Can Hopelessness and Adolescents' Beliefs and Attitudes About Seeking Help Account for Help Negation?

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Avoidance of appropriate help is common in acutely suicidal samples and has been confirmed in nonclinical samples but factors that contribute to this help negation effect remain unclear. In a sample of 269 nonclinical Australian high school students, the current study examines the impact of hopelessness, previous mental health care, beliefs, and attitudes toward professional psychological help on the help negation relationship. Results revealed that suicidal ideation significantly predicted lower help seeking intentions and that although hopelessness could not explain the help negation effect, it moderated the effect for seeking help from family. They also revealed that although previous mental health care was unable to explain the effect fully for professional mental health sources, beliefs and attitudes about professional psychological help could. Implications of the findings for prevention, primary health care, and professional psychological practice are discussed. © 2005 Wiley Periodicals, Inc. J Clin Psychol

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Suicide among young people is an increasingly salient preoccupation of many communities and cultures (Graham et al., 2000). Traditionally, suicide rates have been highest among elderly males; however, rates among young people have increased to such an extent that young people are now the group most at risk in a third of countries (World

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Health Organisation [WHO], 2000). Across the popular and academic literature it is widely recognized that young people who have persistent suicidal thoughts are at high risk for suicide completion (e.g., Cole, Protinsky, & Cross, 1992; Reynolds, 1988). It is also accepted that seeking appropriate help offers protection against the development of acute forms of suicidality and completion (Kalafat, 1997). However, there is evidence indicating that acutely suicidal individuals negate, refuse, or avoid help (Barnes, Ikeda, & Kresnow, 2001; Clark & Fawcett, 1992; Rudd, Joiner, & Rajab, 1995). Moreover, there is growing evidence that nonacutely suicidal (subclinical) individuals may also negate help for suicidal thoughts (Carlton & Deane, 2000; Deane, Skogstad & Williams, 1999; Saunders, Resnick, Hoberman & Blum, 1994) and that this trend may not be limited to avoiding help from mental health professionals (Deane, Wilson, & Ciarrochi, 2001).

Deane and associates (2001) found a significant negative relationship between levels of suicidal ideation and help seeking intentions in a subclinical sample of 302 Australian university students. Higher levels of suicidal ideation predicted lower intentions to seek help from a number of formal and informal help sources (e.g., friends, parents, mental health professional, doctor/general practitioner, phone help line) together with higher intentions to seek help from "no one." Because hopelessness had been previously found to be a strong predictor of suicidal ideation and reflected a pessimistic characteristic of the cognitive-affective suicidal state (e.g., Joiner & Rudd, 1996), researchers hypothesized that it may account for the help negation effect. However, neither hopelessness nor previous help seeking experience contributed to the relationship between suicidal ideation and help seeking intentions (Deane et al., 2001).

There is a need to explore this hypothesis further, particularly given suggestions that hopelessness may vary and be dependent on developmental factors. For example, a study that examined hopelessness in relation to the cognitive development of 107 high school, community college, and university students found that younger students in the concrete operational stage reported higher levels of hopelessness than older students classified as in the formal operational stage (Moilanen, 1993). Given such developmental variation in the expression of hopelessness we considered it worthwhile to retest the role of hopelessness in adolescents.

The first aim of the present study was to replicate and extend the help negation effect in an adolescent sample. Carlton and Deane (2000) explored only help negation in relation to professional help sources (counselor/psychologist) and we extend these findings by including both professional and nonprofessional help sources. The second aim is to test whether suicidal ideation predicts help seeking intentions for suicidal thoughts when hopelessness is controlled.

Several additional factors may explain why suicidal adolescents may be reluctant to seek help specifically from a mental health professional. Carlton and Deane (2000) found that having no experience of previous professional mental health care significantly predicted lower intentions to seek help for suicidal thoughts among high school students. A lack of previous mental health care may indicate that many adolescents have not learned the processes involved in seeking professional psychological help. Thus, adolescents might negate mental health care for suicidal thoughts because they do not know how to access professional psychological help.

A number of studies reveal the importance of adolescents' beliefs and attitudes in the process of seeking professional psychological help (e.g., Deane & Todd, 1996; Kuhl, Jarkon-Horlick, & Morrissey, 1997; Vogel & Webster, 2003; Wilson & Deane, 2001). Kuhl and colleagues (1997) found that negative beliefs about the usefulness of therapy and therapists were relatively important barriers to young people seeking professional psychological help. Similarly, Carlton and Deane (2000) found that high school students'

attitudes toward seeking mental health care were one of the strongest predictors of help seeking intentions for suicidal thoughts and personal-emotional problems. Together, these results suggest that adolescents' negative beliefs and attitudes about mental health care might contribute to the help negation effect for professional psychological sources. The third major aim of the study was to determine whether hopelessness, previous counseling experience, and negative beliefs or attitudes about seeking professional help could explain the help negation effect for mental health professionals.

