



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

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## Background:

A number of barriers stop young people consulting a GP, particularly for personal-emotional and suicidal problems.

## Study Objectives:

To examine the relationships between adolescents' belief-based barriers to professional health care and their intentions to consult a GP for personal-emotional and suicidal problems.

## Principal Findings:

- ~ Strongest predictor of lower intentions to consult a GP for a personal-emotional problem was not wanting family to know (Table 2).
- ~ Strongest predictor of lower intentions to consult a GP for suicidal thoughts was lack of confidence in finding relief (Table 2).

## Implications:

- ~ GPs need to convey the message that their help can be helpful.
- ~ The promotion of General Practice to young people should include information about ways GPs can help with different problems.

Table 1. Significant correlations between adolescent barriers to formal help-seeking and high school students' intentions to seek help from a GP for personal-emotional problems (Per-Emot) and suicidal thoughts (Suicide-Thts).

Barriers	Help-seeking Intentions		
	Hopelessness	Per-Emot	Suicide-Thts
▪ I wouldn't have time to see a professional.	.20**	-.15*	-.17*
▪ A professional might make me do or say something that I don't want to.	.30**	-.15*	-
▪ I'd never want my family to know I was seeing a professional.	.31**	-.27**	-.17*
▪ Adults really can't understand the problems that kids have.	.27**	-.17*	-
▪ I'd be too embarrassed to talk about my problem.	.35**	-.27**	-.19*
▪ Nothing will change the problems I have.	.48**	-.23**	-.22**
▪ I could not afford to see a professional.	.26**	-	-.17*
▪ If I believed I was having a mental breakdown, my last thought would be to get professional attention.	.23**	-.24**	-.29**
▪ Talking about problems is a poor way to get rid of emotional conflicts.	-	-	-.16*
▪ If I were experiencing a serious emotional crisis at this point in my life, I am not confident I could find relief in professional help.	.35**	-.26**	-.28**
▪ I wouldn't want professional help if I were worried or upset for a long period of time.	.25**	-.20**	-.24**
▪ A person with an emotional problem is not likely to solve it with professional help.	.22**	-.18*	-.23**
▪ Considering the time and expense involved in psychological counselling, it would not have much value for me.	-	-.18*	-.21**
▪ A person should work out his or her own problems.	-	-	-.15*

N = 357. \*\*p < .001, \*p < .01.

Table 2. Significant Beta values (B) and standard errors in the Stepwise Regression analysis for barriers predicting intentions to seek help from a GP for personal-emotional and suicidal problems.

Barriers	Help-seeking Intentions			
	Per-Emot <sub>a</sub>		Suicide-Thts <sub>b</sub>	
	B	SE	B	SE
▪ I'd never want my family to know I was seeing a professional.	-.25***	.03	-	-
▪ If I believed I was having a mental breakdown, my last thought would be to get professional attention.	-.15*	.04	-.16**	.08
▪ If I were experiencing a serious emotional crisis at this point in my life, I'm not confident I could find relief in professional help.	-	-	-.17***	.07
▪ Considering the time and expense, professional help would not have much value for a person like me.	-.13*	.04	-.12*	.07

<sub>a</sub>df = 3, 274; R<sup>2</sup> = .13, Adj R<sup>2</sup> = .12. <sub>b</sub>df = 3, 283; R<sup>2</sup> = .11, Adj R<sup>2</sup> = .10.  
\*\*\*p < .000, \*\*p < .01, \*p < .05

