Perceived Peer Norms and Help Seeking for Depression in Indian College Youth

Fathima MA, Seema Mehrotra*, Paulomi Sudhir

ABSTRACT

Background: Low rates of professional help seeking are observed in college youth despite high prevalence of common mental health problems. Perceptions regarding social norms related to help seeking can be one of the factors that influence help seeking inclination. Aim: The present study examined perceived peer norms related to help seeking for depressive symptoms and their relationship to one's own help seeking inclination in urban Indian college youth. Methods: A cross- sectional survey design was used. College youth (N=300) in a metropolitan Indian city constituted the study sample. A modified version of the General Help Seeking Questionnaire was used. This incorporated two depression vignettes; one described depressive symptoms in the context of a life event and another one depicted similar depressive symptoms without any life event. The likelihood of oneself as well as one's peers seeking help from different sources was inquired into, for both the vignettes. Results: Friends were rated as the most likely source of seeking help for depressive symptoms. Seeking help from a professional by self and by one's peers was rated as less likely when depression was preceded by a life event than when it was not. College youth rated their own likelihood of seeking professional help to be higher when they perceived their peers' likelihood of seeking professional help to be higher. Conclusion: Perceived peer norms about help seeking for depression can play an important role in influencing inclination to seek help from professional sources in college youth. Implications for designing interventions to improve help seeking in youth are highlighted. **Key words:** Help seeking, Social norms, Depression, Youth, Treatment gap.

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BACKGROUND

High prevalence of common mental health concerns has been found in adolescents and young adults. ^{1,2} Treatment gaps for common mental disorders are also high. ³ Multiple barriers to poor rates of professional help seeking in youth have been identified (e.g. low mental health literacy, preference for self-reliance and for informal help, confidentiality issues, perceived low utility of treatment and access barriers). ⁴ Normalization of distress has been described as an important factor that is associated with perceptions that relying on self and significant others is sufficient. ^{5,6}

Theory of planned behavior suggests that a behaviour is influenced by the intention to perform which is in turn dependent on one's attitude towards the behavior, perceived subjective norms and behavior control. Social norms, form an important variable in several theories of help seeking but are less explored compared to stigma. Individuals' behaviors are guided by their perceptions of cues from those in their reference or peer groups. Within the framework of social norms, peers can play an important role in the lives of young people influencing help-seeking; and being perceived as weak by peers can be a major

barrier to help seeking for mental health concerns from professional sources.^{8,9}

Social norms in general and perceived peer norms in particular have been extensively examined in the context of various health risk behaviours. 10 However, there is a scarcity of studies examining perceived peer norms for help seeking by youth in the context of depressive symptoms. Recognition of depression may vary depending on whether it is seen as arising out of a negative life event.11 However, there are hardly any studies that have examined whether perceived peer norms for seeking help may also vary depending on whether depressive symptoms are seen as arising in the background of a negative life event or occurring without any obvious triggering event. Studies of this nature can provide valuable insights for development of interventions for promoting adaptive help seeking for depression in college youth.

The present paper is derived from a larger study on correlates of help seeking for common mental health concerns in youth adults. The paper focuses on describing perceived peer norms related to help seeking for depressive symptoms and their relationship to one's own help seeking inclination in a sample of urban Indian college youth.

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METHODS

The study protocol was approved by the protocol review committee of the authors' department. It was a cross sectional exploratory study. College students enrolled in full- time courses, within 18-25 years of age range who were able to respond to questionnaires in English were eligible to participate. The study sample was recruited using purposive sampling from 4 college campuses in an urban metropolitan city in South of India, based on permission obtained from the institutions, sample recruitment criteria and availability of informed consent. The sample consisted of 300 participants from whom data could be collected across four institutions. An attempt was made to have fairly equal representation of both males and females in the sample.

