



Barriers to Help-Seeking for Mental Health Problems among Hong Kong Youths aged 15-19: A Cross-sectional Study

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Background & Objective

- Mental health problems affect a growing number of Hong Kong adolescents; comparatively a *higher* level of depressive symptoms (0.6-2.2%) was shown among Hong Kong adolescents than counterparts in other regions.
- Help-seeking services, especially towards professionals, were underutilized given youths' negative attitudes.
- This study aimed to investigate barriers to help-seeking for mental problems among Hong Kong youths aged 15-19.

Methods

- **Design:** cross-sectional survey
- **Sample:** Grade 10–12 students aged 15-19 from 9 Hong Kong secondary schools
- **Sample size:** 1,801 respondents was expected considering the prevalence of suicidal ideation ($\leq 25\%$) and the total number of HK secondary school students registered in 2019 (N=150,720)
- **Questionnaire:** self-administered and anonymous; it takes 15-20 min for completion
- **Items:** sociodemographic, suicide-related experiences in the past 12 months, and 11 barrier options (based on previous literature and preceding qualitative interviews)
- **Data collection:** completed during the 2019 fall semester; The whole program was packaged as a school life education program followed by a post-event evaluation session when students were asked to fill in the questionnaires
- **Data analysis:** descriptive statistics and Pearson's Chi-square test using SPSS

Barriers to seeking help from others	Frequency	%
Don't want to bother others	959	57.6
Think I can fix it myself	750	45.1
No one can help me	550	33.1
No one can be trusted	449	27.0
Don't want to deal with it now	422	25.4
Worried about privacy disclosure	333	20.0
Don't know how to seek help	333	20.0
Tried but didn't work	287	17.3
Don't want to be looked down upon	272	16.3
Worried about being labeled	235	14.1
Would rather die	137	8.2

- ✓ Gender and suicide-related differences were investigated. Females perceived greater barriers on most items. More respondents with suicidal ideation perceived “don't bother”, “no one can help”, “no one can be trusted”, “tried but didn't work”, “would rather die”, and “worries of being labelled” as barriers.

Results

- ✓ Out of 1,704 returned questionnaires, 1,676 were valid responses, including 822 males (49.6%) and 836 females (50.4%). Regarding suicide-related experiences, three groups of suicide risks were divided based on the indicated suicidal ideation and attempt experiences in the past 12-month: 1) 1,228 respondents (74.7%) did not have any suicidal ideation; 2) 354 respondents (21.5%) reported suicidal ideation only; 3) 61 respondents (3.7%) had attempted suicide (as shown in Figure 1).

