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ABSTRACT

Barriers that reduce adolescents' intentions to consult a GP

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As recent report has highlighted the vital role that General Practitioners (GPs) have in the prevention of youth suicide (Wilson, Deane, Biro, & Ciarrochi, 2003). Although a range of professional helping sources are available to young people when they are suicidal, there is evidence that if young people seek help, GPs are often the only professional help provider that will be consulted. This paper describes a study that examined the relationships between adolescents' ($N = 357$) specific barriers to professional health care and their intentions to consult a GP for personal-emotional and suicidal problems. Results found that the strongest predictor of lower intentions to consult a GP for a personal-emotional problem was "not wanting family to know". The strongest predictor of lower intentions to consult a GP for suicidal thoughts was a lack of confidence in finding relief from the consultation. Implications for GPs and suicide prevention are discussed, along with directions for primary health care research.

*Presenter

Powerpoint presentation:

**Barriers that reduce adolescents'
intentions to consult a GP**

Coralie J. Wilson, Frank P. Deane,
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GPs and Suicide Prevention

- GPs have a vital role as:
 - primary mental health care providers for young people with mental health issues
(Veit et al., 1996)
 - gatekeepers for suicidal young people
(Biro, Deane, & Wilson, 2002; Wilson, Ciarrochi, & Deane 2003).

Consulting a GP for Suicidal Thoughts

- Biro, Deane, & Wilson (2002) examined mental health care in General Practice.
 - GPs estimated they identified up to 5 suicidal young people in a 3-month period.

Consulting a GP for Suicidal Thoughts *(Cont'd)*

- Wilson, Ciarrochi, & Deane (2003) examined the relationship between high school students' intentions to seek help for suicidal thoughts and actually doing so.
 - If public high school students sought help, a GP was the only health care professional consulted.

However...

- Wilson, Ciarrochi, & Deane (2003) also found:
 - Although significant, the magnitude of the relationship between help-seeking intentions and actually consulting a GP for suicidal thoughts, was small...
 - Many students indicated a preference for seeking help from no-one before consulting a GP if they experienced suicidal thoughts.

Intentions to consult a GP when Suicidal

- Wilson, Deane, & Ciarrochi (2003) examined the impact of suicidal ideation on high school students' intentions to seek help for suicidal thoughts.
 - Higher levels of suicidal ideation significantly predicted higher

intentions to seek help from no-one and lower intentions to seek help from formal and informal sources.

However...

When compared with other formal and informal help-sources, as levels of suicidal ideation increased, young people were least reluctant to consult a GP for help managing their suicidal thoughts.

- Although the students in Wilson, Deane & Ciarrochi's (2003) sample would rather seek help from no-one for suicidal thoughts as their levels of suicidal ideation increased...
- they were more willing to seek help from a GP than any other specific help-source, including parents and friends.

Implications...

- If young people are most likely to consult a GP for help if they become suicidal, consulting a GP for personal-emotional problems and suicidal thoughts needs promotion.
- GPs may need additional training to assess and manage suicidal young people.
- Barriers to young people consulting a GP for personal-emotional problems and suicidal thoughts need to be examined and targeted for reduction.

Barriers

- A number of barriers to GPs have been identified (*e.g.*, *SERU*, 1999).
- Reluctance to seek professional health care has been associated with a number of belief-based and attitudinal barriers

(e.g., Kuhl, Jarkon-Horlick, & Morrissey, 1997).

Current Study

- Aim:
 - To identify specific belief-based and attitudinal barriers that predict lower intentions to seek professional health care for personal-emotional problems and suicidal thoughts.
- Sample:
 - 357 high school students (88 boys, 157 girls)
 - Mean age = 15.83 years.

Summary

- Lower intentions to consult a GP for personal-emotional problems most strongly associated with:
 - not wanting family to know
 - being too embarrassed
 - lack of confidence in finding relief
 - little consideration of professional help as a suitable problem-solving option

Summary (Cont'd)

- Lower intentions to consult a GP for suicidal thoughts were most strongly associated with:
 - little consideration of professional help as a problem-solving option
 - lack of confidence in finding relief
 - not wanting professional help

Summary (Cont'd)

- Two barriers predicted lower intentions to consult a GP for personal-emotional problems:
 - not wanting family to know
 - little consideration of professional help
- Two barriers predicted lower intentions to consult a GP for suicidal thoughts:
 - lack of confidence in finding relief
 - little consideration of professional help

Implications for GPs and Suicide Prevention

- Intentions to consult a GP are related to actually doing so (*Wilson, Ciarrochi, & Deane, 2003*), therefore...
- In the short term, individual barriers that we know are related to intentions, should be targeted for reduction. For example...

Implications for GPs and Suicide Prevention

(*cont'd*)

- “Not wanting family to know” might be targeted by informing young people about:
 - ways to access a GP who is different from their family GP,
 - ways to meet costs and billing,
 - bounds of confidentiality.

Implications for GPs and Suicide Prevention

(*cont'd*)

- “Little confidence in finding relief” might be targeted by:
 - conveying the idea that consulting a GP is a good problem-solving option for physical, personal, emotional, and suicidal problems,
 - conveying the idea that talking about a distressing problem with a GP can help relieve the distress,
 - describing the ways GPs can help with different problem-types.

Research Directions

- Ongoing barrier research is warranted.
- The most effective strategies that GPs should use to assess and manage suicidal young people need to be identified.
- Barriers that relate to specifically to suicidal thoughts and that inhibit young peoples’ engagement with a GP during a consultation need to be identified.

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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