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Barriers to Support:

A Qualitative Exploration into the Help-seeking and Avoidance Factors

Of Young Adults

Daniel Seamark<sup>1</sup> and Dr Lynne Gabriel<sup>2</sup>

**Abstract**

*The current research explores young adults' beliefs, awareness and understanding surrounding help-seeking behaviour in relation to barriers preventing access to counselling support. The literature suggests several barriers, such as a lack of awareness, stigma and gender roles, will have a negative influence on help-seeking. To complement and expand on the substantial body of quantitative, research on help-seeking, the present research undertook a qualitative, phenomenological study, in order to explore meaning and understanding in relation to help-seeking behaviours. The sample consisted of six college psychology students, who participated in one-to-one semi-structured interviews. Discourse analysis was used to analyse the interview transcripts. The results suggested gender roles, awareness and perception of help, social and cultural expectations/norms, and risk of stigma and rejection, as the significant barriers to help-seeking behaviour. It is suggested that future research could focus on how to reduce these barriers, thus improving help-seeking opportunities for young adults.*

**Keywords:** young adults, adolescents, help-seeking, barriers, gender roles, stigma, support

**Introduction**

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## A QUALITATIVE INQUIRY OF ADOLESCENT HELP-SEEKING

The project aimed to provide an in-depth qualitative exploration of help-seeking behaviour in relation to counselling access, in a sample of UK college students. A key aim was to identify why adolescents' non-attendance rates for counselling are high. Evidence shows that non-attendance rates for the first sessions of counselling are high, yet the reasons for this are not well understood, with the demographics and clinical predictors studied in relation to help-seeking often resulting in conflicting findings (Murphy et al, 2013). Leong and Zachar, (1999) identified that the vast majority of people who make the initial therapy appointment don't attend, and that 40% of those who do, do not return, rising to 60% for youth services (Gopalan 2010, as cited in Branson, Clemmey & Murkherjee, 2013). Help-seeking behaviour can be defined as the process of being able to translate one's own personal, internal psychological distress to the interpersonal domain of seeking support; that is, communicating distress to others with the goal of receiving aid (Rickwood et al, 2005). Gourash, (cited in Fallon & Bowles, 2001) describes appropriate help-seeking as an adaptive method of coping with problems and concerns, whereas a maladaptive style may result in depression, or further psychological disorders (Garland & Zigler, cited in Fallon & Bowles, 2001). Ansara and Hindin (2010) distinguish between formal and informal help-seeking, where informal help consists of non-official helping services, such as family and friends, and formal help comprises organisations, institutions and people whose role it is to support those with specific needs, such as the police, hospitals and therapists. The range of descriptions and definitions noted here bring into context the complex domains in which adolescents' help-seeking behaviour and attitudes exist. Through the literature review, demographic and avoidance factors within help-seeking are explored to highlight limitations in both our understanding, and the research within this field, informing the current study in exploring adolescents' experience of help-seeking, and how we may improve this, in regard of rising mental health concerns for British adolescents and young adults (YoungMinds, 2016).

### **Literature review**

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Kushner and Sher (1989) identified that many people who consider and/or seek help often undergo a conflict between approach and avoidance factors; that is, a cost/benefit analysis of seeking help. The literature surrounding help-seeking behaviour suggests numerous avoidance factors, including social norms, stigma, disclosure fears and anticipated utility and risks. It has been suggested that variation of demographic and situational factors (such as gender, culture, awareness and age) affects the salience of different avoidance factors, and that help-seeking decisions are often influenced by multiple factors (Vogel, Wester & Larson, 2007b). Factors considered in this review encompass demographic variables including age and gender, along with avoidance factors, such as stigma and social norms.

