

Wilson, C.J., Deane, F.P. & Ciarrochi, J. (2003a). Problem recognition, appraisal and help-negation for suicidal thoughts in university students. Paper presented at the 10th Annual Suicide Prevention Australia National Conference, June 2003, Brisbane, Australia.

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ABSTRACT

Problem recognition, appraisal and help-negation for suicidal thoughts in university students.

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Theory and research link problem recognition and problem-solving appraisal to both help-seeking and suicidality. They provide sufficient justification to hypothesise that these social problem-solving variables may explain the negative relationship between help-seeking intentions and suicidal ideation that has been found in several non-clinical youth samples. The current study examined the possibility that either problem recognition or problem-solving appraisal would explain evidence of help-negation in a sample of 351 non-clinical university students. Consistent with previous research (e.g., Deane et al., 2001), a strong help-negation effect was found such that higher levels of suicidal ideation significantly predicted lower help-seeking intentions. However, contrary to expectations results revealed that neither problem recognition nor problem-solving appraisal could fully account for help-negation in this university sample, and neither variable moderated the help-negation relationship. Results are discussed in terms of implications for clinical practice and directions for further prevention research.

*Presenter

Problem Recognition, Appraisal and Help-Negation for Suicidal Thoughts in University Students

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Help-seeking and Prevention

- Seeking and engaging in professional psychological help has been found to reduce or eliminate immediate risk of suicide completion. However...
- There is evidence suicidal ideation itself can impede the help-seeking process.

Help-Negation...

...the refusal to accept or access available helping resources, has been established in acutely suicidal samples (*Rudd et al., 1995*) and non-clinical youth samples (*Deane et al., 2001; Wilson et al., 2003*).

Deane, Wilson & Ciarrochi (2001) and Wilson, Deane & Ciarrochi (2003)...

- Specifically examined the help-negation effect, i.e., impact of suicidal ideation on intentions to seek help from a number of different sources, in samples of Australian university and high school students.
- In both samples....
 - Higher levels of suicidal ideation significantly predicted:
 - Lower intentions to seek help from specific sources,
 - Higher intentions to seek help from “no-one”.

Possible Explanations

- Function of cognitive difficulties associated with suicidal ideation? (*Weishaar, 1996*)
- Poor problem recognition? (*D’Zurilla & Nezu, 1999; Saunders, 1993*)
- Negative or maladaptive appraisal of help as a problem-solving option? (*Wilson & Deane, 2000*)

Poor Problem Recognition & Negative Appraisal

- Saunders (1993) examined the help-seeking process in a sample of patients in need of psychotherapy.

- Results found the most difficult aspect of seeking help was recognising the problem.
- The second most difficult aspect was the positive appraisal of help as a useful way to solve a problem.

Within the context of help-negation....

- It is possible that suicidal young people negate help for suicidal thoughts, regardless of their ability to seek help because:
 - they have difficulty recognising their suicidal thoughts indicate a problem in need of solution,
 - they may not appraise help as an appropriate way to manage a suicidal problem.

Aim

To examine the extent to which problem recognition and problem-solving appraisal explain or strengthen the help-negation relationship.

Method

- Sample:
 - 351 university students (24% male, 76% female).
 - Mean age: 22.06 years, SD = 6.39 (84.6% of the sample were 25 years or younger)
- Measures:
 - Suicidal Ideation Questionnaire (*Reynolds, 1988*).
 - General Help-Seeking Questionnaire (*Wilson et al., 2003*).
 - Social Problem-Solving Inventory for Adolescents (*Frauenknecht & Black, in press*).

Help-Negation Results

- Correlational and multivariate analyses confirmed a significant help-negation effect:
 - Suicidal ideation significantly predicted help-seeking intentions for suicidal thoughts and personal-emotional problems.

Problem-Solving Results

- Correlational analyses were used to examine the relationship between each social problem-solving variable, help-seeking intentions and suicidal ideation:
 - Higher total problem-solving capacity was related to
 - lower levels of suicidal ideation,
 - higher help-seeking intentions for suicidal problems and for personal-emotional problems...

However....

....with respect to suicidal problems...

- When problem recognition and problem-solving appraisal were examined separately:
 - while problem recognition related positively and significantly to intentions to seek help from friends and physical health professionals....
 - problem-solving appraisal was unrelated to help-seeking intentions for suicidal problems.

Problem-Solving Results *(Cont'd)*

- Multivariate analyses were used to examine the extent to which each social problem-solving variable could explain the help-negation effect.
 - Neither problem-recognition or problem-solving appraisal (or total problem-solving capacity) could explain the inverse relationship between suicidal ideation and help-seeking intentions over and above suicidal ideation.

