

RESEARCH REPORT

Do difficulties with emotions inhibit help-seeking in adolescence? The role of age and emotional competence in predicting help-seeking intentions

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ABSTRACT *We examined whether adolescents who are poor at identifying, describing, and managing their emotions (emotional competence) have lower intentions to seek help for their personal-emotional problems and suicidal ideation, as observed in adult studies. We also examined whether age moderated the relationship between competence and help-seeking. Two hundred and seventeen adolescents completed measures of emotional competence, help-seeking, hopelessness, and social support. Results indicated that adolescents who were low in emotional competence had the lowest intentions to seek help from informal sources (i.e., family and friends) and from some formal sources (e.g., mental health professionals), and the highest intentions to seek help from no-one. There was one important age-related qualification: difficulty in identifying and describing emotions was associated with higher help-seeking intentions amongst young adolescents but lower intentions among older adolescents. Social support, hopelessness, and sex could not entirely explain these relationships. Thus, even those who had high quality social support had less intention to use it if they were low in emotional competence.*

Introduction

It would seem reasonable to assume that people with low emotional competence would have the highest intentions to seek help with their emotional problems because they feel less capable of handling those emotions on their own. However, Ciarrochi and Deane

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(2001) report the somewhat counterintuitive finding that adults who were the least skilled at understanding and managing their emotions also had the lowest intentions of seeking help. The present study sought to replicate and extend these findings in a number of ways. First, we sought to examine whether the positive association between emotional competence and help-seeking intentions generalized to adolescents (aged 13 to 16). Second, we sought to establish whether the relationship between competence and help-seeking was moderated by age. That is, does the positive association between emotional competence and help-seeking become stronger as young adolescents become older? Finally, we sought to examine the possibility that amount and quality of social support mediates the relationship between emotional competence and intentions to seek help. That is, do emotionally competent adolescents have higher help-seeking intentions because they have a stronger social support network?

Help-seeking

Seeking and receiving help from mental health professionals can assist in the reduction of distressing psychological symptoms (Bergin and Garfield, 1994; Rudd *et al.*, 1996), yet few who experience significant psychological distress seek professional help (e.g., Boldero and Fallon, 1995; Carlton and Deane, 2000; Deane *et al.*, 2001; Sawyer *et al.*, 2000). In a survey of 4,500 children and adolescents, at best only 50% of those with a mental health problem had attended any service during the previous six months and only 17% had attended a mental health service (Sawyer *et al.*, 2000). These striking statistics raise serious concerns for youth, as the same report found that mental health disorders were most prevalent among young people. While few young people seek professional psychological help, most will seek help from a variety of other sources such as family members, friends, and teachers (Boldero and Fallon, 1995). Up to 90% of adolescents tell their peers rather than a professional of their distress (Kalafat and Elias, 1995; Offer *et al.*, 1991).

What determines whether or not young people seek help? Research has identified a number of factors that contribute to help-seeking behaviour, including being female, availability of social support (Rickwood and Braithwaite, 1994), expectations about help-seeking outcome (Simoni *et al.*, 1991), self-concealment tendency (Cepeda-Benito and Short, 1998), fear of psychological treatment (Deane and Chamberlain, 1994; Kushner and Sher, 1989), and type of psychological problem (Deane *et al.*, 2001). Surprisingly, little research has examined the relationship between basic emotional competencies (e.g., emotion identification and management) and adolescent's intention to seek help.

Emotional competence in adolescents

Emotional competence (or intelligence) has generally been defined as the ability to identify and describe emotions, the ability to understand emotions, and the ability to manage emotions in an effective and nondefensive manner (Ciarrochi *et al.*, 2001; Mayer *et al.*, 2001c). There has been substantial research on emotional competencies in the last decade (Ciarrochi *et al.*, 2000; Ciarrochi *et al.*, 2001, 2002; Mayer *et al.*, 1999; Salovey *et al.*, 1993; Salovey and Mayer, 1990). Despite some initial concern about the psychometric properties of early emotional competence measures (Ciarrochi *et al.*, 2000; Davies

et al., 1998), recent research suggests that some aspects of emotional competence can be measured reliably, are distinct from other well-established measures, and relate to important outcomes (Anderson and Ciarrochi 2001; Ciarrochi *et al.*, 2000, in press; Schutte, *et al.*, 1998; Schutte and Malouff, 2001). For example, the measure of emotion management competence to be used in the present study has been shown relate in expected ways to how effective adolescents are at managing an experimentally induced mood (Ciarrochi *et al.*, 2000, 2001). Similarly, a measure of the ability to identify and describe emotions (Bagby *et al.*, 1994) has been used in an adolescent sample and shown to be reliable, distinguishable from positive and negative affectivity and other potentially similar variables, and to relate to such theoretically relevant criterion variables as amount and quality of social support (Anderson and Ciarrochi, 2001).

We have intentionally avoided the use of emotional ‘intelligence’ in this paper because we do not want to make the questionable assumption that the measures used in this study measure a type of ‘intelligence’ (e.g., Ciarrochi *et al.*, 2001; Davies *et al.*, 1998). Our primary focus is on individual differences in people’s skill at identifying, describing, and managing emotions. We make no assumptions about whether such differences are due to a type of intelligence.

