

Young People's Beliefs About Help-seeking for Psychosis

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22nd March 2013

Background

- Despite success of EIP services delays in help-seeking
- Previous literature- discrete factors.
- Evidence about the beliefs young people have about their psychosis.
- How do young people move past these beliefs to seek help?

Impact of others

- Help-seeking as socially interactive.
- Studies exploring family's beliefs:
 - First notice behavioural changes.
 - Changes not attributed to MHDs.
 - Help sought when behaviours risky.
 - Stigma

Research Questions

- How do young people's own beliefs regarding the nature of their experiences or services influence initial help-seeking for First Episode Psychosis?
- What are young people's beliefs about others' beliefs about MHDs or help-seeking and how do these social network beliefs influence help-seeking?

Method

- Grounded theory
- 12 pts, aged 18-25, all white British
- Face-to-face semi-structured interviews
- Data analysed using NVivo software

Results

- Seven categories consisting of:
 - Three primary categories
 - Four secondary categories
- Developed into model which describes beliefs about whether help-seeking is *needed*.

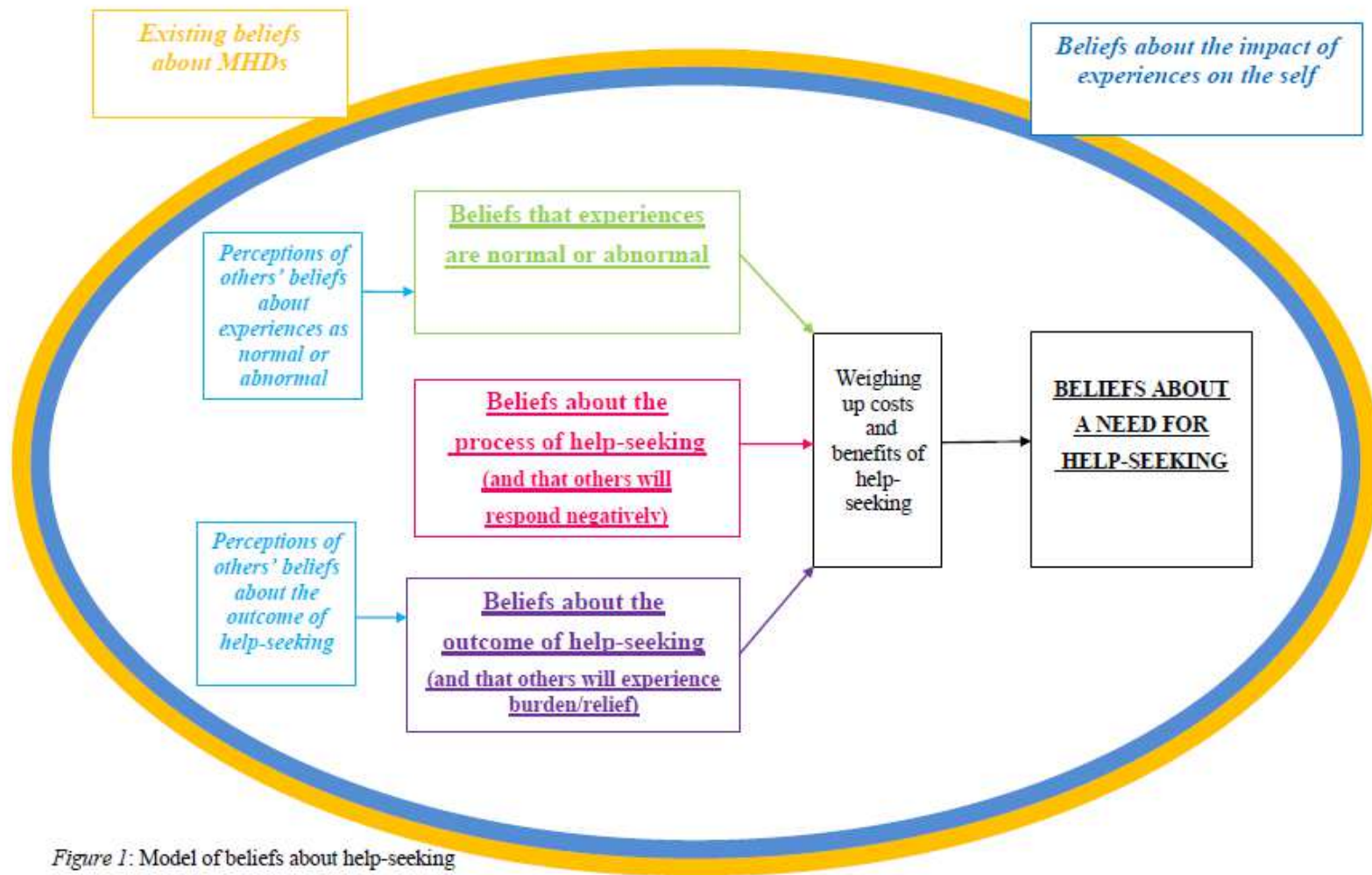


Figure 1: Model of beliefs about help-seeking

Beliefs that experiences are normal or abnormal

- **Inhibits help-seeking**
- Beliefs that experiences are normal
- Beliefs that services are not necessary

