relvant for them may have returned the questionnaire. However, the purpose of the study was to estimate untreated mental problems in the student population and to describe those who avoid seeking treatment. Even though the response tendency may be biased in the direction that more of those

who feel the questionnaire was relevant for them, it is reason to believe that we at least have a relatively correct picture of this group. It has been known from population surveys that those who do not respond often have more severe problems than those who do respond (Hansen, Jacobsen and Arnesen, 2001). If this is the case in the present study, only a part of the picture of untreated need for mental help in the student population has been uncovered by the present study.

Conclusion and implications

Realising the methodological limitations of the study, one may still conclude that some aspects of helpseeking behavior have been clarified. There seems to be a substantial part of the student population that has a subjectively felt need for help and also scores high on general psychiatric level of distress, and yet do not seek help in the mental health service. Having obstacles and omitting seeking help for mental problems is typical for indiviuals of young age, with depression symptoms and with repeated childhood experiences of being bullied. These predictors of avoiding helpseeking even though one feels a need for help, can be understood in terms of interpersonal difficulties, and seem to be related to low self-esteem, gender, loneliness and dissatisfaction with life.

Implications from the study for clinical work and organization of mental health service for students would be giving out information of what sort of help is available and what sort of problems can be addressed in a treatment setting. Especially, such information should be targeted toward the younger students and those who are depressed, as well as individuals who have experienced severe bullying. There is reason to assume that the establishment of an internet-based form of intervention could reach many of those who feel reluctant to seek help for their mental problems.

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Tables and figure

Table 1. Response rate by gender (N = 1500).

	Male requested n=616		Female requested n=884		Total n=1500	
	n	%	n	%	n	%
Responding	233	37.8	508	57.5	741	49,4

Note. More females than males responded, $\chi^2(1\ df) = 55.89$, $p < .0001$.

Table 2. Demographic description (N = 741).

	n	%	M (SD)	Median	Min	Max
Age	739	-	25.4(6.73)	23.0	18.0	57.0
Semester studied	734	-	6.6 (4.84)	6.0	1.0	30.0
Semester delayed	725	-				
Marital status:			0.4 (1.05)	0.0	0.0	8.0
Single	435	59.2	-	-	-	-
Married or cohabitant	287	39.0	-	-	-	-
Divorced / separated or widow	13	1.7	-	-	-	-
Living:						
Alone	200	27.1	-	-	-	-
With partner	296	40.1	-	-	-	-
With friends	120	16.2	-	-	-	-
With parents	28	3.8	-	-	-	-
Others	95	12.9	-	-	-	-
Care for children	102	13.9	-	-	-	-
Nationality:						
Norwegian	698	94.3	-	-	-	-
European	33	4.5	-	-	-	-
Others	9	1.2	-	-	-	-
Has moved to Tromsø	523	71.3	-	-	-	-
Belonging in northern region	506	69.0	-	-	-	-
Belonging to Sami population	36	5.1	-	-	-	-

Table 3. Studies: Subjects and level (N = 741).

	n	%
Subject		
Introductory course	38	5.1
Civil engineering	33	4.5
Fishery	58	7.8
Law	90	12.1
Medicine	193	26.0
Science/Mathematics	56	7.6
Social science	169	22.8
History/Philosophy	59	8.0
Others	39	5.3
No information	6	0.8
Level		
Separate subject	70	9.4
Bachelor	209	28.2
Master	213	28.7
Ph.D	10	1.3
Profession-studies	229	30.9
No information	10	1.3

Tabell 4. Helpseeking and need for mental health service (N = 741).

	n	%
Felt need of help but omitted seeking it. (FN-group)	168	22.7
Have sought help. (HS-group)	82	11.1
No need for help.(NN-group)	491	66.2

Table 5. Reported reasons for avioding helpseeking in Felt Need-group (N = 168).

	n	% (within FN-group)
Wanted to handle problem oneself	106	63.1
Problem not serious enough	99	58.9
Sufficient support from friends.	63	37.5
Afraid of how one would seem.	56	33.3
Sufficient support from family.	47	28.0
Sufficient support from partner.	40	23.8
Did not wish to bother anyone.	34	20.2
Other reasons.	31	18.5

Note. Multiple responses were possible.

Table 6. Hopkins Symptoms Checklist: Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups (N = 738).

	Felt Need-group (n = 168)		Sought Help-group (n = 82)		No Need-group (n = 488)		Anova	
	M	SD	M	SD	M	SD	F(2,738)	p
HSCL total mean	1.81 *a b*	.42	1.68	.49	1.43 *c*	.29	80.46	.000
HSCL anxiety mean	1.71 *d*	.39	1.64	.50	1.42 *e*	.30	48.64	.000
HSCL depression mean	1.88 *f g*	.51	1.70	.55	1.43 *h*	.34	77.96	.000

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a FN-group differed from SH-group. t(738) = 2.13, p = .035.
b FN-group differed from NN-group. t(738) = 10.98, p <.0001.
c SH-group differed from NN-group. t(738) = 4.43, p <.0001.
d FN-group differed from NN-group. t(738) = 8.74, p <.0001.
e NN-group differed from SH-group. t(738) = 3.80, p <.0001.
f FN-group differed from SH-group. t(738) = 2.42, p = .017.
g NN-group differed from FN-group. t(738) = 10.49, p <.0001.
h NN-group differed from SH-group. t(738) = 4.28, p <.0001.

Table 7. Social Emotional Loneliness Scale: Means, standard deviations and one-way analysis of variance (ANOVAs) for effects of three helpseeking groups (N = 736).

	Felt Need-group (n = 166)		Sought Help-group (n = 82)		No Need-group (n = 488)		Anova	
	M	SD	M	SD	M	SD	F(2,736)	p
Emotional loneliness mean	2.45 *a b*	.91	2.18	.92	1.98	.85	17.89	.000
Social loneliness mean	2.39	.71	2.30	.78	2.00 *c d*	.53	30.45	.000
Total mean	2.42	.66	2.24	.71	1.99 *e f*	.54	35.54	.000

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a FN-group differed from SH-group, t(736) = 2.20, p = .03.
b FN-group differed from NN-group, t(736) = 5.80, p <.0001.
c NN-group differed from FN-group, t(736) = 6.55, p <.0001.
d NN-group differed from SH-group, t(736) = 3.46, p <.001.
e NN-group differed from FN-group, t(736) = 7.62, p <.0001.
f NN-group differed from SH-group, t(736) = 3.09, p <.003.

Table 8.Eating disturbance: Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups (N = 740).

	Felt Need-group (n = 168)		Sought Help-group (n = 82)		No Need-group (n = 490)		Anova	
	M	SD	M	SD	M	SD	F(2,740)	p
EDS mean	3.44	1.56	3.33	1.57	2.79 *a b*	1.26	16.85	.000

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a NN-group differed from FN-group. t(740) = 4.87, p < .0001.
b NN-group differed from SH-group. t(740) = 3.00, p = .003.

Table 9. Social anxiety and helpseeking behavior (N = 733).

	FN-group (n = 165)		SH-group (n = 80)		NN-group (n = 488)		Total	
Social anxiety	n	%	n	%	n	%	n	%
Yes	53	32.1	24	30.0	49	10.0	126	17.2
No	112	67.9	56	70.0	439	90.0	607	82.8

Note. More cases in the FN and SH groups vs. NN group. $\chi^2(df=2, N=733) = 52.59$, $p < .0001$.

Table 10. Daily stress (N = 734), study-pressure (N = 733), pressure from others (N = 734), concentration difficulty (N = 736) and comprehension difficulty (N = 736): Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups.

	Felt Need-group		Sought Help-group		No Need-group			
	M	SD	M	SD	M	SD	Anova F(df, N)	p
Daily stress-experience	3.14	.97	2.99	.96	2.88 [a]	.93	4.81 (2,734)	.008
Pressure at University	2.08	.65	2.18	.67	2.02	.63	2.28 (2,733)	ns
Pressure from others	1.89	.74	1.83	.74	1.63 [b c]	.70	9.24 (2,734)	.000
Concentration difficulty	2.00	.66	1.93	.69	1.69 [d e]	.63	16.19 (2,736)	.000
Problems comprehending lecturer	1.60	.69	1.59	.67	1.48 [f]	.57	3.24 (2,736)	.040

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a FN-group differed from NN-group. $t(734) = 3.03$, $p = .003$.
b FN-group differed from NN-group. $t(734) = 3.92$, $p < .0001$.
c SH-group differed from NN-group. $t(734) = 2.15$, $p = .034$.
d FN-group differed from NN-group. $t(736) = 5.28$, $p < .0001$.
e SH-group differed from NN-group. $t(736) = 2.83$, $p = .006$.
f FN-group differed from NN-group. $t(736) = 2.12$, $p = .035$.

Table 11. Quality of romantic relationship (N = 463) and satisfaction with life (N = 736): Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups.

	Felt Need-group		Sought Help-group		No Need-group			
	M	SD	M	SD	M	SD	Anova F(df, N)	p
Quality of romantic relationship-mean.	2.34	.92	2.09	.85	1.78 [a b]	.73	19.48 (2,463)	.000
Satisfaction-mean	3.91 [c d]	1.35	4.27	1.26	4.97 [e]	1.12	54.59 (2,736)	.000

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a FN-group differed from NN-group. t(463) = 5.45, p < .0001.
b SH-group differed from NN-group. t(463) = 2.47, p = .016.
c FN-group differed from SH-group. t(736) = -2.05, p = .042.
d FN-group differed from NN-group. t(736) = -9.21, p < .0001.
e SH-group differed from NN-group. t(736) = -4.71, p < .0001.

Table 12. Self-liking and -competence: Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups (N = 735).

	Felt Need-group (n = 168)		Sought Help-group (n = 82)		No Need-group (n = 485)		Anova	
	M	SD	M	SD	M	SD	F(2,735)	p
SLCS-mean	2.59 [a b]	.70	2.37	.76	2.06 [c]	.61	44.35	.000
Self liking-mean	2.87 [d e]	.83	2.62	.90	2.16 [f]	.73	55.95	.000
Self competence-mean	2.32	.70	2.13	.72	1.96 [g h]	.60	20.76	.000

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a FN-group differed from SH-group. t(735) = 2.19, p = .030.
b FN-group differed from NN-group. t(735) = 8.76, p < .0001.
c SH-group differed from NN-group. t(735) = 3.56, p = .001.
d FN-group differed from SH-group. t(735) = 2.07, p = .041.
e FN-group differed from NN-group. t(735) = 9.75, p < .0001.
f SH-group differed from NN-group. t(735) = 4.35, p < .0001.
g FN-group differed from NN-group. t(735) = 5.96, p < .0001.
h SH-group differed from NN-group. t(735) = 2.06, p = .042.

Table 13. Personality traits: Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups (N = 738).

	Felt Need-group (n = 168)		Sought Help-group (n = 82)		No Need-group (n = 488)		Anova	
	M	SD	M	SD	M	SD	F(2,738)	p
Agreeableness	2.56	.86	2.65	1.04	2.51	.87	.99	ns
Extraversion	4.47	1.13	4.66	1.10	4.71 [a]	1.05	3.10	.046
Conscientiousness	3.41	1.32	3.29	1.36	3.10 [b]	1.25	3.93	.020
Neurotisism	4.31	1.15	4.04	1.24	3.39 [c d]	1.15	44.63	.000
Openness to experience	3.26	1.04	3.06	1.03	3.26	1.04	1.35	ns

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a NN-group differed from FN-group. t(738) = -2.41, p = .017.
b NN-group differed from FN-group. t(738) = 2.65, p = .009.
c NN-group differed from FN-group. t(738) = 9.01, p < .0001.
d NN-group differed from SH-group. t(738) = 4.45, p < .0001.

Table 14. Sexual orientation and helpseeking (N = 736).

	FN-group (n = 167)		SH-group (n = 82)		NN-group (n = 487)		Total	
Orientation	n	%	n	%	n	%	n	%
Heterosexual	144	86.2	71	86.6	460	94.5	675	91.7
Non-heterosexual	23	13.8	11	13.4	27	5.5	61	8.3

Note. More cases of non-heterosexuals in FN- and SH-groups vs. NN group, χ^2(df=2, N=736) = 14.27, p = .0001.

Table 15. Number of close friends (N = 732) and aquaintances (N = 692): Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups.

	Felt Need-group		Sought Help-group		No Need-group			
							Anova	
	M	SD	M	SD	M	SD	F(df, N)	p
Close friends	4.78	3.51	5.08	3.09	5.85 *a b*	3.64	6.36 (2,732)	.002
Acquaintances	7.15	6.56	7.15	8.97	9.66 *c d*	13.93	3.36 (2,692)	.035

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a NN-group differed from FN-group. t(732) = -3.37, p = .001.
b NN-group differed from SH-group. t(732) = -2.04, p = .044.
c NN-group differed from FN-group. t(692) = -3.01, p = .003.
d NN-group differed from SH-group. t(692) = -2.08, p = .040.

Table 16. Victim of bullying in childhood (N = 737).

	FN-group (n = 168)		SH-group (n = 81)		NN-group (n = 488)		Total	
Bullied as child/adolescent	n	%	n	%	n	%	n	%
No, never	42	25.0	26	32.1	222	45.5	290	39.3
Yes, on som occations	91	54.2	47	58.0	211	43.2	349	47.4
Yes, repeatedly	35	20.8	8	9.9	55	11.3	98	13.3

Note. More cases of repeated bullying in FN group vs SH an NN groups, and of occational bullying in FN and SH groups vs. NN group. χ^2(df=4, N=737) = 29.29, p <.0001.

Table 17. Traumas: Serious disease or damage and helpseeking (N = 735).

	FN-group (n = 164)		SH-group (n = 82)		NN-group (n = 489)		Total	
Disease/damage	n	%	n	%	n	%	n	%
Yes	14	8.5	14	17.1	34	7.0	62	8.4
No	150	91.5	68	82.9	455	93.0	673	91.6

Note. More cases in the SH groups vs. FN and NN group. χ^2(df=2, N=735) = 9.32, p = .009.

Table 18. Traumas: Serious disease or damage in someone close to you and helpseeking (N = 737).

	FN-group (n = 166)		SH-group (n = 81)		NN-group (n = 490)		Total	
Disease/damage in close person	n	%	n	%	n	%	n	%
Yes	71	42.8	33	40.7	153	31.2	257	34.9
No	95	57.2	48	59.3	337	68.8	480	65.1

Note. More cases in the FN and SH groups vs. NN group. $\chi^2(df=2, N=737) = 8.66$, $p = .013$.

Table 19.Cosequence of trauma: Painful memories in those who experienced traumatic event and helpseeking (N = 412).

	FN-group (n = 107)		SH-group (n = 49)		NN-group (n = 256)		Total	
Painful memories	n	%	n	%	n	%	n	%
Yes	46	43.0	16	32.7	45	17.6	107	26.0
No	61	57.0	33	67.3	211	82.4	305	74.0

Note. More cases of painful memory in the FN and SH vs. NN group. $\chi^2(df=2, N=412) = 26.64$, $p < .0001$.

Table 20. Predicting variables for not seeking help vs. seeking help in individuals who feel need for help: Summary of logistic regression – Enter (N = 248).

Independent variable	B	SE (B)	df	Exp B	95% conf.int. (Exp B)	
					Lower	Upper
Age	.07	.02	1	1.07***	1.03	1.11
Depression mean	-.57	.29	1	.56*	.32	1.00
Bullying	-	-	2	-	-	-
Occational bullying	-.16	.32	1	.85	.46	1.61
Repeated bullying	-.97	.49	1	.38*	.15	.98
Constant	-.1.29	.73	1	.28	-	-

Note. –2 Log likelihood = 289.11, Cox & Snell $R^2 = .09$ and Nagelkerke $R^2 = .12$.
Overall percentage correct = 68.1 %.
*p < .05, *** p < .0001.

Table 21. Summary of simultaneous linear regression for variables predicting depression score (N=738).

Independent variable	B	SE (B)	β	t	95 % conf.int. (B) Lower	Upper
Gender	.08	.03	.09**	3.14	.03	.14
Age	.00	.00	.02	.88	-.00	.01
Emotional loneliness	-.00	.02	-.00	-.02	-.03	.03
Satisfaction with life	-.10	.01	-.29***	-8.34	-.13	-.08
Self liking	.26	.02	.48***	14.24	.23	.30
Constant	1.33	.12	- ***	11.38	1.10	1.56

Note. $R^2 = .49$
** p < .01, *** p < .0001.

Table 22. Summary of simultaneous linear regression for variables predicting victim of bullying in childhood/adolescence (N=737).

Independent variable	B	SE (B)	β	t	95 % conf.int. (B) Lower	Upper
Gender	-.13	.05	-.09*	-2.41	-.24	-.02
Age	.01	.00	.06	1.50	-.00	.01
Emotional loneliness	.08	.03	.11**	2.70	.02	.14
Satisfaction with life	.01	.03	.02	.41	-.04	.06
Self liking	.19	.04	.23***	4.99	.11	.26
Constant	1.03	.24	-***	4.36	.57	1.50

Note. $R^2 = .07$
* p < . 05, ** p < .01, *** p< .0001.

Table 23. Existing help-sources likely used by individuals in Felt Need group, ranked order (N = 168).

Help source	n	%
Psychologist/ Psychiatrist	92	56.4
General practitioner	82	50.3
Students' social services	72	44.2
Students' priest	16	9.8
Self-help groups	12	7.4
Others	12	7.4
Crisis telephone counselling	9	5.5
Centre for battered	1	.6

Note. Multiple responses were possible.

Table 24. Suggested alternative help-source likely used by individuals in Felt Need group, ranked order (N = 168).

Help source	n	%
Contact/counselling on the internet	92	57.5
Telephone counselling with proffessional	93	57.1
Individual therapy with psychology student	58	35.8
Telephone counselling with psychology student	44	27.3
Group led by profesional	43	26.9
Student self-help group	32	20.3
Group led by psychology student	19	11.9

Note. Multiple responses were possible.

Table 25. Attitudes toward help from psychology-students: Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups (N=722).

	Felt Need-group (n = 168)		Sought Help-group (n = 79)		No Need-group (n = 475)		Anova	
	M	SD	M	SD	M	SD	F(2,722)	p
Attitude toward help from students*	3.27	.66	3.31	.65	3.11 [a] [b]	.67	6.02	.003

**Higher values indicate more negative attitude.*

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.

a NN-group differed from FN-group. t(722) = 2.83, p = .005.