### **Demographic factors – Age and Gender**

Cornally and McCarthy (2011), identify that the number of people living with chronic pain outnumber those living with cardiovascular disease and cancer combined, yet people choose to live with the pain rather than seek help, despite the increase risk of physical and psychological distress. Their review of 23 studies showed that alongside cost, gender and severity of pain, age, accompanied with age-related beliefs and past experiences of help, had a large influence on help-seeking behaviour (Cornally & McCarthy, 2011). Cornally and McCarthy (2011) conclude that help-seeking behaviour increases with age, with women more likely to access support than men. Whilst the sample age range in that research began at 44, the results suggest younger people find accessing help more difficult. Further, Yousaf, Popat and Hunter (2015) found that the more a male subscribed to traditional male gender roles, the less favourable their attitudes towards help-seeking behaviour appeared, and results suggested as the age of participants increased, attitudes towards help-seeking improved (Yousaf et al, 2015). Cornally and McCarthy's (2011) findings support those of Oliver et al (2005), whose postal survey of 15,222 adults aged 16-64, found that young people, particularly

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males, were least likely to seek help in relation to common mental health problems. They also found informal support was often accessed before, or instead of, formal support.

Mackenzie, Gekosi and Knox (2006) demonstrated that age and gender both appear to have a significant impact on help-seeking. Through surveying 206 adults in relation to beliefs and experiences of help-seeking, they found that women were found to be the most likely to access formal support, and this likeliness increased with age. This was credited to greater positive attitudes towards 'psychological openness' than male participants. These findings support those of Leong and Zachar (1999), who, surveying 290 American college students, found young males had a more negative view of psychological problems and were less likely to seek support due to fears of being judged, particularly in relation to struggling and having a mental illness, and holding self-belief that something was wrong with them if they did seek help. In comparison, females appeared more accepting of mental health issues, thus perceiving less risk in seeking support (Leong & Zachar, 1999). Additionally, Myrie and Gannon (2013) found when surveying nine black, American males, that males perceived asking for help as a sign of weakness against their masculine identity and experienced support services as discriminatory towards them. Interestingly, participants appeared unaware that visiting their GP was an option in dealing with psychological issues, reinforcing the notion that education plays a large role in help-seeking behaviour (Myrie & Gannon, 2013). Further, Research suggests that women tend to access informal support at all stages of distress, but that neither men nor women will engage with professional help until their distress is perceived as 'moderate', suggesting males will attempt to cope longer without any form of help (Ansara & Hindin, 2010). Addis and Mahalik (2003) explored the socialisation and social construction of masculinity and their impact on males in the context of help-seeking. They identified several factors that may impact on men's willingness to seek help, such as whether the problem is considered normal and how it reflects upon a masculine identity, perception that risk of stigma and rejection are of greater cost than coping with the issue, a perceived loss of power/control in taking support, and the attitudes held of males who are valued by them. They concluded that masculinity is significantly

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influenced by social factors, though heavily varied by individual personality and expression, and that a mismatch between support services offered and traditional male roles prevents utility of help available, and suggest this must be addressed for change to occur.

### **Avoidance factors – Social norms and Stigma**

Hislop, exploring the emotional history of Britain, states ‘the British have come to be seen by others and to see themselves in terms of reserve, resilience and restraint’ (Hislop, 2012), suggesting the British self-perception dictates we are strong and resilient individually, and that emotive or help-seeking behaviours are viewed as weak and culturally abnormal. Hislop argues the British ‘stiff upper lip’ is in decline due to emotion displayed in the media, such as that at the death of Princess Diana. This is supported in a poll by British Future (cited in Salkeld, 2013), which suggests 51% of Britain see the stereotype of resilience as ‘outdated’, against 38% who see it as a ‘fair generalisation’, alluding to a lack of clarity within our national identity and acceptable social norms.