Is emotional competence associated with intentions to seek help?

Research is beginning to suggest that people low in emotional competence have the lowest intentions of seeking help for emotional problems and suicidal thoughts. Ciarrochi and his colleagues have found that people who were less skilled at managing emotions were also less likely to seek help from a variety of sources for both personal-emotional problems and suicidal ideation and less likely to seek help from mental health professionals for suicidal ideation (Ciarrochi and Deane, 2001; Ciarrochi *et al.*, 2002). These relationships held even after controlling for hopelessness, a potential confounding variable. The relationships tended to involve informal help-seeking sources that were highly familiar to the person (e.g., family and friends) rather than more formal sources of help (e.g., mental health professional).

Why is low emotional competence linked to low intentions to seek help? One possibility is that people low in emotional competence are more likely to have lower quality social support (Ciarrochi *et al.*, 2001) and that people with lower quality social support in turn are less likely to seek help (Ciarrochi *et al.*, 2001). A recent study by Ciarrochi *et al.* (2001) tested this possibility and found that social support could partially explain the relationship between emotional competence and intentions. We sought to replicate this finding in the present adolescent sample.

What is the developmental trajectory of help-seeking

Are there any developmental changes in help-seeking intentions during the adolescent years? Research suggests that adolescence is a period of increasing psychological separation from parents. Adolescents make increasingly independent decisions, direct and manage more of their practical affairs, spend less time with their parents, and increasing time alone and with friends (Baltes and Silverberg, 1994; Larson and Richards, 1991;

Steinberg and Morris, 2001). Based on this research, we expect that adolescents will show decreased intentions to seek help from parents as they get older, and higher intentions to seek help from their friends.

It is also possible that the relationship between emotional competence and help-seeking will change as a function of age? It may be that younger adolescents are less embarrassed by their emotional difficulties than older adolescents. It may also be that younger adolescents still view their parents as potentially reasonable sources of help, whereas older adolescents don't consider the possibility of seeking help from their parents. Carlton and Deane (2000) hypothesize that the negative relationship between suicidal ideation and help-seeking may in part be explained by adolescent differentiation of self from immediate family. These arguments are admittedly speculative, but are meant to highlight the possibility that the link between emotional competence and help-seeking intentions may change with age. We explore this possibility in the present study.

Study

We sought to address two major questions:

1. Does the previously observed positive relationship between emotional competence and help-seeking generalize to an adolescent sample?
2. Is this positive relationship moderated by age?

We also evaluated one possible explanation for the relationship, namely, that the positive relationship could be explained (or was mediated) by social support.

We measured a wide variety of emotional competencies and focused on measures that past research suggests are both reliable and valid in adolescents (e.g., see Ciarrochi *et al.*, 2001; Anderson and Ciarrochi, 2001). We assessed:

1. the ability to identify and describe emotions in oneself (Bagby *et al.*, 1994);
2. the ability to perceive emotional cues (Schutte *et al.*, 1998); and
3. the ability to manage emotions in both the self and others (Ciarrochi *et al.* 2001; Schutte *et al.*, 1998).

This study sought to rule out a possible explanation for any observed relationship between emotional competence and help-seeking. Previous research suggests that people who feel hopeless also report having lower emotional competence and lower help-seeking intentions (Ciarrochi and Deane, 2001). Thus, it is possible that any relationship we observe between emotional competence and help-seeking is explainable in terms of hopelessness. To rule out this possibility, hopelessness will act as a covariate in all analyses. We will also control for sex.

Methods

Participants and design

The 217 participants (71 male, 146 female; $M_{\text{age}} = 14.38$; $SD = 1.18$) were attending grades 8 to 11 at a private Christian school. Students volunteered to participate and obtained consent from parents. The survey was administered anonymously, with participants completing it at their own pace. The managing

and perceiving emotions subscales were the last test administered in the survey, and due to school-related time constraints, a small subset of students did not finish it (see preliminary analyses section for sample sizes).

Materials

Self-report emotional competence (SREC). The self-report questionnaire by Schutte *et al.* (1998) comprises 33 self-referencing statements and requires participants to rate the extent that they agree or disagree with each statement on a 5-point scale (1 = strongly disagree; 5 = strongly agree). Recent studies have identified three factors in the measure (Ciarrochi, 2000; Petrides and Furnham, 2000). The perceiving emotional cues subscale consists of 10 statements such as 'I find it hard to understand the non-verbal messages of other people', ($\alpha = .78$). The managing self-relevant emotions factor consists of nine items such as 'I seek out activities that make me happy' ($\alpha = .84$). Finally, the managing others' emotions factor consists of eight items such as 'I arrange events others enjoy', ($\alpha = .73$). Research suggests that this measure is both reliable and valid in an adolescent sample (Ciarrochi *et al.*, in press a; see introduction).