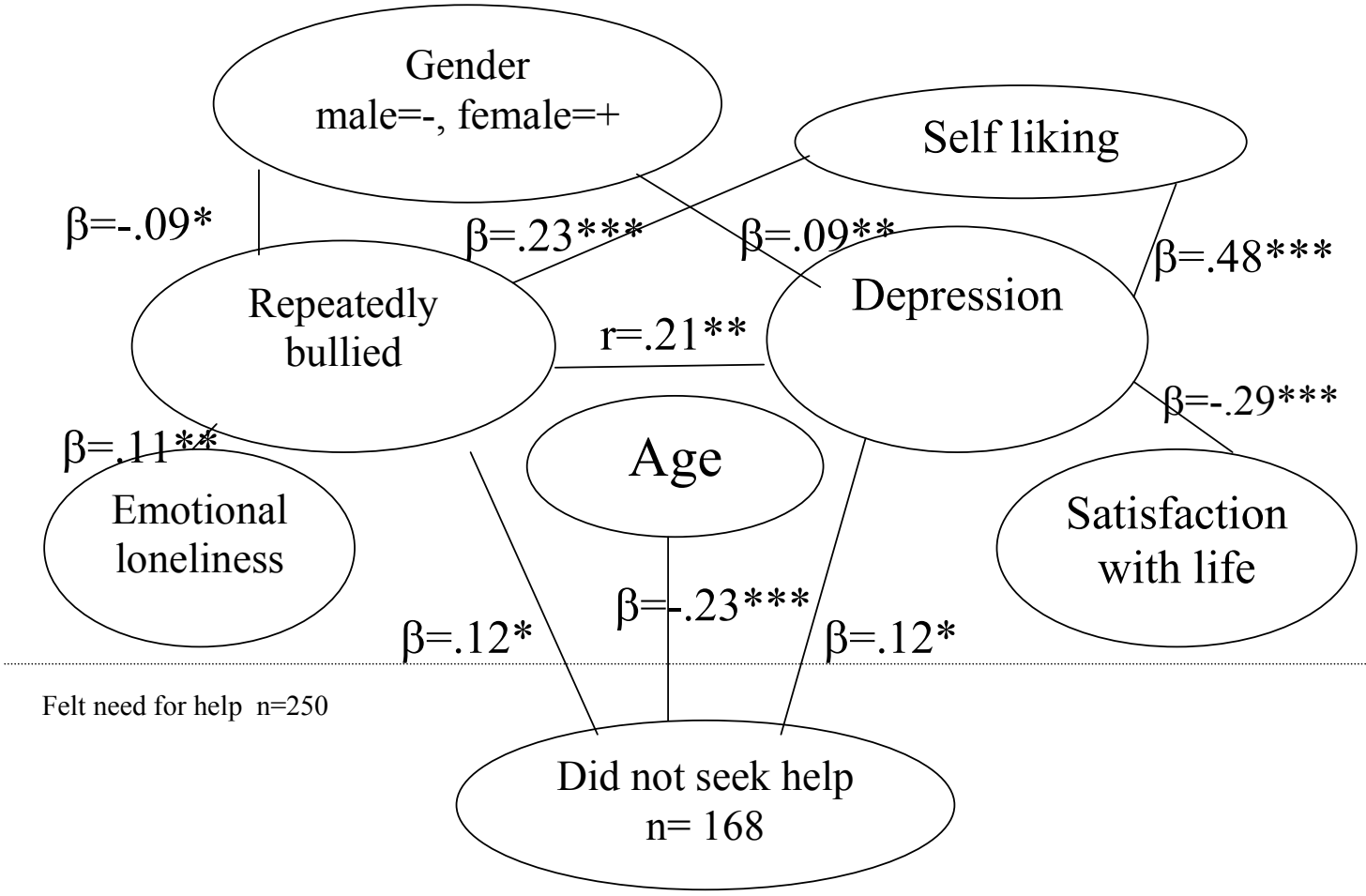
b NN-group differed from SH-group. t(722) = 2.59, p = .011.

Table 26. Attitude toward psychology students as help-source in Felt Need-group, ranked order (N = 168).

Statement	M	SE
Help from students is professionally justifiable.	2.61	.08
Students will observe professional secrecy.	2.64	.10
Equal situation will not be a problem.	2.93	.10
Someone my one age will understand better.	3.53	.09
Talking to a student makes the problem seem less serious.	3.67	.09
Seeking help from students is less threatening.	3.72	.09
The possibility of meeting the student in a social context does not represent a problem.	3.76	.10

Note. Higher value indicates stronger disagreement with the statement. Min = 1.0, Max = 5.0 for all statements.

Figure 1: Summary model for avoiding helpseeking when help is needed, N=741



*p<.05, **p<.01, ***p<.0001

Seeking treatment or not?

A study on mental helpseeking and its relation to needs, symptoms, person characteristica, experiences and attitudes in a student population

Main thesis for the Cand. psychol. degree
February 2004

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Aknowledgements

First and foremost I would like to thank Ingunn Skre and Catharina Wang for outstanding supervision and encouragement in the process of this study, and also for financing the distribution of the survey. Especially Ingunns assistance in statistical analyses and Catharinas contribution in form of theoretical, hypotheses-generating dicussions, as well as feedback on the written product from both has been invaluable.

Thanks also to:
Rigmor Bjørkli and the Students Department for arranging the distribution of the questionnaire by sampling respondents.

Oddgeir Friborg, Joar Vittersø, Bente Træen, Monica Martinussen and Ingela Kvalem from the HELT-project for contributing with references.

Hanne Rieber from the Student's social services for references and initial disussion.

Mona Pedersen for practical assistance.

Kristoffer Skarvåg, my husband, for helping with practical work in distributing the survey and with data-punching.

Foreword

This study is based on a survey named "Student life –challenges, problems and needs", screening many aspect of how the student population of the University of Tromsø percieves their situation. The idea to start this project came from my supervisior Catharina Wang, who is involved in drawing up a framework of efforts for students with mental illness. This work needed a foundation in research on mental health problems and needs in the student population.

The questionnaire was made by the author, partly to match an ongoing study at the University of Oslo named the HELT-project. HELT surveys different aspects of student life, such as studies, health and personality, social relations, psychiatric symptoms, medication, strains and coping, physical activity and alcohol consumption. This partly matching was done in order to make comparative studies between the two cities possible. Although many questions and scales in the "Student life" are identical with the HELT questionnaire, there are also an extensive amount of variables included that are especially designed for filling a need for information about Tromsø-students mental health and specifically their needs in terms of mental health service, and also for exploring questions raised in the present study.

Skaland, January 2004-02-01

Hedvig Aasen Skarsvåg

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Seeking treatment or not?

A study on mental helpseeking and its relation to needs, symptoms, person characteristica, experiences and attitudes in a student population

Abstract

This study was aimed at uncovering aspects involved in helpseeking behavior; more specifically describing reluctance to seek mental health treatment in individuals who have a subjectively felt need for such help. Respondents from a student sample (N=741) participated in the survey. 491 (66%) had never felt need for help and 250 (33%) had felt need for help. Of those who had felt need, one third (82) had sought help and two thirds (168) had omitted seeking help. The variables that were found in logistic regression to significantly predict avoidance of helpseeking was young age (β=-.21), depression symptoms (β=.12) and having been victim of bullying on repeated occasions in childhood (β=.12). Linear regression analyses showed that related to the depression dimension was gender (more females), low self-liking and low general satisfaction with life. Related to bullying-experiences was gender (more males), low self-liking and high emotional loneliness. The interpersonal aspects of the findings are discussed. Also a survey was done on what type of mental health service was preferred by the group that avoided helpseeking in spite of their need. The majority of this group (57%) reported they would like to make use of online counselling if this was offered to them. Although more negative than individuals without treatment-needs, a substantial share of help-seeking avoiders would like to use mental health services provided by psychology-students (35% wishing individual therapy, 27% wishing telephone counselling).

Despite vast amounts of clinical research in psychology, relatively few studies have addressed treatment seeking behavior for mental problems. Even less material exists on specifically how many people have a subjective need for help but still avoid seeking treatment. We have reasons to assume that some of the more common mental problems go untreated in a vast number of people. Most people who experience mental distress do not seek help for their problems (Mechanic, 1976).

The aim of the present study is to estimate the need for treatment in a representative student population and to describe aspects of symptoms, characteristics and situations of persons with untreated need relative to those who have applied for treatment and those who never felt any need for help. Hopefully this will provide more understanding of what causes reluctance toward helpseeking when such is needed. What is characteristic of this group of people who percieve themselves as being in need of help, but still omit seeking it? What kind of help do they need or prefer? For which reasons do they avoid seeking help?

Theoretical background

A number of reasons why people avoid seeking help have been pointed out in social psychological and clinical litterature. Some are of external, practical nature, while others are more psychological. Amato and Bradshaw (1985) find in an exploratory study that reluctances toward helpseeking, including both professional and informal help, group together in five clusters. These include: 1) stigma and fear about the consequences of seeking help, 2) problem avoidance or denial in the individual, 3) negative evaluation of the helper, 4) external barriers such as time and financial cost and 5) desire to maintain independence, e.g. a wish or need to solve the problem oneself. This means that given that a problem has been identified (2) and that help or treatment is available and affordable (4), there will still be reluctances to helpseeking.The authours (Amato and Bradshaw, 1985) even suggest that 1), 3) and 5) are the most challenging obstacles, indicating that psychological barriers are of great importance in this context. They are obstacles standing between the perception of mental distress and the seeking of help that might alleviate that distress.

Psychological barriers to treatment seeking can be seen as intervening variables between a problem and an individual on the one hand and the actual helpseeking behaviour on the other. They are likely to be affected by type of symptoms and perception of the problems the person is experiencing. Another type of factors that influence helpseeking, are person characteristica like gender, personality, selfconfidence and more. A third group of reasons for reluctance to helpseeking could be the nature of the situation, or experiences the person has had, for instance traumatic episodes or social exclusion of some sort. Finally, attitude toward possible helpsources is likely to be related to whether or not there are barriers toward helpseeking.

Symptoms

Depression and anxiety. Symptoms of depression and anxiety could be described not only as diagnostic clusters, but also as the aspect of a mental illness that portrays the actual felt pain or suffering of the individual in many different diagnoses. Looking at how these symptoms are related to helpseeking is very much of interest because of this phenomenological aspect. Also, high current symptom rating on anxiety, somatization and depression (HSCL-25) has been found to be the strongest predictor of former and current helpseeking addressed to general practioners (Sørgaard, Sandanger, Sørensen; Ingebrigtsen & Dalgard, 1999).

It is not surprising that high general symptom scores are assosiated with helpseeking. The focus here though, is not solely on what characterizes helpseekers relative to the general population, but specifically what separates helpseekers from people who feel need for help but omit seeking it. This group's symptom score will provide an indication of the severity of the untreated mental illness in the student population.

Attachment theory provides a theoretical basis for understanding how symptoms are thought to be related to helpseeking behavior. In Bowlbys theory of internal working models it is assumed that early, and mainly nonverbal, emotional interaction with caregiver the infant form internal working models of self and others (Bowlby, 1969), models that in time becomes habitual and automatic. (Bretherton & Munholland, 1999). Attachment patterns are associated with different ways of regulating negative affect. Insecurely attached individuals are characterized as having negative working models-of-self, and being at risk for poor coping and difficulties in emotional self-regulation. (Anderson & Guerrero, 1998) Attachment can also be related to Eriksons term of basic

trust vs mistrust, and seen as an interpersonal foundation of the fundamental trust an individual has in the environment. The combination of emotional difficulty, inadequate coping and mistrust could well be thought descriptive of helpseeking-avoiders and also fits a description of depression.

In fact, relative to psychiatric illness in general, findings indicate that interpersonal dysfunction is characteristic of current major depressive disorder, and also of dysthymia (Zlotnick, Kohn, Keitner and Della-Grotta, 2000). Dysfunction was most evident in intimate relationship (marital/live-in partner), and measured as fewer positive and more negative interactions. There was no difference in interpersonal functioning between treatment-seekers and nontreatment-seekers suggesting that even though many depressed individuals do not seek help, they still suffer impairment in their interpersonal relationships.

Hypothesizing that interpersonal difficulties to some degree has its root in lack of basic trust or insecure attachment, another and more maintaining aspect can be how depressed individuals create a negative social environment around them and as a cause loses further support frem the network (Coyne, 1976). This would constiute a vicious circle where relations are confirmed not to be trustworthy.

Amato & Bradshaw (1985) suggest that attributing the cause of problem to ones own action is more fear-inducing with regards to helpseeking. This may be especially relevant for depressed individuals with many internal attributions. Core symptoms of depression are low selfesteem, low feelings of worth, pessimism and reduced cognitive alertness (ICD-10). It is reasonable to expect that these factors would hinder helpseeking despite a felt need because the person does not believe in positive outcome and also feels shame and generally is in a passive state. Theory of learned helplessness (Seligman, 1989) has frequently been related to depression and sheds light on why depressed individuals do not try to improve their situation, which they possibly could do by seeking treatment.

Anxiety also consists of symptoms that could be related to early attachment difficulty and effect interpersonal functioning negatively. Particularly social anxiety interferes with the person's relationship to others. A pilot study on patients with eating disorders showed that individuals that did not seek treatment had significantly higher levels of social anxiety compared to those who did engage in treatment (Goodwin and Fitzgibbon, 2002).

Loneliness. One consequence of interpersonal problems can be feelings of loneliness. Considering the experince of loneliness, Weiss (1973) made a distinction between social isolation and emotional isolation. Social isolation involves lack of a social network, while the type of loneliness that comes from emotional isolation is experienced in the absence of a close attachment relationship. Evidence suggests that these two forms of loneliness are distinct experiences (Di Tommasio & Spinner, 1996). In Weiss' theoretical framework, there are different types of social provisions that people get from relationships. He proposed that the absence of the social provision attachment underlies emotional loneliness, while the absence of social integration is what causes social loneliness.

In a recent study, treatment seeking behavior was found to be predicted by social functioning, controlling for the effects of a variety of symptoms of mental disorders as well as sociodemographic variables, percieved social support and attitude toward treatment. Marked social impairment predicted nearly a threefold (odds ratio = 2.9; 95% confidence interval = 1.6 – 5.4) increased likelihood of seeking mental health treatment (Gameroff, 2002). This should indicate, Gameroff concludes, that self percieved social impairment is an independent catalyst for mental health treatment-seeking and hence could help in identifying patients who have high percieved need of treatment. It is not surprising that treatment-seeking is predicted by social impairment, but when comparing helpseekers with people in need of help who do not seek it, the picture is turned around. Seeking help for mental problems requires at least some adequate social functioning, given that this form of help is social by nature.

Eating disorder. Eating disorders like anorexia and bulimia are increasing in prevalence especially among young women (Lewinsohn, Striegel-Moore & Seeley, 2000). This group, though associated with psychiatric comorbidity, probably differs from many other sorts of mental illness in that the person wish to maintain the problematic behavior and simultanously suffers under this; there is a great ambivalence attached to this type of problem. Also, Amato & Bradshaw (1985) suggest that more intimate problems cause more fear of treatment. Eating problems are perhaps percieved as especially intimate and are often kept secretive.

Stress. Stress has been found to increase the likelihood of seeking treatment for physical complaints. (Manuck, Hinrichsen and Ross, 1975) Whether this is a factor that influences helpseeking for mental distress is uncertain, as is the direction of that influence.

Person characteristics

Self-esteem. Some have postulated that helpseeking is threatening to an individuals self-esteem (Fischer et al, 1982). Findings seem to support this in that people are less likely to seek help for very intimate problems (Mayer & Timms, 1970), problems that are stigmatizing (Bergin & Garfield, 1971) or problems that implies personal inadequacy (Shapiro, 1980) –all of which can be percieved as threatening to self-esteem. Amato & Bradshaw suggests that of the components involved in reluctance to treatment seeking it is fear that relates to threat to self-esteem. Self-esteem as a construct has been described two-dimensionally, with selfliking and self-competence as closely related but distinguishable aspects, and this diffraction is argued to help explain conceptual differences in this area (Tarfarodi & Milne, 2002). Self-competence is defined as the valuative experience of oneself as a causal agent, someone with intention, efficacy and power. Self-liking, on the other hand, is defined as the valuative experience of oneself as a social object (Tarfarodi & Swann, 1995). In this perspective, exploring whether self-liking and self-competence is related to helpseeking is of interest.

Satisfaction. An aspect of life quality, satisfaction with life is defined as the degree to which an individual evaluates the overall quality of his or her life (Vittersø, Røysamb & Diener, 2002) Measuring this global life satisfaction makes it possible to explore whether it is related to helpseeking behavior when there is a felt need.

Relationships and friends. As a supplement to loneliness scores, measuring the quality of romantic relatonships could give indications on the relation between interpersonal difficulties and helpseeking. Also of interest in a description of the target behavior will be number of close friends and acquaintances, assuming this might relate to emotinal and social loneliness.

Personality-traits. Negative affect or neuroticism is an example of a personality trait that is associated with lesser psychological wellbeing (Ebert, Tucker & Roth, 2002) and also with expressing more and unfounded symptoms of physical illness(Feldman, Cohen, Doyle, Skoner & Gwaltney, 1999). Personality has been found to be more important than demographic variables in referral to treatment. (Sørgaard, Sandanger, Sørensen, Ingebrigtsen & Dalgard, 1999). Exploring whether personality also has a predictive value concerning helpseeking is one aspect included in the current study.

Sexual orientation. Non-heterosexual orientated individuals have been shown to have higher prevalence on mood-, anxiety and substance use disorders when compared

with heterosexuals, possibly due to harmful effects of social stigma (Cochran, Sullivan & Mays, 2003). Also, minority sexual orientation is considered a risk factor for attempted and completed youth suicide (Gould & Kramer, 2001). Further, Cochran et al. observed that non-heterosexuals had higher use rates of mental health services, with approximatly 7 % of those receiving treatment being lesbian, gay or bisexual, although this group represent less than 3 % of the population. Including sexual orientation in the current analysis will give an indication of whether this difference is due solely to increased prevalence and/or severity of distress or if sexual orientation is related to helpseeking behavior.

Gender. Gender differences in symptom scores have been pointed out; concerning depression there seems to be a large difference between males and females in anxious somatic depression, with more females reporting symptoms, but not in pure depression (unaccompanied by the somatic symptoms) (Silverstein & Lynch 1998). Women's helpseeking attitudes have been reported to be consistently more positive than men's (Fisher & Turner, 1970).

Traumatic experience

Bullying. In victims of childhood bullying associations have been reported with later depression and poor self-esteem (Olweus 1993) and also with risk of various other mental disorders, such as anxiety, psychosomatic symptoms, eating disorder and substance use (Kaltiala, Rimpelae, Rantanen & Rimpelae, 2000). These victims seem to deal with interpersonal stressful events by means of non-engagement coping strategies, resulting in depression (Araki, 2002). This type of strategy is not unlikely to involve avoiding of helpseeking when experiencing distress.

Recent traumatic incidents. Having experienced traumatic events more recently in life could also affect helpseeking behavior. Such episodes could be percieved as relatively concrete and therefore providing the person with a comprehensable reason for seeking treatment. Also recent traumatic experiences probably reduce subjective well-being and could therefore increase help-seeking behaviour.

Students as helpseekers

Students are often in an especially vulnerable situation because starting an education often means moving away from home and thus inducing stress and, for many, reducing social support, which is associated with increased risk of mental illness (Stroebe & Stroebe, 1996).

Interestingly, previous researh on students has suggested that there is a need for change in delivery of psyciatric services to college students, in light of a fairly large number of students (around 50%, but the sample is relatively small) with diagnosable illnesses who neither sought nor considered seeking treatment for their problems (Rimmer, Halikas, Schuckit & McClure, 1978). If the results from the present study resembles Rimmer et al's, in that many report needing help without seeking it, this should have implications for the delivering of mental health services to the student population.

Attitude factors, as well as social norms have been found to predict helpseeking intention, witin a framework of the Theory of Reasoned Action (Howland, 1997). More precisely, two attitude factors were found; a general attitude toward helpseeking and an affective reponse, reflecting how comfortable or unpleasent seeking help was percieved to be. Assuming that intention has at least some impact on actual behavior, knowledge of both attitude factors in individuals who do not seek help despite reported need will be of interest, especially when considering what type of mental health service one would want to offer. In the present study attitudes toward different alternative helpsources is explored, particularly that of interventions run by psychology-students.

Current focus questions and hypotheses

The numerous variables included in the study are included to give a broad description of the topic of helpseeking in a student population. First, indicating how many people who feel they need help but omit seeking it, is of great interest in itself. Based on mentioned findings that most people who experience distress do not seek help, this group is expected to be of substantial size.

