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“I can cope”: Young men’s strengths and barriers to seeking help

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“I CAN COPE”: YOUNG MEN’S STRENGTHS AND BARRIERS TO SEEKING HELP

Abstract

In order to successfully implement health and well-being programs, it is important to understand the help-seeking attitudes and behaviour of the end-users. Traditionally, men are more reluctant than women to seek help for physical and psychological problems. Young apprentices are potentially a vulnerable group as they experience a number of stressors (e.g., low wages) and are in an important transitional phase as new workers. The purpose of this qualitative project was to explore help-seeking attitudes and behaviours in a sample of young male apprentices (N = 62). Findings from 10 focus groups identify a number of key themes around young males’ strengths and barriers to seeking help. Notably, whilst young men are able to identify a number of sources of help, there is, in many instances, a reluctance to ask for help. This appears to be influenced by ideas around masculinity and the notion of self-reliance (“I can cope”). Additionally, there appears to be a predominance of female oriented helping services. Recommendations, including the future development of awareness programs focused on young workers in the building and construction industry, are discussed within the context of the study’s findings and the literature on help-seeking.

Introduction

Help-seeking is generally defined as the process of actively seeking help from other people, and the literature distinguishes between informal sources (e.g., family and friends), formal sources (e.g., mental health professionals, clergy, teachers etc.) and, more recently, indirect sources (e.g., World Wide Web) (Rickwood, Deane, Wilson, & Ciarrochi, 2005). Many factors influence an individual’s help-seeking behaviour, including the severity of the health/mental health problem, distrust of health professionals and the perception of stigma (Addis & Mahalik, 2003). However, the research also consistently identifies gender as a determining factor, with men generally being less willing than women to seek help (White, Fawkner, & Holmes, 2006). Suchman’s (1966) help-seeking framework is frequently used in the social sciences as it distinguishes (a) symptom evaluation, (b) determining the cause of the symptom, (c) making a decision to seek treatment, and (d) choosing a specific treatment.

Men might find it difficult to access this help-seeking framework, particularly if they find it difficult in the first instance to acknowledge a problem, or if there is a lack of emotional competence, or they feel too embarrassed to seek help (Rickwood *et al.*, 2005). Help-seeking is often difficult for men to align with their masculine gender role. For example, Smith, Braunack-Mayer and Wittert (2006) argue that stoicism and suppression of emotion, are qualities often associated with patriarchal gender role socialisation, and that observance of such masculine characteristics as superiority, independence, and self-

reliance may operate as a barrier to men accessing and using health services. Men’s help-seeking might further be hindered by a lack of men’s specific health services, health services which are often female oriented and designed for women and children, and, furthermore, in many instances dominated by female staff (Misan & Sergeant, 2009; Wilkins, 2005).

Young male apprentices are in an important developmental phase of the lifespan as they transition from adolescence to young adulthood, and encounter a number of challenges in all developmental domains (social, emotional, physical and cognitive) which may affect health and well-being outcomes in adulthood (Erikson, 1968). For example, adolescence is a period where young people develop an independent identity, separate from their parents, make vocational decisions, begin employment, and form intimate relationships (Rickwood *et al.*, 2005). However, the peak incidence of most major mental disorders (i.e., depression, substance abuse, anxiety and psychosis) also occurs during the ages of 16 to 24 (Australian Institute of Health and Welfare [AIHW], 2009). If normal developmental challenges are adversely affected by mental health problems, it could severely impact on identity formation and the development of normal adult roles (Kessler, Foster, Saunders, & Stand, 1995). However, research indicates that most young people do not seek help for these problems (Rickwood *et al.*, 2005; Skogstad, Deane, & Spicer, 2006), and young men, in particular, have less positive attitudes to seeking help than older men (Berger, Levant, McMillan, Kelleher, & Sellers, 2005). In addition, young people generally have low mental health literacy (Jorm *et al.*, 1997) and many apprentices’ low educational levels may also be associated with a decreased chance that they will seek help for mental health problems (Park & Nelson, 2006).