Toronto Alexithymia Scale (TAS-20; Bagby et al., 1994). The TAS-20 is a 20-item, self-report measure of 'Alexithymia' or difficulty identifying and describing feelings. The scale requires participants to rate their answers on a 5-point Likert scale (strongly disagree (1) to strongly agree (5); $\alpha = .79$). The 20 item measure is broken down into three subscales, difficulty identifying feelings ('I am often confused about what emotion I am feeling', $\alpha = .80$), difficulty describing feelings ('It is difficult for me to find the right words for my feelings', $\alpha = .70$), and externally-oriented thinking ('I find reflecting on my feelings helps me solve my personal problems', (reversed) $\alpha = .54$). The externally-oriented scale did not reach satisfactory levels of reliability in this sample and will not be considered further. The TAS-identifying and describing subscales correlate fairly highly ($r = .63$) and produced similar results in the analyses that follow. Therefore, for the sake of simplicity, the two scales were combined to produce a highly reliable single scale ('TAS'; $\alpha = .85$). There is considerable evidence for the validity of the TAS (Taylor, 2000), including research which shows that scores on the TAS relate to an observer rated measure of alexithymia (Bagby *et al.*, 1994). The scale has been used in an adolescent sample and shown to be reliable, distinguishable from positive and negative affectivity and other potentially similar variables, and to relate to such theoretically relevant criterion variables as amount and quality of social support (Anderson and Ciarrochi, 2001).

The TAS is distinguishable from the perception scale of the SREC described above. The TAS tends to emphasize the identification of internal feelings (e.g., 'I am often confused by what emotion I am feeling'), whereas the latter scale tends to emphasize external emotional cues (e.g., 'By looking at the facial expressions of others, I recognize the emotions people are feeling.'). The two scales tend to be only slightly correlated ($r = .28$).

Hopelessness. The Beck Hopelessness Scale (BHS) (Beck *et al.*, 1974) comprises 20 true-false items that reflect hopelessness or pessimism (e.g., 'My future seems dark to me'). The BHS is supported by sound reliability and construct validity data (e.g., Metalsky and Joiner, 1992). It has good internal consistency ($\alpha = .90$) and is highly correlated with other self-report measures of hopelessness (Beck *et al.*, 1974).

The General Help-Seeking Questionnaire (GHSQ) (Deane et al., 2001). The GHSQ was developed to formally assess help-seeking intentions for non-suicidal and suicidal problems. It has been shown to relate to actual help-seeking in the past month, and to predict future help-seeking behaviour (Ciarrochi and Deane, 2001; Deane *et al.*, 2001). Respondents are asked to rate the likelihood that they would seek help from a variety of people for personal-emotional problems and for suicidal thoughts. The two problem prompts have the following general structure, 'If you were having a personal-emotional problem, how likely is it that you would seek help from the following people?' For each problem respondents were asked

to rate their likelihood of seeking help on a 7-point scale (1 = extremely unlikely, 7 = extremely likely) from each of 10 sources: boyfriend/girlfriend, friend, parent, relative, mental health professional (school counsellor, counsellor, psychologist, psychiatrist), phone help line, doctor/GP, teacher (year level coordinator, classroom teacher, home class teacher, dean of students, support staff), pastor/priest, and youth worker. An additional item asked participants to indicate if they would not be likely to seek help from anyone for each problem type.

Social Support Questionnaire. Social Support was measured using a six-item version of the Social Support Questionnaire (SSQ; Sarason *et al.*, 1983). This consisted of items such as ‘Whom could you count on to help you out in a crisis situation, even though they would have to go out of their way to do so?’ For each item participants were asked to list the initials of the people they can rely on, their relationship to them, and their overall satisfaction with the support available to them. This reduced version of the SSQ was highly reliable for amount of support ($\alpha = .87$) and satisfaction with support ($\alpha = .87$).

Results

Preliminary analyses

Alpha was set at .01 for all preliminary analyses in order to reduce the problem of Type I error. Table I presents the descriptive statistics for the help-seeking intentions measure. Paired *t*-tests revealed that adolescents had higher intentions to seek help from friends, parents, and other family members for personal-emotional problems than for suicidal ideation (see Table I), and had higher intentions of seek help from a phone help line or a mental health professional for suicidal thoughts than for emotional problems. Also, as can be seen in Table I, adolescents tended to have higher intentions to seek help from family and friends than from the other, less intimate sources.

TABLE I. Means and standard errors of intention to seek help from a variety of sources for personal-emotional problems and suicidal thoughts

	Problem type			
	Personal-Emot.		Suicidal thoughts	
Help-seeking source:	<i>M</i>	<i>SE</i>	<i>M</i>	<i>SE</i>
Boyfriend or Girlfriend	4.03	.13	3.77	.15
Friend*	5.55	.11	5.02	.13
Parent*	4.74	.14	4.07	.16
Other relative/family member*	4.02	.13	3.51	.14
Mental health professional*	2.39	.11	3.17	.15
Phone Help Line*	1.78	.09	2.97	.15
Doctor/GP	1.88	.09	2.16	.12
Teacher	2.47	.11	2.39	.12
Pastor/Priest	2.35	.11	2.63	.14
Youth worker/youth group leader	2.46	.12	2.73	.14
Would not seek help (reversed)	5.51	.13	5.27	.14

Note: Larger means indicate higher help-seeking intentions.

*Difference between personal-emotional problems and suicidal thoughts significant at $p < .001$.

