Who Influence Men to go to Therapy? Reports from Men Attending Psychological Services

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The degree to which men's current or most recent access to professional psychological help was influenced by others, and their future independent help-seeking intentions were measured. Seventy-three males currently accessing, or who had recently accessed a mental health service, completed a questionnaire that asked about their pathway to care and future help-seeking intentions. Ninety-six percent of participants reported their decision to seek help was influenced to some degree by others, with G.P.'s, and intimate partners most influential. Thirty-seven percent indicated that without this influence, they would not have sought help at all. Once in therapy, treatment helpfulness was a significant predictor of future help-seeking intentions for a personal-emotional problem or suicidal thoughts, irrespective of the pathway to care.

KEY WORDS: men; help-seeking intentions; treatment helpfulness.

Major differences exist between mental health care in developing and developed countries, but both demonstrate poor utilization of mental health services, with fewer than half of those individuals needing care making use of available services (World Health Organization, 2001). Men in particular appear reluctant to

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seek help for mental health problems (Mahalik, Good & Englar-Carlson, 2003) a finding that has been identified across a number of cultural groups (e.g., Barry, Doherty, Hope, Sixsmith, & Kelleher, 2000; Moeller-Leimkuehler, 2002). In general, males seek help less frequently than females (Rickwood & Braithwaite, 1994), even when experiencing equivalent levels of psychological distress (Deane & Todd, 1996). Not seeking appropriate professional help may lead to a number of negative consequences such as worsening of symptoms or slower recovery (e.g., Lincoln & McGorry, 1995). For those experiencing suicidal ideation the consequences of not seeking appropriate help could be even more dire and it has been argued that seeking appropriate help either on ones own or on the behalf of others may provide generic protection at any point on the suicidal pathway (Kalafat, 1997; Resnick, et al., 1997; Rubenstein, Halton, Kasten, Rubin, & Stechler, 1998; Rudd, et al., 1996; Rutter, 1985). Complicating this picture are findings that help-seeking intentions have been found to be lower for suicidal ideation than for other personal-emotional problems (Carlton & Deane, 2000; Deane, Skogstad, & Williams, 1999; Deane, Wilson & Ciarrochi, 2001a; Rudd et al. 1995; Saunders, Resnick, Hoberman & Blum, 1994). Higher suicide rates and lower levels of help-seeking lead to the focus of the present study on males. Specifically, the present study had three aims (1) to explore whether other people influence males decisions to seek psychological help, (2) to assess the degree of this influence from different sources and (3) to determine whether the degree of influence by others or other therapy factors predict future help-seeking intentions.

The literature into health service utilisation primarily identifies two broad pathways to care. Individuals are assumed to have made the "choice" to access services or to have been "coerced" into accepting help (Claassen, et al., 2000; Goldsmith, Jackson & Hough, 1988). However, "choice" or "coercion" may not adequately represent the only pathways to care. Studying the pathways to in-patient psychiatric care, Pescosolido, Gardner and Lubell (1998) identified a sample of individuals whom they described as "muddling through," neither fitting neatly into the "choice" or "coerced" pathway. In a second study using an in-patient psychiatric population, Monahan et al. (1996) reported that 46% of individuals entering care reported no pressures from others to access services, while 10% reported the use of force. The remaining 38% reported others tried to persuade them to seek help. Furstenberg and Davis (1984) investigated pathways to care in an elderly population seeking medical assistance. They provided consistent reports of being "cajoled," "nagged," and "pressured" by others to seek help. These three studies lend weight to a pathway to help that could be described as "influenced" by others.

The reported reluctance of males to seek help for psychological distress suggests that those who do finally make it into care, may have been strongly "influenced" by others. However, at present, no research has explored the extent to which others have influenced males attending outpatient psychological services. A better understanding of these influences may provide insights into how to encourage men who are in psychological distress, to seek help. The first aim of this study was to

ask males who were currently in or who had recently received professional psychological services, to what degree others influenced their access to a professional helping service.