Method

Participants and Procedure

The study received ethical approval from the University of Wollongong Human Ethics Committee. School approval was received from the principal and school Pastoral Committee. Students were recruited from the junior to senior classes (grades 9 to 12) of a private Australian Christian (Lutheran) high school that was located in a suburban middle-class area. A total of 269 students (approximately 33% of the available student population) completed all items in the research questionnaire. Ninety-eight participants (36%) were male and 171 participants (64%) were female. The mean age was 15.86 years (SD = 1.26 years); age ranged from 12 to 18 years. Ninety-six percent of the sample described themselves as "Caucasian," 1% as "Asian," and 3% as "Other." All students described themselves as Australian.

The study was described in an information sheet that was posted to parents. Students were provided with written and verbal information regarding the study in their classes. Both parental consent and student consent were required for participation in the study. Each participant completed the anonymous research questionnaire individually under the supervision of classroom teachers. Teachers were provided with a script that introduced the data collection and provided a standard guideline for the study procedure. Students placed completed questionnaires in unmarked envelopes that were then sealed and collected by the teachers. A debrief sheet outlining available help sources was supplied to students and read out by teachers after all envelopes were collected.

Measures

The study survey comprised measures of help seeking intentions (General Help Seeking Questionnaire [GHSQ]; Wilson, Deane, Ciarrochi, & Rickwood, 2005), suicidal ideation (Suicidal Ideation Questionnaire [SIQ]; Reynolds, 1988), hopelessness (Beck Hopelessness Scale [BHS]; Beck, Weissman, Lester, & Trexler, 1974), previous counseling experience (e.g., Carlton & Deane, 2000), beliefs about counseling (a brief version of the Barriers to Adolescents Seeking Help scale [BASH-B]; Kuhl et al., 1997; Wilson et al., 2005), and negative attitudes toward counseling (a brief version of the Attitudes Toward Seeking Professional Psychological Help Scale [ATSPPHS-B]; Fischer & Farina, 1995; Fischer & Turner, 1970), along with demographic information.

In the current study, the GHSQ measures participants' intentions by asking them to rate the likelihood that they would seek help for suicidal thoughts and personal-emotional problems from a variety of specific help sources. Help sources were selected in consultation with school welfare personnel; they were boyfriend/girlfriend, friend, parent, relative, mental health professional (e.g., school counselor, counselor, psychologist, psychiatrist), telephone help line, doctor/general practitioner, teacher (year-level coordinator, classroom teacher, home class teacher, dean of students, support staff),

pastor/priest, and youth worker. The two problem prompts had the following general structure: "If you were having suicidal thoughts, how likely is it that you would seek help from the following people?" Participants rate their intentions to seek help from each of the 10 specific help sources, in addition to "I would not seek help from anyone," on a 7-point scale (1 = "Extremely unlikely" to 7 = "Extremely likely"). Higher scores indicate higher intentions.

To achieve maximal power for the multivariate analyses (e.g., Wilcox, 1997, 1998), items were averaged if they were both theoretically similar and shown in previous studies to be nonsignificantly different. For example, with university students (Deane et al., 2001) and a separate high school sample (Wilson et al., 2005) it was found that participants' intentions to seek help from a "parent" or "nonparent relative" were nonsignificantly different and could be collapsed as a single item, which the researchers labeled *family*. Exploratory analyses in the present study found the same pattern of findings. Consequently, in the current study, the 11 original help source items were reduced as 9 new help source variables for each problem type: "parent" and "nonparent relative" were collapsed as a single variable and labeled *Family* (suicidal thoughts, $\alpha = .83$; personal-emotional problems, $\alpha = .74$). *Pastor/Priest* and *Youth Worker* were also collapsed and were labeled *Community* (suicidal thoughts, $\alpha = .90$; personal-emotional problems, $\alpha = .79$). For ease of expression, *Boyfriend/girlfriend* was relabeled *Partner* and "Would not seek help from anyone" was relabeled *No one*. *Friend*, *Teacher*, *Mental health professional*, *Phone help line*, and *Doctor* were not changed.

Help seeking intentions can be examined together as one scale or as individual scales for each problem type (e.g., Deane et al., 2001). In a psychometric study, 3-week test-retest reliability in a high school sample was $r = .92$ for the GHSQ as a single scale that included all help source options (Wilson et al., 2005). Reduced as two scales, one for each problem type, 3-week test-retest reliability was $r = .88$ for suicidal problems and $r = .86$ for personal-emotional problems.