All individuals who report they feel a need for help can be expected to have high general symptom scores relative to the rest of the population. But from the clinical

research on depression and its partly interactional nature, and from assuming that social impairment, disengaging coping and basic mistrust are important factors in depression, the expectation would be that especially the depressive symptoms will be associated wth feeling need for help and yet not seek it. The depressive clinical picture including passivity, feelings of helplessness, pessimism and internal attributions further strengthens this assumption. Another expectation, arising from previous research, and in line with our interpersonal focus, is that social anxiety is related to treatment reluctance.

In terms of loneliness, it is predicted that experiencing social loneliness is associated with helpseeking. This would be in line with findings of social impairment increasing the likelihood of seeking mental health treatment. Emotional loneliness, on the other hand, that is attachment-related and consists of a lack of closeness, is hypothesized to be associated with avoiding helpseeking.

In those reporting eating problems it is expected that reluctance toward helpseeking is strong. As for the aspect of stress this study merely explores possible influences on helpseeking.

Self-esteem, conceptualized in self-liking and self-competence is expected to be low in help-avoiders, because low self-esteem is likely to induce fear of being disclosed or reveal oneself. Since the self-liking component is more related to oneself as a social being, it is possible, in line with the interpersonal focus, that this dimension of self-esteem is more important in understanding reluctance to seek help.

The aspects of life satisfaction, quality in romantic relationship, personality traits and sexual orientation have all been included in the study in an exploring manner, for different reasons: Satisfaction is a good indicator of overall subjectively felt wellbeing, relationships are vulnerable to problems with interpersonal dysfunction, personality traits are related to psychopathology and sexual orientation to increased symptoms and to engaging in treatment. These aspects are considered not unlikely to be relevant in considering helpseeking versus reluctance.

Considering traumatic events that people have experienced, the more recent episodes are thought to increase helpseeking behavior because incidents like this are often comprehensible and concrete. Having been a victim of childhood bullying, on the other hand, is hypothesized to decrease the likelihood of seeking help when it is needed. This is due to the important relational implications that bullying has in forming non-engagment coping strategies. Again an interpersonal focus seems appropriate in coming to terms with helpseeking reluctance.

Since intention to seek help is predicted by social norms and attitudes, those attitudes are expected to be relatively negative in the group that avoids seeking help. An attempt to clarify more specifically what attitudes this group holds is also made.

Method

Sample

Mailed questionnaires were sent to 1500 registered students at the University of Tromsø. The University has a total student population of some 6000 registered students, abut half of whom had registered at the time of sampling. The sample was prepared by the University of Tromsø Student Registry, and was selected to be representative of the total student population on variables like gender, age, and according to subjects and level of study progression. Seven-hundred-and-forty-two students returned the questionnaire, and after excluding one because of incomplete answering, the repondents made up 49,4 % of the sample. More females (508 (68.6%)) than males (233 (31.4%)) returned the questionnaire. For comparison the distribution of gender at the University is about 56% females and 44 % males (reported from Student Registry in october 2003). Mean age was 25.4 (SD = 6.73). Twenty-eight questionnaires were returned unanswered.

Procedure and instruments

The project was initially presented and accepted by the Regional committee for research ethics in medicine and psychology, health region V. Participants then received a questionnaire by mail accompanied by an information letter inquiring their anonymous and volunteer participation. Two weeks later they all received a reminder of the inquiry. Letters and questionnaire are shown in the appendix.

The questionnaire contains questions of numerous aspects of the students' lives. Relevant for the present study are questions about demographic variables, social or relational aspects, different symptoms of mental distress, personality, sexual orientation and romantic relationships, self-efficacy and self-esteem, satisfaction, stress, traumatic experiences incuding bullying and helpseeking needs and attitudes. The scales employed are described in the following.

Depression and anxiety. Symptoms of depression and anxiety were measured with the Hopkin Symptom Checklist (HSCL-25) (Derogatis, Lipman, Rickels, Uhlenluth & Covi, 1974). Symptoms were scored along a four-point Likert scale, ranging form "not at all" to "very much". The HSCL-25 has received support as a screening instrument for detecting anxiety and depression in non-psychiatric patients (Winokur, Guthrie, Rickels & Nael, 1982). More recent findings though, suggest the scale is best suited for measuring general level of psychiatric distress (Sandanger, Moum, Ingebrigtsen, Sørensen, Dalgard & Bruusgaard, 1999), and is acceptable as a diagnostic screener only for depression (Sandanger, Moum, Ingebrigtsen, Dalgard, Sørensen & Bruusgaard, 1998). Internal consistency reliabilty of the scale was estimated and the alpha coefficient was .90 for the total scale, .88 for depression subscale and .76 for anxiety subscale.

Loneliness. Following Weiss' typology of loneliness, the Social Emotional Loneliness Scale was used, measuring loneliness on two subscales: social loneliness and emotional loneliness (Wittenberg, 1986(unpublished doctoral dissertation), cited in Shaver & Brennan, 1991). Each loneliness item was indicated on a five-item Likert scale (1 = never, 5 = very often), with higher scores indicating more intense feelings of loneliness. The internal consistency estimates was alpha coefficients of .79 for the total scale, .78 for the social loneliness subscale and .77 for the emotional loneliness subscale.

Eating problems. Screening for eating problems was performed using the Eating Disorder Scale (EDS-5) (Rosenvinge, Perry, Bjørgum, Bergersen, Silvera & Holte, 2001) The scale consists of five items, scored on a seven-point Likert scale with higher scores indicating more pathology. The internal consistency of the scale was indicated by an alpha of .85.

Quality of romantic relationship. A scale was constructed for assessment of quality in romantic relationship. Dimensions assumed relevant for the topic were presented and answered on a five-point scale. These dimensions were: 1) Stable – unstable, 2) hard – not hard, 3) romantic – not romantic, 4) insecure – secure, 5) open – reserved, 6) right for you – not right for you, 7) distant – close and 8) caring – not caring. The internal consistency reliabilty of the scale was acceptable (alpha .89).

Satisfaction. General cognitive judgements of life was measured with the Satisfaction With Life Scale (SWLS), which is a five-item instrument responded to on a seven step Likert scale from strongly disagree to strongly agree (Diener, Emmons,

Larsen & Griffin, 1985). Higher scores indicate more satisfaction. Cronbachs alpha for this scale was .88.

Self-esteem. Measurement of self-esteem was performed employing the Self Liking and Competence Scale (SLCS) (Tarfarodi & Swann, 1995). This scale divides into two 10-item subscales, one designed to measure self-liking, and the other to measure self-competence. Self-liking and self-competence are scored on a five-point Likert scale, ranging from "strongly disagree" to "strongly agree". High internal consistency of the scale and subscales was found, indicated by alpha coefficients of .92 for self-liking, .89 for self-competence and .94 for the total scale.

Personality. Personality traits were assesed using a short version of 5-PFa which is a personality differential built on adjective scales measuring "the Big Five"-model (Engvik, 1993). The five dimensions are: Agreeableness, Extraversion, Conscientiousness, Neurotisism and Openness to experience. Engvik found intersubjective validity ranging from .63 to .78 for the main factors.

Attitudes toward student counselling. A scale was constructed for assessing attitudes in the student population toward receiving help from a psychology-student. Agreement with statements regarding this question was indicated on a five-point scale. The internal consistency reliability of this scale was estimated to alpha .61.

Statistics

All analyses were performed with the SPSS for Windows, version 11.0.0. For comparisons between groups, Anova, with contrast analysis, was employed for continous and Chi-square tests for nominal variables. To study interrelationship between variables, Logistic regression analysis was employed when the dependent variable was dichotomous and Linear regression when the dependent variable was continous. A significance level of 5% was chosen. Missing data were treated as missing. The total N may therefore vary in the different analyses, since the SPSS performed listwise deletion of missing data.

Results

General description of the sample

Insert Table 1

Insert Table 2

Insert Table 3

Participation in the survey was stronger for females, and this is presented in Table1. A demographic description of the whole sample is given in Table 2. On average the repondents are 25.3 years of age and have studied somewhat more than three years.Table 3 reports the distribution of University-subjects and levels in the sample. Concerning general psychiatric symptom level, there was 24.1 % of the total sample that had HSCL scores at 1.75 or above, which has been set as a cutoff for psychiatric problems (Winokur, Winokur, Rickels & Cox, 1984).

Helpseeking and reasons for avioding it

Insert Table 4

As shown in Table 4, the sample divides in three groups of different helpseeking behavior. Two thirds (66.3 %) reported no need of seeking help(No Need-group), The remaining one third of the total sample had felt the need for help and 11.1% had actually sought help (Sought Help-group) while 22.7 % had felt the need for help, but had omitted seeking it (Felt Need-group).

Insert Table 5

Looking closer at the reported reasons in Table 5 for not seeking help despite a felt need, the majority wants to handle the problem themselves and/or feel that the problem is not serious enough to justify treatment seeking. Support from friends and concern with how one would seem also represent strong reasons for avoiding helpseeking. Only one in five says avoidance is due to wish of not bothering anyone.

Comparison of symptoms the three helpseeking groups: Felt Need but omitted, Sought Help and No Need for help

Insert Table 6

The results showed, as expected, that the amount of symptoms is less in the group that reports not feeling need for treatment. Table 6 presents for the three helpseeking groups mean values of total symptom meanscore on the Hopkin Symptoms Checklist, as well as anxiety subscale meanscore and depression subscale meanscore. It also shows a One-Way Analyses of Variance (ANOVA) with helpseeking groups as independent variables and the mentioned mean symptom scores as dependent variables. The three group main effects were significant. Contrast analyses showed significant differences between all groups on total mean score, depicting Felt-Need group as having most symptoms, followed by Sought-Help group and then No-Need group. Separating this symptom-score into anxiety and depression, contrast analyses revealed significant difference in depression between Felt-Need group and Sought-Help group, with the Felt-Need group showing more depression. This difference is not found for anxiety.

Insert Table 7

For Social Emotional Loneliness Scale, Table 7 presents mean values on each of the two subscales and total mean for the three helpseeking-groups, as well as one-way ANOVAs with helpseeking groups as independent variable and the mean loneliness scores as dependent variable. Main group effects are significant for all loneliness measures. No Need-group always shows less loneliness than the others. Contrast analyses showed, significant difference between Felt Need-group and Sought Help-group on emotional loneliness, but regarding social loneliness and total loneliness score there is no such difference. Further, there is significantly less emotional loneliness in No-Need group compared to Felt-Need group, but no difference between Sought Help-group and No Need-group. On the other loneliness measures, social loneliness and total loneliness score, the No-Need group is the one differing significantly from the others.

Insert Table 8

Table 8 shows means on the Eating Disturbance Scale for the three helpseeking groups, and also includes one-way ANOVA with helpseeking groups as independent factors and the EDS score as dependent factor. The main group effect is significant, and contrast analyses indicates that the No-Need group has significantly less eating problems than the others, as expected. There is no difference between Felt-Need and Sought-Help groups on this parameter.

Insert Table 9

Social anxiety and helpseeking is described in Table 9. The No Need group shows significantly less of this symptom, but there is little difference between Felt-Need and Sought-Help groups regarding this.

Insert Table 10

Table 10 reports mean scores on items measuring amount and consequences of stress. In the ANOVA here, all except "pressure at University" came out with significant main group effects, but contrast analyses indicated that there is no difference between Felt-Need group and Sought-Help group on any items. No-Need group experiences in general less stress than the others.

Comparing person-describing variables in the helpseeking groups

Insert Table 11

On quality of romantic relationship and satisfaction with life (table 11), the No Need group reported significantly higher satisfaction and better relationships than the need-groups. Only on the Satisfaction With Life Scale did also the two need-groups differ from one another, with the Felt-Need group being least, the Sought-Help group more and the and No-Need group most satisfied.

Insert Table 12

Self liking and competence in the three helpseeking groups are depicted in table 12, with means on the total scale and the two subscales for each group, and one-way ANOVAs, with helpseeking groups as independent factors and the SLCS scores as dependent factors. The main group effect is significant for all measures, and contrast analyses shows that Felt-Need and Sought-Help groups are significantly different for total score and for self-liking score, but not for self-competence score.

Insert Table 13

As shown in Table 13, the personality dimension negative affect is significantly lower in the No-Need group compared to the others, who feel they need help. There are no significant differences between help-seekers and help-avoiders on any of the personality dimensions.

Insert Table 14

Findings on sexual orientation is shown in Table 14. There were more non-heterosexuals in the two need groups than in the No Need group, but no difference between the two (Felt-Need and Sought-Help groups).

Insert Table 15

Number of friends follows the same pattern as sexual orientation. Table 15 shows means on number of close friends and acquaintances, and one-way ANOVAs with helpseeking groups as independent factors and the means as dependent factors. The main group effect is significant for both measures, and contrast analyses shows that No-Need group differs from the others with more friends. There is no difference between Felt-Need and Sought-Help group.

Comparing traumatic experiences

Insert Table 16

Table 16 shows that the Felt-Need group differs from Sought-Help and No-Need groups in number of cases that have been bullied repeatedly. Repeated bullying has occurred in more than 20% of the individuals who avoid seeking help despite their need. Also, the Felt-Need group and Sought Help group both have a higher percentage of victims who have experienced bullying occationally, relative to the No-Need group.

Insert Table 17
Insert Table 18
Insert Table 19

Other and more recent traumatic experiences are shown by the results not to distinguish between Felt-Need and Sought-Help groups. Tables 17-19 show that experienced disease or damage within the last year is related to actually seeking help, while such disease/damage in someone close is more common in all those who feel need for help. Having painful memories from traumatic events is also more frequent in those who need help.

Predicting avoidance of helpseeking: Logistic regression

Insert Table 20

Table 20 presents the result of a logistic regression indicating that in Felt-Need versus Sought-Help group, there are three significant independent variables that predicts avoiding of helpseeking: Age, depression and having experienced repeated bullying. In a separate logistic regression analysis gender was also entered as an independent variable, and in that analysis neither gender nor repeated bullying reached significance, while age and depression remained significant predictors of help-avoidance. Scrutiny of the correlation pattern between the variables revealed that female gender was correlated ($r = .11$) to depression and male gender was correlated ($r = -.11$) to repeated bullying, and that this interaction between gender and the other variables outweighed the impact of

repeated bullying on help avoidance. To nuance the impact of bullying and depression on help avoidance, separate regression analyses of the predictors of these two variables were performed.

Insert Table 21
Insert Table 22

Tables 21 and 22 show the results of linar regression analyses in the total sample, indicating predictors of depression and childhood bullying, respectively. Depression is significantly predicted by gender (more females), low satisfaction with life and low self-liking. Having been victim of bullying repeatedly is predicted by gender (more males) emotional loneliness and low self-liking.

Insert Figure 1

The results from all regressions are summarized in figure 1. This is not to be understood as a path model, but merely an overview of the three separate regression analyses that were conducted. The logistic regression was performed in the subsample who reported need, while the linear regressions were done in the total sample.

Avoiding helpseeking: Needs and attitudes toward helpsources

Insert Table 23
Insert Table 24

The results show that in the Felt-Need group, where individuals feel need for help but do not seek it, the helpsource considered most likely to be used are psychologist or psychiatrist, general medical practioner and the Students'Social Services, in that order. This is shown in Table 23. Table 24 reports what suggested alternative treatment individuals in the Felt-Need group would prefer over the existing options. 57.5% say they would want contact or counselling on the internet rather than making use of existing resources. When the alternatives therapy and telephone contact with psychology-students are suggested, 35.8 % and 27.3% respectively of the Felt-Need group report they would prefer these alternatives over the already existing.

Insert Table 25

Insert Table 26

Describing attitudes of the sample toward receiving help from psychology-students, Table 25 shows mean scores in negativity for the three helpseeking groups and the result of a one-way ANOVA giving a significant main-group effect. Contrast-analyses indicate that Felt-Need group and Sought-Help group are equally negative towards help from students, and more so than the No-Need group. Table 26 reports the Felt-Need groups' attitudes, and suggests that the most negative attitudes concerning help from other students are about meeting each other in social contexts and percieving the situation as threatening. The more favorable attitudes concerning this question consider the student therapists likely to hold professional standard and to observe secrecy.

Discussion

The main results of the present study were the following:

▪ As many as one third of a representative sample from a studentpopulation reported having ever felt in need of help for mental problems.

▪ Two thirds of those in need , or 23 % of the total sample had felt in need of help but omitted seeking it.

▪ Help avoidance was connected to young age, higher depression score and having been the victim of repeated bullying in childhood and adolescence.

▪ Depression rate was connected to female gender, low satisfaction with life and low self-liking.

▪ Being victim of repeated bullying was connected to male gender, low self-liking and high emotional loneliness.

▪ The existing helpsources that were considered most likely to be used by the group who had felt need for help but not sought it, were: 1) psychologist / psychistrist, 2) general practioner and 3) Students Social Services.

▪ Of suggested alternatives to existing helpsources, 57 % of the Felt Need group were positive to internet counselling.

▪ Though the two need groups were more negative to receiving help from students, within those who felt need but omitted helpseeking 35 % and 27 % were positive to therapy and telephone counselling with psychology students, respectively.

No Need group

Repeatedly throughout the analysis so far we have described differences and characteristics of the three helpseeking groups; The No Need group, the Sought help group and the Felt Need group. From the results, giving a closer description of these groups is possible. The No Need group is the larger one (two thirds of the sample), and to no surprise the group with the lowest psychiatric symptom scores. This includes low level of general psyciatric problems, depression and anxiety (including social anxiety), less of both social and emotional loneliness and less eating problems. The individuals of the No Need group further experience less pressure from others, they have less concentration difficulties and are generally more satisfied with their lives. They also report better quality of their romantic relationships and have more friends than the two need groups. They are more self-confident, with higher self-liking and-competence scores. They score lower on the personality dimension of neurotisism. In this group the percentage of non-heterosexuals is lower than in the need-groups. More of the indiduals in the group have never experienced any bullying in their upgrowing years compared to the others, though more than half of them actually have. They have had less traumatic experiences. Finally, they express more positive attitudes toward mental health services run by students.

Sought Help group

The Sought Help group consists of 11 % of the sample, and has lower symptom scores than the help-avoiders, including general psychiatric symptom level and depression score. This can be interpreted as an indication that the treatment the individuals in this group has received has had a positive effect. Further, those who have actually sought help for mental problems report of less social but not emotional loneliness than those with no need, indicating that they typically can form intimate bonds, but have problems with social adjustment. They have fewer friends and, especially, aquaintances than the No-Need group. The global satisfaction with life among helpseekers is better than for the helpavoiders, which could also be related to effects of therapy, or possibly to a baseline of better functioning. The helpseekers are

characterized by higher self-liking than the helpavoiders. This too, of course, can in part be a result of treatment, but also in part an antecedent of the helpseeking. The linear regression shows that self-liking is in fact related to the predictors of not seeking help. The ability to form intimate bonds, which indicates a certain trust in others and perhaps relates to a history of secure attachment, can partly be explained in the relatively few cases of repeated bullying-victims seen in the helpseeking group. To sum up, helpseekers could be described as relatively secure in interpesonal relations, not lacking closeness to others, liking themselves, not having been seriously bullied in childhood and probably having profitted from treatment.

