

# **Encouraging Help-Seeking Behaviour Among Young Men: A Literature Review**

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Nina Vaswani, Development Officer, Youth Justice

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# Encouraging Help-Seeking Behaviour in Young Men

## Introduction

During 2010 a subgroup of the Glasgow Child Protection Committee undertook a series of exercises in order to better understand the needs of vulnerable young men in the city, and what interventions might exist to alleviate those needs, including a literature review (Vaswani, 2011). One clear finding that permeated the literature on a wide range of risks and needs was that outcomes for men, and young men in particular, were adversely affected by an unwillingness, or an inability, to seek help for problems (either physical, emotional, social or other needs).

Thus the purpose of this short report is to explore the literature in relation to male help-seeking further, to identify how best to encourage and promote help-seeking behaviours among young men. As per the original literature review, it should be noted that this report does not represent a systematic or exhaustive review of all the literature, but rather is a review of the literature available to the author within the timescales

## The case for help-seeking

Appropriate help-seeking behaviour is regarded as an adaptive mode of coping with concerns or problems (Gourash, cited in Fallon & Bowles, 2001), whereas the outcome of a maladaptive coping style can lead to depression and other psychological disorders (Garland & Zigler, cited in Fallon & Bowles, 2001). Dubois et al. (cited in Fallon & Bowles, 2001) found that seeking help can buffer a person's reaction to stress, which can lead to reduced emotional and behavioural problems.

Rickwood et al (2005) also concur that the help-seeking behaviours of young people are fundamental to their mental health and wellbeing; and Lee (cited in Rickwood et al, 2005) notes that help-seeking behaviour can have a positive impact across the lifespan. In addition the literature is clear that help-seeking is an important factor in learning (e.g. Boekaerts et al, 2000; Nelson-Le Gall, 1987; cited in Koulazarian, 2007).

Thus acquiring appropriate help-seeking behaviours is an important and adaptive life skill for children and young people.

## Gender differences in relation to help-seeking

Despite this it is evident 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. Stead et al. (2010), in a study of help-seeking among university students, identified that older and female students were more likely to seek help for mental health problems.

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 ask for help from their social networks or from professionals. Similarly a study of young people in Queensland (Andrews et al, 1999; cited in Rickwood et al, 2007) found that 30% of males reported that they would not seek help from anyone (formal or informal) 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. Kessler et al (1994, cited in Addis & Mahalik, 2003) found that men report higher levels of substance abuse than women and are more likely to have experienced psychosocial problems as a result of their substance use, but are less likely to seek help (McKay et al, 1996, cited in Addis & Mahalik, 2003). VanDevanter et al. (2005, cited Lindberg et al, 2006) and Pearson (2003) highlight that adolescent males in America are less likely than their female counterparts to utilise sexual health services. Sharpe & Arnold (1998, cited in Galdas et al, 2005) found that men consistently ignored health symptoms and avoided seeking help from health services, and Richardson and Rabee (2001, cited in Galdas, 2005) found similar findings in a study with young men aged 15 to 19 years. A study of almost 1,000 schoolchildren in Devon found that even for common, low-level issues such as arguing with parents, worries about schoolwork, 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).

Fallon & Bowles (2001) conservatively estimated that help-seeking behaviour patterns are established by adolescence, finding no significant effect of age on help-seeking in their study. However Thompson (1999, cited in Koulkazarian, 2007) reported that gender differences in help-seeking began to emerge between the ages of three and five and were well-established by middle childhood following a study of Scottish and English children. In a replication of the study, Koulkazarian (2007) found that gender differences were present among three year-olds.

A number of studies also report that young men are more likely than females to deny or repress problems, or externalise their emotions so that they act out under stress and are therefore more at risk for violence, anger, tension substance use and interpersonal conflict (for example, Casper et al, 1996, cited in Timlin-Scalera et al., 2003; Barker, 2007; Gould et al, 2004)

On the other hand a small number of studies have found only minor differences in help-seeking behaviours between males and females and postulate that variables such as occupational grade (Macintyre 1993, cited in Galdas 2005); lifestyle choices (Lee & Owens, 2002, cited in Galdas et al 2005) or more 'traditional masculinity' (Galdas et al., 2005) are more important than gender per se.