The SIQ comprises 30 items reflecting suicidal thoughts that are self-rated on a 7-point scale (0 = "I never had this thought before" to 6 = "Almost every day"). Items are scored to indicate the frequency with which each suicidal thought has occurred in the preceding month. Scores range from 0 to 180. Scores of 41 or above are considered to indicate potentially significant psychopathology and acute suicidal risk (Reynolds, 1988). The SIQ is supported by sound reliability and construct validity data in high school samples (aged 12 to 18) and university samples (aged 18 to 21) (e.g., Reynolds, 1987, 1988). The measure has been found to relate positively to adolescent depression, adult depression, hopelessness, anxiety, and negative life events and to have negative correlation with self-esteem (Reynolds, 1987). In the present study Cronbach alpha was $\alpha = .97$, which suggests good internal consistency.

The BHS comprises 20 true-false items that reflect hopelessness (e.g., "My future seems dark to me") and appear to assess the general hopelessness construct. Items are scored to indicate the existence of hopelessness and the extent of negative attitudes about the future. Possible scores range from 0 to 20. The BHS is supported by sound reliability and construct validity data across samples (e.g., Metalsky & Joiner, 1992). The measure has been found to associate positively with suicidal ideation and attempt, single-episode major depression, recurrent-episode major depression, dysthymia, drug and alcohol misuse (Beck & Steer, 1988), and other self-report measures of hopelessness (Beck et al., 1974). In the present study Cronbach alpha was $\alpha = .80$.

The prior counseling measure comprised one item and that has been used in samples of prison inmates (Deane et al., 1999), public high school students (Carlton & Deane, 2000) and college students (Deane et al., 2001). Participants provided a "yes" or "no"

response to "Have you ever seen a mental health professional (e.g., counselor, psychologist, psychiatrist) to get help for personal problems?"

The brief version of the BASH was derived from the longer scale developed by Kuhl and coworkers (1997). The abbreviated measure (BASH-B) comprised 11 of the original 37 self-report items (original items: 3, 5, 6, 10, 17, 18, 23, 26, 29, 33, 36) and specifically targets belief-based barriers to seeking professional psychological help (e.g., "A therapist might make me do or say something that I don't want to," and "If I had a problem and told a therapist, they would not keep it a secret"). Each item is rated on a 6-point scale (1 = "Strongly disagree" to 6 = "Strongly agree"). Higher scores indicate higher belief-based barriers to professional psychological help seeking. The 11 items included in the BASH-B score were selected to reduce item overlap and were based on pilot data with a high school sample that identified those barriers most strongly endorsed by students. In a public high school sample Wilson and associates (2005) found that the BASH-B was negatively related to intentions to seek help from a mental health professional for suicidal thoughts and perceived quality of previous mental health care. In the present study Cronbach alpha for the 11-item BASH-B was $\alpha = .84$.

The brief version of the ATSPPHS was developed from Fischer and Turner's (1970) original 29-item measure. The brief measure comprises 10 items that produce a single score representing the respondent's core attitude to seeking professional psychological help (e.g., "The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflict," and "There is something good in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help"). Each item is scored on a 4-point scale (1 = "Strongly agree" to 2 = "Strongly disagree"). Higher scores indicate more negative attitudes to seeking professional psychological help. In terms of test characteristics, Fischer and Farina (1995) found that the brief version of the ATSPPHS had sufficient overlap with the original 29-item version to be substituted for the original version when necessary. The researchers also found that the brief version of the scale appeared to have the same psychometric properties as the original scale. In the present study Cronbach alpha was $\alpha = .84$, identical to that in earlier studies by Fischer and Farina (1995).

Results

Preliminary Analyses

Before analysis, the raw data were examined through Statistical Package for Social Scientists, Version 11.0 (SPSS) programs for the extent to which they met the assumptions of the analyses conducted. GHSQ scores tended to range between 5 and 7 for informal sources, 1 and 3 for formal sources, and 6 and 7 for seeking help from no one. SIQ and BHS scores had a positive skew that was most notable for SIQ data indicating that most cases had low levels of suicidal ideation. Loglinear transformation was applied to SIQ scores to correct for skew. Log SIQ was used in all reported analyses (unless otherwise specified as raw SIQ data). For ease of expression, log SIQ is referred to as *suicidal ideation* when described in the results. Transformation made little difference to GHSQ or BHS score distributions. As a precaution, all GHSQ and BHS analyses were conducted with both transformed and untransformed data. Using untransformed data did not alter the significance or pattern of findings. Consequently, reported results are based on untransformed GHSQ and BHS data.