Felt Need group

The Felt Need group is the one shown most interest in the present study because it consists of indivduals that might benefit from interventions. Revealing some aspect of the reluctance to seek help when such is needed will be not only of theoretical, but also of practical interest in clinical and political work. Addressing the question of how many people in the student population had unmet needs concerning treatment, showed as expected, that this group was substantial; More than one in five of all repondents reported feeling a need for help because of mental distress and did not seek such help. The need being self-reported and thus subjective, this number does not necessarily indicate that all respondents in this group must have treatment. Compared to how many students who had symptom scores above cutoff (24.1 % of the total sample were at or above 1.75 on HSCL), and considering that about 11 % had actually sought help, it is reasonable though, to assume that as many as 10-15 % of the total student population who has not been in contact with mental health services would benefit from treatment or counselling of some sort.

The helpavoiders have the highest symptom scores of all the groups, with higher general level of psychiatric symptoms than the other groups. This indicates that the omitting of seeking help in this group is not due to a lesser need; quite the opposite, it is associated with increased distress. As hypothesized, individuals reluctant to seek help have more depression symptoms than helpseekers, and depression was a significant predictor of help-avoidance. Conclusions from the HSCL about diagnostic clusters are as mentioned earlier perhaps limited to depression. Anyway, the anxiety subsacle was not significantly related to help-avoidance. Neither was social anxiety. This underlines an important aspect of the interpersonal aspects of help-avoidance; they seem to be a

result of depressive symptoms rather than constituting prime symptoms in form of avoidance of social situations.

The Felt Need group also reported more emotional but not social loneliness than the helpseekers. This indicates a lack of interpersonal closeness or intimacy that would be expected in individuals with insecure attachment patterns. It was expected that social loneliness would be related to helpseeking, whereas emotional loneliness would relate to help-reluctance. The logistic regression, though, indicates that emotional loneliness does not significantly predict help-avoidance, indicating that the relation between the concepts is not direct.

The same could be said for low self-liking, which characterizes the Felt Need group. Whereas self-competence reflects instrumental value and has to do with the persons sense of ability, the self-liking component reflects more intrinsic value, or feeling of being good in yourself, not for what you can *do* but rather who you *are.* This is an aspects of social worth; and it is natural that such a feeling of being likable makes a person more likely to seek assistance in others, to disclose. Not appreciating oneself as a social being makes it difficult to make use of helpsources that are based on social interaction with a therapist. Lack of trust adds to this picture. The relation between self-liking and helpavoiding as suggested by the regression results, is that self-liking relates to depression and to experience of repeated bullying.

Given this description of the helpavoiders it may come as no surprise that general satisfaction with life is lower among them than in the helpseeker group. Global satisfaction is found to be related to depression, simply showing that discontent and unhappiness is more likely in depressed individuals. Satisfaction did not directly predict helpavoiding, although it did significantly differ between need-groups, so that helpavoiders can be described as less satisfied with their lives than helpseekers.

The social impairmant decribed in the Felt Need group relates also to the degree of which they hav been victims of repeated bullying while growing up. This variable significantly predict helpavoiding along with depression and young age. It is natural to assume that this type of experiences influence a persons sense of security and trust in others. Also, detachment coping strategies seen in this group fits the behaviour of not acting upon your own needs, especially not when this involves disclosing oneself to another.

Depression and being victim of bullying, then, along with the whole picture of emotional loneliness, self dislike and low satisfaction, support the comprehension of

helpavoiding in terms of poor social functioning, lack of basic trust and dysfunctional coping strategies.

Looking closer at the self-reported reasons for reluctance in helpseeking in the Felt Need group, it seems that need for independence and low self-esteem, as suggested by Amato and Bradshaw (1985), has a strong impact. The most reported reason is wanting to handle the problem oneself. Perhaps is this due to the helpavoiders interpersonal difficulties and history of being alone. Also, believing that degree of seriousness does not justify treament seeking is a strong factor. This could be a sort of self-devaluating typical of people with low self-esteem. It also gives an indication that information about counselling and what one can get help for would be useful in the student population. Feeling you are seeking help when the problem is considered one that people should be able to solve on their own, could also be threatening to self-esteem. This fits the description of helpavoiders as low in self-liking. Self-esteem as a hindrance in helpseeking can also be read into the relativly frequent report of fear of how one would seem in that situation.

Age

Of the main findings are that help-avoiding is predicted by depression, young age and having repeatedly been a victim of childhood bullying. Age is the most significant of these, and this could indicate several things: Younger people are less experienced in life making it more difficult to realize when help is needed. They may have less knowledge about mental illness and about the existance of mental health services. Besides, people who struggle with mental distress tend to delay helpseeking a certain amount of time, which is reasonable in order to coming to terms with the problem. Since many disturbances typically have their onset in early adult years, one could expect the youngest of the students to either not yet to have developed a problem, or if they have, not yet to have taken action and sought help for it. The youngest simply have not had as much time as the older to seek help.

Hypotheses that were not confirmed

Eating problems was expected to be related to a reluctance toward helpseeking, because of the ambivalence that they are asoociated with, and the intimacy of their nature. This was not confirmed, there was no difference between helpseekers and help-avoiders. At least one might conclude that it is understandable that that there are not

more eating problems in the helpseeking group than in the avoiding, since this is typically not a type of problem people wish treatment for.

The results regarding stress (daily stress, pressure and burnout-symptoms) and helpseeking did not reveal any differences between helpseekers and help-avoiders. They both experience more stress than those who report no need. There is no evidence that the threshold for seeking help for mental problems is influenced by level of stress.

Variables that did not distiguish between helpavoiders and helpseekers also included quality of romantic relationship, general selfefficacy, personality, sexual orientation and recent trauma. Since interpersonal dysfunction can be assumed to affect relationships negatively, poor relationship quality might have been expected to be more frequent in the help-avoiding group. When this is not the case, it could be due to a response bias. It may be a problem that romantic relationships get idealized almost up to the point where one seperates, because realizing that something is wrong may not be acceptable in this type of relationship.

As for gender, it was found that more females were depressed and more males had experienced repeated bullying in childhood. This makes it understandable that gender does not predict helpseeking behavior. Also, females may be affected in two directions: Avoiding helpseeking more because of depression and on the other hand seeking more help because they probably hold more positive attitudes toward helpseeking.

Regarding recent traumas, the results show that except for physical illness or injury, there is no difference between helpseekers and avoiders. So whether or not one seeks treatment when it is needed seems not to be related to recent traumatic incidents or their following symptoms.

Attitudes and needs

In screening for what alternative helpsources the students would want to use, attitudes toward mental health service provided by psychology students helpseekers and helpavoiders were equally negative and more so than those who report no need for help. There was no gender difference. Earlier findings though, as mentioned, have suggested that women generally hold more favourable attitudes toward helpseeking. This may be a question for further inquiry, as may the relation between general attitudes (not just toward student therapists) and help-avoiding.

The current results show, that although those in need for help are more negative to receiving help from other students than those who have no need, there is still 35 % of the help-avoiders reporting they would want to accept an offer of individual counselling with a psychology student instead of using an already existing helpsource. 27 % of them report the same for using a telephone contact who is a student. The most striking finding concerning alternative treatments, though, is that almost 60 % of the help-seeking avoiders report they would use online counselling instead of what is currently offered. It has been found that among users of mental health-related online discussion forums, 75 % report that they find it easier to discuss personal problems online than face-to-face, while almost half say they discuss problems online that they do not discuss face-to face (Kummervold, Gammon, Bergvik, Johnsen, Hasvold & Rosenvinge, 2002). These statements reflect problems with direct interpersonal interaction that are described for the group of individuals who have felt need for help but not sought it. Another alternative equally popular among the help-avoiders as online counselling is a telephone contact run by professionals.

Limitations

There are several limitations to the study that should be mentioned. Assessing data concerning mental health through an anonymous questionnaire may be subject to report bias.

The sample in the present study is from a student population, and the data thus may not be representative of the general population. All students have at least 3 years more education (gymnasium or high school) than what is the national minimum, and with university education in addition, they are therefore more educated than the majority of the young adult population of Norway. The student population also have a skewed gender distribution with more women than the normal population. Furthermore proportionally, more female than male students have returned their questionnaires. This was as expected, since women have been found more likely to respond to mail survey than men (Woodward & McKelvie, 1985).

The respondents in a study of this sort must be considered a selection of individuals. More who feel the questions are relvant for them may have returned the questionnaire. However, the purpose of the study was to estimate untreated mental problems in the student population and to describe those who avoid seeking treatment. Even though the response tendency may be biased in the direction that more of those

who feel the questionnaire was relevant for them, it is reason to believe that we at least have a relatively correct picture of this group. It has been known from population surveys that those who do not respond often have more severe problems than those who do respond (Hansen, Jacobsen and Arnesen, 2001). If this is the case in the present study, only a part of the picture of untreated need for mental help in the student population has been uncovered by the present study.

Conclusion and implications

Realising the methodological limitations of the study, one may still conclude that some aspects of helpseeking behavior have been clarified. There seems to be a substantial part of the student population that has a subjectively felt need for help and also scores high on general psychiatric level of distress, and yet do not seek help in the mental health service. Having obstacles and omitting seeking help for mental problems is typical for indiviuals of young age, with depression symptoms and with repeated childhood experiences of being bullied. These predictors of avoiding helpseeking even though one feels a need for help, can be understood in terms of interpersonal difficulties, and seem to be related to low self-esteem, gender, loneliness and dissatisfaction with life.

Implications from the study for clinical work and organization of mental health service for students would be giving out information of what sort of help is available and what sort of problems can be addressed in a treatment setting. Especially, such information should be targeted toward the younger students and those who are depressed, as well as individuals who have experienced severe bullying. There is reason to assume that the establishment of an internet-based form of intervention could reach many of those who feel reluctant to seek help for their mental problems.

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Tables and figure

Table 1. Response rate by gender (N = 1500).

	Male requested n=616		Female requested n=884		Total n=1500	
	n	%	n	%	n	%
Responding	233	37.8	508	57.5	741	49,4

Note. More females than males responded, $\chi^2(1\ df) = 55.89$, $p < .0001$.

Table 2. Demographic description (N = 741).

	n	%	M (SD)	Median	Min	Max
Age	739	-	25.4(6.73)	23.0	18.0	57.0
Semester studied	734	-	6.6 (4.84)	6.0	1.0	30.0
Semester delayed	725	-				
Marital status:			0.4 (1.05)	0.0	0.0	8.0
Single	435	59.2	-	-	-	-
Married or cohabitant	287	39.0	-	-	-	-
Divorced / separated or widow	13	1.7	-	-	-	-
Living:						
Alone	200	27.1	-	-	-	-
With partner	296	40.1	-	-	-	-
With friends	120	16.2	-	-	-	-
With parents	28	3.8	-	-	-	-
Others	95	12.9	-	-	-	-
Care for children	102	13.9	-	-	-	-
Nationality:						
Norwegian	698	94.3	-	-	-	-
European	33	4.5	-	-	-	-
Others	9	1.2	-	-	-	-
Has moved to Tromsø	523	71.3	-	-	-	-
Belonging in northern region	506	69.0	-	-	-	-
Belonging to Sami population	36	5.1	-	-	-	-

Table 3. Studies: Subjects and level (N = 741).

	n	%
Subject		
Introductory course	38	5.1
Civil engineering	33	4.5
Fishery	58	7.8
Law	90	12.1
Medicine	193	26.0
Science/Mathematics	56	7.6
Social science	169	22.8
History/Philosophy	59	8.0
Others	39	5.3
No information	6	0.8
Level		
Separate subject	70	9.4
Bachelor	209	28.2
Master	213	28.7
Ph.D	10	1.3
Profession-studies	229	30.9
No information	10	1.3

Tabell 4. Helpseeking and need for mental health service (N = 741).

	n	%
Felt need of help but omitted seeking it. (FN-group)	168	22.7
Have sought help. (HS-group)	82	11.1
No need for help.(NN-group)	491	66.2

Table 5. Reported reasons for avioding helpseeking in Felt Need-group (N = 168).

	n	% (within FN-group)
Wanted to handle problem oneself	106	63.1
Problem not serious enough	99	58.9
Sufficient support from friends.	63	37.5
Afraid of how one would seem.	56	33.3
Sufficient support from family.	47	28.0
Sufficient support from partner.	40	23.8
Did not wish to bother anyone.	34	20.2
Other reasons.	31	18.5

Note. Multiple responses were possible.

Table 6. Hopkins Symptoms Checklist: Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups (N = 738).

	Felt Need-group (n = 168)		Sought Help-group (n = 82)		No Need-group (n = 488)		Anova	
	M	SD	M	SD	M	SD	F(2,738)	p
HSCL total mean	1.81 *a b*	.42	1.68	.49	1.43 *c*	.29	80.46	.000
HSCL anxiety mean	1.71 *d*	.39	1.64	.50	1.42 *e*	.30	48.64	.000
HSCL depression mean	1.88 *f g*	.51	1.70	.55	1.43 *h*	.34	77.96	.000

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a FN-group differed from SH-group. t(738) = 2.13, p = .035.
b FN-group differed from NN-group. t(738) = 10.98, p <.0001.
c SH-group differed from NN-group. t(738) = 4.43, p <.0001.
d FN-group differed from NN-group. t(738) = 8.74, p <.0001.
e NN-group differed from SH-group. t(738) = 3.80, p <.0001.
f FN-group differed from SH-group. t(738) = 2.42, p = .017.
g NN-group differed from FN-group. t(738) = 10.49, p <.0001.
h NN-group differed from SH-group. t(738) = 4.28, p <.0001.

Table 7. Social Emotional Loneliness Scale: Means, standard deviations and one-way analysis of variance (ANOVAs) for effects of three helpseeking groups (N = 736).

	Felt Need-group (n = 166)		Sought Help-group (n = 82)		No Need-group (n = 488)		Anova	
	M	SD	M	SD	M	SD	F(2,736)	p
Emotional loneliness mean	2.45 *a b*	.91	2.18	.92	1.98	.85	17.89	.000
Social loneliness mean	2.39	.71	2.30	.78	2.00 *c d*	.53	30.45	.000
Total mean	2.42	.66	2.24	.71	1.99 *e f*	.54	35.54	.000

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a FN-group differed from SH-group, t(736) = 2.20, p = .03.
b FN-group differed from NN-group, t(736) = 5.80, p <.0001.
c NN-group differed from FN-group, t(736) = 6.55, p <.0001.
d NN-group differed from SH-group, t(736) = 3.46, p <.001.
e NN-group differed from FN-group, t(736) = 7.62, p <.0001.
f NN-group differed from SH-group, t(736) = 3.09, p <.003.

Table 8.Eating disturbance: Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups (N = 740).

	Felt Need-group (n = 168)		Sought Help-group (n = 82)		No Need-group (n = 490)		Anova	
	M	SD	M	SD	M	SD	F(2,740)	p
EDS mean	3.44	1.56	3.33	1.57	2.79 *a b*	1.26	16.85	.000

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a NN-group differed from FN-group. t(740) = 4.87, p < .0001.
b NN-group differed from SH-group. t(740) = 3.00, p = .003.

Table 9. Social anxiety and helpseeking behavior (N = 733).

	FN-group (n = 165)		SH-group (n = 80)		NN-group (n = 488)		Total	
Social anxiety	n	%	n	%	n	%	n	%
Yes	53	32.1	24	30.0	49	10.0	126	17.2
No	112	67.9	56	70.0	439	90.0	607	82.8

Note. More cases in the FN and SH groups vs. NN group. $\chi^2(df=2, N=733) = 52.59$, $p < .0001$.

Table 10. Daily stress (N = 734), study-pressure (N = 733), pressure from others (N = 734), concentration difficulty (N = 736) and comprehension difficulty (N = 736): Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups.

	Felt Need-group		Sought Help-group		No Need-group			
	M	SD	M	SD	M	SD	Anova F(df, N)	p
Daily stress-experience	3.14	.97	2.99	.96	2.88 [a]	.93	4.81 (2,734)	.008
Pressure at University	2.08	.65	2.18	.67	2.02	.63	2.28 (2,733)	ns
Pressure from others	1.89	.74	1.83	.74	1.63 [b c]	.70	9.24 (2,734)	.000
Concentration difficulty	2.00	.66	1.93	.69	1.69 [d e]	.63	16.19 (2,736)	.000
Problems comprehending lecturer	1.60	.69	1.59	.67	1.48 [f]	.57	3.24 (2,736)	.040

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a FN-group differed from NN-group. $t(734) = 3.03$, $p = .003$.
b FN-group differed from NN-group. $t(734) = 3.92$, $p < .0001$.
c SH-group differed from NN-group. $t(734) = 2.15$, $p = .034$.
d FN-group differed from NN-group. $t(736) = 5.28$, $p < .0001$.
e SH-group differed from NN-group. $t(736) = 2.83$, $p = .006$.
f FN-group differed from NN-group. $t(736) = 2.12$, $p = .035$.

Table 11. Quality of romantic relationship (N = 463) and satisfaction with life (N = 736): Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups.

	Felt Need-group		Sought Help-group		No Need-group			
	M	SD	M	SD	M	SD	Anova F(df, N)	p
Quality of romantic relationship-mean.	2.34	.92	2.09	.85	1.78 [a b]	.73	19.48 (2,463)	.000
Satisfaction-mean	3.91 [c d]	1.35	4.27	1.26	4.97 [e]	1.12	54.59 (2,736)	.000

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a FN-group differed from NN-group. t(463) = 5.45, p < .0001.
b SH-group differed from NN-group. t(463) = 2.47, p = .016.
c FN-group differed from SH-group. t(736) = -2.05, p = .042.
d FN-group differed from NN-group. t(736) = -9.21, p < .0001.
e SH-group differed from NN-group. t(736) = -4.71, p < .0001.

Table 12. Self-liking and -competence: Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups (N = 735).

	Felt Need-group (n = 168)		Sought Help-group (n = 82)		No Need-group (n = 485)		Anova	
	M	SD	M	SD	M	SD	F(2,735)	p
SLCS-mean	2.59 [a b]	.70	2.37	.76	2.06 [c]	.61	44.35	.000
Self liking-mean	2.87 [d e]	.83	2.62	.90	2.16 [f]	.73	55.95	.000
Self competence-mean	2.32	.70	2.13	.72	1.96 [g h]	.60	20.76	.000

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a FN-group differed from SH-group. t(735) = 2.19, p = .030.
b FN-group differed from NN-group. t(735) = 8.76, p < .0001.
c SH-group differed from NN-group. t(735) = 3.56, p = .001.
d FN-group differed from SH-group. t(735) = 2.07, p = .041.
e FN-group differed from NN-group. t(735) = 9.75, p < .0001.
f SH-group differed from NN-group. t(735) = 4.35, p < .0001.
g FN-group differed from NN-group. t(735) = 5.96, p < .0001.
h SH-group differed from NN-group. t(735) = 2.06, p = .042.

Table 13. Personality traits: Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups (N = 738).

	Felt Need-group (n = 168)		Sought Help-group (n = 82)		No Need-group (n = 488)		Anova	
	M	SD	M	SD	M	SD	F(2,738)	p
Agreeableness	2.56	.86	2.65	1.04	2.51	.87	.99	ns
Extraversion	4.47	1.13	4.66	1.10	4.71 [a]	1.05	3.10	.046
Conscientiousness	3.41	1.32	3.29	1.36	3.10 [b]	1.25	3.93	.020
Neurotisism	4.31	1.15	4.04	1.24	3.39 [c d]	1.15	44.63	.000
Openness to experience	3.26	1.04	3.06	1.03	3.26	1.04	1.35	ns

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a NN-group differed from FN-group. t(738) = -2.41, p = .017.
b NN-group differed from FN-group. t(738) = 2.65, p = .009.
c NN-group differed from FN-group. t(738) = 9.01, p < .0001.
d NN-group differed from SH-group. t(738) = 4.45, p < .0001.

