Focus

Evidence for youth justice practice

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Encouraging help-seeking behaviours among vulnerable young men:

A review of the literature

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Summary

A review of the literature into a range of needs and risks that affect young people found that young men are often as vulnerable as young women, but that these vulnerabilities can manifest themselves in different ways. A tendency to externalise and act-out when in emotional distress often masks the vulnerabilities of young men. This is compounded by the fact that young men are significantly less likely than young women to seek help for physical, emotional and other problems, leaving them open to prolonged suffering. This paper explores some of the theories behind this gender gap in help-seeking, and discusses the implications for practice and research.

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Introduction

At the request of Glasgow's Child Protection Committee a review of the literature was undertaken into a range of needs and risks that affect young people, with a specific focus on the issues that were pertinent to young men. A total of nine different areas were looked at including: self-harm and suicide; sexual exploitation; child trafficking; absconding; substance misuse; offending and violence; learning difficulties; homelessness and mental health.

Across almost all areas of need, males tended to experience poorer outcomes than young women. Although self-harm was more common among females than males, the rate of self-harm in young men has doubled since the 1980s (Richardson, 2004) and the ratio between deliberate self-harm episodes and completed suicide was much lower among males, with this difference particularly noticeable in the adolescent age group (Hawton and Harriss, 2008). Young men were more likely to display cognitions and problem-solving strategies that were help avoidant, such as 'I should be able to solve my problems myself', that put them at greater risk of suicide. Young men were more likely to be 'non-statutorily' homeless (either not eligible or not a priority for support services) than young women and therefore not a priority for support, although this should cease following a more recent commitment from the Scottish Government in 2012 to end 'priority need' groups. In addition, young men were more likely to fall into certain vulnerable groups that were more susceptible to homelessness (such as upon leaving prison) and young male care leavers were found to be less likely than females to have the necessary practical, educational and social skills that would enable them to navigate and negotiate successful independent living (Stein, 2005).

Even in areas that deemed to predominantly affect females, the literature review found that men were also vulnerable, and that there were also issues that were especially pertinent to young men. In relation to sexual exploitation, for example, the research found that the backgrounds and risk factors for both sexually exploited males and females were similar (Scott & Skidmore, 2006) but there were specific factors that caused additional issues for young men (CELCIS, 2013). For example, the hidden nature of male sexual exploitation due to societal stigma about same-gender sex meant that there were significant challenges in assessing the true scale of the issue (Palmer, 2001). Simply as a result of their exploitation being less visible, males were also less likely to come to the attention of support services and receive the advice and support that they needed. Furthermore, sexually exploited young men could, at times, become confused over their sexual identity and many were reluctant to seek help for fear of being labelled 'gay', or were provided with services for gay men when they did seek help even if they did not identify with being gay (Brown, 2006).

It is out-with the scope of this short *Focus* to explore all the needs of vulnerable young men in detail, and interested readers can go on to access the two reports from which this *Focus* draws at the end of this paper. The remainder of this *Focus* will explore the finding that these poorer outcomes for young men appear, at least in part, to be influenced by a common thread that ran through each of the needs and risks: that of the reluctance or inability of young men to seek help for the issues of concern in their lives. The remainder of the paper focuses on three key questions:

- What is the scale of the gender gap in help-seeking?
- What are some of the theories behind male help-seeking behaviours?
- What are the implications for practice and research?

The gender gap in help-seeking behaviours

Appropriate help-seeking behaviour is regarded as an adaptive mode of coping with concerns or problems (Gourash, 1978), whereas the outcome of a maladaptive coping style can increase emotional and behavioural problems (Dubois et al., 1994). Rickwood et al. (2005) conclude that the help-seeking behaviours of young people are fundamental to their mental health and well-being and can have a positive impact across the lifespan. In addition, the literature is clear that help-seeking is an important factor in learning (Koulnazarian, 2007). Thus, acquiring appropriate help-seeking behaviours is an important life skill for children and young people.

However, research indicates that help-seeking among young people is low. Rickwood et al. (2007) state that while young people have the greatest need for mental health interventions, they are the least likely group to seek help for such issues. It is also clear that among young males the rate of seeking help is even lower still. Möller-Leimkühler (2002) found that only 23% of moderately or severely distressed Australian adolescents sought help for their distress and only 17% sought professional help. After controlling for symptom severity the author also found that male adolescents experiencing even high levels of distress rarely asked for help from their social networks or from professionals. Similarly, a study of young people in Queensland (Andrews et al., 1999) found that 30% of males reported that they would not seek help (formal or informal) from anyone regarding personal, emotional or distressing problems, compared to only 6% of young women.