The mean score and standard deviation for the raw SIQ data were calculated for the total sample ($M[269] = 25.81$, $SD = 33.48$) and were not significantly different from

those of a previous New Zealand public high school study (Carlton & Deane, 2000; $M[219] = 22.86$, $SD = 28.51$) but were significantly ($p < .001$) higher than those of a previous American public high school study (Reynolds, 1988; $M[890] = 17.79$, $SD = 26.78$). The mean SIQ for girls ($M[170] = 27.06$, $SD = 32.88$), although higher, was not significantly different from that for boys ($M[98] = 22.33$, $SD = 32.07$ [$p > .05$]). Nine percent ($n = 25$) of the sample reported a level of suicidal ideation similar to that of suicidal attempters with chronic psychiatric problems (Reynolds, 1987), indicating that the majority of participants were in the normal range on the suicidal ideation measure.

The mean and standard deviations for the BHS were $M(269) = 5.07$, $SD = 4.78$, for BASH-B were $M(269) = 3.37$, $SD = .91$, and for ATSPPHS-B were $M(269) = 1.52$, $SD = .55$. There were no significant differences between boys and girls on any of these variables, all $p > .05$.

Previous research has found that females tend to have higher help seeking intentions than males; therefore, potential gender effects that might influence the help negation effect were explored. Gender and suicidal ideation were not significantly correlated, and there were no gender differences on measures for intentions to seek help from any help sources for suicidal thoughts, all $p > .1$. However, being female was correlated with higher intentions to seek help for personal-emotional problems from friends ($r[269] = .20, p < .01$). The extent to which gender might either explain or strengthen the help negation relationship was explored by using the regression methods outlined in the following main analyses. The results in each analysis were nonsignificant, indicating that gender did not make a significant contribution to the help negation effect found in the present sample.

There is evidence that young people prefer different sources of help for different problems (e.g., Boldero & Fallon, 1995; Offer, Howard, Schonert, & Ostrov, 1991). Preliminary analyses were conducted to determine whether students' help seeking intentions differed significantly for different help sources. This research would determine whether the following main analyses should examine the help negation hypothesis in relation to intentions for each help source variable or as a single intention scale for each problem type. A general linear model repeated measures analysis of variance (ANOVA) examined the impact of the nine help source variables (partners, friends, family, mental health professionals, physical health professionals, phone help line, teachers, community, and no one) and problem type (personal-emotional and suicidal ideation) on students' help seeking intentions. Results found a significant main effect for helping source ($F[8,952] = 116.01$, $p < .001$) that was qualified by a significant interaction with problem type ($F[8,952] = 21.89$, $p < .001$). This finding indicated that consistent with earlier studies (e.g., Deane et al., 2001; Wilson et al., 2005), students' help source preference depended on problem type (see Table 1). Pairwise comparisons were conducted to evaluate this interaction further (by using a Bonferroni adjustment to control for type I error at $p < .05$). The results are also presented in Table 1. Students were significantly less likely to seek help from partners, friends, and family, and significantly more likely to seek help from a mental health professional or telephone help line for suicidal thoughts than for personal-emotional problems, indicating that students' had significantly different preferences for help sources for each problem type (Table 1). On the basis of this result, the help negation effect was examined for each help source variable in the first set of main analyses.

Main Analyses

Help Negation Effect for Formal and Informal Help Sources. Correlational analyses were conducted to confirm the inverse relationship between suicidal ideation and help

Table 1
Means (M) *and Standard Errors of High School Students' Help Seeking Intentions for Personal-Emotional Problems (Per-emot) and Suicidal Thoughts (Suicide-thts), From Different Formal and Informal Sources of Help*

	Problem Type			
	Per-emot		Suicide-thts	
Help Source	*M*	*SE*	*M*	*SE*
Partner	4.87	.14	4.20*	.17
Friend	5.92	.01	4.71*	.13
Family	4.41	.09	3.62[c]*	.12
Mental health	2.66[a]	.11	3.21[c,d]*	.14
Phone help line	1.38[b]	.01	2.75[d]*	.13
Doctor	1.50[b]	.01	1.63	.01
Teacher	2.59[a]	.10	2.34	.11
Community	2.43[a]	.09	2.62[d]	.11
No one	2.87[a]	.13	3.05[d]	.14