The descriptive statistics for the independent variables were as follows: TAS ($M = 32.9$, $SD = 9.08$, $n = 216$), perceiving emotional cues ($M = 3.41$, $SD = .64$, $n = 163$), managing own emotions ($M = 3.35$, $SD = .75$, $n = 163$), managing others' emotions ($M = 3.43$, $SD = .62$, $n = 163$), hopelessness ($M = 30.34$, $SD = 1.92$, $n = 212$), social support amount ($M = 26.62$, $SD = 10.89$, $n = 208$), and social support satisfaction ($M = 28.8$, $SD = 6.2$, $n = 216$).

We examined the intercorrelations between the items in the help-seeking measure. As has been found in the past, all significant intercorrelations were positive and tended to range between $r = .20$ and $r = .60$, indicating that people who intended to seek help from one source were also intended to seek help from other sources (see Ciarrochi and Deane, in press, for a more thorough description of the statistical properties of the help-seeking scale).

We next examined the intercorrelations between our independent variables (i.e., the non-help-seeking measures). To promote clarity, TAS scores were reversed so that larger numbers indicated greater emotional competence. High hopelessness was related to all the emotional competence measures, $r = -.40$ (TAS), $r = -.35$ (Perceiving cues), $r = -.62$ (Managing own emotions), and $r = -.39$ (Managing others' emotions), all $ps < .01$. Thus, people who were feeling hopeless also reported having lower emotional competence. Age was unrelated to all the independent measures.

Emotional competence measures were positively correlated with each other. The TAS correlated with perceiving emotional cues ($r = .28$, $p < .01$), managing own emotions ($r = .39$, $p < .01$), and managing others' emotions ($r = .28$, $p < .01$). As expected, the subscales of the Schutte SREC measure intercorrelated, with perceiving cues correlating with managing own ($r = .58$, $p < .01$) and others' ($r = .72$, $p < .01$) emotions, and managing own emotions correlating with managing others' emotions ($r = .66$, $p < .01$). Social support (amount and satisfaction) also related to the emotional competence measures, with rs ranging from $.26$ to $.39$ and $ps < .01$. There was only one nonsignificant relationship involving competence and support, and this involved the relationship between the TAS and amount of social support, $r = .16$, $p > .01$. However, the TAS was significantly related to satisfaction with social support, $r = .35$, $p < .01$. In summary, people high in perceiving emotional cues and managing emotions had more support and were more satisfied with that support, and people who scored high on the TAS were more satisfied with their social support.

We next used ANOVAS to explore whether gender was related to any of the independent or dependent variables. Females ($M = 3.53$, $SD = .59$) reported greater skill at managing others emotions than did males ($M = 3.21$, $SD = .65$), $F(1, 161) = 9.3$, $MSE = .37$, $p < .01$. Females ($M = 29.3$, $SD = 10.6$) also reported greater amounts of social support than did males ($M = 21.28$, $SD = 9.33$), $F(1, 205) = 28.5$, $MSE = 104.5$, $p < .01$. Concerning the help seeking measure, males ($M = 5.09$, $SD = 1.52$) had lower intentions than females ($M = 5.77$, $SD = 1.57$) of seeking help from friends for personal-emotional problems, $F(1, 214) = 9.24$, $p < .01$, but males ($M = 4.11$, $SD = 2.19$) had higher intentions of seeking help than females ($M = 3.22$, $SD = 2.02$) from family members for suicidal ideation, $F(1, 214) = 8.67$, $p < .01$.

Preliminary age analysis. Correlational analyses revealed that as age increased adolescents expressed greater intention to seek help from boyfriends/girlfriends for both emotional problems ($r(217) = .27, p < .01$) and suicidal ideation ($r(216) = .18, p < .01$). However, as age increased adolescents expressed less intention of seeking help from parents for emotional problems ($r(216) = -.20, p < .01$) and suicidal ideation, $r(216) = -.26, p < .01$, and higher intentions of seeking help from no-one for suicidal ideation, ($r(216) = -.19, p < .01$).

Main analyses

We evaluated our main hypothesis that higher emotional competence would be related to higher intentions to seek help, especially for informal sources of help (family and friends). We also sought to examine whether this relationship was moderated by age. In order to reduce the problem of Type 1 error, we analysed univariate relationships only if we were able to first demonstrate a multivariate relationship. For example, we examined univariate relationships between each of the help-seeking sources and emotional competence only if a single multivariate test shows that the emotional competence predicts these help-seeking sources as a group. If the multivariate relationship was significant, we reported univariate relationships that are significant at the .05 level. As an additional safeguard against Type 1 error, we focused our discussion on the overall pattern of significant relationships and on specific relationships that were significant at the $p < .01$ level.

General linear model (GLM) multivariate analyses of covariance (MANCOVA) were used to assess the effects of emotional competence on intentions to seek help from each of the 11 sources. Hopelessness, sex, age, and each emotional competence and the interaction between age and emotional competence were entered as covariates into a MANCOVA. All variables were standardized in order to reduce the problem of colinearity (Aiken and West, 1991). Separate analyses were used for the two problem types (personal-emotional problem; suicidal thoughts) because past research suggests that people respond differently to these two problems (Deane *et al.*, 2001). Separate analyses were also used for informal sources (i.e., family and friends) and more formal help-sources (e.g., mental health professionals), because past research suggests different patterns of findings for these sources of help (see introduction).