Vogel, Wade and Hackler (2007a), using quantitative surveys, measured likelihood of seeking counselling in relation to perceived self and public stigma of 676 American college students. Results suggested self-stigma had a strong negative relationship to likelihood of seeking counselling; that is, the more a person disapproved of themselves, the less likely they were to seek counselling. Furthermore, their research suggests perceptions of public stigma influence personal stigma, which in turn influenced help-seeking attitudes, and consequently the willingness to seek help (Vogel, Wade & Hackler, 2007a). This is further supported by Harper, Lemos and Hosek (2014), who identify that perceived risk of stigma influences willingness to disclose status in college students with HIV negatively. Given our cultural stereotype of stoical resilience, some may perceive a risk of negative societal judgement on help seeking, which in turn fuels self-stigma. Such attitudes could partially

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account for low attendance rates for counselling. Further exploration into cultural similarities/differences between American and British help-seeking behaviour could be useful in expanding on predominantly American based research, and also in identifying cultural approach/avoidance factors. Nam et al (2010) found that culture was a significant moderator when examining gender and help-seeking attitudes, particularly when comparing western and non-western cultures. As Galdas et al (2005) identifies, differing western cultures appear to have a significant impact on help-seeking attitudes, yet research into their effect is insufficient in explaining how and why this is. Further, Bjorngren (2012) acknowledges that the majority of research into help-seeking and culture occurs in the USA, European research is limited, particularly in the UK. As the researchers wish to explore help-seeking in British young adults, exploring college students' attitudes may provide insight into help-seeking attitudes on young adults living within a prominent sub-culture within British society and the unique impact this has. As Hunt and Eisenberg (2010) suggest, research into adolescent mental health in relation to internal/external college cultural factors is in its infancy.

Marcell and Halpen-Felsher (2007) identify that a willingness to seek help and the type of support sought depends heavily on the issue and its subjective severity. Adolescents were found more likely to access formal support in relation to physical illness, and informal support for mental health issues. Further, Barker, (2007) suggests the greater the distress of mental health (e.g. severe depression, suicidal ideation) the less likely adolescents are to seek support, suggesting those most in need of mental health support are the least likely to seek it.

Existing research identifies multiple complex factors that affect a young person's willingness to seek help, though much of this has been predominantly quantitative, suggesting correlational links, attending to non-British cultures with a focus on adults and specific issues/demographics, failing to

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provide meaning and understanding behind these for the age groups and cultures less likely to seek help. Suggestions and limitations within previous research suggest an in-depth exploration into help-seeking experiences of both male and female British adolescents would contribute to cultural understanding of help-seeking and allow for comparisons between cultures, as well as subjective gender experiences, complementing and expanding on the predominantly quantitative, American research. Further, research into young people's preference for informal support and avoidance of formal support would be useful to increase our understanding and identify what could be changed to improve access and delivery of formal support services.

### **Methodology and Research Design**

#### **Design**

This small scale qualitative study, as part of a research module for a Master's Degree, aimed to explore barriers to help-seeking behaviour in relation to age and gender, as well as help-seekers subjective perception and experience of considering seeking help. The researchers were curious about the perceived risk, stigma and social norms that influenced help-seeking in a college student population. The researchers anticipated that the study would build upon previous quantitative studies by providing an understanding of what might facilitate or improve help-seeking.

Using a phenomenological methodology, with the aim of exploring meaning and eliciting perceptions and beliefs, semi-structured interviews (n=6) based on the techniques of Kvale & Brinkmann (2009) were used to generate data. Interviews consisted of open-ended questions based on the reviewed literature and the research questions, including limitations of previous research, gaps in knowledge within the literature and expanding on quantitative findings. Both the research questions and interview questions were intended to be open, general, and explorative; to offer the participant's freedom to explore what was relevant to them in relation to help-seeking. 'Are there' as opposed to



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'what' gender differences was explored to inform interview questions and data analysis, with the aim of identifying what, if any, gender differences existed in the perception of, or between, our UK college student participants.

The key research questions, which informed the interview questions, were: 1) *What barriers/risks do young people perceive in accessing support,* 2) *are there gender differences between seeking/avoiding help and how do these affect the process/perception?* 3) *What do students feel they need in order to make seeking help easier?*

Discourse analysis, that is; analysis of not only the language used, but how it is used to explore beyond simply what is said with the aim of revealing more covert meanings and subtexts, as informed by Fairclough (2010), was selected for data analysis to compensate for potential limitations of adolescents communication by incorporating paralinguistic expression. As young people's language is still developing, they may struggle to elaborate and be specific in interviews, and often communication is impaired in those who have experienced hardship (Snow & Powell, 2012).