Note. $n = 269$ except for "Partner" ($n = 192$). Evaluations were made on a 7-point scale (1 = "Extremely unlikely" to 7 = "Extremely likely").
*Means differ between personal-emotional problems and suicidal thoughts in the same row at $p < .01$.
[a,b,c,d]Within the same column, means with corresponding superscripts do not differ significantly. For example, in the personal-emotional column, "Phone help line" did not differ significantly from "Doctor." Means without superscripts differ at $p < .01$.

seeking intentions in this high school sample. As presented in Table 2, evidence of a strong help negation effect was found. Higher levels of suicidal ideation were associated with lower help seeking intentions for all specific help sources and higher intentions to seek help from no one for suicidal thoughts (Table 2). It is noteworthy that the magnitude of the help negation effect was strongest for friends and family and weakest for teachers and doctors (general practitioners). It is also noteworthy that the magnitude of the help negation effect for mental health professionals was moderate, as was students' preference for seeking no help at all.

To test the hypotheses that adolescents with higher levels of suicidal ideation might negate help from formal and informal sources because they feel generally hopeless, a series of regression analyses were run with suicidal ideation and hopelessness as covariates and each help source as the dependent variable. As can be seen in Table 3, with hopelessness controlled, suicidal ideation was associated with lower intentions to seek help from specific help sources and higher intentions to seek help from no one for suicidal thoughts. Thus, hopelessness could not entirely explain the help negation effect.

To examine these results further, the same regressions were conducted but the high scorers in the top 9% ($n = 25$) (equivalent to a suicidal attempters [Reynolds, 1987]) were extracted from the sample. With the reduced sample, this analysis replicated the negative associations between help seeking intentions for suicidal thoughts described in Table 3 and suggests that consistently with Deane and coworkers' (2001) findings, the current results apply to adolescents at both acute and subclinical levels of suicidal ideation.

Next, the possibility that hopelessness might influence the overall strength of adolescents' help negation was explored. On the basis of recommendations made by Cohen,

Table 2
Correlations (r) *Between Suicidal Ideation (SIQ), Hopelessness (BHS), and Help Seeking Intentions for Personal-Emotional and Suicidal Problems (GHSQ) and Different Formal and Informal Sources of Help for High School Students*

Help Seeking Intentions	Suicidal Ideation	Hopelessness
Suicidal thoughts		
Family	−.47**	−.35**
Friend	−.33**	−.26**
Partner[a]	−.30**	−.27**
Teacher	−.30**	−.25**
Community	−.30**	−.27**
Mental health professional	−.25**	−.23**
Phone help line	−.25**	−.16*
Doctor	−.15*	−.16*
No one	.30**	.26**
Personal-emotional problems		
Family	−.36**	−.35**
Friend	−.16*	−.19**
Partner[a]	−.05	−.06
Teacher	−.25**	−.23**
Community	−.22**	−.24**
Mental health professional	−.04	−.13*
Phone help line	−.10	−.07
Doctor	−.23**	−.18**
No one	.39**	.41**

Note. $n = 269$. SIQ = Suicidal Ideation Questionnaire; BHS = Beck Hopelessness Scale; GHSQ = General Help Seeking Questionnaire.
[a]$n = 192$.
**$p < .001$, *$p < .05$.

Cohen, West, and Aiken (2003), regression analyses were used to evaluate whether hopelessness moderated the help negation relationship (Cohen et al., 2003). Regression analyses were conducted by using suicidal ideation, hopelessness, and the product terms between suicidal ideation and hopelessness to predict help seeking intentions for each help source. Following the procedure outlined in Aiken and West (1991) for testing moderation effects involving continuous variables, all continuous variables were converted to z scores before analysis. Given the number of tests we were conducting, we set alpha to .01 to minimize the problem of type 1 error.

The suicide × hopelessness interaction was significant but only for seeking help from family members for suicidal thoughts ($\beta = .97$, $p < .01$), providing some evidence for a moderation effect. In order to explore this interaction further, we followed the procedure suggested by Aiken and West (1991) and generated values from the regression equation on the basis of assigning z score values of 1 and −1 to hopelessness and suicidal ideation (generating four values). The results were as follows (listed with mean help seeking intentions): low suicide, low hopelessness, $M = 7.44$; high suicide, low hopelessness, $M = -3.16$; high hopelessness, low suicide, $M = 0.59$; high hopelessness, high suicide, $M = 0.97$. The results suggest that the help negation effect was greater among those low in hopelessness compared to those high in hopelessness.