Not surprisingly, parents represent a common route by which children and adolescents experiencing psychological distress reach professional help (Costello, Costello, Edelbrook & Burns, 1998; Logan & King, 2001). It is less clear who influences adults to seek professional help, particularly given the wide array of potential significant others in adult's lives compared to those of children.

When investigating family physicians perspectives on the help-seeking behaviour of males for medical problems, Tudiver and Talbot (1999) reported that most physicians felt the influence of partners was critical in men's decisions to seek help. Partners thus present as a potentially strong non-professional influence for males experiencing psychological distress. Similarly, general medical practitioners themselves are likely to be an important influence on male help-seeking for psychological distress, particularly given findings from one study revealing that just over a third of individuals who committed suicide had contact with their general practitioner within one month of death (Pirkis & Burgess, 1998).

The second aim of this study was to investigate who influenced a male's decision to seek psychological help, so participants were asked to indicate the degree of influence provided by various sources on their decision to seek professional psychological help.

While help-seeking is a protective measure against the exacerbation of mental health problems, prior research shows that many individual's who experience mental health problems require more than one episode of professional care (e.g., McKenna & Todd, 1997). There is a growing body of research that suggests previous professional psychological help-seeking is related to future help-seeking intentions (Deane & Todd, 1996; Tijhuis, Peters & Foets, 1990). There are also suggestions that how an individual gets into care may influence their future help-seeking intentions. For example, Campbell and Schraiber (as cited in Hoge et al., 1998) investigated the future help-seeking attitudes of individuals who had been coerced into psychiatric care. Their results suggested coercion related to a greater reluctance to seek psychiatric care in the future. The third aim of the present study was to explore whether males who had been strongly influenced by others to enter psychological treatment were more reluctant to seek similar help in the future.

METHOD

Participants

Eligible participants were individuals currently receiving professional psychological help from a psychologist or counsellor, or who had been in treatment within the previous year. Participants were required to be male, aged 18 years and over, and have experienced two or more therapy sessions within the prior twelve

months. In order to obtain a wide range of participants, a broad range of services were approached to participate. These included those based in public mental health services, non-government and charitable agencies, university counselling services, technical college counselling services and private group practices in the Illawarra and southern Sydney regions of New South Wales, Australia.

Seventy-three males (aged 21–69) participated in this study, with the mean age of participants being 37.5 years. Fifty-five (75%) participants were currently accessing therapy services and 18 (25%) were no longer accessing therapy services. "Ethnicity" was described by 81% of participants as Australian, 13% of European descent, 3% Aboriginal, and the remaining 3% from "other" ethnic origins. Thirty-four percent of participants described themselves as occupying full-time employment, 30% unemployed, 10% in part-time or casual employment, 10% accessing a pension, 5% students, 4% self-employed and 3% a sole parent or retired. The remaining 4% of participants failed to indicate employment status.

Procedure

This project received ethical review and approval from the University Human Research Ethics Committee. Data collection was part of a larger project assessing help-seeking and service engagement in males accessing mental health services. To recruit participants, individuals currently receiving therapy were provided with a brief overview of the project by their therapist. Following completion of informed consent procedures, participants were provided three options for completing the questionnaire: stay behind following their therapy session to complete the questionnaire in the waiting room, attend their next session early to complete the questionnaire in the waiting room, or take a questionnaire home to complete. Reply-paid envelopes were provided with each questionnaire. Participants had the option of either sending completed questionnaires directly to the researcher or placing questionnaires in a secure box provided in the waiting room of the service they were attending.

Participants who were no longer receiving therapy were contacted by their therapist by telephone to request participation. A questionnaire was sent to the last known address of the client if telephone contact could not be established. All participants remained anonymous to the researcher. Estimates from therapists indicated that few individuals declined to take questionnaires, with the majority of individuals choosing to take questionnaires home to complete. Our methodology does not allow us to determine the percentage of individuals who failed to complete and return questionnaires.