When young people do seek help for mental health problems, they tend to prefer informal sources of help, rather than professional help providers (Sawyer *et al.*, 2000). Thus, friends, female partners and family members are often the preferred sources of help for young men (Boldero & Fallon, 1995; Lane & Addis, 2005). Negative attitudes toward professional sources of help, for example beliefs that professional help is not useful, fear of stigma, embarrassment, beliefs that an individual should deal with their own problems, or that family and friends should be the first port of call when experiencing emotional problems, have all been identified as barriers toward seeking help from professional sources in adolescents (Rickwood *et al.*, 2005). These barriers are compounded by services that are geared towards women in environments that are not ‘male-friendly’. This is particularly a problem for young indigenous men who often feel uncomfortable accessing female dominated health services (Misan & Sergeant, 2009).

The severity of the problem may also affect young people’s tendency to seek help, with many young people expressing that they have the intention to seek help if they reach a crisis point (Sears, 2004). However, many young people will negate utilising available help when it is needed (Rudd, Joiner, &

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Rajab, 1995). In particular, many young people who experience increased suicidal ideation, will also experience an increased ‘help-negation effect’, thus decreasing the likelihood that they will seek help from informal or formal sources (Rickwood *et al.*, 2005). The occurrence of the help-negation effect might explain the high suicide rate among men (Oliver, Pearson, Coe, & Gunnell, 2005).

Proposed Themes

Given the literature on help-seeking in men, the purpose of this project was to develop a greater understanding of young, male apprentices’ help-seeking attitudes and behaviours. Based on the literature, the researchers expected the following themes to be identified.

Stressors. Male apprentices are expected to identify a number of stressors relevant to their particular developmental phase, including work-related issues associated with being a new apprentice, the development of new work/personal relationships, and management of finances as new employees.

Sources of help. Apprentices are expected to identify their friends, family members and romantic partners as preferred sources of help.

Barriers to help-seeking. Apprentices are expected to believe that individuals should deal with problems themselves (self-reliance). Their ideas around masculinity, as well as the predominance of female oriented health services, are expected to be barriers to help-seeking. Finally, it is expected to emerge that apprentices will only seek help if a serious problem/disorder develops.

RESEARCH DESIGN

Research Approach

The discussion-based interviews used in the focus groups (Millward, 1995) was employed to not only determine the barriers to help-seeking in this population, as there is already some literature noted on this topic, but also to systematically explore young males’ help-seeking strengths and buffers towards stress.

Research Methods

Participants. 10 focus groups were conducted by an experienced male consultant psychologist with apprentices (N = 62) at TAFE and NMIT Colleges around Victoria (metropolitan and rural). Apprentices were recruited through advertisements in class by their TAFE and NMIT teachers, and participation was voluntary. Apprentices were aged 18 to 35, with the majority (79%) aged between 18 and 21. Focus groups averaged 30 minutes in duration with a mean group size of 8 participants.

Focus group questions. Focus group questions were developed from the literature by the researchers and based on a qualitative questionnaire designed to elicit information on help-seeking behaviours. The questionnaire was developed by Dr. Liz Short and Lauren Hoiles from Victoria University as part of a larger research investigation into health awareness amongst young men. The Questions were focused around participants’ help-seeking behaviour including typical stressors, responses to stress, buffers to maintain well-being, sources of help (and preferred

characteristics and of helpers), as well as barriers to help-seeking. Additional questions and prompts were used, in part, to elicit additional information.

What are some of things that can cause young guys/workers to feel stress/distress?

When things didn’t go ok/went wrong or someone was doing it tough, how did you/they handle it? What did you/they do?

When you’re keeping on top of things, what are some of the things to do to keep them like that?

What kinds of things have you heard about men seeking help/getting support?

When things weren’t going so well for you, or someone you know, was it helpful to talk to someone about it? Who was the most helpful to talk to? Who would you talk to now?

Would you consider a psychologist or social worker a good form of help?

Analysis. Focus group interviews were audio recorded and transcribed prior to analysis. Thematic analysis was utilised to tease out core themes underlying apprentices’ help-seeking behaviour. Similar to Braun and Clarke (2006) we viewed thematic analysis as an “essentialist or realist method, which reports experiences, meanings and the reality of participants”. A theme was construed as a pattern found in the qualitative information that describes and organises the information (Boyatzis, 1998). The coding process followed a three-step progression and involved (a) developing concepts and categories to organise data into a framework of ideas, (b) comparing data instances, cases and categories for similarities and differences, and (c) unifying key themes (Boyatzis, 1998).

FINDINGS AND DISCUSSIONS

The following topics were identified from apprentices’ discussions: Stressors; positive and negative responses to stress; buffers to stress; awareness of help sources and helpers’ preferred characteristics; and barriers to help-seeking. A number of key themes emerged and these are exemplified with participant quotes. A summary of the findings is presented in Table 1.