However the majority of studies do find significant differences in help-seeking behaviour between males and females, and all studies support the notion that men at least *delay* help-seeking. Given the range of issues that are impacted upon by men's help-seeking behaviour and that Angst & Ernst (1990, cited in Möller-Leimkühler, 2002) concluded that "women seek help – men die" after finding that 75% of people seeking help at a Swiss suicide prevention centre were female, and the 75% of suicides in the same time period were male, finding ways to encourage men to seek help for their problems seems to be essential to ensure their long-term health and well-being.

### **Theories of gender differences in help-seeking**

There are numerous theories as to why men's help-seeking behaviour may differ from women's behaviour, some of which are outlined below.

#### *Gender-role theory*

Gender roles are those behaviours and attitudes that men and women acquire from the culture in which they live that influence how men and women should act in daily life. 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 the four main components of gender-role conflict implicated in barriers to help-seeking, namely: an orientation towards success, power and competition; restrictive emotionality; restrictive affectionate behaviour between men and conflicts between work and family (O'Neil et al 1986, cited in Mansfield et al, 2005; Blazina & Watkins 1996, cited in Timlin-Scalera et al, 2003).

Gender-role theorists argue that this can explain studies 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 their 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).

#### *Social Psychology of Help-Seeking*

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 within-person variance in help-seeking (Mansfield et al, 2005).

#### *The ego-centrality of the problem*

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). Persons are more likely to seek help if a problem is not felt to be related to qualities they rate as highly important (Nadler 1990, cited in Mansfield et al, 2005). Similarly whether the person perceives the issue to be their own fault, or caused by external or unavoidable circumstances is an important factor, with the latter circumstance more conducive to help-seeking.

#### The normativeness of the problem

Whether a person views their problem as 'common' or 'normal' or (Nadler 1990, cited in Mansfield et al, 2005). Persons are less likely to seek help if they feel that their problem is unusual or makes them different.

#### Reactance or perceived loss of control

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

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, cited in Addis & Mahalik, 2003). Thus this may suggest 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 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.

#### *Emotional Competence*

Other authors simply postulate that women recognise problems more easily than men and are therefore able to seek help for their problems (Neighbors & Howard, 1987 cited in 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). The study found that men often recognised distress only at crisis point, a finding that was attributed to their poor emotional and mental health literacy by the authors.

Jorm et al. (1997, cited in Rickwood et al, 2007: pS36) define mental health literacy as comprising "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." Rickwood et al. (2005) stress that as mental health problems are common during adolescence, mental health literacy is therefore an essential life skill that should be taught at an early stage before the need arises. However in a later study Rickwood et al (2007) note that poor mental health literacy is common among young people, particularly adolescent boys and is a significant barrier to seeking help from professional services. Burns & Rapee (2006) found, in a study of 202 adolescents aged 15 to 17 years, that 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 communicate the existence of a problem once it has been recognised. Rutz et al. (1997, cited in Möller-Leimkühler, 2002) described male depression as being masked by irritability, anger, hostile-aggressive-abusive behaviour and alexithymia (defined as the inability to express or describe emotions with words). Other studies refer to the more general and less medical 'emotional competence', or the ability to identify, describe and manage emotions, as being a particular issue that appears less developed among males, and in particular adolescents (Sayers & Miller, 2004; Rickwood et al, 2007). Ciarrochi et al (2002, cited in Rickwood et al, 2005) found that adolescents who were low in emotional awareness were less likely to seek help from informal sources and more likely to report that they would not seek help from anyone. A further study (Ciarrochi et al 2003, cited in Rickwood et al, 2005) reported the same findings, but also that young people lacking in emotional competence were also less likely to seek help from formal or professional sources.

## *Social Support Networks*

Another hypothesis is that men seek help less because they lack the necessary social support networks within which to seek help. The lack of appropriate social support is a pertinent issue for vulnerable young males, as was identified in the recent literature review (Vaswani, 2011). 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).

Thus social support has been found to significantly affect a variety of mental health and academic outcomes during adolescence (Wentzel 1998, cited in Colarossi, 2001). For example, social support has been found to be a protective factor in preventing suicide in young males (Mishara, 2005, cited in Centre for Suicide Prevention, 2007); safer sexual behaviour; lower substance use; delayed sexual activity; and reduced offending and violence (WHO & UNICEF 2000, cited in Barker, 2001). 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. However the same study also found educational attainment and employment status also increased the size of the support network among males and females. In a study of male offenders Howerton et al (2007) found that an absence of stable and supportive relationships contributed to reduced help-seeking upon release. 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).