Measures

The questionnaire used in this study comprised items from the General Help-Seeking Questionnaire (GHSQ; Deane et al., 2001a) and a specific set of items

designed for the present study to assess the degree of influence in the most recent professional help-seeking episode. The latter set of items are collectively referred to as the Help-Seeking Influences Questionnaire (HSIQ).

The GHSQ has been used in prior help-seeking research and was developed to formally assess help-seeking intentions for a range of problems (Ciarrochi & Deane, 2001; Deane, et al., 2001a; Ciarrochi, Deane, Wilson & Rickwood, 2002; Deane, Ciarrochi, Wilson, Rickwood & Anderson, 2001b). The measure asks respondents to rate the likelihood they would seek help for different problem types (e.g., suicidal thoughts, depression) from a range of potential help sources (e.g., friend, family, G.P). Problem types and help sources can be varied dependent on the research context and nature of the sample (e.g., help-seeking in G.P's for substance abuse). In the present study, the two problem prompts were, "If you were having a personal-emotional problem, how likely is it that you would seek help from the following people?" "If you were having suicidal thoughts, how likely is it that you would seek help from the following people?" The focus was on professional psychological help-seeking and the specific help sources of interest were, "mental health professional," "Doctor/G.P." For each of these help sources, intentions to seek help are rated on a 7-point Likert scale (1 = "extremely unlikely," 7 = "extremely likely"). Given that these were men currently or recently in therapy they were instructed to "consider who you would ask for help if you had a problem in the future." Higher scores indicated higher intentions to seek help. Additional items asked participants to indicate, what type of mental health professional they had seen, approximately how many visits they had completed, and to rate on a 5-point Likert scale (1 = "extremely unhelpful," 5 = "extremely helpful") "How helpful have these visits to the mental health professional been?"

Evidence for the reliability of the GHSQ has been found with 3-week test-retest reliability ranging from $r = .86$ to $r = .92$. Validity was supported with GHSQ intentions correlating positively with both prior and prospective help-seeking behaviour. In addition, there was an inverse relationship between the barriers to help-seeking and help-seeking intentions on the GHSQ (Wilson, Deane, Ciarrochi & Rickwood, 2003).

The HSIQ was developed specifically for this study as a measure of who influenced the client's decision to seek help. There were three core questions. Participants were asked, "How much do you think the decision to seek professional help was your own or influenced by others," and responded on a 7-point Likert scale, (1 = "totally others decision," 7 = "totally my decision"). Participants were also asked "How much each of the specific people listed influenced your decision to seek professional help," and responded on a 5-point Likert scale (1 = "not at all," 5 = "a great deal"). Potential influences listed included Intimate partner, Friends, Parent or other relative, General Practitioner or other health professional, Legal professional, and Other.

All participants were asked, "If your decision to seek help was influenced by others, do you think you would have sought help without their influence?"

Subjects who replied "yes" to this question were classified as belonging to the "Independent" help-seeking group. Participants who replied "no" were allocated to the "Influenced" group.

RESULTS

Analyses began with investigating the number of participants whose decision to seek professional help was influenced by others. Thirty-two percent (23/73) of individuals suggested the decision to seek professional psychological help was totally their own decision. Sixty percent (44/73) indicated others influenced the decision and 3% (2/73) reported the decision was totally someone else's. Five percent (4/73) of participants did not complete this question. These results are not entirely consistent with those provided by participants when asked to rate separately the degree to which six different sources influenced their decision to seek help. In this case, only three subjects (4%) suggested they were not influenced to any degree by the sources listed. Table I reports the percentage of participants who indicated their decision to seek help was influenced by various sources. It is notable that 44 (63%) participants endorsed multiple sources of influence.

The degree to which each of the five sources was cited as influencing the decision to seek help was then investigated. Given that for any one source of influence between 38% and 56% of participants endorsed 0% influence (excludes ratings for Legal professionals which was only endorsed by 4 participants), the influence ratings were positively skewed. To accommodate this, a non-parametric Friedman test was conducted. Total scores for each source of influence were computed and ranked (0 = lowest, 4 = highest). The mean ranks across sources of influence are listed in Table II.

