



SIEC ALERT

SIEC ALERT is a quick reference guide to some of the newest resources in the field of suicide prevention.

Contact us if you'd like to be added to our free mailing list, or if you have an idea for a future topic!
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BARRIERS TO HELP-SEEKING

Kessler proposes that there are three stages to voluntary help-seeking for emotional problems: recognition that there is a problem, belief that outside help is needed, and eventual contact with a helper or helping agency (Kessler, 1981: 52, 61).

However, research shows that there can be real or perceived barriers to help-seeking at each of these stages, the most fundamental being that an individual denies or does not recognize that there is a problem. While some people's refusal to seek help may seem manipulative, many others resist for genuine reasons relating to:

- Cultural attitudes
- Previous unsatisfactory contacts with professional caregivers
- Issues of confidentiality
- Occupational roles
- A belief that nothing or no one can help
- Fears of negative repercussions, e.g. being institutionalized
- A lack of knowledge of helping resources or resources that are inaccessible or too costly.

Some reasons for not seeking help include: age, gender and socialization, and embarrassment, stigma and fear.

AGE

Age can be an important factor in a person's willingness to seek help. Adolescents are often particularly resistant to seeking counselling:

- A random survey of 800 Canadian youth revealed that 58% of respondents believed that they could best solve their problems by themselves (COMPAS, 1993: 8-9).
- Approximately two-thirds of 1384 adolescent respondents in a midwestern American community did not seek help for suicidal ideation, even though it was identified among the most pressing problems they were experiencing (Dubow et al, 1990: 51).

Resistance to help-seeking among the elderly may not relate as much to their age as to fears of losing their independence, of being publicly exposed as a psychiatric patient and not seeing a need for psychiatric intervention (Herst, 1983: 271-272).

GENDER AND SOCIALIZATION

A survey of suicidal feelings in the general population of the USA showed that women make up the majority of those who contact suicide prevention services. (Canetto, 1994: 119).

- There are several reasons why women may be more willing to seek help: socialization which teaches women to think of themselves as helpless; women are more willing to accept the view that they need outside help; and women perceive greater efficacy in medical intervention than do men (Kessler, 1981: 52).
- In Western societies, males are more oriented towards doing things competently and winning. Suicidal thoughts and attempts are thought to be feminine in nature. Rosenthal (1981) proposed that a fear of being named a coward contributed toward higher rates of completed suicide among young males. Suicidal ideation may be perceived as a sign of weakness and an inadequacy in handling one's own affairs (Rich et al, 1992: 371). Young males may regard "unsuccessful" suicide attempts as failures and thus may be more highly motivated to complete the act (Stillion et al, 1989: 103).

EMBARASSMENT, SHAME, FEAR, STIGMA AND BLAME

A community survey found that only 28.1% of 570 individuals in Edmonton, Alberta who met criteria for a DIS/DSM-III diagnosis in the previous year had sought help for their problem. The authors speculate that social stigmas about mental illness may partially account for this finding (Bland et al, 1997: 937, 940).

These negative feelings toward emotional or mental problems can reflect an individual's attitudes or familial beliefs:

- Patients felt it was so shameful, even "sick" to have suicidal thoughts that they would not readily discuss them. Patients were afraid of making a psychiatric contact because they believed it would confirm the opinion of relatives that they were "crazy" (Wolk-Wasserman, 1987: 362-363).
- Embarrassment, stigma and fear were most often mentioned first when 800 Canadian adolescents were asked why they did not seek help for their problems (COMPAS, 1993: 19).
- Parents may deny that their child is suicidal due to a sense of guilt and fear that they will be seen as bad parents. Families perceive that they may be blamed by others and viewed as incompetent (Sutton, 1993: 67).
- In a 1992 survey, stigma or shame associated with mental illness was identified by nearly half of 1500 Canadian adults as the primary barrier to seeking help (Canadian Psychiatric Association, 1992: 14).