KEY THEMES

Stressors

Apprentices noted a number of stressors that were occurring in their lives. One of the key themes included communication problems (particularly negative feedback and lack of communication) between apprentices and their supervisors/employers. Furthermore, apprentices’ employment status sometimes meant that they faced differential treatment. For example:

“Being an apprentice you get treated differently. They put you in situations you don’t want to be in, but you’ve got no choice sometimes to do that”

“The boss is putting pressure on everyone and if he’s angry he’ll put it on to you, because most bosses can’t keep their own anger to themselves”

Apprentices’ low wages and high living expenses were generally contributing stressors. For example, some participants noted:

Their ideas around masculinity, as well as the predominance of female oriented health services, are expected to be barriers to help-seeking.

“My mates get paid just as much on Centrelink, and I work!”

“I guess in my experience being a mature age apprentice, the income that you get as a normal apprentice, not living at home or anything, having normal sort of adult responsibilities, you’ve got to juggle a little bit”

In addition, relationship problems and difficulties in striking a good work-life balance were also noted as problematic:

“Sometimes they [partners] just stress you out because they want you to do some stuff and you’re too busy working, and you get home and you can’t be bothered, and they want you to do all this stuff, you get into fights”

Positive and negative responses to stress

When young men were experiencing stress they responded in a number of positive and negative ways. With regards to negative responses to stress, some apprentices expressed that they get depressed, withdraw or ‘bottle it up’, whilst others experienced uncontrolled anger, acts of violence or risk-taking behaviour:

- “Lash out at a person, that’s a big one, that’s a real big one”
- “Smash someone”

“You just shut your mouth and just don’t say nothing, and just deal with it”

With regards to positive responses to stress, some apprentices expressed that they are able to distract themselves when they are feeling stressed:

“You do something else, footy training, do something different, just change what you are doing”

Many apprentices also discussed the appropriateness of talking to someone (albeit difficult) if they are feeling stressed. For example,

“I guess everyone, if you’ve had a hard day time at work you want to come home and maybe vent your frustration or something, to talk to your girlfriend or wife or somebody. So everybody needs a person to come home to, to say ‘Oh, this happened today’.”

Buffers to stress

Apprentices were aware of a range of strategies to maintain a strong resistance to stress. These included maintaining a positive attitude, setting goals and rewarding themselves:

“You’ve got to be positive, having something to look forward to, a little bit of fishing relaxes my mind”

Spending time with significant others and having supportive work relationships (including good

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relationships with supervisors) also increased apprentices’ ability to handle stress:
 “Just taking time off with a mate to go fishing, or play Playstation with”

“If you’ve got good people at your work, it’s good”

“When your boss tells you you’ve done a good job and gives you cash and extra stuff, that’s good”

Maintaining a healthy lifestyle and the feeling of belonging to a community were also identified as apprentices’ buffers to stress.

This theme notes the importance of maintaining a good work-life balance. For example,

“You’ve got to keep yourself in line, eat well, try and keep a balanced lifestyle. So got to the gym, go for a run, then the next night watch a movie or something”

“Being part of a team – like we’ve got rules for footy that you can’t sort of drink after Wednesday and stuff like that and that sort of helps you not to only withstand yourself, but like, you know, you’ve got responsibility to other people. So if you go out and have a big night the night before footy it’s not helping your mates out”

Awareness of help sources and helpers’ preferred characteristics

Apprentices were aware of a number of sources from which they could get help. The majority rated people they had close relationships with (e.g., family members, girlfriends, partners, and friends) as someone they would turn to for help. These informal sources of help are in line with the literature on young men’s help-seeking preferences (Boldero & Fallon, 1995; Lane & Addis, 2005). However, research indicates that young people’s choice of help might be determined by the type of problem they are experiencing (Rickwood *et al.*, 2005). People that apprentices admired/respected (e.g., teachers, supervisors, religious leaders) were also noted as sources of help. In addition, counsellors and “helplines” (e.g., beyondblue – www.beyondblue.org.au) were identified as sources of help.