### Participants

Participant No.	Pseudonym	Age	Gender	Ethnicity	Previous access of formal support	Interview length (Min/Sec)
1	Jack	17	Male	Mixed Race	No	48.05
2	Xander	17	Male	White British	No	52.16
3	Sue	18	Female	White British	No	43.50
4	Emma	18	Female	White British	Yes	54.33
5	Oscar	17	Female	White British	Yes	46.08
6	Kate	17	Female	White British	No	38.59

The target population for the project were college students. Initial sampling had to be revised due to operational constraints and participants were recruited using a non-probability convenience sampling method. As a result of this revision, six psychology students self-selected to participate in the research project, only two of whom were male. The inclusion criteria were: participants aged

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between 17 and 19, who were current students at York College. The exclusion criteria were: students aged under 17 and over 19 and students who had/were working with the lead researcher in a counselling capacity. None of the participants had accessed the college counselling service, and those who had used formal emotional support had been referred during secondary education by their parents. It is worth noting that five of the six participants were white, studying in a predominantly white-British populated college.

### **Interviews**

Following a pilot interview, students were approached in two psychology classes where the lead researcher briefly informed them of their research and intentions, and incentivised to participate with a payment of £10. Students self-selected by email, then interviews were arranged and informed consent processes completed. The audio recorded interviews (mean length = 47 minutes 18 seconds) were conducted in a 1:1 situation in a private college room. Following the interviews, participants were paid and debriefed. The interview transcripts were coded manually and analysed using discourse analysis. The transcripts and analytical work were reviewed in research supervision, to support quality assurance and project governance.

### **Ethics**

Both the first and second authors are practicing humanistic counsellors and work within the BACP's established Ethical Framework. The research was informed throughout by the BACP's ethical guidelines for research (Bond, 2004), the revised guidelines through the review process (Bond 2015) and the British Psychological Society's Code of Human Research Ethics (2010). Further, York College's guidelines (2014) and those of York St John University (2014) were also applied. The project received ethical approval from York St John University ethics board.

Several ethical issues arose through the research. *Confidentiality* arose as an issue, as participants were requested to discuss intimate information around their experiences and views on help-seeking.

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To account for this, participants were requested to give informed consent following a full briefing on the research prior to interview. Participants were asked to select a pseudonym for the research to maintain anonymity.

*Protection of participants* arose as students were discussing potentially challenging and upsetting personal thoughts/experiences on help-seeking. Privacy was protected by informing participants of their right to refuse a question, and a debriefing was offered, along with options for further support. Additionally, participants maintained the right to withdraw at any time from the research.

The multiple roles occupied by the lead researcher could have introduced participant bias, particularly in regard to questions on counselling. The lead author was the interviewer, whilst also a counsellor at York College, introducing ethical issues surrounding dual relationships. To compensate for any impact from overlapping connections or dual relationships, the lead researcher did not work with participants in a counselling capacity, nor were current clients interviewed. Participants were paid £10 for their time, an amount believed to be sufficient to incentivise participation, but low enough as to avoid ethical concerns of coercion or impairment of autonomy (Code of Human Ethics, 2010); a sample recruitment tactic supported by Sullivan and Cain (cited in Head, 2009). Due to the multiple roles of the lead researcher, and the phenomenological methodology being applied, they worked reflexively, taking note of their own process and impact on the research to better understand the meaning of the data generated and how this is interpreted (McLeod, 2013). Research supervision provided an appropriate context through which to monitor researcher and research processes.