Seeking help from family and friends. The GLM analyses revealed significant multivariate relationships between help-seeking for personal-emotional problems and the TAS, $F(4,202) = 2.7, p < .05$, managing own emotions, $F(4,150) = 8.06, p < .001$, managing others' emotions, $F(4,150) = 11.69, p < .001$, and emotion perception, $F(4,150) = 7.01, p < .001$. The Wilks' Δ for these tests are presented in Table II. We next conducted follow-up GLM univariate ANCOVAs to explore the significant multivariate test results (hopelessness and sex again, and in all subsequent analyses, acted as covariates). Consistent with our central hypothesis, all significant relationships between emotional competence and help-seeking were positive (see Table II), indicating that higher emotional competence was associated with higher intentions to seek help from family and friends for emotional problems.

TABLE II. The relationship (Wilks' Δ and Beta) between emotional competencies and intention to seek help from family and friends for emotional problems and suicidal thoughts after controlling for hopelessness sex, and age

	TAS ^a	ManSelf	ManOth	Perception
Emotional problems				
Multivariate relationship: Wilks' Δ	.95*	.82***	.76***	.84***
Univariate Relationships by Help source:				
Boyfriend or Girlfriend	.15*	.32***	.38***	.34***
Friend (unrelated to you)	.19**	.31***	.45***	.36***
Parents	.10 ^a	.30***	.14	-.07
Other relative or family member	.02 ^a	.32***	.24***	.10
Suicidal thoughts				
Multivariate relationship: Wilks' Δ	.95*	.91**	.88***	.89***
Univariate Relationships by Help source:				
Boyfriend or Girlfriend	.17*	.31***	.31***	.30***
Friend (unrelated to you)	.21***	.30***	.35***	.26***
Parents	.15* ^a	.20*	.04	-.05
Other relative or family member	.16* ^a	.16	.06	.07

* $p \leq .05$, ** $p \leq .01$, *** $p \leq .005$

Note: Percentage of variance explained (Eta-Squared) is equal to $1 - \text{Wilks' } \Delta$.

TAS = Toronto Alexithymia Scale - Identifying and Describing Emotions; ManSelf = Managing Self-Relevant Emotions; ManOth = Managing Others' Emotions; Perception = Emotional perception.

^aThis effect was qualified by age. See Table III.

We next examined help-seeking for suicidal thoughts. There were significant multivariate relationships between help-seeking and identifying and describing emotions (TAS), $F(4,201) = 2.95$, $p < .05$, managing own emotions, $F(4,149) = 3.55$, $p < .01$, managing others' emotions, $F(4,149) = 4.99$, $p = .001$, and emotion perception, $F(4,149) = 4.68$, $p < .005$. The Wilks' Δ for these tests are presented in Table II. Again, consistent with our central hypothesis, all significant univariate relationships between emotional competence and help-seeking were positive, indicating that higher emotional competence was associated with greater intentions to seek help from family and friends for suicidal thoughts.

In addition to uncovering the main effects of emotional competence, the GLM analyses revealed a significant interaction between age and TAS in predicting help-seeking for both emotional problems, Wilks' $\Delta = .944$, $F(4,202) = 3.01$, $p < .05$, and for suicidal ideation, Wilks' $\Delta = .945$, $F(4,201) = 2.93$, $p < .05$. Follow-up univariate analyses revealed that the interaction was significant when predicting help-seeking for emotional problems from parents, $F(1,205) = 6.76$, $p < .01$, $\beta = .17$, and other-relatives, $F(1,205) = 9.57$, $p < .01$, $\beta = .21$, and help-seeking for suicidal thoughts from parents, $F(1,204) = 4.17$, $p < .05$, $\beta = .13$, and other relatives, $F(1,204) = 3.75$, $p = .05$, $\beta = .12$. The positive Betas (β) in these analyses indicate that as age increases, the size of the relationship between emotional competence and help-seeking becomes increasingly positive. To further explore this effect, we used the GLM to generate and test the beta coefficients for each age group and each significant help-source (See Aiken and West, 1991, for the procedure). Table III presents the results of these analyses. At age 13, there

TABLE III. General Linear Model Coefficients (Beta) between identifying and describing, and intentions to seek help as a function of age (controlling for sex and hopelessness)

	Age in years			
	13	14	15	16
Seek help for emot. problems from:				
Parents	-.10	.04	.19*	.33**
Other relatives and family	-.22*	-.05	.13	.30**
Doctors	-.23*	-.06	.10	.26*
Teachers	-.18	-.03	.11	.25*
Seek help for suicidal ideation from:				
Parents	-.00	.11	.22**	.33**
Other relatives and family	.01	.12	.22**	.32**

* $p < .05$, ** $p < .01$.

is a negative relationship between emotional competence and help-seeking. The more these students feel they cannot identify and describe their emotions, the higher their intentions to seek help from family members. As age increases, however, the relationship becomes increasingly positive. By age 16, all relationships are significantly positive, indicating that adolescents who are most emotionally competent have the highest intention of seeking help.