Results of the Friedman test were significant, indicating differences existed between the degree of influence provided by the 5 sources of influence, with

Table I. Source and Percentage Influenced for All Participants and Those Who Reported They Would not Have Sought Help Without the Influence of Others (Influenced)

	All participants ($N = 70$)		Influenced ($n = 27$)	
	n	%	n	%
Intimate partner	41	59	19	72
Friends	31	44	11	41
Parents/other relative	28	40	10	37
G.P/other health professional	39	56	17	63
Legal professional	4	6	2	7
Other[a]	16	23	—	—

Note. Percentages total over 100 because more than one influence could be endorsed.
[a]Most of the "Other" sources could have been subsumed under the prior listed categories (e.g., nurse, wife etc). The single largest new source was work related ($n = 5$) (e.g., work manager). Small numbers and missing data in the third column did not allow percentage of Other endorsements to be calculated.

Table II. Means (*M*), Standard Deviations (*SD*), and Mean Ranks of the Degree of Influence on the Decision to Seek Help for a Psychological Problem (HSIQ)

	Total sample (*N* = 73)			Influenced group (*n* = 27)		
Influence	*M*	*SD*	Mean rank	*M*	*SD*	Mean rank
Intimate partner	1.57[a]	1.56	3.52[a]	2.29[a]	1.63	3.82[a,b]
Friends	0.77[b]	1.06	2.88[b]	0.84[1b]	1.18	2.80[b,c]
Parents/other relative	0.99[a,b]	1.46	3.08[a,b]	1.11[a,b]	1.63	2.98[a,b]
G.P/other health professional	1.47[a]	1.58	3.38[a]	1.85[a,b]	1.66	3.38[a,b]
Legal professional	0.14	0.62	2.14	0.15	0.54	2.02[c]

Note. Evaluations were made on a 5-point scale (1 = not at all, 5 = a great deal). HSIQ: Help-Seeking Influence Questionnaire.
[a,b,c]Means and mean ranks within columns differ from each other at *p* < .01, with the exception of those that share a letter.

intimate partners and G.P's appearing to provide the greatest source of influence, $\chi^2(4, N = 69) = 49.62$, $p < .001$.

A series of Wilcoxon signed-rank tests were then performed to investigate the differences between each source of influence. In order to control for multiple comparisons, all tests were two-tailed and a significance level of $p < .01$ was used. Results indicated that intimate partners and G.P's provided a significantly greater degree of influence on the decision to seek help than did friends or legal professionals. Whilst the mean rank degree of influence for intimate partners and G.P's was greater than the mean rank degree of influence provided by parents or other relatives, this difference was not to a significant level.

When participants were asked to consider their current or most recent therapy and to indicate whether they would have sought help without the influence of others, 45 participants (62%) suggested they would have sought help regardless of the influence of others (Independent group). Twenty-seven participants (37%) suggested they would not have sought help without the influence of others (Influenced group). One participant did not complete this question. The percentage of participants in the Influenced group who indicated their decision to seek help was influenced by various sources is reported in Table I.

The degree to which each of these sources was cited as influencing the decision to seek help for participants in the influenced group was then assessed (Table II). Again using a Friedman test, total scores for each source of influence were computed and ranked (0 = lowest, 4 = highest). Results of the Friedman test were significant, indicating differences existed between the degree of influence provided by the 5 sources of influence, $\chi^2(4, N = 25) = 26.50$, $p < .001$. The mean ranks across sources of influence are listed in Table II.

Again, intimate partners and G.P's appeared to provide the greatest source of influence. To investigate which differences were significant, a series of Wilcoxon signed-rank tests were performed (all two-tailed and $p < .01$). Results indicated that intimate partners provided a significantly greater degree of influence on the

decision to seek help than did friends or legal professionals. G.P's also provided a significantly greater degree of influence on the decision to seek help than did legal professionals. Whilst both intimate partners and G.P's provided a greater influence than did parents and other relatives, this difference was not to a significant level.