### **Findings**

Several themes were identified that may impact on a young adult's ability to seek help. Of the themes constructed through the participant discourses, the most significant were *Gender roles, Awareness and Perception of Help, Social and Cultural Influence* and *Fear of Stigma and Rejection*. It is important to note that these discourses do not represent all of those employed by participants

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within the study, rather, they characterize the most significant that pertain to the research questions.

### **Gender roles**

Of the two male and four female participants interviewed, all constructed gender roles, gender bias and their effects on help-seeking behaviour in similar ways, in that they either viewed, or were aware of, stereotypes that lead to gender having an impact on help-seeking behaviour. The theme of *gender roles* and their impact on help-seeking suggested there is a level of acceptance, expectation and desensitisation to women being able to express themselves emotionally and thus able to seek help and that expressing ones emotions and seeking support is viewed as 'weak', particularly for males. All participants exposed gender stereotypes as scripting roles for help-seeking, with the women assuming an accommodating role of both seeking and providing support for others, whereas males were viewed as breaking their masculine roles by expressing emotions and needing support.

*Sue: but in general I think, women are more, prone to open up more about their problems and their feelings, I mean that's what they're always there for really even society is based on that, women are the ones that are the ones caring for the family-*

*Interviewer: I notice you say society's based on that, that there's an expectation that women are-*

*Sue: the carers, of the family,*

*Interviewer: The carers? Right.*

*Sue: So I guess that makes them more, well, emotionally stable? If you could put it as that, that men won't, they might have their problems but they won't say anything about it they'll keep quiet and maybe they don't want to be judged?*

*Interviewer: Judged?*

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*Sue: If they have any problems, if they're, unstable emotionally and stuff they don't want to seem as they're like, inferior man cos their manly hood sort of thing.*

For Sue, these gender roles appear ingrained deeply within her construct of how society operates with the use of the phrase 'society is based on that' in reference to females being supporters and able to express emotion, and males appearing stoic for fear of being judged 'inferior' as men by showing emotion. This stereotype is further demonstrated by Kate who, unprompted, used the phrase 'man up' when referring to talking to friends who had small problems, implying that men would be strong enough to cope with the issue. An interesting subtheme to develop within gender roles was the notion of a divide within the male population. Jack, Xander and Emma constructed the notion of two groups of men, the stereotypical/traditional males as described above, and an emerging group who appear more comfortable with expressing emotions traditionally associated with the female role/stereotype.

### ***Awareness and perception of help***

All participants claimed to have either a vague awareness, or no awareness of the counselling service within the college, and it was expressed by Emma that awareness in general of helping services is often minimal. Emma and Oscar had accessed professional emotional support, both reporting negative experiences of these services. Perceptions of alternative support services from participants who had experienced adverse service previously, were also negative, and resulted in encouraging them to cope on their own. This suggests transference of negative experiences to other helping services. Discourse commonly constructed perception and fears of professional help as 'clinical' and 'strict' with a dehumanising element. Four participants expressed the idea that seeking professional help, particularly counselling, signified both to themselves and others that a problem was 'big' or 'serious'.

*Interviewer: So if there was some way of normalising it and making it so that everyone did, it would be ok*

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*Jack: Yeah it would be easier to approach it,*

*Interviewer: But it sounds like at the moment for you it feels like it's, is taboo the right word? It's sort of its...secret?*

*Jack: Yeah it's like you're in a really bad place if you have to go there, it's kind of like last resort kind of thing, I think if it was a bit more, not that serious, like-yeah it's kind of serious isn't it if you have to go, but I think if it was a bit more friendly cos everyone gets stressed and stuff, I don't know I think a lot of people would like, wouldn't want to talk about it, but if someone actually came to you, like if a tutor- we have like a tutor thing, if that was one-to-one or something, like, during exams when it's getting stressful, that would be helpful, I'd be more like-yeah..*

For Jack, by use of 'last resort', 'serious' and explaining the need for others to take control, suggests that seeking professional help is intimidating, and the final option when all other methods have been exhausted. Jack's discourses suggest normalising, externalising responsibility and improving appearances of helping services would diminish barriers to help-seeking.