The reasons behind the gender differences in social support systems can potentially be linked to emotional competence. Adolescence is a time in which all young people seek to assert their independence, and over the course of the teenage years both genders reduce the amount that they seek help from their family members, part of a normal developmental pattern of behaviour (Rickwood et al, 2005; Degirmencioglu et al 1998, cited in Colarossi, 2001). However it appears that girls replace familial support with support from their peers and increase their intention to seek help from professional sources, whereas boys are less likely to create a supportive friendship network and are reluctant to seek professional help due, in part, to lower levels of emotional competence, thereby not filling the role that the family once had.

Thus there is an intertwined 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 (Ciarrochi & Deane 2001, cited in 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).

### *Summing Up*

To sum up, Kessler (1981, cited in Centre for Suicide Prevention, 1999) 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 men are more likely on average to struggle at each stage due to factors related gender role socialisation, emotional competence and social support it is unsurprising that men display reduced help-seeking behaviours.

### **Facilitators and Inhibitors of help-seeking among males**

In addition to the above broad conceptions of help-seeking and situational contexts a number of more specific or individual factors relevant to help-seeking have been identified in the literature.

#### *Other Individual Facilitators*

Other facilitators of help-seeking have been identified in the literature as, but are not limited to:

- Having access to familiar and trustworthy helpers or services (Timlin-Scalera et al, 2003; Sayers & Miller, 2004; Barker, 2007; Farrand et al, 2007; Rickwood et al, 2005; Rickwood et al, 2007)
- Positive perceptions about the 'helper' (Farrand et al, 2007)
- Previous positive experiences of seeking help / services (Timlin-Scalera et al, 2003; Rickwood et al, 2005; Barker, 2007; Howerton et al, 2007)
- Being treated with 'respect' i.e. attentive listening / compassion / non-judgemental at initial or early contact (Sayers & Miller, 2004; Lindberg et al, 2006; Barker, 2007; Howerton et al, 2007; Rickwood et al, 2007)
- Personal motivation to seek help / change (Barker, 2007; Rickwood et al, 2005; Rickwood et al, 2007)
- Educational attainment / higher socioeconomic status (Möller-Leimkühler, 2002; Galdas, 2005; Barker, 2007)
- Having an element of control in treatment / intervention decisions (Sayers & Miller, 2004)
- Accessible / affordable / welcoming services (Sayers & Miller, 2004; Lindberg et al, 2006)

#### *Other Individual Inhibitors*

Other inhibitors of help-seeking are identified in the literature are, but are not limited to:

- Embarrassment / the reluctance to appear weak / foolish / hypochondriacal / belief that people should resolve problems themselves (Pearson, 2003; Sayers & Miller, 2004; Galdas et al, 2005; Lindberg et al, 2006; Rickwood et al, 2005; Rickwood et al, 2007)
- An attempt to normalise symptoms / problems (Galdas et al, 2005)
- Stigma / fear of diagnosis of mental illness (Timlin-Scalera et al, 2003; Howerton et al, 2007, Rickwood et al, 2005; Rickwood et al, 2007)
- Chaotic family backgrounds (Howerton et al, 2007)
- Distrust of 'helpers' or the 'system' (Timlin-Scalera et al, 2003; Howerton et al, 2007)
- Previous negative experiences of seeking-help / services (Howerton et al, 2007; Rickwood et al, 2007)
- Lack of knowledge / awareness about available help / support (Timlin-Scalera et al, 2003; Rickwood et al, 2005; Lindberg et al, 2006)
- Procrastination (Stead et al, 2010)
- Depression / anxiety / substance abuse i.e. 'help-negators' (Rickwood et al, 2007)

Thus the literature highlights a range of issues that can encourage or limit help-seeking behaviours. These factors are often complex and interlinked and may vary with the nature of the person or problem. It should also be noted that vulnerable young people may face a greater number of inhibitors than other young people as they may be more likely to have had negative past experiences of services, may be less likely to trust 'authority' or professional figures and may be more likely to have negative role-models or fractured social support networks.

#### **Specific Interventions**

Social learning theory would suggest that help-seeking and coping are learned behaviours and are therefore amenable to change (Barker, 2007). However Barker 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.

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 (and professionals) as critical role-models in early childhood, and thus the role of parenting interventions where necessary (Fallon & Bowles, 2001).