“...when I first got ill I didn't think there was anything wrong so I didn't think there was anything to tell.” (Participant 3)

Beliefs that experiences are normal or abnormal

- **Promotes help-seeking**
- Beliefs that experiences are not normal
- Beliefs that there is a problem
- Beliefs that one is unable to cope with experiences

“I was hearing voices at this stage that weren’t my own, and it became normal to me but at the same time I knew that it wasn’t ok.” (Participant 5)

Perceptions of others beliefs about experiences as normal or abnormal

- **Inhibits help-seeking**
- Beliefs that others believe that the young person's behaviour is normal

“Part of the reason I didn't seek help earlier was my mum blamed me just being a teenager, and my dad, just said I was going through teenage stuff, and so I was just like oh ok.” (Participant 5)

Perceptions of others beliefs about experiences as normal or abnormal

- **Promotes help-seeking**
- Beliefs that others believe that the young persons' behaviour is not normal
- Beliefs that others believe that something has changed for young person
- Beliefs that others believe that that young person needs professional help

“I think he wanted to do more than he could have done, like he just, he knew he couldn't help me alone.”
(Participant 8)

Beliefs about the process of help-seeking

- **Inhibits help-seeking**
- Beliefs that it will be difficult to tell someone
- Beliefs that others will respond negatively

“No, I didn’t know what she’d think or what she’d do so I just thought I’d keep it a secret.” (Participant 11).

“Cos basically everyone was saying behind her back, ‘oh she’s an attention seeker’, I thought if people found out about mine then they would say the same thing.” (Participant 11).

Beliefs about the process of help-seeking

- **Promotes help-seeking**
- Beliefs that it is safe to disclose experiences.

“I knew that she wouldn’t be the type that you’d tell her and then she’d be gossiping about it behind my back to all my other friends.” (Participant 4)

Beliefs about the outcome of help-seeking

- **Inhibits help-seeking**
- Beliefs that help-seeking will have negative consequences for oneself
- Beliefs that through disclosing the young person will become a burden to their family
- Beliefs that services will not be helpful
- Beliefs that one is 'unhelpable'

Beliefs about outcome of help-seeking

- *“...all I kept thinking was if I tell someone they’ll section me and I’ll never be able to work with kids, cos I didn’t know anything about it that’s what I thought, so that’s the main reason why I didn’t tell anyone.” (Participant 8)*
- *And it worried everyone, and I thought it’s the last thing that everyone needs to say actually we’ve got two depressed people in the family.” (Participant, 12)*

Beliefs about the outcome of help-seeking

- **Promotes help-seeking**
 - Beliefs that disclosing experiences will relieve current distress of family
 - Beliefs that change is possible
 - Beliefs that services could provide help
- “...you’ve seen her being quite unwell and then the doctor comes round or the nurses and you know giving her, her medication....and you see her get better.” (Participant 10)*

Perceptions of others beliefs about the outcome of help-seeking

- **Inhibits help-seeking**
- Beliefs that others believe that service use will have negative outcomes

“I remember Dad drove me to the hospital and he was in tears at the, at the wheel cos they were very, very scared of me being labelled or I guess of me being crazy.” (Participant 7)

Perceptions of others beliefs about the outcome of help-seeking

- Promotes help-seeking
- Beliefs that others believe that services will be helpful

“Mum just sat me down and was like what’s the matter?...Let’s just go and see somebody just in case like there’s a problem, and we can sort it out.”
(Participant 8)

Existing beliefs about MHDs

- **Inhibits help-seeking**
- Beliefs that MHDs are socially undesirable
- Beliefs that MHDs do not affect young people

“Well cos you think when you’re young, you don’t think that you’re having a mental health problems, like when you’re having a mid-life crisis or something, you don’t think that it can happen to someone who’s 18.” (Participant, 10)

Existing beliefs about MHDs

- Promotes help-seeking
- Beliefs that MHDs are understandable

“I: So, what were your perceptions of mental health difficulties before seeing services?”

P: That, its quite understandable really, cos of my Nan and that...you can get over it.” (Participant 10)

Beliefs about the impact of experiences on the self

- **Inhibits help-seeking**
- Beliefs about isolation
- Beliefs that experiences mean something bad about oneself

“I was on me own, and I was the only person in the world with this problem.” (Participant 8)

““I felt kind of weird or damaged.” (Participant 7)

Conclusions

- Awareness of difficulties
- Self-stigma and impact on identity
- Beliefs of others

Clinical Implications

- Permission giving for disclosure
- Help-seeking for distress not abnormality
- Dispelling pre-conceptions about MHDS
- Promoting beliefs that change is possible