### ***Social and cultural factors***

Participants constructed society and culture within Britain as having a large impact on help-seeking behaviour, as well as their familial/home environment. Both were portrayed as having positive and negative effects. Emma and Kate constructed British culture as supporting coping as individuals, particularly in comparison to American culture. Emma constructs in the excerpt below the notion that American society is more permission giving and accepting of help-seeking, and that British culture is more reserved in both expressing emotions and seeking support, and carries the stigma of weakness, promoting individual coping that may act as a barrier and 'must put a lot of people off':

*Emma: Well that's something I've always like, has struck me really intensely is, I have a friend in America, and in America, they are so much better than us at things like that like, if somebody perhaps in Britain said I'm going to see a therapist we would be like (participant winces) and that*

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*would be uncomfortable for us and we'd perhaps change the subject, but in America they'd be like ah ok, how are things- they are so much more relaxed!-they're so much more willing to talk, whereas with Britain we completely have this, culture of, stiff upper lip, that it's almost seen as a sign of weakness!, to ask for help and because it is I think that must put a lot of people off, asking for help, just this culture of, suck it up really you know we're British, just have a cup of tea or something like that, it's not like America where things can be talked about and discussed and there's no, like the stigma I think the stigma is a lot, is significantly reduced in America.*

In relation to friends, family and home environment, participants suggested that there was an element of wanting to appear as though they are 'doing well' and coping as individuals, but that friends and family were frequently the first, or most comfortable point of contact when seeking help, often due to the familiarity with the participant, and a perceived transferable experience and knowledge. When exploring the influences of culture and society, although participants portrayed Britain as having a 'stiff upper lip' and being reserved about seeking help, it was acknowledged that this attitude may be in decline and that technology and the media may be influencing this due to exposure to other cultures, norms and information.

### ***Stigma and Rejection***

The final theme, mentioned by all participants and acting as a commonality through most themes/discourses was stigma and rejection within and around help-seeking behaviour. Fear of stigma and rejection were mentioned in relation to how participants appeared when disclosing to friends, family, or counsellors. This fear was present through the main themes of gender roles, social and cultural restraints on being accepted, and awareness and perception of counselling, as well as participants' perceived speculation of others on an individual's circumstances or personality should they attend counselling. Normalising was constructed as a useful tool in removing stigma around disclosure and seeking help, therefore making accessing support and discussing issues less challenging, as Xander demonstrated below:

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*Xander: I suppose things are confidential maybe if like, maybe if they opened a topic, and then like, gave examples of like, extreme things that have happened, like I know counsellors shouldn't really, tell stories of what they've heard but, if it's something confidential and they maybe don't give a name and it's maybe from a different, city, or somewhere else they've had experience, a different country maybe it could be anywhere, then, they could tell you, funny stories or, like extreme stories like about sex or drugs and they've heard, and then you might think to yourself oh that's nothing compared to what, I've got to say so maybe I'd be more comfortable, and I think people would probably just, say it and not really think they'd care?*

Xander uses the concept of other people's issues to construct the idea that other examples can be used to lessen the significance of the help-seekers issues. When emphasising 'and then you might think to yourself oh that's nothing compared to what, I've got to say' he appears to suggest that there is a desire to avoid stigma by not being the worst/most serious case. Xander goes on to describe being able to disclose and finding that the receiver 'not really think they'd care', again suggesting help could be accessed when a person's experiences are normalised and they feel there is less stigma attached to the process/issues.

As well as constructing stigma as a significant barrier to help-seeking that is present within many other themes, participants appeared to demonstrate a fear of being stigmatised and rejected for their responses within the interview. Repeatedly participants appeared to demonstrate ownership of positively perceived views and a lack of ownership with views that could be perceived negatively. Further to this, a desire to avoid immediate stigma was constructed through the use of third-party speech.