Table 14. Sexual orientation and helpseeking (N = 736).

	FN-group (n = 167)		SH-group (n = 82)		NN-group (n = 487)		Total	
Orientation	n	%	n	%	n	%	n	%
Heterosexual	144	86.2	71	86.6	460	94.5	675	91.7
Non-heterosexual	23	13.8	11	13.4	27	5.5	61	8.3

Note. More cases of non-heterosexuals in FN- and SH-groups vs. NN group, χ^2(df=2, N=736) = 14.27, p = .0001.

Table 15. Number of close friends (N = 732) and aquaintances (N = 692): Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups.

	Felt Need-group		Sought Help-group		No Need-group			
							Anova	
	M	SD	M	SD	M	SD	F(df, N)	p
Close friends	4.78	3.51	5.08	3.09	5.85 *a b*	3.64	6.36 (2,732)	.002
Acquaintances	7.15	6.56	7.15	8.97	9.66 *c d*	13.93	3.36 (2,692)	.035

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a NN-group differed from FN-group. t(732) = -3.37, p = .001.
b NN-group differed from SH-group. t(732) = -2.04, p = .044.
c NN-group differed from FN-group. t(692) = -3.01, p = .003.
d NN-group differed from SH-group. t(692) = -2.08, p = .040.

Table 16. Victim of bullying in childhood (N = 737).

	FN-group (n = 168)		SH-group (n = 81)		NN-group (n = 488)		Total	
Bullied as child/adolescent	n	%	n	%	n	%	n	%
No, never	42	25.0	26	32.1	222	45.5	290	39.3
Yes, on som occations	91	54.2	47	58.0	211	43.2	349	47.4
Yes, repeatedly	35	20.8	8	9.9	55	11.3	98	13.3

Note. More cases of repeated bullying in FN group vs SH an NN groups, and of occational bullying in FN and SH groups vs. NN group. χ^2(df=4, N=737) = 29.29, p <.0001.

Table 17. Traumas: Serious disease or damage and helpseeking (N = 735).

	FN-group (n = 164)		SH-group (n = 82)		NN-group (n = 489)		Total	
Disease/damage	n	%	n	%	n	%	n	%
Yes	14	8.5	14	17.1	34	7.0	62	8.4
No	150	91.5	68	82.9	455	93.0	673	91.6

Note. More cases in the SH groups vs. FN and NN group. χ^2(df=2, N=735) = 9.32, p = .009.

Table 18. Traumas: Serious disease or damage in someone close to you and helpseeking (N = 737).

	FN-group (n = 166)		SH-group (n = 81)		NN-group (n = 490)		Total	
Disease/damage in close person	n	%	n	%	n	%	n	%
Yes	71	42.8	33	40.7	153	31.2	257	34.9
No	95	57.2	48	59.3	337	68.8	480	65.1

Note. More cases in the FN and SH groups vs. NN group. $\chi^2(df=2, N=737) = 8.66$, $p = .013$.

Table 19.Cosequence of trauma: Painful memories in those who experienced traumatic event and helpseeking (N = 412).

	FN-group (n = 107)		SH-group (n = 49)		NN-group (n = 256)		Total	
Painful memories	n	%	n	%	n	%	n	%
Yes	46	43.0	16	32.7	45	17.6	107	26.0
No	61	57.0	33	67.3	211	82.4	305	74.0

Note. More cases of painful memory in the FN and SH vs. NN group. $\chi^2(df=2, N=412) = 26.64$, $p < .0001$.

Table 20. Predicting variables for not seeking help vs. seeking help in individuals who feel need for help: Summary of logistic regression – Enter (N = 248).

Independent variable	B	SE (B)	df	Exp B	95% conf.int. (Exp B)	
					Lower	Upper
Age	.07	.02	1	1.07***	1.03	1.11
Depression mean	-.57	.29	1	.56*	.32	1.00
Bullying	-	-	2	-	-	-
Occational bullying	-.16	.32	1	.85	.46	1.61
Repeated bullying	-.97	.49	1	.38*	.15	.98
Constant	-.1.29	.73	1	.28	-	-

Note. –2 Log likelihood = 289.11, Cox & Snell $R^2 = .09$ and Nagelkerke $R^2 = .12$.
Overall percentage correct = 68.1 %.
*p < .05, *** p < .0001.

Table 21. Summary of simultaneous linear regression for variables predicting depression score (N=738).

Independent variable	B	SE (B)	β	t	95 % conf.int. (B) Lower	Upper
Gender	.08	.03	.09**	3.14	.03	.14
Age	.00	.00	.02	.88	-.00	.01
Emotional loneliness	-.00	.02	-.00	-.02	-.03	.03
Satisfaction with life	-.10	.01	-.29***	-8.34	-.13	-.08
Self liking	.26	.02	.48***	14.24	.23	.30
Constant	1.33	.12	- ***	11.38	1.10	1.56

Note. $R^2 = .49$
** p < .01, *** p < .0001.

Table 22. Summary of simultaneous linear regression for variables predicting victim of bullying in childhood/adolescence (N=737).

Independent variable	B	SE (B)	β	t	95 % conf.int. (B) Lower	Upper
Gender	-.13	.05	-.09*	-2.41	-.24	-.02
Age	.01	.00	.06	1.50	-.00	.01
Emotional loneliness	.08	.03	.11**	2.70	.02	.14
Satisfaction with life	.01	.03	.02	.41	-.04	.06
Self liking	.19	.04	.23***	4.99	.11	.26
Constant	1.03	.24	-***	4.36	.57	1.50

Note. $R^2 = .07$
* p < . 05, ** p < .01, *** p< .0001.

Table 23. Existing help-sources likely used by individuals in Felt Need group, ranked order (N = 168).

Help source	n	%
Psychologist/ Psychiatrist	92	56.4
General practitioner	82	50.3
Students' social services	72	44.2
Students' priest	16	9.8
Self-help groups	12	7.4
Others	12	7.4
Crisis telephone counselling	9	5.5
Centre for battered	1	.6

Note. Multiple responses were possible.

Table 24. Suggested alternative help-source likely used by individuals in Felt Need group, ranked order (N = 168).

Help source	n	%
Contact/counselling on the internet	92	57.5
Telephone counselling with proffessional	93	57.1
Individual therapy with psychology student	58	35.8
Telephone counselling with psychology student	44	27.3
Group led by profesional	43	26.9
Student self-help group	32	20.3
Group led by psychology student	19	11.9

Note. Multiple responses were possible.

Table 25. Attitudes toward help from psychology-students: Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups (N=722).

	Felt Need-group (n = 168)		Sought Help-group (n = 79)		No Need-group (n = 475)		Anova	
	M	SD	M	SD	M	SD	F(2,722)	p
Attitude toward help from students*	3.27	.66	3.31	.65	3.11 [a] [b]	.67	6.02	.003

**Higher values indicate more negative attitude.*

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.

a NN-group differed from FN-group. t(722) = 2.83, p = .005.

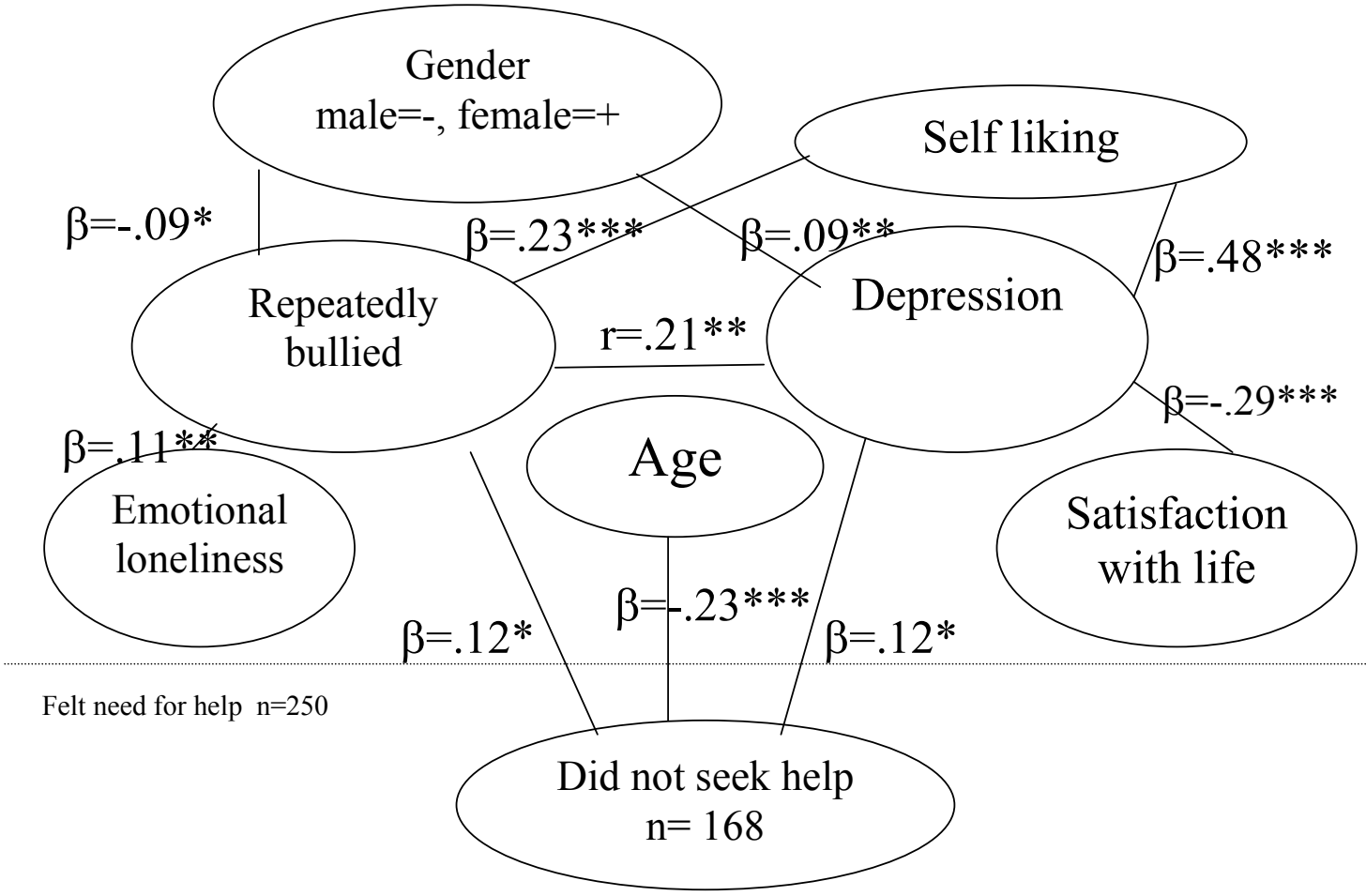
b NN-group differed from SH-group. t(722) = 2.59, p = .011.

Table 26. Attitude toward psychology students as help-source in Felt Need-group, ranked order (N = 168).

Statement	M	SE
Help from students is professionally justifiable.	2.61	.08
Students will observe professional secrecy.	2.64	.10
Equal situation will not be a problem.	2.93	.10
Someone my one age will understand better.	3.53	.09
Talking to a student makes the problem seem less serious.	3.67	.09
Seeking help from students is less threatening.	3.72	.09
The possibility of meeting the student in a social context does not represent a problem.	3.76	.10

Note. Higher value indicates stronger disagreement with the statement. Min = 1.0, Max = 5.0 for all statements.

Figure 1: Summary model for avoiding helpseeking when help is needed, N=741



*p<.05, **p<.01, ***p<.0001

Seeking treatment or not?

A study on mental helpseeking and its relation to needs, symptoms, person characteristica, experiences and attitudes in a student population

Main thesis for the Cand. psychol. degree
February 2004

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Aknowledgements

First and foremost I would like to thank Ingunn Skre and Catharina Wang for outstanding supervision and encouragement in the process of this study, and also for financing the distribution of the survey. Especially Ingunns assistance in statistical analyses and Catharinas contribution in form of theoretical, hypotheses-generating dicussions, as well as feedback on the written product from both has been invaluable.

Thanks also to:
Rigmor Bjørkli and the Students Department for arranging the distribution of the questionnaire by sampling respondents.

Oddgeir Friborg, Joar Vittersø, Bente Træen, Monica Martinussen and Ingela Kvalem from the HELT-project for contributing with references.

Hanne Rieber from the Student's social services for references and initial disussion.

Mona Pedersen for practical assistance.

Kristoffer Skarvåg, my husband, for helping with practical work in distributing the survey and with data-punching.

Foreword

This study is based on a survey named "Student life –challenges, problems and needs", screening many aspect of how the student population of the University of Tromsø percieves their situation. The idea to start this project came from my supervisior Catharina Wang, who is involved in drawing up a framework of efforts for students with mental illness. This work needed a foundation in research on mental health problems and needs in the student population.

The questionnaire was made by the author, partly to match an ongoing study at the University of Oslo named the HELT-project. HELT surveys different aspects of student life, such as studies, health and personality, social relations, psychiatric symptoms, medication, strains and coping, physical activity and alcohol consumption. This partly matching was done in order to make comparative studies between the two cities possible. Although many questions and scales in the "Student life" are identical with the HELT questionnaire, there are also an extensive amount of variables included that are especially designed for filling a need for information about Tromsø-students mental health and specifically their needs in terms of mental health service, and also for exploring questions raised in the present study.

Skaland, January 2004-02-01

Hedvig Aasen Skarsvåg

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Seeking treatment or not?

A study on mental helpseeking and its relation to needs, symptoms, person characteristica, experiences and attitudes in a student population

Abstract

This study was aimed at uncovering aspects involved in helpseeking behavior; more specifically describing reluctance to seek mental health treatment in individuals who have a subjectively felt need for such help. Respondents from a student sample (N=741) participated in the survey. 491 (66%) had never felt need for help and 250 (33%) had felt need for help. Of those who had felt need, one third (82) had sought help and two thirds (168) had omitted seeking help. The variables that were found in logistic regression to significantly predict avoidance of helpseeking was young age (β=-.21), depression symptoms (β=.12) and having been victim of bullying on repeated occasions in childhood (β=.12). Linear regression analyses showed that related to the depression dimension was gender (more females), low self-liking and low general satisfaction with life. Related to bullying-experiences was gender (more males), low self-liking and high emotional loneliness. The interpersonal aspects of the findings are discussed. Also a survey was done on what type of mental health service was preferred by the group that avoided helpseeking in spite of their need. The majority of this group (57%) reported they would like to make use of online counselling if this was offered to them. Although more negative than individuals without treatment-needs, a substantial share of help-seeking avoiders would like to use mental health services provided by psychology-students (35% wishing individual therapy, 27% wishing telephone counselling).

Despite vast amounts of clinical research in psychology, relatively few studies have addressed treatment seeking behavior for mental problems. Even less material exists on specifically how many people have a subjective need for help but still avoid seeking treatment. We have reasons to assume that some of the more common mental problems go untreated in a vast number of people. Most people who experience mental distress do not seek help for their problems (Mechanic, 1976).

The aim of the present study is to estimate the need for treatment in a representative student population and to describe aspects of symptoms, characteristics and situations of persons with untreated need relative to those who have applied for treatment and those who never felt any need for help. Hopefully this will provide more understanding of what causes reluctance toward helpseeking when such is needed. What is characteristic of this group of people who percieve themselves as being in need of help, but still omit seeking it? What kind of help do they need or prefer? For which reasons do they avoid seeking help?

Theoretical background

A number of reasons why people avoid seeking help have been pointed out in social psychological and clinical litterature. Some are of external, practical nature, while others are more psychological. Amato and Bradshaw (1985) find in an exploratory study that reluctances toward helpseeking, including both professional and informal help, group together in five clusters. These include: 1) stigma and fear about the consequences of seeking help, 2) problem avoidance or denial in the individual, 3) negative evaluation of the helper, 4) external barriers such as time and financial cost and 5) desire to maintain independence, e.g. a wish or need to solve the problem oneself. This means that given that a problem has been identified (2) and that help or treatment is available and affordable (4), there will still be reluctances to helpseeking.The authours (Amato and Bradshaw, 1985) even suggest that 1), 3) and 5) are the most challenging obstacles, indicating that psychological barriers are of great importance in this context. They are obstacles standing between the perception of mental distress and the seeking of help that might alleviate that distress.

Psychological barriers to treatment seeking can be seen as intervening variables between a problem and an individual on the one hand and the actual helpseeking behaviour on the other. They are likely to be affected by type of symptoms and perception of the problems the person is experiencing. Another type of factors that influence helpseeking, are person characteristica like gender, personality, selfconfidence and more. A third group of reasons for reluctance to helpseeking could be the nature of the situation, or experiences the person has had, for instance traumatic episodes or social exclusion of some sort. Finally, attitude toward possible helpsources is likely to be related to whether or not there are barriers toward helpseeking.

Symptoms

Depression and anxiety. Symptoms of depression and anxiety could be described not only as diagnostic clusters, but also as the aspect of a mental illness that portrays the actual felt pain or suffering of the individual in many different diagnoses. Looking at how these symptoms are related to helpseeking is very much of interest because of this phenomenological aspect. Also, high current symptom rating on anxiety, somatization and depression (HSCL-25) has been found to be the strongest predictor of former and current helpseeking addressed to general practioners (Sørgaard, Sandanger, Sørensen; Ingebrigtsen & Dalgard, 1999).

It is not surprising that high general symptom scores are assosiated with helpseeking. The focus here though, is not solely on what characterizes helpseekers relative to the general population, but specifically what separates helpseekers from people who feel need for help but omit seeking it. This group's symptom score will provide an indication of the severity of the untreated mental illness in the student population.

Attachment theory provides a theoretical basis for understanding how symptoms are thought to be related to helpseeking behavior. In Bowlbys theory of internal working models it is assumed that early, and mainly nonverbal, emotional interaction with caregiver the infant form internal working models of self and others (Bowlby, 1969), models that in time becomes habitual and automatic. (Bretherton & Munholland, 1999). Attachment patterns are associated with different ways of regulating negative affect. Insecurely attached individuals are characterized as having negative working models-of-self, and being at risk for poor coping and difficulties in emotional self-regulation. (Anderson & Guerrero, 1998) Attachment can also be related to Eriksons term of basic

trust vs mistrust, and seen as an interpersonal foundation of the fundamental trust an individual has in the environment. The combination of emotional difficulty, inadequate coping and mistrust could well be thought descriptive of helpseeking-avoiders and also fits a description of depression.

In fact, relative to psychiatric illness in general, findings indicate that interpersonal dysfunction is characteristic of current major depressive disorder, and also of dysthymia (Zlotnick, Kohn, Keitner and Della-Grotta, 2000). Dysfunction was most evident in intimate relationship (marital/live-in partner), and measured as fewer positive and more negative interactions. There was no difference in interpersonal functioning between treatment-seekers and nontreatment-seekers suggesting that even though many depressed individuals do not seek help, they still suffer impairment in their interpersonal relationships.

Hypothesizing that interpersonal difficulties to some degree has its root in lack of basic trust or insecure attachment, another and more maintaining aspect can be how depressed individuals create a negative social environment around them and as a cause loses further support frem the network (Coyne, 1976). This would constiute a vicious circle where relations are confirmed not to be trustworthy.

Amato & Bradshaw (1985) suggest that attributing the cause of problem to ones own action is more fear-inducing with regards to helpseeking. This may be especially relevant for depressed individuals with many internal attributions. Core symptoms of depression are low selfesteem, low feelings of worth, pessimism and reduced cognitive alertness (ICD-10). It is reasonable to expect that these factors would hinder helpseeking despite a felt need because the person does not believe in positive outcome and also feels shame and generally is in a passive state. Theory of learned helplessness (Seligman, 1989) has frequently been related to depression and sheds light on why depressed individuals do not try to improve their situation, which they possibly could do by seeking treatment.