Table 3
Summary of Regression Analyses for Suicidal Ideation Predicting Help Seeking Intentions for Suicidal Thoughts and Personal-Emotional Problems While Controlling for Hopelessness

	Suicidal Thoughts				Personal-Emotional Problems			
Help Source	B	*SE*	β	R^2	B	*SE*	β	R^2
Family	−1.93**	.32	−.42	.23	−.96**	.28	−.24	.16
Friend	−1.26**	.33	−.27	.12	−.01	.22	−.02	.01
Phone help line	−1.13*	.35	−.24	.06	−.12	.11	−.09	.01
Partner	−1.02*	.42	−.21	.10	−.27	.37	−.07	.04
Community	−1.00*	.33	−.22	.09	−.46	.28	−.12	.06
Teacher	−.94*	.30	−.23	.10	−.65*	.27	−.18	.07
Mental health	−.84*	.37	−.17	.07	.21	.30	.06	.02
Doctor	−.24	.19	−.10	.03	−.33*	.12	−.20	.06
No one	1.15*	.38	.23	.10	1.14**	.33	.23	.20

**$p < .001$, *$p < .05$.

Help Negation Effect for Mental Health Sources Only.

The possibility that adolescents contemplating suicide might negate help from a mental health professional because they are hopeless and have no previous counseling experience or because they have negative beliefs or attitudes about seeking professional psychological help was examined. As can be seen in Table 4, previous help along with beliefs, attitudes, and hopelessness all related to both suicidal ideation and help seeking intentions for suicidal thoughts. Therefore, to determine whether hopelessness, previous

Table 4
Intercorrelations of Measures of Professional Psychological Help Seeking, Hopelessness, and Suicidal Ideation

Measure	2	3	4	5	6	7	8	9
Suicidal ideation (SIQ)	−.24**	−.04	.30**	.91**	.58**	−.15*	.44**	.19**
Intentions to seek counseling (GHSQ)								
Suicidal thoughts		.52**	−.20**	−.12*	−.20**	−.01	−.24**	−.44**
Per-emot problems			−.05	−.05	−.10	−.20*	−.20**	−.44**
Intentions to seek no help (GHSQ)								
Suicidal thoughts				.57**	.31**	−.08	.35**	.20**
Per-emot problems					.40**	.02	.39**	.20**
Hopelessness (BHS)						−.06	.47**	.23**
Prior counseling							−.01	.20**
Beliefs (BASH-B)								.49**
Attitudes (ATSPPHS-B)								

Note. $n = 269$. SIQ = Suicidal Ideation Questionnaire; GHSQ = General Help Seeking Questionnaire; BHS = Beck Hopelessness Scale; BASH-B = Barriers to Adolescents Seeking Help scale, brief version; ATSPPHS-B = Attitudes Towards Seeking Professional Psychological Help Scale, brief version.
**$p < .001$, *$p < .05$.

help, beliefs, and attitudes can explain the help negation effect for professional psychological help seeking, four regression analyses were run, two for seeking help from mental health professionals for suicidal thoughts and personal-emotional problems, and two for seeking help from no one for each problem type. For each regression model, suicidal ideation and hopelessness were entered in step 1, beliefs in step 2, and attitudes in step 3.

The results of the regression analyses are presented in Table 5. Hopelessness and previous help did not eliminate the significant relationship between suicidal ideation and help seeking intentions in step 1. The only nonsignificant relationship involved seeking help from a mental health professional for personal-emotional problems. Step 2 suggests that beliefs make a significant contribution to the model for seeking help from no one. Entering beliefs into the model resulted in a nonsignificant relationship between suicidal ideation and intentions to seek help for suicidal thoughts; however, the other relationships that were significant in step 1 remained significant in step 2. Finally, entering attitudes into step 3 failed to eliminate any significant relationships between suicidal ideation and intentions found in step 2. Neither attitudes nor beliefs could eliminate the significant relationship between suicidal ideation and help seeking intentions for no one. However, attitudes did increase the variance explained in intentions at step 3 from approximately 8% to 23% for suicidal thoughts and from approximately 7% to 21% for personal-emotional problems.

The analyses were redone with attitudes entered in step 2 and beliefs in step 3, to examine whether this change made any difference to the analyses. Beliefs did not contribute significant variance over and above attitudes (attitudes $p > .1$ in step 3) when predicting intentions to seek help from a mental health professional for suicidal thoughts or personal-emotional problems. Attitudes eliminated the help negation relationship for mental health professionals. In contrast, beliefs contributed significant variance over and above attitudes when predicting intentions to seek help from no one for suicidal thoughts and personal-emotional problems (attitudes $p < .01$ in step 3). Thus, it appears that attitudes and beliefs can largely explain the relationship between suicidal ideation and intentions to seek help from a mental health professional for suicidal thoughts and

Table 5
Summary of Regression Analyses for Suicidal Ideation Predicting Intentions to Seek Counseling for Suicidal Thoughts and Personal-Emotional Problems While Controlling for Hopelessness, Beliefs, and Attitudes in a High School Sample