The gender gap in help-seeking is also present across other needs and risks including: substance misuse (McKay et al., 1996), adolescent sexual health (Pearson, 2003; VanDevanter et al., 2005) and general physical health issues among adolescents aged 15-19 years (Richardson & Rabiee, 2001). A study of almost 1,000 schoolchildren in Devon found that even for common, low-level issues such as arguing with parents, worries about school-work, concerns about sex, or falling out with friends, help-seeking is significantly higher among female adolescents than it is for young men (Farrand et al., 2007).

Research suggests that these gender differences in help-seeking begin to emerge at the age of three (Koulnazarian, 2007) and become established (although not necessarily fixed) by adolescence (Fallon & Bowles, 2001). Given the range of issues that are affected by men's help-seeking behaviour, finding ways to encourage young men to seek help for their problems is essential to ensure their long-term health and well-being.

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Theories behind the gender-gap in help-seeking

01 Gender role theory

Gender can be described as the state of being male or female according to social and cultural constructions, rather than biological sex (Oxford Dictionary, 2013). Gender roles are therefore those behaviours and attitudes that men and women acquire from the culture in which they live that influence how they should act in accordance with their biological sex. Male gender-role conflict in relation to help-seeking arises when characteristics of male gender socialisation (i.e. roles, norms and stereotypes) affect men's willingness and / or ability to seek help for problems (Mansfield et al., 2005). Research has identified four main components of gender-role conflict implicated in barriers to help-seeking: an orientation towards success, power and competition; restrictive emotionality; restrictive affectionate behaviour between men; and conflicts between work and family demands (O'Neil et al., 1986, Blazina & Watkins, 1996).

Gender-role theorists argue that this can explain where differences are found between individual men, as the amount of gender-role conflict in relation to help-seeking will depend on the extent that a man 'subscribes' to the norms of his gender (Addis & Mahalik, 2003; Sayers & Miller, 2004). However, others argue that gender-role theory does not explain why men will seek help for some problems and not others, or will seek help in some circumstances but not others (Mansfield et al., 2005).

02 Social psychology

Social psychological studies of help-seeking have also identified a number of factors or processes that influence whether a person will seek help in a particular situation, that go some way to explaining variance in help-seeking *within* individuals (Mansfield et al., 2005).

The ego-centrality of the problem

This can be defined as the extent to which a person perceives their problem to reflect a central element of their character or personality (i.e. strong, intelligent, successful etc.). People are more likely to seek help if a problem is not felt to be related to qualities they rate as highly important (Mansfield et al., 2005). Similarly, if a person perceives the issue to be their own fault, rather than being caused by external or unavoidable circumstances, the likelihood of help-seeking can be reduced.

The normativeness of the problem

This is simply whether a person views their problem as 'common' or 'normal' (Mansfield et al., 2005). People are less likely to seek help if they feel that their problem is unusual or makes them different. For example, while domestic abuse tends to be perpetrated by men towards women, (Centre for Research on Families and Relationships, 2013) this is not exclusively the case (Women's Aid, 2012). Yet while current understanding and coverage of domestic abuse, quite appropriately, focuses on men as perpetrators, in these circumstances it is easy to see how men experiencing domestic abuse can feel that their problems are not 'normal'.

Reactance or perceived loss of control

This is the tendency to take steps to restore control when a person perceives that their autonomy has been threatened (Mansfield et al., 2005). Reactance theory suggests that the motivation to *avoid* loss of control (i.e. having to undergo medical procedures, loss of status etc.) can act as a barrier to help-seeking. It can also explain why some men can become more help-avoidant the more they are 'requested' to seek help, in that men may view this as a loss of control in the decision-making process (Addis & Mahalik, 2003).

Reciprocity

This is the opportunity to return 'help' at some point in the future. Men appear more likely to ask for help under these circumstances, and this may be related to normativeness, where a man may see more opportunities to help others in return when a problem is more common (Twohey, 1998). This may explain why groupwork can be an effective tool for young men, as it affords the opportunity to reciprocate and creates a sense of normativeness (Addis & Mahalik, 2003).

These four factors have been found to more greatly affect men in a negative manner due to their gender-role socialisation i.e. the belief that men should be strong, and resolve problems for themselves; that seeking help means admitting 'weakness' or 'failure'; that men are more likely to have an 'internal' rather than 'external' locus of control.