Problem-Solving Results *(Cont'd)*

- Finally, regression analyses were used to examine the extent to which each problem-solving variable (and total problem-solving capacity) strengthened the help-negation relationship.
 - There were no significant interaction results for either problem recognition or problem-solving appraisal (or total problem-solving capacity).
 - In this sample, there was no evidence that poor problem-solving strengthened the help-negation relationship. However....

Summary

- Significant positive associations were found between problem recognition and intentions to seek help from a friend or GP for suicidal thoughts.
- No significant associations were found between problem-solving appraisal and intentions to seek help for suicidal thoughts.

Summary *(Cont'd)*

- Problem-solving variables were unable to explain or strengthen the help-negation effect. However...
- Since the earlier correlational analyses found no evidence of a significant relationship between problem-solving appraisal and help-seeking intentions...

Implication

...consistent with supporting research (*Wilson, Deane & Ciarrochi, 2003a*)... young people in this sample may not have even considered help, from any source, for managing suicidal thoughts

Possible Explanations

- Help-negation might reflect beliefs about autonomy and independence that exclude help-seeking as a problem-solving option for suicidal problems.
- Help-negation might reflect beliefs about what one should be like if they become suicidal (e.g., “Being suicidal means you want to be alone”).

Directions for Prevention and Further Research

- Appropriate help-seeking needs to be promoted as a good problem-solving option, for all types of distressing problems, including those which are suicidal.
- Ongoing research is needed to unravel the developmental trajectory of the help-negation process, and identify specific variables involved that can be targeted for reduction.

Research Reports Available as PDFs *(NHMRC Grant YS060)*:

- *Youth Barriers to Help-Seeking and Referral from General Practitioners*. Wilson, Deane, Biro, & Ciarrochi. (2003).
- *Mental Health Help-Seeking in Young People*. Deane, Wilson, Ciarrochi, & Rickwood (2002).

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Media Release

Young turn to GPs when down

Author: Amanda Dunn, Health Reporter

Date: 09/06/2003

Words: 536

Publication: The Age

Section: News

Page: 5

Adolescents who have suicidal thoughts are more likely to seek help from a GP than any other source, research has found.

A supporting study also found that four in five teenagers who go to GPs with physical complaints are really looking for help with emotional problems, raising questions about how effectively doctors diagnose and treat mental health issues in young people.

The studies are the latest findings in a large suicide-prevention project funded by the National Health and Medical Research Council, part of which will be presented at the National Suicide Prevention Conference in Brisbane this week.

Coralie Wilson, one of the study authors and a researcher at the Illawarra Institute for Mental Health, said one of the most significant problems in adolescent mental health was that young people often did not seek help from anyone. Rather, they tended to withdraw further into themselves, because they had little confidence that adults would understand their concerns, and felt ashamed at experiencing emotional difficulties. The higher their levels of suicidal thoughts, the less likely they were to seek help.

However, those who said they would seek help were most likely to see a GP. But, Ms **Wilson** said, "as they get older, the problem is a lot of kids don't necessarily want to stay with their family GP".

Often they did not realise they could see a different doctor, she said, which might allay their fears on confidentiality.

Fears of not being taken seriously or having their confidentiality breached were also reasons students were reluctant to seek help from school counsellors. Ms **Wilson** said because GPs were often the first people adolescents sought for help, they needed to be better trained to identify and treat emotional problems, and to assuage the adolescents'

feelings of hopelessness.

A supporting study showed that about 80 per cent of young people who saw a GP for a physical complaint had an emotional problem with which they wanted help. Sometimes, Ms **Wilson** said, they were difficult for the GP and the young person to identify. "Kids often don't know. They'll feel something, but it will manifest itself in a physical symptom."

Australian Medical Association Victorian president Sam Lees said he was confident that young doctors, in particular, were well trained at dealing with the mental health issues of young people. At his practice, he said, young people often asked to see young GPs, recognising they could help them.

Dr Lees estimated that, across all age groups, about 70 per cent of patients seeing a GP had an emotional as well as a physical problem they wanted to discuss, and GPs were aware of that.

But, he said, sometimes it was difficult to encourage teenagers to talk about those problems, and for them to be confident they could be helped.

"(They need) to know that they're not going to be laughed at, they're not going to be mocked, and their symptoms will be treated," he said.

People wanting help can reach Lifeline on 131 114 (24-hour line) and Kids Help Line on 1800 551 800.