	Suicidal Thoughts				Personal-Emotional Problems			
Help Source	B	*SE*	R^2	Adj. R^2	B	*SE*	R^2	Adj. R^2
Step 1: Hopelessness and prior help controlled								
Mental health	−.82*	.38	.07	.06[a]	.01	.30	.06	.05[a]
No one	1.25*	.40	.10	.10[a]	1.29*	.34	.22	.21[a]
Step 2: Hopelessness, prior counseling, and beliefs controlled								
Mental health	−.69[b]	.39	.08	.07[a]	.18	.30	.07	.06
No one	.91*	.40	.14	.13[a]	1.00*	.35	.26	.25[a]
Step 3: Hopelessness, prior counseling, beliefs, and attitudes controlled								
Mental health	−.68[b]	.36	.23	.21[a]	.19	.28	.21	.20[a]
No one	.90*	.40	.15	.13	1.00*	.34	.26	.24

[a] $p < .05$ increase in variance explained.
[b] $p < .05$ (one-tailed).
**$p < .001$, *$p < .05$.

personal-emotional problems, whereas variables over and above these may explain intentions to seek help from no one.

Discussion

A potential limitation of the present study was that the Christian high school sample likely reflects adolescents of socioeconomic backgrounds that would be described as middle class. The use of a Christian high school provided the opportunity to generalize the help negation effect beyond the public high school system (e.g., Carlton & Deane, 2000), but religiosity was not a focus of the present study and was not measured. A number of studies have associated higher religious beliefs with lower suicide rates (e.g., Neeleman, Halpern, Leon, & Lewis, 1997), and in one study a quarter of psychiatric patients said that "their religious beliefs prevented them from attempting suicide" (Eagles, Carson, Begg, & Naji, 2003, p. 262). It could be expected that in a Christian high school on average, students would have stronger religious beliefs than comparative public high school student samples. On the basis of previous research, attendance in a Christian high school would be expected to reduce the acceptability of suicidal ideation and the risk of suicidal behaviors. Yet the help negation effect was found in the present sample, further highlighting its robust nature. Consistently with previous studies a negative relationship between students' suicidal ideation and their help seeking intentions was found (Carlton & Deane, 2000; Deane et al., 2001). Higher levels of suicidal ideation were significantly associated with lower help seeking intentions from all help sources. Higher levels of suicidal ideation were also associated with higher intentions to seek help from no one. Together these results extend a general help negation effect to formal and informal sources in an Australian Christian high school sample.

Hopelessness and the Help Negation Effect for Formal and Informal Help Sources

Contrary to expectations, hopelessness was unable to account fully for the general help negation effect that was found in the current sample. With hopelessness controlled, regression analyses found that as suicidal ideation increased, students' intentions to seek help for suicidal thoughts decreased for all help sources, and particularly for family, friends and telephone help lines.

Hopelessness moderated the relationship between suicidal ideation and help seeking intentions for suicidal thoughts, but only from family. In addition, the direction of this moderating relationship was somewhat counterintuitive in that help negation was highest for adolescents who had lower levels of hopelessness. Put another way, adolescents who are more hopeful appeared to have a stronger help negation effect for family. It is possible that having hope reduces the perceived need that adolescents experience and in turn reduces intentions to seek help from family members even in the face of suicidal ideation.

However, this moderation effect was only found for family members, and bivariate correlations indicated that higher levels of hopelessness were significantly associated with lower intentions to seek help from all help sources for suicidal thoughts and most for personal-emotional problems (see Table 2). Thus, we would argue that clinicians and prevention programs should continue to impart a sense of hope about the help that can be provided from different sources and particularly from professional mental health sources. The need to clarify further which factors may impact on the help negation effect for professional mental health sources prompted an analysis of the role that beliefs and attitudes toward counseling had on the relationship.

Help Negation for Mental Health Services Only

Contrary to expectations, previous mental health care did not fully explain the help negation effect for professional psychological services. Even when hopelessness and previous help were controlled in regression analyses, suicidal ideation significantly and negatively predicted help seeking intentions for suicidal thoughts. This finding was the same as a previous one in a university sample (Deane et al., 2001). However, the addition of attitudes and beliefs about counseling to the regression analyses resulted in the negative associations becoming nonsignificant in the high school sample. This finding suggests that attitudes and beliefs likely explain at least some of the help negation effect for suicidal thoughts in this sample of adolescents. Attitude items included the following: concerns that time and expense involved in counseling would not make it worthwhile, that problems would work themselves out by themselves (i.e., without counseling), that problems would be solved or relieved with professional help; admiration of others who cope without using counseling; and the idea that counseling should be a "last resort." The attitudes measure captures a negative disposition toward counseling in general and offers at least some initial data about the specific beliefs that may help explain the help negation effect. The specific beliefs particularly emphasize the idea that it is important and admirable to manage one's own problems. This possibility is supported by belief items that included "I think I should work out my own problems"and "If I have a problem I should solve it myself."