03 Emotional competence

Other authors claim that women simply recognise problems more easily than men and are therefore able to seek help for their problems (Addis & Mahalik, 2003). A study of suicidal men found that while men often recognised their own symptoms such as somatic complaints, anger, irritability and tiredness they often did not understand the causes of these symptoms and did not associate the symptoms with distress or sadness (Sayers & Miller, 2004). Sayers and Miller (2004) found that men often recognised distress only at crisis point, a finding that was attributed to the poorer emotional and mental health literacy of men.

Jorm et al. (1997) define mental health literacy as the ability to recognise mental health problems; knowledge and belief about risks, causes and effective treatments; and knowledge of how to seek mental health information and services. As mental health problems are common during adolescence, it has been argued that mental health literacy is an essential life skill that should be taught at an early stage before the need arises (Rickwood et al., 2005). However, research also reveals that poor mental health literacy is common among young people (particularly adolescent boys) and is a significant barrier to seeking help from professional services (Rickwood et al., 2007). Burns & Rapee (2006) found that adolescent girls demonstrated significantly higher mental health literacy in that they could correctly identify more depressed teenagers (presented in the form of 'vignettes'), they expressed greater concern over a depressed peer and demonstrated greater understanding of symptoms and recovery time than their male peers.

A linked issue is the ability to articulate and communicate the existence of a problem once it has been recognised. Emotional competence is the ability to identify, describe and manage emotions, and is found to often be less developed among males, and in particular adolescents (Sayers & Miller, 2004; Rickwood et al., 2007). Adolescents who are low in emotional awareness have been found to be less likely to seek help from informal sources and are less likely to seek help from formal or professional sources (Ciarrochi et al., 2003).

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04 Social support

Another hypothesis is that men seek help less because they lack the necessary social support networks within which to seek it. The theory is that appropriate social support networks facilitate help-seeking by providing positive role-models and are sources of support, encouragement, advice and help (Rickwood et al., 2005; Barker, 2007). As a result, social support has been found to significantly affect a variety of mental health and academic outcomes during adolescence (Wentzel 1998). For example, social support has been found to be a protective factor in preventing suicide in young males (Mishara, 2005); safer sexual behaviour; lower substance use; delayed sexual activity; and reduced offending and violence (Barker, 2007). However, inappropriate social support networks can provide the opposite effect, with teenagers experiencing emotional or behavioural difficulties often forming relationships with, and therefore seeking help from, young people experiencing similar issues (Farrand et al., 2007).

Males are frequently found to lack positive social support networks. A survey by Deviron & Babb (2005) for the Office for National Statistics, found that respondents with large social networks were 2.5 times more likely to be female. In a study of male offenders it was found that an absence of stable and supportive relationships contributed to reduced help-seeking upon release (Howerton et al., 2007). Research suggests that girls are more likely to use social support systems as a source of help than boys, who are more likely to try to manage on their own (Barker, 2007).

05 Connecting the theories

There is a complex association between emotional competence, social support and help-seeking, with young people lacking in emotional competence finding it more difficult to create and sustain social support networks. People lacking in emotional competence may find it more difficult to ask for help, and have less readily available sources of help (Rickwood et al., 2005). In addition, people low in emotional competence may have had less successful help-seeking experiences in the past, and may be less inclined to seek help again (Rickwood et al., 2005). Depression, anxiety, suicidal thoughts and substance use, for example, are thought to act as 'help-negators' by encouraging or forcing social withdrawal (Rickwood et al, 2007) and so the cycle begins.

To sum up, Kessler et al. (1981) proposed three steps towards successful and voluntary help-seeking: the initial recognition of the problem; the belief that outside help is required to assist with resolving the problem; and eventual contact with a helper or 'helping agency'. As vulnerable young men are more likely on average to struggle at each stage due to factors related to gender role socialisation, emotional competence and social support, it is unsurprising that they display reduced help-seeking behaviours.

Figure 1: Steps towards voluntary help-seeking (adapted from Kessler et al., 1981)

Implications for future practice

01 Accessible and gender-responsive services

The literature clearly indicates that the first point of contact with any helping agency is absolutely crucial in determining continued help-seeking behaviour and reinforces that practitioners should remain mindful of the importance of responsivity in service delivery. The literature also highlights lessons for gender-aware practice. While ensuring a focus on females is absolutely appropriate, this does not mean that we should equate the term 'gender' with females as by doing so we run the risk of not meeting the needs of young males properly.