### **Discussion**

Participants conveyed several perceived barriers towards seeking help; the most prevalent being *gender roles, awareness and perception of help, social and cultural influences, and stigma and rejection*. Participant's discourses constructed gender roles as being a large barrier to seeking help,



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especially for males. Men were perceived as having to be 'strong' and cope on their own, with any admission of feelings or need for support as compromising their male roles; suggesting help-seeking for males undermines their masculine identity. This supports and expands upon Leong and Zachar's (1999) findings.

Our research develops on previous findings that males do not seek therapy due to the belief this implies there is something 'wrong' with them. This belief is rooted in the suggestion that there is an 'acceptable', though subjective, level of distress for men to be able to seek help, which is supported by Ansarah and Hindin's (2010) research. The first theme, *gender roles*, complements Mackenzie, Gekosi and Knox's (2006) research, which found women more 'psychologically open' to help-seeking, in that participants constructed an acceptance and expectation for women to speak openly about emotional difficulties and seek more help, particularly social/informal support, complementing the findings of Oliver et al (2005). This suggests female gender roles - as emotive, social and open - do not act as a significant barrier to help-seeking. Participants demonstrated that males would attempt to seek informal support before accessing formal support. Furthermore, the results suggest an emerging divide within the male role. Supporting Myrie and Gannon's research (2013) is the construct of the stereotypical male role, and expanding on this is the emergence of a developing, more emotionally accessible male role. This finding supports Hislop (2012) and Salkeld (2013) who suggest a lessening of the stereotypical British 'stiff upper lip' mentality, with a concurrent softening towards working with emotions and seeking help. This suggests a lessening of gender roles and social expectations as barriers to support, therefore further research into this intra-gender divide and altering social view could identify why this is and aid in reframing support, making it more widely available, and acceptable; especially for children and young people in educational contexts as a means to challenge stereotypes and engrained role and gender beliefs and behaviours.

The second theme, *awareness and perception of help-seeking and help services*, showed that participants had a vague awareness of the services available and how these would be able to help

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them, as well as a negative view based on either past experiences, fears of stigma or how they perceived the services may work. This may help to account for the findings of Oliver et al (2005) who found that informal support was often accessed before or instead of formal/professional support, and certainly goes beyond Oliver et al's work, by constructing informal help as having familiarity, transferable coping strategies and trust, compared to the perceptions of formal help as clinical and emotionally distant. In addition, our findings compliment Tan, O'Doherty and Hegarty, (2012) who identified several factors that may influence perception, such as gender, time invested, and care of the person hearing the disclosure, as well as autonomy of the discloser, and that these factor into a person's comfort to disclose intimate information. How we choose to communicate formal support could impact on young adults' perception, and thus their choice to seek support and their willingness to disclose difficult issues.

The third emerging theme, *social and cultural factors*, contained many wide and varied influences such as family, friends, nationality, the media and social networking. These held enormous potential, positively and negatively, to influence a person's help-seeking behaviour, largely due to the multiple means of delivering and reinforcing ways of being. The finding that informal help appears safer and acceptable supports Oliver et al's (2005) conclusions. The results suggest that, although in decline, a cultural message that seeking professional help is taboo within British society and that we should cope as individuals, continues to exist. As noted earlier, this complements Hislop's (2012) belief in the weakening of the British 'stiff upper lip', and offers explanation to the findings of the British Future poll (Salkeld,2013) that 51% of people see the British stereotype as outdated, yet 38% still see it as applicable, suggesting a paradigm shift in attitudes. Interestingly, technology/media was credited with improving cultural awareness, such as exposure to American values regarding therapy, and access to knowledge, such as information websites, as well as informal support, for example

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social media as a portal to 24 hour informal support, suggesting a positive influence in informal/self-help, but perhaps a barrier to formal support due to these alternative options.