Such findings are highly consistent with a study of 2,419 high school students in New York State (Gould et al., 2004). Whereas most adolescents endorsed healthy coping attitudes about the management of depression and suicidal ideation, many of the adolescents identified as at risk of suicide had core beliefs that supported the use of maladaptive coping strategies in response to depression and suicidal thoughts. Consistently with the present study "approximately one third of at-risk students with serious suicidal ideation and behavior, depression, or substance problems thought people should be able to handle their own problems without outside help" (Gould et al., 2004, p. 1129). Further, one-quarter of suicidal or depressed teenagers indicated they would keep depressed feelings to themselves.

Young peoples' belief that they should solve their own problems has been identified as an important barrier to high school students' seeking professional psychological help in a number of studies (e.g., Kulh et al., 1997; Wilson & Deane, 2001). Why might this belief be so predominant? It has been suggested that such beliefs are associated with developmental processes of individuation and adult autonomy in which young people think they "can" or "should" deal with problems alone, even if their problems include being psychologically distressed (Carlton & Deane, 2001). The ability to recognize when you have a problem and the judgment required to assess accurately whether you have the personal coping resources to manage it alone successfully or with help from others are complex skills. Problem recognition and appraisal are key components in such processes and vital aspects of the help seeking process (Saunders, 1993). A number of studies have implicated social problem-solving deficits as predictors of suicidal risk (D'Zurilla, Chang, Nottingham, & Facini, 1998; Weishaar, 1996). These factors suggest that social problem-solving abilities may offer promise for future research aimed at better understanding processes contributing to the help negation effect.

For those seeking to implement mental health promotion programs immediately, an alternative approach for addressing help negation is to look at the professional help sources in which the help negation effect is weakest. In the present study for intentions to seek help for suicidal thoughts, the weakest relationship with suicidal ideation was for doctors (general practitioners). This finding raises several opportunities and challenges for primary

health care. Health care professionals need to provide services that are "youth friendly" (Wilson, Fogarty, & Deane, 2002), including a welcoming physical environment, easy access to subsidized payments or Medicare cards, confidentiality of information, and recognition that both physical and psychological health are considered important and appropriate for discussion with the general practitioner. General medical practitioners have a substantial influence on men's decision to seek formal psychological services (e.g., Cusack, Deane, Wilson, & Ciarrochi, 2004), and it is likely they would have similar impact on adolescents should mental health services be needed.

In addition to concerns about the generalizability of the results raised by the use of students from a Christian high school, there are other limitations to the present study. Although all participating students reported their previous help seeking experience on the dichotomous "did or did not receive prior help" variable, it may be that quality of prior help is a more important consideration (Deane & Todd, 1996). In addition, actual help seeking behaviors were not examined, and there may be a gap between what students' intentions are in relation to a hypothetical problem as opposed to their actual help seeking behavior when confronted with a real emotional problem.

Conclusions

Higher levels of suicidal ideation were associated with lower levels of help seeking intentions for suicidal thoughts in this adolescent sample. Levels of hopelessness or previous help seeking experience could not explain this help negation effect. However, belief-based barriers to seeking therapy and more negative attitudes about counseling appeared to account for some of the help negation effect. Specifically, beliefs and attitudes suggesting that self management is admirable and counseling is a last resort may contribute to processes of help negation, whereas a view of counseling as effective at relieving distress may help reduce the effect. It was speculated that such attitudes and beliefs might correspond with developmental processes related to individuation and desire for autonomy. Recognizing when it is appropriate to self-manage distress also suggests the potential role of social problem-solving skills but further research is required. Mental health promotion programs should convey messages suggesting that part of being independent and self-directed is knowing the times and circumstances to seek appropriate help and support (e.g., "Standing on your own two feet includes knowing when and how to lean on others"). Such programs should also emphasize professional psychological help as an effective way to manage distressing personal-emotional and, particularly, suicidal problems (e.g., Greenberg, Domitrovich, & Bumbarger, 2001; Kalafat, 1997). Young people may also benefit from education about help negation in an effort to increase their awareness and possibly to inoculate them against the avoidance process. Such education would be particularly important before the onset of psychological distress or more acute suicidal states that may exacerbate help negation.

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