Services should be welcoming, affordable, accessible, non-judgemental, treat the young person with compassion and respect and offer the young person an element of control in treatment or intervention (Barker, 2007; Sayers and Miller, 2004; Timlin-Scalera et al., 2003). Young men indicated that having male service providers is not that important (Sayers & Miller, 2004), and studies have shown that, overall, both males and females tend to prefer therapeutic or other support functions to be provided by a female. However, males indicate that a male mentor for activities or leadership would be valued, a finding that has been linked to gender role theory, and the reluctance to appear weak in front of other men (Sayers and Miller, 2004).

Other studies suggest that males prefer anonymous means of seeking help for issues such as sexual health (Pearson, 2003) and suicidal ideation (Rickwood et al., 2005). In particular, it has been found that the help-negation impact of suicidal thoughts reduced the likelihood of help-seeking from all possible sources of help except telephone help-lines (Rickwood et al., 2005). The authors suggest that the use of helplines is less personal and therefore provides young men with privacy and less perceived loss of control. While anonymous helplines cannot provide the intensity or level of focus of provision that many vulnerable young men will need, they may act as an important stepping-stone to acquiring further help and support. Certainly Childline's engagement and awareness-raising campaigns targeted directly at boys has doubled the volume of calls from boys over five years (NSPCC, 2009)

02 Specific interventions

Social learning theory suggests that help-seeking and coping are learned behaviours and are, therefore, amenable to change (Barker, 2007). In addition, the fact that help-seeking behaviour patterns are established (although not necessarily fixed) by adolescence, if not earlier, also places a strong focus on early intervention and the role of parents / caregivers (and professionals) as critical role-models in early childhood, and therefore the role of parenting interventions where necessary (Fallon & Bowles, 2001).

Increasing young people's motivation to admit problems, to change, and to seek help might increase actual help-seeking behaviours, given that young people identified a lack of self-motivation as the dominant barrier to seeking help for substance misuse problems (Ballon et al., 2004). Thus, motivational interviewing skills can have utility as a key promoter of help-seeking among young people (Miller et al., 1988; Rickwood et al., 2004).

Given the influence of social support in help-seeking, interventions designed to improve social support networks may serve to increase help-seeking behaviours. A review of social support interventions (not necessarily directed at young people) found that 83% of studies reported at least some benefits of support interventions compared to either 'no-treatment' or active control groups in relation to health outcomes (Hogan et al., 2002) . However, Scales (1997, cited in Colarossi, 2001) found that between 30 to 50% of family support workers felt that their knowledge of adolescent development and how to promote social network assets was poor, and that their training in this area was inadequate.

There is some evidence to suggest that it is possible to increase levels of emotional competence in young people through social and emotional learning programmes, with the added benefit of leading to an increase in the quality of their social support networks and willingness to use those networks when required (Rickwood et al., 2005). Nelis et al. (2009) aimed to teach university students theoretical knowledge about emotions and practical emotional skills to apply in daily life. Participants were found to display significant improvements in emotion identification and emotion management, compared to a control group that did not participate in the training. Although the study was limited by the fact that only a small number of participants were male, and it has not yet been tested among other groups of participants.

Implications for future research

It will be important to continue to develop knowledge and understanding about the vulnerabilities of young males and how to design services that meet their needs better. Understanding individual barriers to help-seeking is an important part of the process. Mansfeld et al. (2005) developed a scale to assess inhibitors of help-seeking based on the theoretical principles of ego-centrality, normativeness, reactance and reciprocity (the Barriers to Help-Seeking Scale, or BHSS). The tool was tested among undergraduate males at two universities in the United States and was found to be a promising tool that was reliable and valid. Testing this tool among vulnerable child populations, or creating a bespoke tool for this population, could form an important part of initial screening in future service delivery. Barker (2007) also notes that the evidence-base for interventions to promote help-seeking behaviour is rather limited, due to a dearth of research rather than any evidence suggesting that such intervention is not effective and this would therefore be an area worthy of further study.

It would also be useful to conduct research that adds to our current understanding of young men's help-seeking behaviour, especially that which looks to ascertain more clearly how theories of help-seeking behaviour, for example gender-role theory, apply specifically to young men in Scotland.

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This review was undertaken while the researcher was employed at Glasgow City Council, and was compiled on behalf of the Child Protection Committee in Glasgow. Both full reports can be accessed on the Glasgow City Council website using the links below:

What works with vulnerable young males: A literature review:
www.glasgow.gov.uk/CHttpHandler.ashx?id=1613&p=0
Encouraging help-seeking behaviour among young men: A literature review:
www.glasgow.gov.uk/CHttpHandler.ashx?id=5252&p=0

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