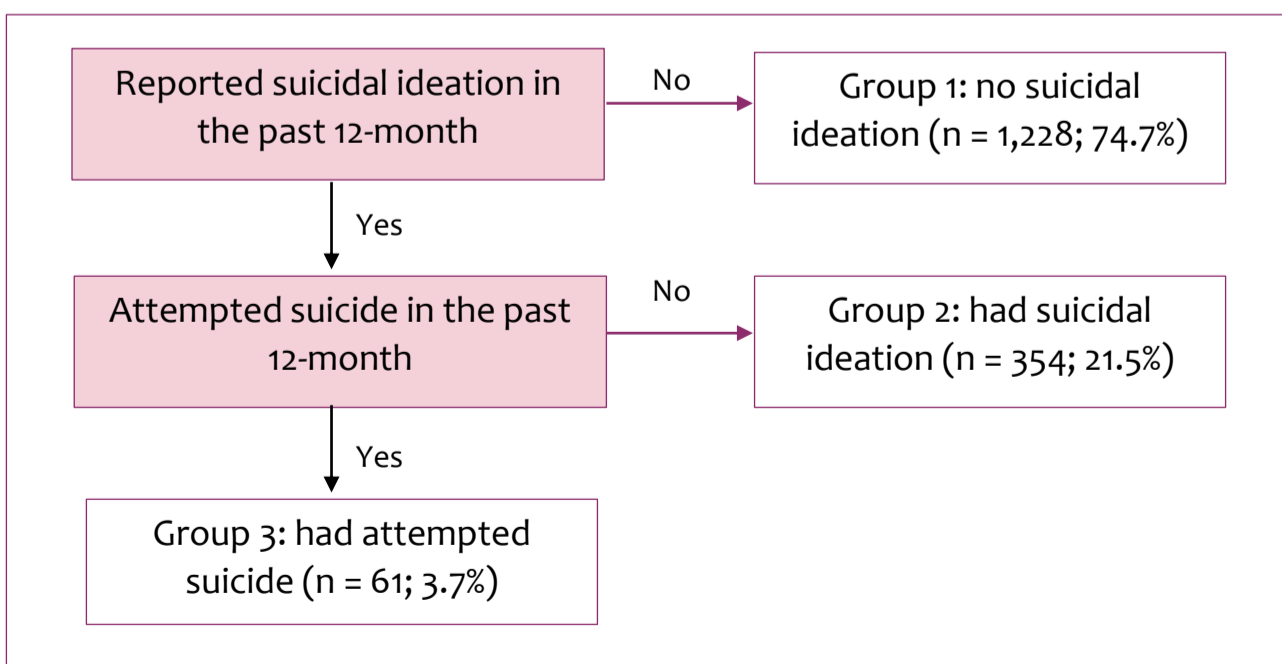


Figure 1. Categorization of the respondents by suicide-related experiences.

Barriers to seeking help from others	Gender (%)		χ^2	Suicide-related experiences (%)			χ^2
	Male	Female		Group 1	Group 2	Group 3	
<u>No one can help me</u>	27.1	39.3	27.7***	29.1	42.8	52.5	34.0***
<u>No one can be trusted</u>	22.6	31.4	16.3***	23.3	36.0	47.5	35.9***
Would rather die	7.0	9.4	3.1	3.6	19.3	34.4	148.6***
Tried but didn't work	15.2	19.3	4.8*	13.8	23.6	45.9	55.3***
Don't want to bother others	54.2	61.0	7.8**	55.1	64.6	68.9	13.4***
Don't know how to seek help	16.8	23.5	11.5***	19.1	22.4	21.3	1.9
Worried about being labeled	12.9	15.5	2.3	12.6	18.4	19.7	9.2*
Worried about privacy disclosure	17.9	22.2	4.7*	19.8	20.4	19.7	0.06

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Note. Groups for suicide-related experiences are: 1) no suicidal ideation, 2) had suicide ideation, and 3) had attempted suicide; Items with no gender and suicide-related differences are not shown in the Table.

Conclusions

- ❖ Various concerns about help-seeking for mental problems are demonstrated in adolescents, especially *self-reliance* and *perceived helplessness*
- ❖ Differences are significant on barriers, perceived helplessness in particular, by gender and suicide-related experiences
- ❖ How to **cope with the mentality of “self-reliance”** and **enhance trust in professionals and mental health services** should be sufficiently considered when designing programs of suicide prevention, risk intervention, and health promotion for youths.



- ✓ The top barriers to help-seeking included “I don't want to bother others” (57.6%), “I think I can fix it myself” (45.1%), and “no one can help me” (33.1%). Other key barriers comprised the lack of trust (27.0%), reluctance of facing problems (25.4%), worries about privacy (20.0%), and lack of knowledge about help-seeking (20.0%).

Sikky Shiqi, Chen

Biography

- Sikky Chen is a third-year doctoral student at the Department of Family Medicine and Primary Care, LKS Faculty of Medicine, The University of Hong Kong. Following the completion of her bachelor's degree (with 1st honor) in psychology at City University of Hong Kong, Sikky determined to pursue further study on mental health promotion and suicide prevention.
- Sikky Chen has equipped herself with knowledge of various types of study design, extensive experiences of both qualitative and quantitative research methods, and sufficient data analysis skills. Currently, Sikky is working on a youth suicide research project, which aimed to investigate the relationship between the risk of suicide, attitudes towards suicide, coping strategies on self-distress and peer suicide, and online expression and help-seeking behaviors in youths aged 15-19.

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