Tools

General Help-Seeking Questionnaire-Vignette Version (GHSQ-V)¹² was used to assess help seeking inclination which referred to the likelihood of seeking help for depressive symptoms from one or more sources, It asks participants to rate the likelihood (on a seven point scale) that they would seek help from a variety of help sources (e.g., intimate partner, friend, parent, family member who is not a parent, mental health professional such as a counselor or psychiatrist, telephone counselor, family doctor/GP) for different problem-types. There are short vignettes depicting different problem-types (e.g. symptoms of stress, anxiety, depression and suicidal thoughts). Help seeking sources and problemtype can be modified to suit the study objectives and sample. Only depression vignettes were used in the present study. Two depression vignettes were developed for the present study with largely identical content. Both described a hypothetical person with moderate severity of depressive symptoms. One of vignettes depicted depressive symptoms in the context of a life event (failure in a semester exam) and another one depicted similar depressive symptoms without any specific life event/ stressor. This was done to examine whether help seeking inclination varied depending on presence or absence of life event in the background of depression. Vignettes depicting male and female characters were used for male and female participants respectively.

Perceived Peer-norms were captured through modified instruction of GHSQ to elicit one's perception about peer norms for help seeking. The question asked if someone in their friend circle was experiencing what was described in the vignette, how likely they were to seek help from non-professional sources (parents, friends, teachers etc.) and from various professional sources (psychologists, counselors, psychiatrists etc.). Perceived peer norms question was asked for each of the two depression vignettes separately, after a participant had responded about his/her own inclination to seek help in similar circumstances. For the sake of brevity, perceived peer norms were elicited only for broad categories of help-sources (mental health related professionals and non-professionals).

Data analysis

For ease of understanding, one's own inclinations to seek help from specific sources were clubbed to form various categories in this analysis. The category 'Friends' include friends as well as intimate partners. The category 'Family' includes parents and other relatives. The category 'Professionals' included mental health professionals, doctors or general practitioners and helpline. In addition, the inclination to seek help from mental health professionals was also separately analyzed, so was the item on help negation. Average self- inclination to seek help from any sources across the two vignettes was also calculated. For both self-inclination and perceived peer norms items, the 3 extreme ratings of inclination at the two end on the 7- point scale were merged and depicted as 'likely 'and 'unlikely' respectively and the middle 'unsure' category was retained as such to highlight the pattern of responding. Percentages were compared using McNemar Bowker test.

RESULTS

An average participant was about 20 years old. Students in 18-19 years age range formed 54% of the sample, while the rest were in 20-25 years of age (mean 19.48, SD 1.80). Forty percent of the sample was males while 59% were females. Individuals from various religions were fairly well represented in the sample. About half of the sample reported their monthly family income to be below INR 25,000.

The participants endorsed friends as their most likely source of seeking help in the context of both the vignettes depicting depression (60-61%), while the proportion of participants reporting inclinations to seek help from family was lower (25-26%).

The inclination to seek help from professionals was reported by fewer participants in case of the vignette with negative life event (15%) than the one without negative life event (22%) (χ^2 =11.85, p<0.01). Responses to the item that specifically inquired about one's own help seeking inclination from mental health professionals were separately examined. The inclination to seek help from this source was rated by fewer participants as likely when depression was preceded by a negative life event (34%) than when it occurred without any accompanying life event (41%) (χ^2 =7.62, p=0.05). It was also observed that 21-22% were unsure about seeking help from a mental health professional, while 37-45% were unlikely to seek mental health professional help respectively, across the two vignettes.

A similar pattern was observed on help negation item. While only 14% indicated help negation from any source in the context of depression without any preceding negative life event, as many as 41% reported that they might not seek help from any source for depression occurring in the context of a negative life event.