The final theme, *stigma and rejection*, was constructed as an over-arching barrier that shadowed the major themes and many others that appeared throughout the interviews. Vogel, Wade and Hackler (2007a) found that the more a person felt stigmatised, the less likely they were to seek support, and that perceptions of public stigma influence personal stigma. The present findings support and go beyond this, as stigma was presented in terms of the different groups or individuals that could judge the participant, such as friends, a counsellor, reception staff etc, and was constructed as an omnipresent risk or cost throughout all stages of help-seeking, suggesting people's self-identity is at risk of attack and rejection with help-seeking, being viewed as weak or incompetent. The current findings suggest that help-seeking is viewed as unacceptable or abnormal, and carries stigmas as a risk of not conforming to perceived social norms and expectations.

### **Limitations**

Several limitations were present in the current study. Inherent with the phenomenological methodology, qualitative research design and the use of interviewing and discourse analysis, the research was small-scale, particularly in regards to the male population, and explored the subjective experience of the participants, and thus explores opinion opposed to fact, and is subject to confirmation bias, that is; the risk that data is interpreted in favour towards the researchers goals and subjective understanding. Furthermore, due to the sensitive nature of the topic being explored, social desirability bias, that is; the tendency to give answers that are viewed as favourable, may have been present. Due to communication difficulties, time constraints and technological barriers, the original sampling method had to be adapted to a convenience sample. As a result, a small convenience sample, containing only two males, of British psychology students were used. With this particular group, there is a risk that prior knowledge and a shared culture with the researcher may influence responses given. Further, results cannot be generalised to other cultures or additional

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groups of adolescents. It is important to recognise that in exploring gender differences, participants are limited to exploring perceptions of other genders, as opposed to actual behaviours. As payment was offered for the interviews, potential limitations are coercion of participants and lowered validity. Whilst these are possible limitations of the methodology and methods used, goals of the research were to complement and expand on the vast amount of quantitative, predominantly American, research on help-seeking behaviour by providing detailed information, experience and meaning for adolescents, justifying their use.

### **Future research directions**

To build upon this study, further exploration with young adults who have struggled with issues and not been able to cope, would build upon the results seen here; especially in relation to perceptions of resilience and the need to normalise coping. We need to further explore perception of resilience, the ways in which young people 'normalise' distress, how to better represent support and helping services, and how to reduce stigma of services and those who access them. Further qualitative research focusing on individual themes, as opposed to collective ones, may give more accurate accounts of how barriers to help-seeking are constructed, and could potentially identify and inform methods of reducing non-attendance, whilst improving access to help for those who struggle to cope. Research exploring other groups of students would increase our understanding of help-seeking across faculties. As existing research is predominantly American, and it has been identified in the findings that exposure to American culture appears to be having an impact on adolescent's help-seeking views, cross cultural research is necessary to better understand this. Also, as intra-gender differences have been suggested, this offers a new direction to be explored. Finally, future research could explore/incorporate the digital environment and the impact this has on young adults and their perceptions of help-seeking and wellbeing.

### **Conclusion**

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The findings serve to support and confirm the existing literature, in that gender roles, risk of stigma and rejection appear to greatly inhibit a young adult's ability to seek support, as well as the social and cultural influence and perceptions/awareness of the help being sought. The concept that young adults would have a low awareness of their help-seeking options was also supported. The aims of the research, to explore and expand on previous, largely quantitative research were accomplished and elicited responses to the research questions. Several key perceived barriers/risks towards help-seeking were identified. Gender roles were shown to play a large part in influencing help-seeking behaviour, particularly for men. Although, unexpectedly, it was found this no longer appears to be the case for all men, and that a lack of stigma and increase in normalisation and awareness are some of the main significant elements in positively influencing young adults' help-seeking behaviours. The current research expands on previous research by improving our understanding of help-seeking attitudes and beliefs for British adolescents, particularly in regard to college environments, research that has been predominantly American based.

The current research contributes to a deeper understanding of how young adults perceive help-seeking, and barriers to this, and highlights areas future research could examine more specifically, the individual barriers identified here, and what is needed to diminish those barriers and encourage positive help-seeking behaviour in young people.

### **Notes on Contributors**

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