Anxiety also consists of symptoms that could be related to early attachment difficulty and effect interpersonal functioning negatively. Particularly social anxiety interferes with the person's relationship to others. A pilot study on patients with eating disorders showed that individuals that did not seek treatment had significantly higher levels of social anxiety compared to those who did engage in treatment (Goodwin and Fitzgibbon, 2002).

Loneliness. One consequence of interpersonal problems can be feelings of loneliness. Considering the experince of loneliness, Weiss (1973) made a distinction between social isolation and emotional isolation. Social isolation involves lack of a social network, while the type of loneliness that comes from emotional isolation is experienced in the absence of a close attachment relationship. Evidence suggests that these two forms of loneliness are distinct experiences (Di Tommasio & Spinner, 1996). In Weiss' theoretical framework, there are different types of social provisions that people get from relationships. He proposed that the absence of the social provision attachment underlies emotional loneliness, while the absence of social integration is what causes social loneliness.

In a recent study, treatment seeking behavior was found to be predicted by social functioning, controlling for the effects of a variety of symptoms of mental disorders as well as sociodemographic variables, percieved social support and attitude toward treatment. Marked social impairment predicted nearly a threefold (odds ratio = 2.9; 95% confidence interval = 1.6 – 5.4) increased likelihood of seeking mental health treatment (Gameroff, 2002). This should indicate, Gameroff concludes, that self percieved social impairment is an independent catalyst for mental health treatment-seeking and hence could help in identifying patients who have high percieved need of treatment. It is not surprising that treatment-seeking is predicted by social impairment, but when comparing helpseekers with people in need of help who do not seek it, the picture is turned around. Seeking help for mental problems requires at least some adequate social functioning, given that this form of help is social by nature.

Eating disorder. Eating disorders like anorexia and bulimia are increasing in prevalence especially among young women (Lewinsohn, Striegel-Moore & Seeley, 2000). This group, though associated with psychiatric comorbidity, probably differs from many other sorts of mental illness in that the person wish to maintain the problematic behavior and simultanously suffers under this; there is a great ambivalence attached to this type of problem. Also, Amato & Bradshaw (1985) suggest that more intimate problems cause more fear of treatment. Eating problems are perhaps percieved as especially intimate and are often kept secretive.

Stress. Stress has been found to increase the likelihood of seeking treatment for physical complaints. (Manuck, Hinrichsen and Ross, 1975) Whether this is a factor that influences helpseeking for mental distress is uncertain, as is the direction of that influence.

Person characteristics

Self-esteem. Some have postulated that helpseeking is threatening to an individuals self-esteem (Fischer et al, 1982). Findings seem to support this in that people are less likely to seek help for very intimate problems (Mayer & Timms, 1970), problems that are stigmatizing (Bergin & Garfield, 1971) or problems that implies personal inadequacy (Shapiro, 1980) –all of which can be percieved as threatening to self-esteem. Amato & Bradshaw suggests that of the components involved in reluctance to treatment seeking it is fear that relates to threat to self-esteem. Self-esteem as a construct has been described two-dimensionally, with selfliking and self-competence as closely related but distinguishable aspects, and this diffraction is argued to help explain conceptual differences in this area (Tarfarodi & Milne, 2002). Self-competence is defined as the valuative experience of oneself as a causal agent, someone with intention, efficacy and power. Self-liking, on the other hand, is defined as the valuative experience of oneself as a social object (Tarfarodi & Swann, 1995). In this perspective, exploring whether self-liking and self-competence is related to helpseeking is of interest.

Satisfaction. An aspect of life quality, satisfaction with life is defined as the degree to which an individual evaluates the overall quality of his or her life (Vittersø, Røysamb & Diener, 2002) Measuring this global life satisfaction makes it possible to explore whether it is related to helpseeking behavior when there is a felt need.

Relationships and friends. As a supplement to loneliness scores, measuring the quality of romantic relatonships could give indications on the relation between interpersonal difficulties and helpseeking. Also of interest in a description of the target behavior will be number of close friends and acquaintances, assuming this might relate to emotinal and social loneliness.

Personality-traits. Negative affect or neuroticism is an example of a personality trait that is associated with lesser psychological wellbeing (Ebert, Tucker & Roth, 2002) and also with expressing more and unfounded symptoms of physical illness(Feldman, Cohen, Doyle, Skoner & Gwaltney, 1999). Personality has been found to be more important than demographic variables in referral to treatment. (Sørgaard, Sandanger, Sørensen, Ingebrigtsen & Dalgard, 1999). Exploring whether personality also has a predictive value concerning helpseeking is one aspect included in the current study.

Sexual orientation. Non-heterosexual orientated individuals have been shown to have higher prevalence on mood-, anxiety and substance use disorders when compared

with heterosexuals, possibly due to harmful effects of social stigma (Cochran, Sullivan & Mays, 2003). Also, minority sexual orientation is considered a risk factor for attempted and completed youth suicide (Gould & Kramer, 2001). Further, Cochran et al. observed that non-heterosexuals had higher use rates of mental health services, with approximatly 7 % of those receiving treatment being lesbian, gay or bisexual, although this group represent less than 3 % of the population. Including sexual orientation in the current analysis will give an indication of whether this difference is due solely to increased prevalence and/or severity of distress or if sexual orientation is related to helpseeking behavior.

Gender. Gender differences in symptom scores have been pointed out; concerning depression there seems to be a large difference between males and females in anxious somatic depression, with more females reporting symptoms, but not in pure depression (unaccompanied by the somatic symptoms) (Silverstein & Lynch 1998). Women's helpseeking attitudes have been reported to be consistently more positive than men's (Fisher & Turner, 1970).

Traumatic experience

Bullying. In victims of childhood bullying associations have been reported with later depression and poor self-esteem (Olweus 1993) and also with risk of various other mental disorders, such as anxiety, psychosomatic symptoms, eating disorder and substance use (Kaltiala, Rimpelae, Rantanen & Rimpelae, 2000). These victims seem to deal with interpersonal stressful events by means of non-engagement coping strategies, resulting in depression (Araki, 2002). This type of strategy is not unlikely to involve avoiding of helpseeking when experiencing distress.

Recent traumatic incidents. Having experienced traumatic events more recently in life could also affect helpseeking behavior. Such episodes could be percieved as relatively concrete and therefore providing the person with a comprehensable reason for seeking treatment. Also recent traumatic experiences probably reduce subjective well-being and could therefore increase help-seeking behaviour.

Students as helpseekers

Students are often in an especially vulnerable situation because starting an education often means moving away from home and thus inducing stress and, for many, reducing social support, which is associated with increased risk of mental illness (Stroebe & Stroebe, 1996).

Interestingly, previous researh on students has suggested that there is a need for change in delivery of psyciatric services to college students, in light of a fairly large number of students (around 50%, but the sample is relatively small) with diagnosable illnesses who neither sought nor considered seeking treatment for their problems (Rimmer, Halikas, Schuckit & McClure, 1978). If the results from the present study resembles Rimmer et al's, in that many report needing help without seeking it, this should have implications for the delivering of mental health services to the student population.

Attitude factors, as well as social norms have been found to predict helpseeking intention, witin a framework of the Theory of Reasoned Action (Howland, 1997). More precisely, two attitude factors were found; a general attitude toward helpseeking and an affective reponse, reflecting how comfortable or unpleasent seeking help was percieved to be. Assuming that intention has at least some impact on actual behavior, knowledge of both attitude factors in individuals who do not seek help despite reported need will be of interest, especially when considering what type of mental health service one would want to offer. In the present study attitudes toward different alternative helpsources is explored, particularly that of interventions run by psychology-students.

Current focus questions and hypotheses

The numerous variables included in the study are included to give a broad description of the topic of helpseeking in a student population. First, indicating how many people who feel they need help but omit seeking it, is of great interest in itself. Based on mentioned findings that most people who experience distress do not seek help, this group is expected to be of substantial size.

All individuals who report they feel a need for help can be expected to have high general symptom scores relative to the rest of the population. But from the clinical

research on depression and its partly interactional nature, and from assuming that social impairment, disengaging coping and basic mistrust are important factors in depression, the expectation would be that especially the depressive symptoms will be associated wth feeling need for help and yet not seek it. The depressive clinical picture including passivity, feelings of helplessness, pessimism and internal attributions further strengthens this assumption. Another expectation, arising from previous research, and in line with our interpersonal focus, is that social anxiety is related to treatment reluctance.

In terms of loneliness, it is predicted that experiencing social loneliness is associated with helpseeking. This would be in line with findings of social impairment increasing the likelihood of seeking mental health treatment. Emotional loneliness, on the other hand, that is attachment-related and consists of a lack of closeness, is hypothesized to be associated with avoiding helpseeking.

In those reporting eating problems it is expected that reluctance toward helpseeking is strong. As for the aspect of stress this study merely explores possible influences on helpseeking.

Self-esteem, conceptualized in self-liking and self-competence is expected to be low in help-avoiders, because low self-esteem is likely to induce fear of being disclosed or reveal oneself. Since the self-liking component is more related to oneself as a social being, it is possible, in line with the interpersonal focus, that this dimension of self-esteem is more important in understanding reluctance to seek help.

The aspects of life satisfaction, quality in romantic relationship, personality traits and sexual orientation have all been included in the study in an exploring manner, for different reasons: Satisfaction is a good indicator of overall subjectively felt wellbeing, relationships are vulnerable to problems with interpersonal dysfunction, personality traits are related to psychopathology and sexual orientation to increased symptoms and to engaging in treatment. These aspects are considered not unlikely to be relevant in considering helpseeking versus reluctance.

Considering traumatic events that people have experienced, the more recent episodes are thought to increase helpseeking behavior because incidents like this are often comprehensible and concrete. Having been a victim of childhood bullying, on the other hand, is hypothesized to decrease the likelihood of seeking help when it is needed. This is due to the important relational implications that bullying has in forming non-engagment coping strategies. Again an interpersonal focus seems appropriate in coming to terms with helpseeking reluctance.

Since intention to seek help is predicted by social norms and attitudes, those attitudes are expected to be relatively negative in the group that avoids seeking help. An attempt to clarify more specifically what attitudes this group holds is also made.

Method

Sample

Mailed questionnaires were sent to 1500 registered students at the University of Tromsø. The University has a total student population of some 6000 registered students, abut half of whom had registered at the time of sampling. The sample was prepared by the University of Tromsø Student Registry, and was selected to be representative of the total student population on variables like gender, age, and according to subjects and level of study progression. Seven-hundred-and-forty-two students returned the questionnaire, and after excluding one because of incomplete answering, the repondents made up 49,4 % of the sample. More females (508 (68.6%)) than males (233 (31.4%)) returned the questionnaire. For comparison the distribution of gender at the University is about 56% females and 44 % males (reported from Student Registry in october 2003). Mean age was 25.4 (SD = 6.73). Twenty-eight questionnaires were returned unanswered.

Procedure and instruments

The project was initially presented and accepted by the Regional committee for research ethics in medicine and psychology, health region V. Participants then received a questionnaire by mail accompanied by an information letter inquiring their anonymous and volunteer participation. Two weeks later they all received a reminder of the inquiry. Letters and questionnaire are shown in the appendix.

The questionnaire contains questions of numerous aspects of the students' lives. Relevant for the present study are questions about demographic variables, social or relational aspects, different symptoms of mental distress, personality, sexual orientation and romantic relationships, self-efficacy and self-esteem, satisfaction, stress, traumatic experiences incuding bullying and helpseeking needs and attitudes. The scales employed are described in the following.

Depression and anxiety. Symptoms of depression and anxiety were measured with the Hopkin Symptom Checklist (HSCL-25) (Derogatis, Lipman, Rickels, Uhlenluth & Covi, 1974). Symptoms were scored along a four-point Likert scale, ranging form "not at all" to "very much". The HSCL-25 has received support as a screening instrument for detecting anxiety and depression in non-psychiatric patients (Winokur, Guthrie, Rickels & Nael, 1982). More recent findings though, suggest the scale is best suited for measuring general level of psychiatric distress (Sandanger, Moum, Ingebrigtsen, Sørensen, Dalgard & Bruusgaard, 1999), and is acceptable as a diagnostic screener only for depression (Sandanger, Moum, Ingebrigtsen, Dalgard, Sørensen & Bruusgaard, 1998). Internal consistency reliabilty of the scale was estimated and the alpha coefficient was .90 for the total scale, .88 for depression subscale and .76 for anxiety subscale.

Loneliness. Following Weiss' typology of loneliness, the Social Emotional Loneliness Scale was used, measuring loneliness on two subscales: social loneliness and emotional loneliness (Wittenberg, 1986(unpublished doctoral dissertation), cited in Shaver & Brennan, 1991). Each loneliness item was indicated on a five-item Likert scale (1 = never, 5 = very often), with higher scores indicating more intense feelings of loneliness. The internal consistency estimates was alpha coefficients of .79 for the total scale, .78 for the social loneliness subscale and .77 for the emotional loneliness subscale.

Eating problems. Screening for eating problems was performed using the Eating Disorder Scale (EDS-5) (Rosenvinge, Perry, Bjørgum, Bergersen, Silvera & Holte, 2001) The scale consists of five items, scored on a seven-point Likert scale with higher scores indicating more pathology. The internal consistency of the scale was indicated by an alpha of .85.

Quality of romantic relationship. A scale was constructed for assessment of quality in romantic relationship. Dimensions assumed relevant for the topic were presented and answered on a five-point scale. These dimensions were: 1) Stable – unstable, 2) hard – not hard, 3) romantic – not romantic, 4) insecure – secure, 5) open – reserved, 6) right for you – not right for you, 7) distant – close and 8) caring – not caring. The internal consistency reliabilty of the scale was acceptable (alpha .89).

Satisfaction. General cognitive judgements of life was measured with the Satisfaction With Life Scale (SWLS), which is a five-item instrument responded to on a seven step Likert scale from strongly disagree to strongly agree (Diener, Emmons,

Larsen & Griffin, 1985). Higher scores indicate more satisfaction. Cronbachs alpha for this scale was .88.

Self-esteem. Measurement of self-esteem was performed employing the Self Liking and Competence Scale (SLCS) (Tarfarodi & Swann, 1995). This scale divides into two 10-item subscales, one designed to measure self-liking, and the other to measure self-competence. Self-liking and self-competence are scored on a five-point Likert scale, ranging from "strongly disagree" to "strongly agree". High internal consistency of the scale and subscales was found, indicated by alpha coefficients of .92 for self-liking, .89 for self-competence and .94 for the total scale.

Personality. Personality traits were assesed using a short version of 5-PFa which is a personality differential built on adjective scales measuring "the Big Five"-model (Engvik, 1993). The five dimensions are: Agreeableness, Extraversion, Conscientiousness, Neurotisism and Openness to experience. Engvik found intersubjective validity ranging from .63 to .78 for the main factors.

Attitudes toward student counselling. A scale was constructed for assessing attitudes in the student population toward receiving help from a psychology-student. Agreement with statements regarding this question was indicated on a five-point scale. The internal consistency reliability of this scale was estimated to alpha .61.

Statistics

All analyses were performed with the SPSS for Windows, version 11.0.0. For comparisons between groups, Anova, with contrast analysis, was employed for continous and Chi-square tests for nominal variables. To study interrelationship between variables, Logistic regression analysis was employed when the dependent variable was dichotomous and Linear regression when the dependent variable was continous. A significance level of 5% was chosen. Missing data were treated as missing. The total N may therefore vary in the different analyses, since the SPSS performed listwise deletion of missing data.

Results

General description of the sample

Insert Table 1

Insert Table 2

Insert Table 3

Participation in the survey was stronger for females, and this is presented in Table1. A demographic description of the whole sample is given in Table 2. On average the repondents are 25.3 years of age and have studied somewhat more than three years.Table 3 reports the distribution of University-subjects and levels in the sample. Concerning general psychiatric symptom level, there was 24.1 % of the total sample that had HSCL scores at 1.75 or above, which has been set as a cutoff for psychiatric problems (Winokur, Winokur, Rickels & Cox, 1984).

Helpseeking and reasons for avioding it

Insert Table 4

As shown in Table 4, the sample divides in three groups of different helpseeking behavior. Two thirds (66.3 %) reported no need of seeking help(No Need-group), The remaining one third of the total sample had felt the need for help and 11.1% had actually sought help (Sought Help-group) while 22.7 % had felt the need for help, but had omitted seeking it (Felt Need-group).

Insert Table 5

Looking closer at the reported reasons in Table 5 for not seeking help despite a felt need, the majority wants to handle the problem themselves and/or feel that the problem is not serious enough to justify treatment seeking. Support from friends and concern with how one would seem also represent strong reasons for avoiding helpseeking. Only one in five says avoidance is due to wish of not bothering anyone.

Comparison of symptoms the three helpseeking groups: Felt Need but omitted, Sought Help and No Need for help

Insert Table 6

The results showed, as expected, that the amount of symptoms is less in the group that reports not feeling need for treatment. Table 6 presents for the three helpseeking groups mean values of total symptom meanscore on the Hopkin Symptoms Checklist, as well as anxiety subscale meanscore and depression subscale meanscore. It also shows a One-Way Analyses of Variance (ANOVA) with helpseeking groups as independent variables and the mentioned mean symptom scores as dependent variables. The three group main effects were significant. Contrast analyses showed significant differences between all groups on total mean score, depicting Felt-Need group as having most symptoms, followed by Sought-Help group and then No-Need group. Separating this symptom-score into anxiety and depression, contrast analyses revealed significant difference in depression between Felt-Need group and Sought-Help group, with the Felt-Need group showing more depression. This difference is not found for anxiety.

Insert Table 7

For Social Emotional Loneliness Scale, Table 7 presents mean values on each of the two subscales and total mean for the three helpseeking-groups, as well as one-way ANOVAs with helpseeking groups as independent variable and the mean loneliness scores as dependent variable. Main group effects are significant for all loneliness measures. No Need-group always shows less loneliness than the others. Contrast analyses showed, significant difference between Felt Need-group and Sought Help-group on emotional loneliness, but regarding social loneliness and total loneliness score there is no such difference. Further, there is significantly less emotional loneliness in No-Need group compared to Felt-Need group, but no difference between Sought Help-group and No Need-group. On the other loneliness measures, social loneliness and total loneliness score, the No-Need group is the one differing significantly from the others.

Insert Table 8

Table 8 shows means on the Eating Disturbance Scale for the three helpseeking groups, and also includes one-way ANOVA with helpseeking groups as independent factors and the EDS score as dependent factor. The main group effect is significant, and contrast analyses indicates that the No-Need group has significantly less eating problems than the others, as expected. There is no difference between Felt-Need and Sought-Help groups on this parameter.

Insert Table 9

Social anxiety and helpseeking is described in Table 9. The No Need group shows significantly less of this symptom, but there is little difference between Felt-Need and Sought-Help groups regarding this.

Insert Table 10

Table 10 reports mean scores on items measuring amount and consequences of stress. In the ANOVA here, all except "pressure at University" came out with significant main group effects, but contrast analyses indicated that there is no difference between Felt-Need group and Sought-Help group on any items. No-Need group experiences in general less stress than the others.

Comparing person-describing variables in the helpseeking groups

Insert Table 11

On quality of romantic relationship and satisfaction with life (table 11), the No Need group reported significantly higher satisfaction and better relationships than the need-groups. Only on the Satisfaction With Life Scale did also the two need-groups differ from one another, with the Felt-Need group being least, the Sought-Help group more and the and No-Need group most satisfied.