On the items assessing perceived peer norms, close to one third (31%) perceived that their peers were likely to seek help from mental health professionals in the context of depressive symptoms without life event. However, in the context of depression with negative life event, only 24% opined that their peers were likely to seek help from such sources. $(\chi^2 = 58.47, p < 0.01)$. When it comes to non-professional sources, 53% perceived that their peers were likely to seek help from non-professional sources in the context of depressive symptoms without negative life event and almost a similar proportion (56%) reported this perception in the context of depressive symptoms with a preceding life event. (χ^2 =2.51, p>0.05). Perceived peer norms to seek help from professional vs. nonprofessional sources were also compared for each of the vignettes. In the context of depression with no preceding negative life event, the peers were more likely to seek help from non-professional sources than professional sources (χ^2 = 6.83, p< 0.01). Similarly, in the context of a negative life event preceding the depressive symptoms too, peers were perceived as more likely to seek help from non-professionals than professional sources ($\chi^2 = 8.72$, p < 0.01).

Perceived peer likelihood of seeking help from any source on an average was found to be significantly correlated with average self-inclination to seek help from any sources (r=0.42, p<0.1). Similarly, higher average perceived peer likelihood to seek help from mental health professionals was correlated with higher average self-inclination to seek help from mental health professionals (r=0.50, p<0.01).

DISCUSSION

The findings highlight that in general, more the college youth perceived that their friends were likely to seek help for depressive symptoms from mental health professionals, more they rated their own likelihood of seeking mental health professional help in the same context. When depressive symptoms were seen as occurring in the context of a negative life event, the college youth rated their peers' as well as their own likelihood for seeking mental health professional help as lower than

was the case of depressive symptoms presenting without any negative life event. This is likely to be related to the tendency to normalize depressive symptoms in young people mentioned in the literature.^{5,6} Our study findings suggest that this tendency toward normalization and thereby dampening of inclination for help seeking from professionals is particularly likely in scenarios where depressive symptoms seem to be understandable/make sense due to a background stressor. These patterns are alarming as negative life events are known to increase the risk of clinical depression and indicate the need for a focused approach to enhancing mental health literacy, particularly about depression-inthe negative life event-context in youth. Low inclination to seek help from family may be pointers to potential intergenerational gaps in urban Indian college youth. Concerns about worrying or burdening family members particularly in Asian societies may also underlie reluctance to disclose about distress to family.¹³

The sampled youth indicated that they were most likely to seek help from friends. If friends/peers hold the view that help seeking from professionals may not be required/helpful, in case of "understandable" depressive symptoms, they in turn may be less likely to recommend and motivate professional help seeking in those distressed peers whom they may be offering informal support. A social norms approach based intervention may be useful to improve appropriate help seeking for mental health concerns in college youth and reduce public stigma about professional help seeking. The present study findings suggest that such an intervention might need to emphasize that while feeling sad and down may be understandable when going through a difficult life situation and seeking support from friends is important; sometimes it may not be sufficient.

Although social norms approach to preventive and promotive interventions has become increasingly popular for addressing a variety of behaviors (e.g. alcohol use, bullying, dietary changes), particularly in adolescents and young adults, very few studies have used this approach for improving professional help seeking for depression and these are largely from western nations. ¹⁰ Disclosure about help-seeking for mental health concerns can be stigmatizing for individuals which may result in underestimation of the perceived proportion of peers who seek professional help/ find such help to be beneficial. Developing a platform where peers in one's campus /community context can anonymously disclose having sought professional help and share their positive experiences related to help seeking may go a long way in encouraging adaptive help seeking in youth.

Few studies have focused on helping youth learn how to offer support to peers who may be distressed, although researchers have emphasized the importance of support and recommendations from significant others in influencing professional help seeking process. ^{15,16} Intervention components that encourage young people to work as agents of social change in their own community, recognize signs of significant distress in their peers and learn how to motivate them to seek professional consultation may be useful. Such interventions have the potential to positively influence descriptive norms (those about typical behaviors of others) and injunctive norms (those to do with what is seen as ideal behaviors by one's reference group).⁷

CONCLUSION

Perceptions of peer norms can play an important role in influencing help seeking for depressive symptoms in college youth and this has several implications for developing help seeking interventions for this population.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

ABBREVIATIONS

GHSQ: General help seeking questionnaire.

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