Analyses were then conducted concentrating specifically on intentions to seek help from a G.P or mental health professional. Preliminary data screening indicated that help-seeking intentions for both a mental health professional and a G.P were not normally distributed. Participants more frequently recorded ratings at both extremes of the GHSQ 7-point Likert scale. To accommodate this, non-parametric analyses (Chi square) were conducted with help-seeking intentions regrouped into those with high intentions to seek help (ratings above 5 on the GHSQ) and low intentions (ratings below and including 5 on the GHSQ). Results indicated that intentions to seek help from a G.P or mental health professional did not differ between participants currently accessing therapy and those no longer in therapy, for both a personal-emotional problem and for suicidal thoughts. Similarly, no significant differences were identified between participants who indicated they would not have attended therapy without the influence of others and those who independently sought help (all p-values $>.05$).

Predictors of intentions to seek help from a mental health professional for future personal-emotional problems or suicidal thoughts were then investigated. Binary logistic regression analyses were conducted with intentions to seek help from a mental health professional as the dependent variable (high; low categories), and the participants rating of how helpful they found previous visits to the mental health professional, and ratings of how much they felt the decision to seek professional help was their own or influenced by others, as the independent variables. Both independent variables were not normally distributed, with participants more frequently providing ratings at the positive extreme of each scale. To accommodate for this, both variables were regrouped into high and low categories. A test of the full model containing the predictors against the constant only model was statistically reliable, $\chi^2(2, N = 66) = 6.27$, $p < .05$, indicating that the predictors as a set reliably predicted intentions to seek help from a mental health professional for a personal-emotional problem. Nagelkerke $R^2 = .127$, suggesting 12.7% of the variance is accounted for by the model. The classification table indicated that overall, 72.7% of cases could be correctly classified. This was accounted for by correctly classifying 91.1% of those who had high intentions ($n = 45$) and 33.3% of those with low intentions ($n = 21$).

Similarly, the predictors as a set reliably predicted intentions to seek help from a mental health professional for suicidal thoughts $\chi^2(2, N = 63) = 8.39$, $p < .05$, with 17.1% of the variance accounted for by the model. The classification table indicated that overall 71.4% of cases could be correctly classified. This was accounted for by correctly classifying 92.5% of those who had high intentions ($n = 40$), and 34.8% of those with low intentions ($n = 23$).

The participants ratings of how helpful they found visits to the mental health professional was the only significant predictor of help-seeking intentions from a mental health professional for future personal–emotional problems ($B = -1.63$, Wald $= 5.37$, $p < .05$, $\text{Exp}(B) = 5.09$) or suicidal thoughts ($B = -1.91$, Wald $= 6.43$, $p < .05$, $\text{Exp}(B) = 6.72$). More positive ratings of treatment helpfulness were associated with higher future help-seeking intentions, regardless of the level of influence on the initial decision to seek help.

Spearman correlations also indicated a significant relationship between participants ratings of how helpful they found visits to the mental health professional and intentions to seek help from a mental health professional for a personal-emotional problem ($r_s = .35$, $N = 69$, $p < .005$), and for suicidal thoughts ($r_s = .32$, $N = 66$, $p < .01$).

DISCUSSION

Ninety-six percent of males in this study reported they had been influenced to some degree by others to seek help and most were influenced by more than one source. Thirty-seven percent suggested that without the influence of others, they would not have sought help at all. According to the Theory of Planned Behaviour (Ajzen, 1991), intentions are predicted by attitudes towards the behaviour, perceived behavioural expectations of others and perceived barriers to action. Deane, Skogstad and Williams (1999) suggest that one aspect of perceived behavioural expectations of others, the perceived social pressure to engage or not to engage in a behaviour (subjective norm), is a significant predictor of help-seeking intentions. Ajzen (1991) indicates that subjective norm is constructed from the degree to which an individual feels that others want them to conduct a particular behaviour, and the degree to which the individual values their opinion. Clearly, the influence of significant others in men's lives plays a critical role in encouraging help-seeking for psychological problems.

