Help-negation for suicidal thoughts in sub-clinical samples of young people

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Help-Negation for Suicidal Thoughts in Sub-Clinical Samples of Young People

A thesis presented in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Psychology at the University of Wollongong

Coralie Joy Wilson
2003
Abstract

Across the popular and academic literature, it is widely recognised that young people with persistent suicidal thoughts are at high risk for suicide completion. It is also accepted that seeking and receiving appropriate help offers protection against the development of acute forms of suicidality, along with suicide completion. Yet, as promising as appropriate help-seeking appears for suicide prevention, a growing number of studies suggest that suicidal ideation itself may impede the help-seeking process. There is evidence that acutely suicidal samples will negate or avoid available help, and there are indications that the help-negation process may occur in samples before levels of suicidal ideation become acute and require clinical intervention. With implications for suicide prevention and clinical practice, findings of help-negation suggest that if the effect can be found in sub-clinical (i.e., non-acutely suicidal) samples, help-negation can be identified as a risk-factor for youth suicide. Moreover, if factors contributing to the help-negation effect can be identified, it may be possible to prevent the help-negation process from occurring.

This thesis explores the help-negation effect in four studies with young people at sub-clinical levels of suicidal ideation. Two studies were conducted with university students and two studies, with high school students. The help-negation effect is indicated by negative associations between suicidal ideation and intentions to seek help for suicidal thoughts from a variety of specific sources, along with a positive association between suicidal ideation and intentions to seek help from “no-one”. Study 1 used a sample of 302 first-year university students, Study 2, a sample of 269 private high school students, Study 3, a second sample of 351 first-year university students, and Study 4, a sample of 105 public high school students. Studies 1 to 3 found that higher levels of suicidal ideation related significantly to lower intentions to seek help for suicidal thoughts from a range of sources, and higher intentions to seek help from no-one. Study 4 found that higher levels of suicidal ideation related significantly to lower intentions to seek help from family for suicidal thoughts. Suicidal ideation was measured by the Suicidal Ideation Questionnaire (SIQ; Reynolds, 1988) and help seeking intentions, by the General Help-Seeking
Questionnaire (GHSQ; Deane, Wilson, & Ciarrochi, 2001; Wilson, Deane, Ciarrochi, & Rickwood, 2003).

In addition to the help-negation hypothesis, this thesis examines the impact of several variables on the help-negation effect. Studies 1 and 2 examine the possibility that hopelessness and/or prior help-seeking experience might either explain or strengthen the help-negation relationship in university and/or high school students. Hopelessness is measured by the Beck Hopelessness Scale (BHS; Beck, Rial, & Rickles, 1974) and prior help-seeking experience, by the GHSQ. Similar results in both Studies 1 and 2 found that neither hopelessness nor prior help-seeking could fully explain the help-negation relationship over and above the impact of suicidal ideation. In Study 1, there was no evidence to indicate that hopelessness or prior help-seeking moderated the help-negation relationship in university students. However, Study 2 found that hopelessness might contribute to the overall strength of help-negation effect in high school students. In Study 2, although hopelessness was unable to fully account for the help-negation effect, a small moderation effect was found, indicating that higher levels of hopelessness were associated with a greater reluctance to seek help for suicidal thoughts as levels of suicidal ideation increased.

On the basis of Study 1 and 2 results, it was hypothesised that hopelessness might contribute to the strength of the help-negation effect, at least in adolescent populations, through negative appraisals about help as a suitable and effective way to manage suicidal thoughts. It was also hypothesised that some young people may not seek help for suicidal thoughts because they do not recognise they have a problem or they view suicidal thoughts as not in need of solution. Studies 3 and 4 explore the possibility that problem-solving appraisal and/or problem recognition might either explain or strengthen the help-negation effect, as for Studies 1 and 2, in samples of university and high school students. Aspects of problem-solving are measured by the short form of Frauenknecht and Black’s (1995) Social Problem-Solving Inventory for Adolescents (SPSI-A). Similar results for Studies 3 and 4 indicated that neither problem-solving appraisal nor problem recognition could fully account for the help-negation effect over and above the impact of suicidal ideation, and neither variable moderated the help-negation relationship. However, additional results in Study 4 found that total problem-solving capacity might explain adolescents’ help-negation
from family. In study 4, the negative relationship between students’ levels of suicidal ideation and their help-seeking intentions for family became non-significant once total problem-solving capacity was controlled.