“For me it’s usually my Dad, because he’s been through it, he’s been an apprentice, he’s copped it all, so yeah”

“A lot of people in my year when I went to school, went to the school chaplain and had a yarn, and came out better”

“When I was unemployed for a while [I] went and spoke to my priest. So he actually had a fair bit of decent advice to give. I suppose its from dealing with people in the same sort of situations. Obviously it only worked for me because I’ve got spiritual beliefs”

It was important to apprentices that the sources of help had certain characteristics. Prime was the importance of being an active listener and taking an active interest in the apprentice. Empathy and understanding were also key, as was

information remaining confidential and people being knowledgeable enough to give advice or suggest a different perspective.

“Listening is pretty important. The person you’re talking to has to be willing to listen, give a bit of feedback to you”

“Sometimes people can tell you what you’re being like, even if you don’t realise it”

“It’s a bit more confidential. It’s only between you and them [counsellor]. They’re never going to see you so you can open up a bit more because you’re not going to see them or hear from them again”

Barriers to seeking help

Many apprentices believed that it is not masculine for men to seek help, and that men generally do not seek help, even if they need it. This is in line with the literature on men’s help-seeking beliefs and behaviours (Smith, Braunack-Mayer, & Wittert, 2006). Some apprentices touted male pride as being an obstacle in seeking professional help. There is also a sentiment that men ‘know everything’ and therefore seeking help would be an admittance of weakness.

“Because they’re blokes. We don’t... We don’t tell our troubles”

“They are just not manly enough to deal with the situation themselves”

“They sort of want to know it all. They don’t want to have to be told”

Sometimes people can tell you what you’re being like, even if you don’t realise it



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“A lot of men don’t like to do it. It might be sort of price issues or whatever. It might be a sort of pride thing”

Their identity as ‘men’ was also very strongly tied up with being able to rely on themselves. For some there was a sense of pride in being able to be self-reliant and able to cope with everything. Some participants noted that they would be reluctant to seek help unless it was noted as a more serious issue, such as depression. However, help-negation (“not using available help when it is needed”, p. 14) is particularly problematic for young males who are experiencing suicidal thoughts and feeling hopeless, as they are more likely to withdraw from their usual social supports and become less likely to seek professional help (Rickwood *et al.*, 2007). Some participant quotes illustrate these points:

“I cope by myself”
 “Suck it up” or “Bottle it up”
 “I’d only talk to someone if I had a problem like depression”

Although apprentices were able to identify sources of help, there was a general lack of knowledge and some misinformation about the role of professional sources of help, as well as the costs and rebates available for seeking professional help. This speaks to the mental health literacy (Jorm *et al.*, 1997) of the sample:

“Psychologists are actually told at uni how to sit there and look like they’re listening to what you’re saying, while they are completely zoned out”
 “But you don’t know if they’re [psychologists/social workers] saying it because it’s what they have to say, like they’re trying to say the right thing”
 “Didn’t know about the rebates [for psychologists]”
 “I wouldn’t know off the top of my head who to go to see”

Finally, young male workers identified that in some instances they might be more comfortable speaking to a male help provider. This theme relates to the female oriented provision of services and the general lack of

men’s specific health services (Misan & Sergeant, 2009):

“A man could relate a little bit more than a woman, I think. Our problems are different to their problems. Some feelings might be the same. Other feelings could be completely different”

See Table 1

Conclusion and recommendations:

In order to understand the help-seeking attitudes and behaviour of young men, a qualitative project utilising focus groups with apprentices was conducted. Young, male apprentices’ stressors were similar to that noted in the literature (e.g., finances, differential treatment of apprentices, employee-employer work-relationships and personal relationships). It was encouraging to note that young men seek help from those close to them when facing stressors. These close relationships are crucial social network supports during their transitional phase into the workforce, and beyond. The social encouragement that these networks provide, if young men need help, will contribute to the likelihood that young men will seek professional help (Rickwood *et al.*, 2005).

In addition to these close relationships acting as a buffer towards stress, young men also identified awareness of healthy lifestyles, the importance of belonging to a community, and the importance of relaxation as buffers towards stress. These concepts underscore the importance of maintaining a healthy work-life balance. Furthermore, these buffers are primary prevention strategies that are likely to contribute to these young men’s health and well-being in the future (Bishop, 1994).