The GLM analyses revealed one other significant interaction involving age. The interaction between managing self-relevant emotions and age was significant for seeking help for personal-emotional problems, Wilks' $\Delta = .942$, $F(4,150) = 3.24$, $p < .05$. Follow-up univariate analyses revealed that the interaction was significant only for help-seeking from friends, $F(1,153) = 8.61$, $\beta = -.24$, $p < .01$. The negative beta indicates that as age increases, the relationship between managing emotions and help-seeking becomes increasingly negative. However, this finding should be interpreted with caution, because the interaction between managing own emotions and age did not approach significance in any other analyses, including those involving help-seeking for personal-emotional problems from the other three informal sources (boyfriend/girlfriend, parents, other family), all $ps > .2$, and help-seeking for suicidal ideation, Wilks' $\Delta = .96$, $F(4,149) = 3.24$, $p > .2$.

Seeking help from no-one. We tested the hypothesis that adolescents who are low in emotional competence will be the most likely to indicate that they would seek help from no-one. GLM univariate analyses revealed that seeking help from no-one for personal-emotional problems was related to managing own emotions, $F(1, 153) = 13.45$, $MSE = .75$, $p < .001$, $B = -.32$, managing others' emotions, $F(1, 153) = 26.24$, $MSE = .69$, $B = .39$, $p < .001$, and perception, $F(1, 153) = 4.42$, $MSE = .78$, $B = -.19$, $p < .05$. In addition, for suicidal thoughts seeking help from no-one was associated with managing others' emotions, $F(1, 153) = 4.49$, $MSE = .82$, $B = -.17$, $p < .05$, but not with perception, or managing self-relevant emotions, $ps > .05$. These findings indicate

that adolescents who were low in emotional competence were the most likely to not seek help for emotional problems. The relationships are similar, but not as strong, for problems involving suicidal thoughts.

Help-seeking from formal sources. We examined the impact of emotional competence on help-seeking from relatively formal sources. There was a significant multivariate relationship between the TAS and help-seeking for suicidal thoughts, Wilks' $\Delta = .94$, $F(6,199) = 2.3$, $p < .05$. The follow-up univariate analyses revealed that there was a significant univariate relationship between the TAS and help-seeking from mental health professionals, $F(1,204) = 7.20$, $MSE = .95$, $\beta = .20$, $p < .01$, doctors, $F(1,204) = 6.76$, $MSE = .96$, $\beta = .20$, $p < .05$, teachers, $F(1,204) = 6.21$, $MSE = .96$, $\beta = .19$, $p < .05$, and priests, $F(1,204) = 3.91$, $MSE = .93$, $\beta = .15$, $p < .05$. The positive betas indicate that greater skill at identifying and describing emotions was associated with higher intentions to seek help.

GLM analyses also uncovered a significant interaction between age and the TAS in predicting help-seeking for emotional problems, Wilks' $\Delta = .93$, $F(6,200) = 2.5$, $p < .05$. To further explore this effect, we used the GLM to generate and test the Beta coefficients for each age group and each significant help source (see Aiken and West, 1991, for the procedure). Table III presents the results of these analyses. At age 13, there is a negative relationship between the TAS and help-seeking, and this was significant for doctors. The more these students report difficulty identifying and describing their emotions, the higher their intentions to seek help from doctors. However, as age increased, the relationship became increasingly positive. By age 16, all relationships were significantly positive, indicating that adolescents who have the most difficulty with their emotions are now had the lowest intention of seeking help from doctors and teachers.

Social support as a mediator

We hypothesised that social support mediated the relationship between emotional competence and help-seeking. That is, we explored the reasonableness (or statistical significance) of a model that posits that having high emotional competence leads to greater social support, and greater social support in turn leads to higher intentions of seeking help. To provide evidence consistent with mediation, Baron and Kenny (1986) argue that you should satisfy three conditions:

1. the initial variable (emotional competence) should be related to the outcome variable (help-seeking intentions);
2. the initial variable should be related to the mediator (social support); and
3. the mediator should affect the outcome variable even after controlling for the initial variable.

Our previous analyses have established that emotional competence is related to intentions to seek help from family and friends and intentions to seek help from no-one (condition 1). To evaluate condition 2, GLM analyses were used to test whether emotional competence related to quality and amount of social support, even after controlling for

sex, hopelessness, and age. The significance test for social support is based on the incremental R^2 when both quality and amount of social support are added to the analyses. There was a significant relationship between amount and quality of social support and the TAS, $F(2,194) = 3.37$, $R^2 = .03$, $p < .05$, managing own emotions, $F(2,147) = 8.46$, $R^2 = .14$, $p < .001$, managing others' emotions, $F(2,147) = 6.84$, $R^2 = .07$, $p < .005$, and perception, $F(2,147) = 3.92$, $R^2 = .045$, $p < .05$. Thus, condition 2 was satisfied for all competence variables.

Finally, we evaluated whether quality and amount of social support were related to help seeking intentions even after controlling for each of the emotional competencies (condition 3) and the other covariates. Prior analyses established that a positive relationship between the TAS and help-seeking from family members occurred only for older students, (aged 15 to 16; $n = 86$), so our mediational analyses involving the TAS focused on these older groups. All other mediational analyses utilized the full sample.