Insert Table 12

Self liking and competence in the three helpseeking groups are depicted in table 12, with means on the total scale and the two subscales for each group, and one-way ANOVAs, with helpseeking groups as independent factors and the SLCS scores as dependent factors. The main group effect is significant for all measures, and contrast analyses shows that Felt-Need and Sought-Help groups are significantly different for total score and for self-liking score, but not for self-competence score.

Insert Table 13

As shown in Table 13, the personality dimension negative affect is significantly lower in the No-Need group compared to the others, who feel they need help. There are no significant differences between help-seekers and help-avoiders on any of the personality dimensions.

Insert Table 14

Findings on sexual orientation is shown in Table 14. There were more non-heterosexuals in the two need groups than in the No Need group, but no difference between the two (Felt-Need and Sought-Help groups).

Insert Table 15

Number of friends follows the same pattern as sexual orientation. Table 15 shows means on number of close friends and acquaintances, and one-way ANOVAs with helpseeking groups as independent factors and the means as dependent factors. The main group effect is significant for both measures, and contrast analyses shows that No-Need group differs from the others with more friends. There is no difference between Felt-Need and Sought-Help group.

Comparing traumatic experiences

Insert Table 16

Table 16 shows that the Felt-Need group differs from Sought-Help and No-Need groups in number of cases that have been bullied repeatedly. Repeated bullying has occurred in more than 20% of the individuals who avoid seeking help despite their need. Also, the Felt-Need group and Sought Help group both have a higher percentage of victims who have experienced bullying occationally, relative to the No-Need group.

Insert Table 17
Insert Table 18
Insert Table 19

Other and more recent traumatic experiences are shown by the results not to distinguish between Felt-Need and Sought-Help groups. Tables 17-19 show that experienced disease or damage within the last year is related to actually seeking help, while such disease/damage in someone close is more common in all those who feel need for help. Having painful memories from traumatic events is also more frequent in those who need help.

Predicting avoidance of helpseeking: Logistic regression

Insert Table 20

Table 20 presents the result of a logistic regression indicating that in Felt-Need versus Sought-Help group, there are three significant independent variables that predicts avoiding of helpseeking: Age, depression and having experienced repeated bullying. In a separate logistic regression analysis gender was also entered as an independent variable, and in that analysis neither gender nor repeated bullying reached significance, while age and depression remained significant predictors of help-avoidance. Scrutiny of the correlation pattern between the variables revealed that female gender was correlated ($r = .11$) to depression and male gender was correlated ($r = -.11$) to repeated bullying, and that this interaction between gender and the other variables outweighed the impact of

repeated bullying on help avoidance. To nuance the impact of bullying and depression on help avoidance, separate regression analyses of the predictors of these two variables were performed.

Insert Table 21
Insert Table 22

Tables 21 and 22 show the results of linar regression analyses in the total sample, indicating predictors of depression and childhood bullying, respectively. Depression is significantly predicted by gender (more females), low satisfaction with life and low self-liking. Having been victim of bullying repeatedly is predicted by gender (more males) emotional loneliness and low self-liking.

Insert Figure 1

The results from all regressions are summarized in figure 1. This is not to be understood as a path model, but merely an overview of the three separate regression analyses that were conducted. The logistic regression was performed in the subsample who reported need, while the linear regressions were done in the total sample.

Avoiding helpseeking: Needs and attitudes toward helpsources

Insert Table 23
Insert Table 24

The results show that in the Felt-Need group, where individuals feel need for help but do not seek it, the helpsource considered most likely to be used are psychologist or psychiatrist, general medical practioner and the Students'Social Services, in that order. This is shown in Table 23. Table 24 reports what suggested alternative treatment individuals in the Felt-Need group would prefer over the existing options. 57.5% say they would want contact or counselling on the internet rather than making use of existing resources. When the alternatives therapy and telephone contact with psychology-students are suggested, 35.8 % and 27.3% respectively of the Felt-Need group report they would prefer these alternatives over the already existing.

Insert Table 25

Insert Table 26

Describing attitudes of the sample toward receiving help from psychology-students, Table 25 shows mean scores in negativity for the three helpseeking groups and the result of a one-way ANOVA giving a significant main-group effect. Contrast-analyses indicate that Felt-Need group and Sought-Help group are equally negative towards help from students, and more so than the No-Need group. Table 26 reports the Felt-Need groups' attitudes, and suggests that the most negative attitudes concerning help from other students are about meeting each other in social contexts and percieving the situation as threatening. The more favorable attitudes concerning this question consider the student therapists likely to hold professional standard and to observe secrecy.

Discussion

The main results of the present study were the following:

▪ As many as one third of a representative sample from a studentpopulation reported having ever felt in need of help for mental problems.

▪ Two thirds of those in need , or 23 % of the total sample had felt in need of help but omitted seeking it.

▪ Help avoidance was connected to young age, higher depression score and having been the victim of repeated bullying in childhood and adolescence.

▪ Depression rate was connected to female gender, low satisfaction with life and low self-liking.

▪ Being victim of repeated bullying was connected to male gender, low self-liking and high emotional loneliness.

▪ The existing helpsources that were considered most likely to be used by the group who had felt need for help but not sought it, were: 1) psychologist / psychistrist, 2) general practioner and 3) Students Social Services.

▪ Of suggested alternatives to existing helpsources, 57 % of the Felt Need group were positive to internet counselling.

▪ Though the two need groups were more negative to receiving help from students, within those who felt need but omitted helpseeking 35 % and 27 % were positive to therapy and telephone counselling with psychology students, respectively.

No Need group

Repeatedly throughout the analysis so far we have described differences and characteristics of the three helpseeking groups; The No Need group, the Sought help group and the Felt Need group. From the results, giving a closer description of these groups is possible. The No Need group is the larger one (two thirds of the sample), and to no surprise the group with the lowest psychiatric symptom scores. This includes low level of general psyciatric problems, depression and anxiety (including social anxiety), less of both social and emotional loneliness and less eating problems. The individuals of the No Need group further experience less pressure from others, they have less concentration difficulties and are generally more satisfied with their lives. They also report better quality of their romantic relationships and have more friends than the two need groups. They are more self-confident, with higher self-liking and-competence scores. They score lower on the personality dimension of neurotisism. In this group the percentage of non-heterosexuals is lower than in the need-groups. More of the indiduals in the group have never experienced any bullying in their upgrowing years compared to the others, though more than half of them actually have. They have had less traumatic experiences. Finally, they express more positive attitudes toward mental health services run by students.

Sought Help group

The Sought Help group consists of 11 % of the sample, and has lower symptom scores than the help-avoiders, including general psychiatric symptom level and depression score. This can be interpreted as an indication that the treatment the individuals in this group has received has had a positive effect. Further, those who have actually sought help for mental problems report of less social but not emotional loneliness than those with no need, indicating that they typically can form intimate bonds, but have problems with social adjustment. They have fewer friends and, especially, aquaintances than the No-Need group. The global satisfaction with life among helpseekers is better than for the helpavoiders, which could also be related to effects of therapy, or possibly to a baseline of better functioning. The helpseekers are

characterized by higher self-liking than the helpavoiders. This too, of course, can in part be a result of treatment, but also in part an antecedent of the helpseeking. The linear regression shows that self-liking is in fact related to the predictors of not seeking help. The ability to form intimate bonds, which indicates a certain trust in others and perhaps relates to a history of secure attachment, can partly be explained in the relatively few cases of repeated bullying-victims seen in the helpseeking group. To sum up, helpseekers could be described as relatively secure in interpesonal relations, not lacking closeness to others, liking themselves, not having been seriously bullied in childhood and probably having profitted from treatment.

Felt Need group

The Felt Need group is the one shown most interest in the present study because it consists of indivduals that might benefit from interventions. Revealing some aspect of the reluctance to seek help when such is needed will be not only of theoretical, but also of practical interest in clinical and political work. Addressing the question of how many people in the student population had unmet needs concerning treatment, showed as expected, that this group was substantial; More than one in five of all repondents reported feeling a need for help because of mental distress and did not seek such help. The need being self-reported and thus subjective, this number does not necessarily indicate that all respondents in this group must have treatment. Compared to how many students who had symptom scores above cutoff (24.1 % of the total sample were at or above 1.75 on HSCL), and considering that about 11 % had actually sought help, it is reasonable though, to assume that as many as 10-15 % of the total student population who has not been in contact with mental health services would benefit from treatment or counselling of some sort.

The helpavoiders have the highest symptom scores of all the groups, with higher general level of psychiatric symptoms than the other groups. This indicates that the omitting of seeking help in this group is not due to a lesser need; quite the opposite, it is associated with increased distress. As hypothesized, individuals reluctant to seek help have more depression symptoms than helpseekers, and depression was a significant predictor of help-avoidance. Conclusions from the HSCL about diagnostic clusters are as mentioned earlier perhaps limited to depression. Anyway, the anxiety subsacle was not significantly related to help-avoidance. Neither was social anxiety. This underlines an important aspect of the interpersonal aspects of help-avoidance; they seem to be a

result of depressive symptoms rather than constituting prime symptoms in form of avoidance of social situations.

The Felt Need group also reported more emotional but not social loneliness than the helpseekers. This indicates a lack of interpersonal closeness or intimacy that would be expected in individuals with insecure attachment patterns. It was expected that social loneliness would be related to helpseeking, whereas emotional loneliness would relate to help-reluctance. The logistic regression, though, indicates that emotional loneliness does not significantly predict help-avoidance, indicating that the relation between the concepts is not direct.

The same could be said for low self-liking, which characterizes the Felt Need group. Whereas self-competence reflects instrumental value and has to do with the persons sense of ability, the self-liking component reflects more intrinsic value, or feeling of being good in yourself, not for what you can *do* but rather who you *are.* This is an aspects of social worth; and it is natural that such a feeling of being likable makes a person more likely to seek assistance in others, to disclose. Not appreciating oneself as a social being makes it difficult to make use of helpsources that are based on social interaction with a therapist. Lack of trust adds to this picture. The relation between self-liking and helpavoiding as suggested by the regression results, is that self-liking relates to depression and to experience of repeated bullying.

Given this description of the helpavoiders it may come as no surprise that general satisfaction with life is lower among them than in the helpseeker group. Global satisfaction is found to be related to depression, simply showing that discontent and unhappiness is more likely in depressed individuals. Satisfaction did not directly predict helpavoiding, although it did significantly differ between need-groups, so that helpavoiders can be described as less satisfied with their lives than helpseekers.

The social impairmant decribed in the Felt Need group relates also to the degree of which they hav been victims of repeated bullying while growing up. This variable significantly predict helpavoiding along with depression and young age. It is natural to assume that this type of experiences influence a persons sense of security and trust in others. Also, detachment coping strategies seen in this group fits the behaviour of not acting upon your own needs, especially not when this involves disclosing oneself to another.

Depression and being victim of bullying, then, along with the whole picture of emotional loneliness, self dislike and low satisfaction, support the comprehension of

helpavoiding in terms of poor social functioning, lack of basic trust and dysfunctional coping strategies.

Looking closer at the self-reported reasons for reluctance in helpseeking in the Felt Need group, it seems that need for independence and low self-esteem, as suggested by Amato and Bradshaw (1985), has a strong impact. The most reported reason is wanting to handle the problem oneself. Perhaps is this due to the helpavoiders interpersonal difficulties and history of being alone. Also, believing that degree of seriousness does not justify treament seeking is a strong factor. This could be a sort of self-devaluating typical of people with low self-esteem. It also gives an indication that information about counselling and what one can get help for would be useful in the student population. Feeling you are seeking help when the problem is considered one that people should be able to solve on their own, could also be threatening to self-esteem. This fits the description of helpavoiders as low in self-liking. Self-esteem as a hindrance in helpseeking can also be read into the relativly frequent report of fear of how one would seem in that situation.

Age

Of the main findings are that help-avoiding is predicted by depression, young age and having repeatedly been a victim of childhood bullying. Age is the most significant of these, and this could indicate several things: Younger people are less experienced in life making it more difficult to realize when help is needed. They may have less knowledge about mental illness and about the existance of mental health services. Besides, people who struggle with mental distress tend to delay helpseeking a certain amount of time, which is reasonable in order to coming to terms with the problem. Since many disturbances typically have their onset in early adult years, one could expect the youngest of the students to either not yet to have developed a problem, or if they have, not yet to have taken action and sought help for it. The youngest simply have not had as much time as the older to seek help.

Hypotheses that were not confirmed

Eating problems was expected to be related to a reluctance toward helpseeking, because of the ambivalence that they are asoociated with, and the intimacy of their nature. This was not confirmed, there was no difference between helpseekers and help-avoiders. At least one might conclude that it is understandable that that there are not

more eating problems in the helpseeking group than in the avoiding, since this is typically not a type of problem people wish treatment for.

The results regarding stress (daily stress, pressure and burnout-symptoms) and helpseeking did not reveal any differences between helpseekers and help-avoiders. They both experience more stress than those who report no need. There is no evidence that the threshold for seeking help for mental problems is influenced by level of stress.

Variables that did not distiguish between helpavoiders and helpseekers also included quality of romantic relationship, general selfefficacy, personality, sexual orientation and recent trauma. Since interpersonal dysfunction can be assumed to affect relationships negatively, poor relationship quality might have been expected to be more frequent in the help-avoiding group. When this is not the case, it could be due to a response bias. It may be a problem that romantic relationships get idealized almost up to the point where one seperates, because realizing that something is wrong may not be acceptable in this type of relationship.

As for gender, it was found that more females were depressed and more males had experienced repeated bullying in childhood. This makes it understandable that gender does not predict helpseeking behavior. Also, females may be affected in two directions: Avoiding helpseeking more because of depression and on the other hand seeking more help because they probably hold more positive attitudes toward helpseeking.

Regarding recent traumas, the results show that except for physical illness or injury, there is no difference between helpseekers and avoiders. So whether or not one seeks treatment when it is needed seems not to be related to recent traumatic incidents or their following symptoms.

Attitudes and needs

In screening for what alternative helpsources the students would want to use, attitudes toward mental health service provided by psychology students helpseekers and helpavoiders were equally negative and more so than those who report no need for help. There was no gender difference. Earlier findings though, as mentioned, have suggested that women generally hold more favourable attitudes toward helpseeking. This may be a question for further inquiry, as may the relation between general attitudes (not just toward student therapists) and help-avoiding.

The current results show, that although those in need for help are more negative to receiving help from other students than those who have no need, there is still 35 % of the help-avoiders reporting they would want to accept an offer of individual counselling with a psychology student instead of using an already existing helpsource. 27 % of them report the same for using a telephone contact who is a student. The most striking finding concerning alternative treatments, though, is that almost 60 % of the help-seeking avoiders report they would use online counselling instead of what is currently offered. It has been found that among users of mental health-related online discussion forums, 75 % report that they find it easier to discuss personal problems online than face-to-face, while almost half say they discuss problems online that they do not discuss face-to face (Kummervold, Gammon, Bergvik, Johnsen, Hasvold & Rosenvinge, 2002). These statements reflect problems with direct interpersonal interaction that are described for the group of individuals who have felt need for help but not sought it. Another alternative equally popular among the help-avoiders as online counselling is a telephone contact run by professionals.

Limitations

There are several limitations to the study that should be mentioned. Assessing data concerning mental health through an anonymous questionnaire may be subject to report bias.

The sample in the present study is from a student population, and the data thus may not be representative of the general population. All students have at least 3 years more education (gymnasium or high school) than what is the national minimum, and with university education in addition, they are therefore more educated than the majority of the young adult population of Norway. The student population also have a skewed gender distribution with more women than the normal population. Furthermore proportionally, more female than male students have returned their questionnaires. This was as expected, since women have been found more likely to respond to mail survey than men (Woodward & McKelvie, 1985).

The respondents in a study of this sort must be considered a selection of individuals. More who feel the questions are relvant for them may have returned the questionnaire. However, the purpose of the study was to estimate untreated mental problems in the student population and to describe those who avoid seeking treatment. Even though the response tendency may be biased in the direction that more of those

who feel the questionnaire was relevant for them, it is reason to believe that we at least have a relatively correct picture of this group. It has been known from population surveys that those who do not respond often have more severe problems than those who do respond (Hansen, Jacobsen and Arnesen, 2001). If this is the case in the present study, only a part of the picture of untreated need for mental help in the student population has been uncovered by the present study.

Conclusion and implications

Realising the methodological limitations of the study, one may still conclude that some aspects of helpseeking behavior have been clarified. There seems to be a substantial part of the student population that has a subjectively felt need for help and also scores high on general psychiatric level of distress, and yet do not seek help in the mental health service. Having obstacles and omitting seeking help for mental problems is typical for indiviuals of young age, with depression symptoms and with repeated childhood experiences of being bullied. These predictors of avoiding helpseeking even though one feels a need for help, can be understood in terms of interpersonal difficulties, and seem to be related to low self-esteem, gender, loneliness and dissatisfaction with life.

Implications from the study for clinical work and organization of mental health service for students would be giving out information of what sort of help is available and what sort of problems can be addressed in a treatment setting. Especially, such information should be targeted toward the younger students and those who are depressed, as well as individuals who have experienced severe bullying. There is reason to assume that the establishment of an internet-based form of intervention could reach many of those who feel reluctant to seek help for their mental problems.

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Tables and figure

Table 1. Response rate by gender (N = 1500).

	Male requested n=616		Female requested n=884		Total n=1500	
	n	%	n	%	n	%
Responding	233	37.8	508	57.5	741	49,4

Note. More females than males responded, $\chi^2(1\ df) = 55.89$, $p < .0001$.

Table 2. Demographic description (N = 741).

	n	%	M (SD)	Median	Min	Max
Age	739	-	25.4(6.73)	23.0	18.0	57.0
Semester studied	734	-	6.6 (4.84)	6.0	1.0	30.0
Semester delayed	725	-				
Marital status:			0.4 (1.05)	0.0	0.0	8.0
Single	435	59.2	-	-	-	-
Married or cohabitant	287	39.0	-	-	-	-
Divorced / separated or widow	13	1.7	-	-	-	-
Living:						
Alone	200	27.1	-	-	-	-
With partner	296	40.1	-	-	-	-
With friends	120	16.2	-	-	-	-
With parents	28	3.8	-	-	-	-
Others	95	12.9	-	-	-	-
Care for children	102	13.9	-	-	-	-
Nationality:						
Norwegian	698	94.3	-	-	-	-
European	33	4.5	-	-	-	-
Others	9	1.2	-	-	-	-
Has moved to Tromsø	523	71.3	-	-	-	-
Belonging in northern region	506	69.0	-	-	-	-
Belonging to Sami population	36	5.1	-	-	-	-

Table 3. Studies: Subjects and level (N = 741).

	n	%
Subject		
Introductory course	38	5.1
Civil engineering	33	4.5
Fishery	58	7.8
Law	90	12.1
Medicine	193	26.0
Science/Mathematics	56	7.6
Social science	169	22.8
History/Philosophy	59	8.0
Others	39	5.3
No information	6	0.8
Level		
Separate subject	70	9.4
Bachelor	209	28.2
Master	213	28.7
Ph.D	10	1.3
Profession-studies	229	30.9
No information	10	1.3

Tabell 4. Helpseeking and need for mental health service (N = 741).

	n	%
Felt need of help but omitted seeking it. (FN-group)	168	22.7
Have sought help. (HS-group)	82	11.1
No need for help.(NN-group)	491	66.2

Table 5. Reported reasons for avioding helpseeking in Felt Need-group (N = 168).

	n	% (within FN-group)
Wanted to handle problem oneself	106	63.1
Problem not serious enough	99	58.9
Sufficient support from friends.	63	37.5
Afraid of how one would seem.	56	33.3
Sufficient support from family.	47	28.0
Sufficient support from partner.	40	23.8
Did not wish to bother anyone.	34	20.2
Other reasons.	31	18.5

Note. Multiple responses were possible.