However, it is worrying to note young workers’ negative responses to stress, including aggressive and violent behaviour or reports of withdrawal and depressed mood. These responses are less likely to elicit future offers of help and could very quickly spiral into additional, more complex problems. Many young men also expressed low levels of mental health literacy, particularly around the roles of professional providers (i.e., what psychologists/counsellors actually

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Table 1

Summary: Young men’s responses, strengths and barriers in relation to help-seeking (N = 62)

Stressors, negative responses and barriers	Buffers, positive responses and help sources
<p>Stressors</p> <ul style="list-style-type: none"> Work-related criticism Financial pressures Close relationships 	<p>Buffers</p> <ul style="list-style-type: none"> Supportive work relationships Maintain positive and focussed attitude Time with significant others and friends Healthy lifestyle Feeling of belonging and community
<p>Negative responses to stress</p> <ul style="list-style-type: none"> Anger, violence Depression, withdrawal 	<p>Positive responses to stress</p> <ul style="list-style-type: none"> Distraction Talking to someone (help-seeking)
<p>Barriers to help-seeking</p> <ul style="list-style-type: none"> Belief that it is not masculine to seek help Self-reliance and help-negation Lack of knowledge and misinformation Female oriented help services 	<p>Awareness of sources of help</p> <ul style="list-style-type: none"> Family and friends Role-models (e.g., teachers) Counsellors/Experts Helplines

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do), where to source professional help, and what one might seek help for. This, together with young men’s self-reliance, their ideas of what it means to be a man and ask for help, as well as female oriented service provision, are significant barriers which young men face when they are in, potentially, dire circumstances. A number of suggestions can be made to improve on the current situation for young men.

Firstly, greater awareness of the issues that young men face, and their strengths and weakness around help-seeking (as identified by this study) will assist professional providers to prepare effective programs/interventions. Importantly, a key area for development, as noted by this study, is young men’s mental health literacy. This could be rectified through an awareness/education campaign which focuses on greater awareness of mental health issues that young apprentices face, and importantly, where and how to seek help. Wilson, Deane and Ciarrochi (2005) advise that mental health promotion programs should communicate messages which encourage responsible adults to seek appropriate help when in need. It should be noted that there are a number of organisations, including online services, already working in this area which might appeal particularly to young men (e.g., www.reachout.com).

Interventions focused on young men should take into account a number of factors. Glicklen (2005) suggests a strengths-based approach which acknowledges men’s achievements and aims to work collaboratively with them. Programs which are evidence-based, proactive and focus on men’s strengths in problem solving (e.g., the “Real Men, Real Depression” campaign) (Rochlen & Hoyer, 2005) and which take into account the specific needs of men (e.g., specialist men’s clinics, peer support networks, men-friendly environments, e.g., men’s sheds) (Misan & Sergeant, 2009; White, Fawcner, & Holmes, 2006; Wilkins, 2005) will be more successful. Treatment approaches which focus on thinking, rather than emotions, might also be more suitable for men who have been socialised to value rationality over emotionality (Berger, Leant, McMillan, Kelleher, & Sellers, 2005).

Many men have a preference for clear goals and structure, and for them workshops and seminars might be more appropriate than counselling (Türküm, 2005). Along similar lines, counselling services which are framed as coaching, education or consultation sessions, might be more appropriate for men. Health services, in general, need to make their services more accessible by providing more male-friendly environments (e.g., décor, magazines, and posters relating to men’s health and mental health), and increasing male staff (Wilkins, 2005). Additional provision of services specifically focused on men (or men-only service days in general health services), and a greater understanding from health providers that men’s health and mental health issues are different to women’s, could assist young men to proactively seek out services when in need. Further research which develop practitioners’ knowledge and understanding of men’s help-seeking attitudes and behaviour, and which focus on evaluating programs, could assist in producing a stronger evidence-base for the development of future programs which specifically target young men.

Results from the current study are generalisable to young male workers and apprentices in the building and construction industry in Victoria. This industry is male dominated, and as such some of the more stereotypical ideas around masculinity and help-seeking might be more predominant. However, this does not imply that all men in the building and construction industry fit these results. As such it is anticipated that a range of help-seeking behaviours and attitudes do exist in the industry, and whilst future programs can build on these strengths, future research can explore these help-seeking behaviours and attitudes in more detail for men in different age cohorts.

In conclusion, although young men are able to identify a number buffers to stress and informal sources of help (e.g., family, friends), many have poor mental health literacy, negative help-seeking attitudes dominated by self-reliance, and negative associations between help-seeking and masculinity. It is suggested that greater awareness around young men’s help-seeking attitudes and behaviour, whilst taking into account services that will be most appealing to young working men, will assist in facilitating programs focused on increasing mental health literacy and increasing contact with professional sources of help.

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