Complete mediation is in evidence when the first two criteria for mediation are satisfied, and when social support, but not emotional competence, is significant when both are entered as covariates (Baron and Kenny, 1986). Complete mediation suggests that social support can entirely explain the relationship between emotional competence and help-seeking. The following relationships were entirely explainable by social support (R^2 refer to contribution of amount and quality of social support when controlling for emotional competence): the TAS and seeking help from boyfriends/girlfriends for both emotion problems ($R^2 = .05$, $p < .01$) and suicidal ideation ($R^2 = .05$, $p < .01$); managing self-relevant emotions and seeking help from friends for suicidal ideation ($R^2 = .06$, $p < .01$); managing self-relevant emotions and the likelihood of seeking help from no one for emotional problems ($R^2 = .07$, $p < .01$); and emotional perception, and the likelihood of seeking help from no one for personal-emotional problems ($R^2 = .08$, $p < .01$).

Partial mediation is in evidence when the first two criteria for mediation are satisfied, and when both emotional competence and social support significantly predict help-seeking in a covariate analysis (Baron and Kenny, 1986). Partial mediation suggests that social support may explain some, but not all, of the relationship between emotional competence and help-seeking. The following relationships were partially explained by social support: the TAS and help-seeking from parents ($R^2 = .07$, $p < .01$) and other family members for emotional problems ($R^2 = .08$, $p < .01$), and help-seeking from friends for suicidal ideation ($R^2 = .07$, $p < .01$); managing own emotions and help-seeking from boyfriend/girlfriend for emotional problems ($R^2 = .06$, $p < .01$) and suicidal ideation ($R^2 = .07$, $p < .01$), and other family for emotional problems ($R^2 = .05$, $p < .05$); managing others' emotions and help-seeking from boyfriend/girlfriend ($R^2 = .05$, $p < .01$) and other family ($R^2 = .06$, $p < .01$) for emotional problems, and boyfriends/girlfriend ($R^2 = .06$, $p < .01$) and friends ($R^2 = .06$, $p < .01$) for suicidal ideation; and emotion perception and boyfriend/girlfriend for emotional problems ($R^2 = .05$, $p < .05$) and suicidal ideation ($R^2 = .06$, $p < .01$), and friends ($R^2 = .07$, $p < .01$) for suicidal ideation.

There was no evidence that social support even partially explained any of the relationships not described above. For example, there was no evidence that the following relationships were mediated by social support: the relationship between the TAS and

seeking help from parents and family for suicidal ideation, the relationship between managing others' emotions and likelihood of not seeking help, and emotion perception and seeking help from friends. In each of these cases, emotional competence was a significant predictor, whereas social support was not.

We have made a substantial number of tests in this section, so caution must be used in interpreting any individual. However, our primary focus is on the overall pattern of significant results. This pattern suggests that social support can explain some, but not all, of the variance between emotional competence and help-seeking from both informal and formal sources of help.

Discussion

The present study supported our central hypothesis that high emotional competence is associated with higher intentions to seek help. All of the emotional competence measures showed a significant multivariate relationship with intentions. Furthermore, as predicted, all of the significant univariate relationships between each competence and help-seeking source were positive (with one age-related qualification discussed below). The univariate analyses also revealed that adolescents low in emotional competence had lower intentions to seek help from people whom they knew (e.g., parents, friends, other family) for both emotional problems and suicidal ideation, and had higher intentions of seeking help from no-one. The majority of significant relationships between emotional competence and help-seeking involved familiar sources of help (e.g., family and friends), but there were some relationships involving other sources. Specifically, people poor at identifying and describing their emotions also had lower intentions of seeking help for suicidal thoughts from mental health professionals, doctors, teachers, and priests. Furthermore hopelessness, sex, amount or quality of social support could not entirely explain the links between emotional competence and help-seeking.

There were also a number of interesting developmental findings. With increasing age, adolescents reported higher intentions of seeking help from boyfriends/girlfriends for both emotional problems and suicidal thoughts. However, they had less intention of seeking help from parents for both emotional problems and suicidal thoughts, and greater intention to not seek help at all for suicidal thoughts. There was also one age-related qualification to the significant positive relationships between emotional competence and help-seeking intentions. Amongst younger adolescents, difficulty in identifying and describing emotions (as measured by the TAS) was associated with greater intention to seek help, whereas amongst older adolescents, this pattern was reversed.

The development of help-seeking

As adolescents got older, they appeared to shift their help-seeking away from parents and towards boyfriends and girlfriends. However, they did not 'replace' their parents entirely with other sources of help, because they reported an increased likelihood of not seeking help at all. Our findings are consistent with others, which suggest that adolescents increasingly distance themselves from parents, and spend increasing time by themselves and with friends (e.g., Baltes and Silverberg, 2000; Steinberg and Morris, 2001).