The results indicated that intimate partners and G.P's or other health professionals were the most frequent and strongest sources of influence. This is not surprising because both intimate partners and G.P's would likely carry weight, given the expert status of the G.P, and the importance males place on their relationships with intimate partners. These results highlight the importance of developing closer links between G.P's and professional psychological helpers.

Education programs have already been undertaken to increase G.P's identification of psychological problems as well as increase their knowledge of sources of help and referral procedures (Amaddeo, Zambello, Tansella & Thornicroft, 2002; Michel & Valach, 1992; Scouller & Smith, 2002). The present study further reinforces the need for G.P's to be aware and to exert this influence. Similarly, public health campaigns aimed at improving psychological help-seeking in men, should consider targeting partners and providing them with appropriate information, skills

and support to influence their men to seek help. Strategies such as encouraging males to attend G.P appointments with their intimate partners might further facilitate efforts to increase their help-seeking intentions and actual help-seeking from psychological services. Such initiatives would allow both G.P's and intimate partners to support each other in the common goal of increasing the male's motivation to access professional help. Gate keeper training programs focus on training individuals in the community to identify, support and facilitate distressed or suicidal people to access appropriate professional helping sources (e.g., Scott, Balch & Flynn, 1984; Stuart, Waalen & Haelstromm, 2003). Such training programs provide an established forum for refining methods of influence and targeting specific gatekeeper groups.

Theory (Ajzen, 1991) and some data (Deane, et al., 2001b), suggest that help-seeking intentions predict help-seeking behaviour. Results from the present study suggest that for males currently or recently accessing professional psychological help, there were no differences between those who were influenced and those who independently sought help, with regard to their future help-seeking intentions. Perceptions of treatment helpfulness were more influential on future help-seeking intentions than the initial pathway to care. To explore whether the magnitude of influence on participants decisions to seek help explained the lack of relationship between the level of influence and future help-seeking intentions, analyses were conducted with a subgroup of participants who indicated at least one source "very much" influenced their decision to seek help. Even in such cases where a high level of influence was provided, no relationship existed between the level of influence and future help-seeking intentions.

Thus, while this study supports the role of others influence on help-seeking, once in therapy, the experience itself appears more influential on future help-seeking intentions than the original pathway to care. This result is consistent with previous research that has found that individuals who had "received help from a professional psychologist or counsellor, rated themselves as more likely to seek help for personal–emotional problems than those who had received no prior counselling" (Deane & Todd, 1996, p. 53). The results suggest an important component of program development for the therapist is to promote the client's perception that treatment is helpful, particularly given research reporting high return rates to therapy (McKenna & Todd, 1997). There are many factors that are likely related to perceptions of treatment helpfulness including amount of improvement in symptoms, quality of the therapeutic relationship, regular attendance and satisfaction with the service.

The results have important implications for future interventions and research related to help-seeking. Interventions can target the capacity of others to encourage males to seek professional help for psychological problems. For example, development of listening skills that encourage disclosure, acknowledging concerns, providing information about services, and destigmatising psychological problems and services are but a few potential skills that might facilitate the influence process.

Participants in this study identified *who* influenced their decisions to seek help. Further research must look at *how* these sources influenced males to seek help. Such studies could focus on asking males (or their intimate partners) what others did that influenced them the most. There are differences in the status and customs in relationships between wives and husbands across cultures. As a result women from different cultures may vary in the ways and degree they are permitted to persuade their male partners. Understanding cross-cultural variations with regard to the influence process would be useful. In addition, there is a need to improve our understanding of what promotes perceptions of treatment helpfulness to encourage future help-seeking intentions. This is particularly important given that many individuals experiencing mental health related difficulties have more than one episode of care.

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