Table 6. Hopkins Symptoms Checklist: Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups (N = 738).

	Felt Need-group (n = 168)		Sought Help-group (n = 82)		No Need-group (n = 488)		Anova	
	M	SD	M	SD	M	SD	F(2,738)	p
HSCL total mean	1.81 *a b*	.42	1.68	.49	1.43 *c*	.29	80.46	.000
HSCL anxiety mean	1.71 *d*	.39	1.64	.50	1.42 *e*	.30	48.64	.000
HSCL depression mean	1.88 *f g*	.51	1.70	.55	1.43 *h*	.34	77.96	.000

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a FN-group differed from SH-group. t(738) = 2.13, p = .035.
b FN-group differed from NN-group. t(738) = 10.98, p <.0001.
c SH-group differed from NN-group. t(738) = 4.43, p <.0001.
d FN-group differed from NN-group. t(738) = 8.74, p <.0001.
e NN-group differed from SH-group. t(738) = 3.80, p <.0001.
f FN-group differed from SH-group. t(738) = 2.42, p = .017.
g NN-group differed from FN-group. t(738) = 10.49, p <.0001.
h NN-group differed from SH-group. t(738) = 4.28, p <.0001.

Table 7. Social Emotional Loneliness Scale: Means, standard deviations and one-way analysis of variance (ANOVAs) for effects of three helpseeking groups (N = 736).

	Felt Need-group (n = 166)		Sought Help-group (n = 82)		No Need-group (n = 488)		Anova	
	M	SD	M	SD	M	SD	F(2,736)	p
Emotional loneliness mean	2.45 *a b*	.91	2.18	.92	1.98	.85	17.89	.000
Social loneliness mean	2.39	.71	2.30	.78	2.00 *c d*	.53	30.45	.000
Total mean	2.42	.66	2.24	.71	1.99 *e f*	.54	35.54	.000

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a FN-group differed from SH-group, t(736) = 2.20, p = .03.
b FN-group differed from NN-group, t(736) = 5.80, p <.0001.
c NN-group differed from FN-group, t(736) = 6.55, p <.0001.
d NN-group differed from SH-group, t(736) = 3.46, p <.001.
e NN-group differed from FN-group, t(736) = 7.62, p <.0001.
f NN-group differed from SH-group, t(736) = 3.09, p <.003.

Table 8.Eating disturbance: Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups (N = 740).

	Felt Need-group (n = 168)		Sought Help-group (n = 82)		No Need-group (n = 490)		Anova	
	M	SD	M	SD	M	SD	F(2,740)	p
EDS mean	3.44	1.56	3.33	1.57	2.79 *a b*	1.26	16.85	.000

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a NN-group differed from FN-group. t(740) = 4.87, p < .0001.
b NN-group differed from SH-group. t(740) = 3.00, p = .003.

Table 9. Social anxiety and helpseeking behavior (N = 733).

	FN-group (n = 165)		SH-group (n = 80)		NN-group (n = 488)		Total	
Social anxiety	n	%	n	%	n	%	n	%
Yes	53	32.1	24	30.0	49	10.0	126	17.2
No	112	67.9	56	70.0	439	90.0	607	82.8

Note. More cases in the FN and SH groups vs. NN group. $\chi^2(df=2, N=733) = 52.59$, $p < .0001$.

Table 10. Daily stress (N = 734), study-pressure (N = 733), pressure from others (N = 734), concentration difficulty (N = 736) and comprehension difficulty (N = 736): Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups.

	Felt Need-group		Sought Help-group		No Need-group			
	M	SD	M	SD	M	SD	Anova F(df, N)	p
Daily stress-experience	3.14	.97	2.99	.96	2.88 [a]	.93	4.81 (2,734)	.008
Pressure at University	2.08	.65	2.18	.67	2.02	.63	2.28 (2,733)	ns
Pressure from others	1.89	.74	1.83	.74	1.63 [b c]	.70	9.24 (2,734)	.000
Concentration difficulty	2.00	.66	1.93	.69	1.69 [d e]	.63	16.19 (2,736)	.000
Problems comprehending lecturer	1.60	.69	1.59	.67	1.48 [f]	.57	3.24 (2,736)	.040

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a FN-group differed from NN-group. $t(734) = 3.03$, $p = .003$.
b FN-group differed from NN-group. $t(734) = 3.92$, $p < .0001$.
c SH-group differed from NN-group. $t(734) = 2.15$, $p = .034$.
d FN-group differed from NN-group. $t(736) = 5.28$, $p < .0001$.
e SH-group differed from NN-group. $t(736) = 2.83$, $p = .006$.
f FN-group differed from NN-group. $t(736) = 2.12$, $p = .035$.

Table 11. Quality of romantic relationship (N = 463) and satisfaction with life (N = 736): Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups.

	Felt Need-group		Sought Help-group		No Need-group			
	M	SD	M	SD	M	SD	Anova F(df, N)	p
Quality of romantic relationship-mean.	2.34	.92	2.09	.85	1.78 [a b]	.73	19.48 (2,463)	.000
Satisfaction-mean	3.91 [c d]	1.35	4.27	1.26	4.97 [e]	1.12	54.59 (2,736)	.000

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a FN-group differed from NN-group. t(463) = 5.45, p < .0001.
b SH-group differed from NN-group. t(463) = 2.47, p = .016.
c FN-group differed from SH-group. t(736) = -2.05, p = .042.
d FN-group differed from NN-group. t(736) = -9.21, p < .0001.
e SH-group differed from NN-group. t(736) = -4.71, p < .0001.

Table 12. Self-liking and -competence: Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups (N = 735).

	Felt Need-group (n = 168)		Sought Help-group (n = 82)		No Need-group (n = 485)		Anova	
	M	SD	M	SD	M	SD	F(2,735)	p
SLCS-mean	2.59 [a b]	.70	2.37	.76	2.06 [c]	.61	44.35	.000
Self liking-mean	2.87 [d e]	.83	2.62	.90	2.16 [f]	.73	55.95	.000
Self competence-mean	2.32	.70	2.13	.72	1.96 [g h]	.60	20.76	.000

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a FN-group differed from SH-group. t(735) = 2.19, p = .030.
b FN-group differed from NN-group. t(735) = 8.76, p < .0001.
c SH-group differed from NN-group. t(735) = 3.56, p = .001.
d FN-group differed from SH-group. t(735) = 2.07, p = .041.
e FN-group differed from NN-group. t(735) = 9.75, p < .0001.
f SH-group differed from NN-group. t(735) = 4.35, p < .0001.
g FN-group differed from NN-group. t(735) = 5.96, p < .0001.
h SH-group differed from NN-group. t(735) = 2.06, p = .042.

Table 13. Personality traits: Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups (N = 738).

	Felt Need-group (n = 168)		Sought Help-group (n = 82)		No Need-group (n = 488)		Anova	
	M	SD	M	SD	M	SD	F(2,738)	p
Agreeableness	2.56	.86	2.65	1.04	2.51	.87	.99	ns
Extraversion	4.47	1.13	4.66	1.10	4.71 [a]	1.05	3.10	.046
Conscientiousness	3.41	1.32	3.29	1.36	3.10 [b]	1.25	3.93	.020
Neurotisism	4.31	1.15	4.04	1.24	3.39 [c d]	1.15	44.63	.000
Openness to experience	3.26	1.04	3.06	1.03	3.26	1.04	1.35	ns

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a NN-group differed from FN-group. t(738) = -2.41, p = .017.
b NN-group differed from FN-group. t(738) = 2.65, p = .009.
c NN-group differed from FN-group. t(738) = 9.01, p < .0001.
d NN-group differed from SH-group. t(738) = 4.45, p < .0001.

Table 14. Sexual orientation and helpseeking (N = 736).

	FN-group (n = 167)		SH-group (n = 82)		NN-group (n = 487)		Total	
Orientation	n	%	n	%	n	%	n	%
Heterosexual	144	86.2	71	86.6	460	94.5	675	91.7
Non-heterosexual	23	13.8	11	13.4	27	5.5	61	8.3

Note. More cases of non-heterosexuals in FN- and SH-groups vs. NN group, χ^2(df=2, N=736) = 14.27, p = .0001.

Table 15. Number of close friends (N = 732) and aquaintances (N = 692): Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups.

	Felt Need-group		Sought Help-group		No Need-group			
							Anova	
	M	SD	M	SD	M	SD	F(df, N)	p
Close friends	4.78	3.51	5.08	3.09	5.85 *a b*	3.64	6.36 (2,732)	.002
Acquaintances	7.15	6.56	7.15	8.97	9.66 *c d*	13.93	3.36 (2,692)	.035

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.
a NN-group differed from FN-group. t(732) = -3.37, p = .001.
b NN-group differed from SH-group. t(732) = -2.04, p = .044.
c NN-group differed from FN-group. t(692) = -3.01, p = .003.
d NN-group differed from SH-group. t(692) = -2.08, p = .040.

Table 16. Victim of bullying in childhood (N = 737).

	FN-group (n = 168)		SH-group (n = 81)		NN-group (n = 488)		Total	
Bullied as child/adolescent	n	%	n	%	n	%	n	%
No, never	42	25.0	26	32.1	222	45.5	290	39.3
Yes, on som occations	91	54.2	47	58.0	211	43.2	349	47.4
Yes, repeatedly	35	20.8	8	9.9	55	11.3	98	13.3

Note. More cases of repeated bullying in FN group vs SH an NN groups, and of occational bullying in FN and SH groups vs. NN group. χ^2(df=4, N=737) = 29.29, p <.0001.

Table 17. Traumas: Serious disease or damage and helpseeking (N = 735).

	FN-group (n = 164)		SH-group (n = 82)		NN-group (n = 489)		Total	
Disease/damage	n	%	n	%	n	%	n	%
Yes	14	8.5	14	17.1	34	7.0	62	8.4
No	150	91.5	68	82.9	455	93.0	673	91.6

Note. More cases in the SH groups vs. FN and NN group. χ^2(df=2, N=735) = 9.32, p = .009.

Table 18. Traumas: Serious disease or damage in someone close to you and helpseeking (N = 737).

	FN-group (n = 166)		SH-group (n = 81)		NN-group (n = 490)		Total	
Disease/damage in close person	n	%	n	%	n	%	n	%
Yes	71	42.8	33	40.7	153	31.2	257	34.9
No	95	57.2	48	59.3	337	68.8	480	65.1

Note. More cases in the FN and SH groups vs. NN group. $\chi^2(df=2, N=737) = 8.66$, $p = .013$.

Table 19.Cosequence of trauma: Painful memories in those who experienced traumatic event and helpseeking (N = 412).

	FN-group (n = 107)		SH-group (n = 49)		NN-group (n = 256)		Total	
Painful memories	n	%	n	%	n	%	n	%
Yes	46	43.0	16	32.7	45	17.6	107	26.0
No	61	57.0	33	67.3	211	82.4	305	74.0

Note. More cases of painful memory in the FN and SH vs. NN group. $\chi^2(df=2, N=412) = 26.64$, $p < .0001$.

Table 20. Predicting variables for not seeking help vs. seeking help in individuals who feel need for help: Summary of logistic regression – Enter (N = 248).

Independent variable	B	SE (B)	df	Exp B	95% conf.int. (Exp B)	
					Lower	Upper
Age	.07	.02	1	1.07***	1.03	1.11
Depression mean	-.57	.29	1	.56*	.32	1.00
Bullying	-	-	2	-	-	-
Occational bullying	-.16	.32	1	.85	.46	1.61
Repeated bullying	-.97	.49	1	.38*	.15	.98
Constant	-.1.29	.73	1	.28	-	-

Note. –2 Log likelihood = 289.11, Cox & Snell $R^2 = .09$ and Nagelkerke $R^2 = .12$.
Overall percentage correct = 68.1 %.
*p < .05, *** p < .0001.

Table 21. Summary of simultaneous linear regression for variables predicting depression score (N=738).

Independent variable	B	SE (B)	β	t	95 % conf.int. (B) Lower	Upper
Gender	.08	.03	.09**	3.14	.03	.14
Age	.00	.00	.02	.88	-.00	.01
Emotional loneliness	-.00	.02	-.00	-.02	-.03	.03
Satisfaction with life	-.10	.01	-.29***	-8.34	-.13	-.08
Self liking	.26	.02	.48***	14.24	.23	.30
Constant	1.33	.12	- ***	11.38	1.10	1.56

Note. $R^2 = .49$
** p < .01, *** p < .0001.

Table 22. Summary of simultaneous linear regression for variables predicting victim of bullying in childhood/adolescence (N=737).

Independent variable	B	SE (B)	β	t	95 % conf.int. (B) Lower	Upper
Gender	-.13	.05	-.09*	-2.41	-.24	-.02
Age	.01	.00	.06	1.50	-.00	.01
Emotional loneliness	.08	.03	.11**	2.70	.02	.14
Satisfaction with life	.01	.03	.02	.41	-.04	.06
Self liking	.19	.04	.23***	4.99	.11	.26
Constant	1.03	.24	-***	4.36	.57	1.50

Note. $R^2 = .07$
* p < . 05, ** p < .01, *** p< .0001.

Table 23. Existing help-sources likely used by individuals in Felt Need group, ranked order (N = 168).

Help source	n	%
Psychologist/ Psychiatrist	92	56.4
General practitioner	82	50.3
Students' social services	72	44.2
Students' priest	16	9.8
Self-help groups	12	7.4
Others	12	7.4
Crisis telephone counselling	9	5.5
Centre for battered	1	.6

Note. Multiple responses were possible.

Table 24. Suggested alternative help-source likely used by individuals in Felt Need group, ranked order (N = 168).

Help source	n	%
Contact/counselling on the internet	92	57.5
Telephone counselling with proffessional	93	57.1
Individual therapy with psychology student	58	35.8
Telephone counselling with psychology student	44	27.3
Group led by profesional	43	26.9
Student self-help group	32	20.3
Group led by psychology student	19	11.9

Note. Multiple responses were possible.

Table 25. Attitudes toward help from psychology-students: Means, standard deviations and one-way analyses of variance (ANOVAs) for effects of three helpseeking-groups (N=722).

	Felt Need-group (n = 168)		Sought Help-group (n = 79)		No Need-group (n = 475)		Anova	
	M	SD	M	SD	M	SD	F(2,722)	p
Attitude toward help from students*	3.27	.66	3.31	.65	3.11 [a] [b]	.67	6.02	.003

**Higher values indicate more negative attitude.*

Note. Contrast analyses were carried out to show what groups differed from one another. Significant differences are marked with separate specific notes.

a NN-group differed from FN-group. t(722) = 2.83, p = .005.

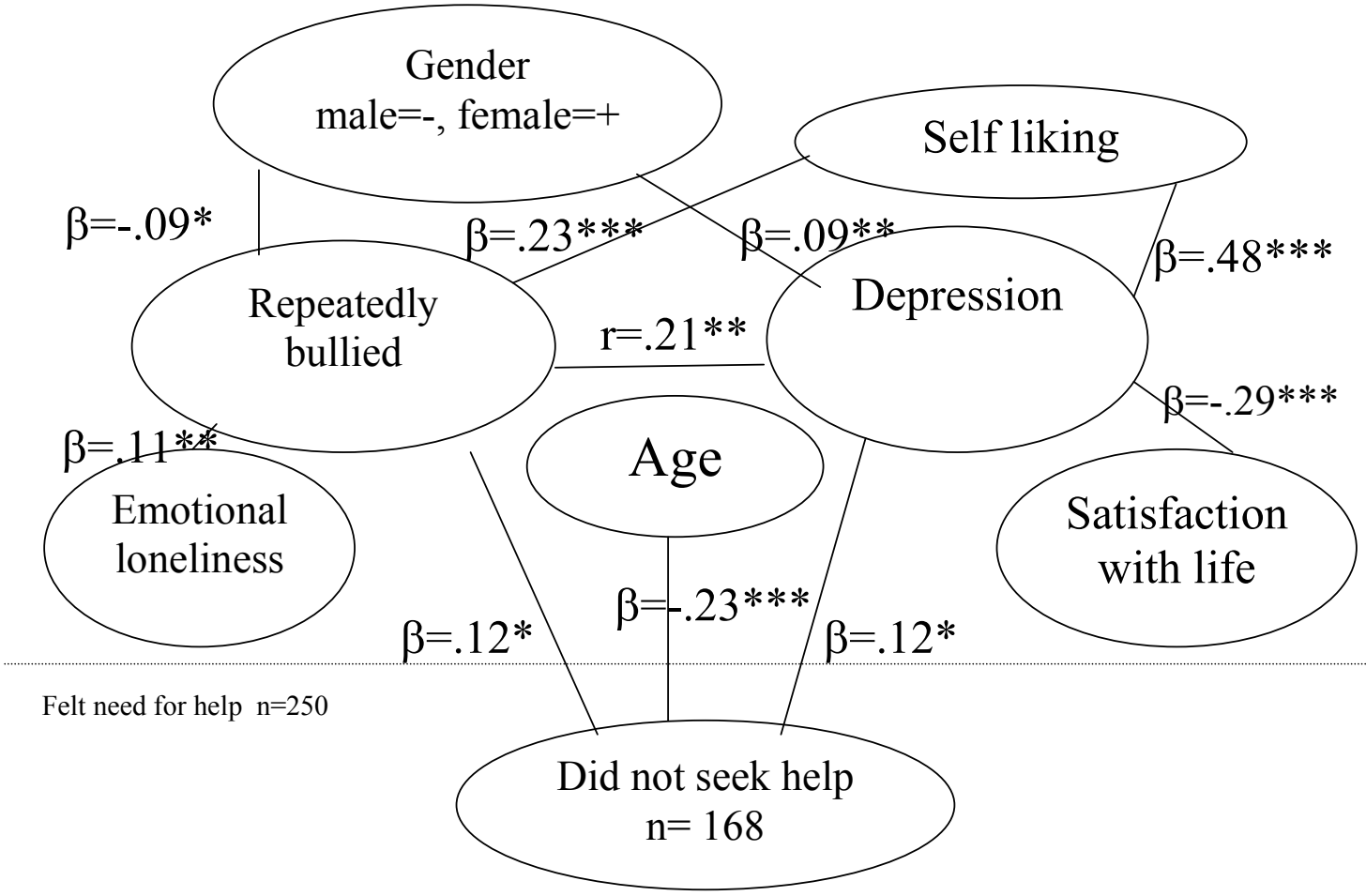
b NN-group differed from SH-group. t(722) = 2.59, p = .011.

Table 26. Attitude toward psychology students as help-source in Felt Need-group, ranked order (N = 168).

Statement	M	SE
Help from students is professionally justifiable.	2.61	.08
Students will observe professional secrecy.	2.64	.10
Equal situation will not be a problem.	2.93	.10
Someone my one age will understand better.	3.53	.09
Talking to a student makes the problem seem less serious.	3.67	.09
Seeking help from students is less threatening.	3.72	.09
The possibility of meeting the student in a social context does not represent a problem.	3.76	.10

Note. Higher value indicates stronger disagreement with the statement. Min = 1.0, Max = 5.0 for all statements.

Figure 1: Summary model for avoiding helpseeking when help is needed, N=741



*p<.05, **p<.01, ***p<.0001