Mansfeld et al (2005) developed a tool designed 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, valid and supported the creation of sub-scales which could highlight which kinds of barriers are relevant for particular individuals. These subscales were: Control and Self-Reliance; Minimising Problem and Resignation; Concrete Barriers and Distrust of Caregivers; Privacy and lastly Emotional Control. This tool could have practical application among vulnerable child populations as part of general screening and care-planning, although the tool has not yet been tested in this particular target group.

In relation to specific interventions, Wilson et al. (2005, cited in Rickwood et al, 2007) found that awareness-raising and information sessions on physical and mental health problems conducted by GPs in classrooms resulted in significant increases in help-seeking intentions among adolescents 10 weeks after the sessions had ended. However it was also found that the 'embarrassment' and 'have to work problems out alone' inhibitors remained the most resistant to change.

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 (Elias et al, 1997, cited in 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. The intervention comprised four weekly sessions, each lasting for two-and-a-half hours and 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. However 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.

Zins et al (2004, cited in Nelis et al, 2009) reports that much of the preliminary evidence supports the use of emotional intelligence development methods with children, but that few have been rigorously tested. In one study, Coombs Richardson et al. (2009) evaluated the impact of a social skills input upon two classes of kindergarten children (average age 4 years 10 months). The programme used was the Connecting with Others: Lessons for Teaching Social and Emotional Competence programme that had been recommended by a research organisation for use. The programme was implemented for six weeks, and the authors found significant change pre- and post-intervention in almost all social skills behaviours (i.e. communicates needs/wants; understands feelings; shows caring etc) and there was less variance between the children at post-test. However it remains to be seen whether this would later translate into more sophisticated emotional competence and help-seeking behaviours in later childhood.

In Sweden an evaluation of social and emotional training programme for young people found that participation in the programme produced more favourable outcomes than not participating in the programme (Kimber et al, 2008). The programme covered self-awareness, managing one's emotions, empathy, motivation and social competence and was delivered in class by regular teachers during scheduled school hours. However the authors concluded that the programme had a greater impact on emotional rather than social skills and required lengthy delivery to be effective at improving some outcomes (i.e. mental health).

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) by Hogan et al (2002) 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. 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. Barker (2007) notes that it is the *perceived* level of social support that it is important, rather than the objective amount of support available to a young person.

Other research has revealed what young people, and young men say about the provision of help and support that would make them more likely to use such services. These clearly link to the facilitators and inhibitors outlined above and thus it goes without saying that services should be informal, welcoming, designed for young people (or at least bear young people's needs in mind) and be easily accessible.

Considering the importance of past experiences on the decision to seek help in the future, it is vital that services are welcoming, non-judgemental, are staffed with people who respect young people and can build trusting relationships with them (see, for example, Rickwood et al. 2007). The initial contact can be a crucial point in determining continued help-seeking behaviour (Slesnick et al 2000, cited in Rickwood et al, 2005). Young males seem clear that the having male service providers is not that important (Sayers & Miller, 2004), and studies have shown that both males and females would prefer therapeutic or other support functions to be provided by a female, however males do indicate that a male mentor for activities or leadership would be valued. Sayers and Miller postulate that this again relates to gender roles, and the reluctance to appear weak in front of other men.

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 Rickwood et al. found that the help-negation effect for suicidal thoughts reduced the likelihood of help-seeking from all possible sources of help bar telephone help-lines, and postulate that this less personal method affords young men 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.

The literature would also suggest that 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, cited in Rickwood et al, 2005). Thus Rickwood and colleagues advocate for ensuring that service providers see the relevance of motivational interviewing skills as a key promoter of help-seeking among young people.

## **Conclusions**

The literature has not been very conclusive in terms of identifying specific interventions to promote help-seeking behaviour among young men. However the key characteristics of both positive and negative service provision highlighted in the research do not present any real surprises, and often reflect the principles of core practice among many of the professionals working with vulnerable young males in Glasgow, such as respect, relationship-building and motivational interviewing. When reviewing service provision to this target group in the city it will be prudent to ensure that these remain a core focus of all work undertaken by a range of agencies.

It may be worth looking at specific emotional competence, social skills and mental health literacy programmes in more detail to determine whether existing provision is fit for purpose or whether additional interventions are required. This is particularly important in relation to the school curriculum given the importance of early years development in these skills highlighted in the literature.

Lastly it may be worth considering systematically including barriers and motivators to help-seeking as part of all screening and wider assessment for children and young people, including particularly vulnerable populations, who are accessing services across the city. More research into the Barriers to Help-Seeking Scale may be required, as well as the identification of any other available tools.

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