There were also developmental changes in the relationship between emotional competence and help-seeking. If younger adolescents indicated that they had trouble identifying and describing their emotions, they had greater intentions of seeking help from family members and from more formal sources of help such as doctors. This is the first time that this negative relationship between emotional competence and help-seeking intentions has been observed, and it occurred only amongst 13 year olds. The relationship can be considered to be 'functional' because it implies that when young adolescents recognized that they had trouble with their emotions, they intended to get help for their personal-emotional problems. In contrast, older groups showed the opposite pattern. If older adolescents had trouble identifying and describing their emotions, they had lower intentions to seek help from parents and other family members for both personal-emotional problems and suicidal thoughts, and lower intentions to seek help from doctors and teachers for emotional problems.

Why is emotional competence associated with intention to seek help?

While the relationship between the TAS and help-seeking intentions from family was qualified by age, the other relationships in this study were not. Skill at perceiving emotions and managing them (in both the self and others) were consistently related to higher intentions to seek help from family and friends, and skill at identifying and describing emotions (TAS) was consistently related to higher intentions to seek help from friends. How can these relationships be explained? We propose a number of explanations, the first three of which can be assessed using our data.

Hopelessness and sex as two possible explanations. We found that adolescents who felt hopeless were also lower in emotional competence and had lower intentions to seek help. Thus, hopelessness may confound the relationship between emotional competence and help-seeking. However, inconsistent with this view, all relationships reported in this study held even after controlling for hopelessness.

Generally, females had higher intention to seek help than males and were more emotionally competent. Perhaps any observed effects are due to some difference between males and females that has nothing to do with emotional competence. Again, however we controlled for sex in all analyses, and still found the significant relationships.

Social support. Emotions are the forces that bring people together (affection, love) or tear them apart (hate, disgust). One of the crucial benefits of emotional competence is that it helps people to develop and maintain strong social networks (Ciarrochi *et al.*, in press a). It makes intuitive sense then that emotional competence leads to improved social support and better social support may in turn lead to higher intentions to seek help. Our present study supported this hypothesis. Social support partially explained (mediated) the relationship between emotional competence and intention to seek help from boyfriends/girlfriends and friends and to a lesser extent from parents and other family members. Also, social support partially explained the relationship between emotional competence and intentions to not seeking help from anyone for emotional problems.

However, social support only partially explained the relationships, and indeed did not explain the relationships between emotional competence and intentions to seek help from formal sources and some informal sources. This finding indicates that additional explanatory variables are needed to understand the relationship between emotion competence and help-seeking.

The embarrassment explanation. Perhaps adolescents who are low in emotional competence are too embarrassed by their lack of competence to seek help. This simple idea might also explain our developmental findings. Recall that when younger adolescents had difficulty with their emotions, they had greater intentions to seek help from parents and family. Perhaps for these adolescents, being confused about their emotions is not embarrassing. However, as adolescents get older, they want to feel more independent from the parents and more capable of handling their problems on their own (Baltes and Silverberg, 1994; Steinberg and Morris, 2001). Thus, they may become too embarrassed by their emotional difficulties to seek help from the parents. Future research can test this hypothesis by asking adolescents about the perceived barriers to seeking help from parents and by evaluating whether adolescents who are low in emotional competence are more likely than others to list embarrassment as a potential barrier.

The ‘embarrassment’ explanation can also explain why adolescents low in emotional competence have lower intentions of seeking help from people they know (e.g., parents, friends) for emotional problems, but do not generally have lower intention of seeking help from people that are relatively unknown to them (mental health professional, phone help line, doctor/GP). Perhaps there is less embarrassment about appearing emotionally confused or opening up your emotional inadequacies to professionals, compared to people closer to you.

Summary and future directions

In general, those adolescents who needed help the most (those low in competence) had the lowest intentions of seeking help. There was only one age-related exception to this finding: young adolescents (aged 13) had higher intention to seek help from parents and family if they had trouble identifying and describing their emotions. However, this ‘functional’ relationship disappeared by age 14, and was completely reversed by age 15. The more dysfunctional relationships between emotional competence and help-seeking intentions were only partially explainable by social support. That is, even adolescents who had high quality social support appeared less willing to make use of that support if they were low in emotion competence.

These findings have at least three important practical implications. First, given that adolescents low in emotional competence are relatively unlikely to seek help when distressed or suicidal, it is essential to identify these adolescents and to teach them about the help that is available and the benefits of seeking such help. Second, although adolescents who have trouble managing their emotions were less likely to seek help from people they knew, they were not less likely to seek help from professional sources (e.g., the school counsellor). Perhaps, then, health care professionals have an advantage over others in reaching out to these at risk adolescents and providing them with help. Finally,

our research suggests that social and emotional learning programs (Elias *et al.*, 1997) may benefit adolescents in unexpected ways. In particular, teaching adolescents to accurately identify and effectively manage emotions may not only lead to increases in the quality of their social support (Ciarrochi *et al.*, in press a); it may also lead to greater willingness to use that support in times of trouble.

Whilst our findings have offered insight into the relationship between emotional competence and intentions to seek help, it does leave some questions unanswered. Future research is needed to test between a number of explanations (e.g., embarrassment) of why emotional competence is related to help-seeking intentions. Research is also needed to clarify the direction of the causal relationship between emotional competence and help-seeking intentions, given the correlational nature of our research. Future research could address the causality issue by training people in emotional competence and observing how such training impacts on their help-seeking behaviour.

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