Together, the results of Studies 1 to 4 confirm the robust nature of the help-negation process in sub-clinical youth samples and suggest that help-negation is not merely the result of hopelessness, prior help-seeking experiences, or aspects of poor social problem-solving, but a function of other variables that are associated with suicidal ideation and help-seeking intentions. Results are discussed in terms of individuation and autonomy, help-seeking fears, coping style, and personality characteristics. The thesis concludes by highlighting a number of questions for subsequent research. It is proposed that answers to these questions may provide explanations for the help-negation effect together with specific strategies for prevention and points for more effective early intervention and clinical practice.
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**Dedication**

This thesis is dedicated in loving memory to my dear friend and walking partner Garry Hewitt, who died suddenly on November 12, 2003. Garry was one of the most special people I have ever been fortunate enough to meet and get to know. After surviving a liver transplant, he spent his days celebrating life and reaching out to all those around him, particularly the young people. Garry openly valued others. He was passionate about people and reminded me on a daily basis about the important things in life. I won’t forget.
# Table of Contents

Abstract ......................................................................................................................... ii  
Acknowledgements ........................................................................................................v  
Dedication .................................................................................................................... vi  
Table of Contents ........................................................................................................ vii  
List of Appendices ....................................................................................................... xi  
List of Tables.............................................................................................................. xiii

Introductory Overview: ................................................................................................. 1  
  The context of Australian youth suicide ................................................................. 1  
  Suicide and gender ................................................................................................... 3  
  Suicidal pathways..................................................................................................... 3  
  Suicidal ideation...................................................................................................... 4  
  Help-negation for suicidal thoughts ................................................................. 5  
    Implications ......................................................................................................... 5  
  Thesis framework.................................................................................................. 6  
  General method ...................................................................................................... 7  
    Ethics .................................................................................................................. 7  
    Sampling rationale ............................................................................................ 8

Chapter 1 ...................................................................................................................... 10  
  Risk and protective factors................................................................................... 11  
  Appropriate help-seeking .................................................................................... 12  
  Young peoples’ help-seeking patterns and barriers ............................................. 15  
    Broad help-seeking patterns ........................................................................... 16  
    Help-seeking barriers ....................................................................................... 17  
    Suicidal ideation as a significant help-seeking barrier .................................... 19  
  Summary .............................................................................................................. 20

Chapter 2 ...................................................................................................................... 21  
  Help-negation in acutely suicidal samples........................................................... 21  
  Help-negation in non-clinical samples ................................................................ 23
Help-seeking intentions ................................................................. 26
Hopelessness, prior help-seeking experience and help-negation .......... 27
  Hopelessness and help-negation .................................................. 28
  Prior help and help-negation ....................................................... 30
Summary .......................................................................................... 31

Chapter 3 .......................................................................................... 32
  Aim .................................................................................................. 32
  Hypotheses ...................................................................................... 33
  Study 1 ........................................................................................... 33
  Method ............................................................................................ 33
    Participants and procedure ........................................................ 33
    Measures ..................................................................................... 34
  Results ............................................................................................ 39
    Data screening and assumption testing ....................................... 39
    Preliminary analyses ................................................................. 41
    Help-negation ............................................................................ 45
    Hopelessness and prior help .................................................... 47
  Study 2 ........................................................................................... 52
  Method ............................................................................................ 52
    Participants and procedure ........................................................ 52
    Measures ..................................................................................... 53
  Results ............................................................................................ 55
    Data screening and assumption testing ....................................... 55
    Preliminary analyses ................................................................. 57
    Help-negation ............................................................................ 62
    Hopelessness and prior help .................................................... 62
  Summary .......................................................................................... 67
    Preliminary results ..................................................................... 67
    Help-negation ............................................................................ 69
    Hopelessness and prior help-seeking experience ....................... 70
  Implications for Studies 3 and 4 .................................................... 73
List of Appendices

Appendix I ............................................................................................................................................. 177

Research Summaries

Suicidal ideation ................................................................. 178
Help-seeking patterns ...................................................... 183
Help-seeking barriers ..................................................... 187
Social problem-solving and suicide ............................... 192

Appendix II ............................................................................................................................................ 196


Introduction .............................................................................. 197
Method ................................................................................... 203
Results ................................................................................... 204
Discussion .............................................................................. 206
References ............................................................................. 208

Appendix III ....................................................................................................................................... 214

Study 1: Establishing the Help-Negation Effect in Sub-Clinical Samples

Protocol .................................................................................. 215
Data screening and assumption tests .............................. 225
Wilcoxon Z Scores .............................................................. 231

Appendix IV ............................................................................................................................ 232

Study 2: Establishing the Help-Negation Effect in Sub-Clinical Samples

Protocol .................................................................................. 233
Data screening and assumption tests .............................. 247
Wilcoxon Z Scores .............................................................. 252
Appendix V ................................................................................................................................. 253

Study 3: Help-negation, Problem Recognition, and Problem-Solving

Appraisal in Sub-Clinical Populations

Protocol .......................................................................................................................... 254
Data screening and assumption tests ................................................................. 264
Wilcoxon Z Scores ................................................................................................. 296

Appendix VI ......................................................................................................................... 270

Study 4: Help-negation, Problem Recognition, and Problem-Solving

Appraisal in Sub-Clinical Populations

Protocol ...................................................................................................................... 271
Data screening and assumption tests ................................................................. 288
Wilcoxon Z Scores ................................................................................................. 293
List of Tables

Table 3.1. Means and standard errors of the original GHSQ item scores for personal-emotional problems (Per-Emot), anxiety and depression (Anx-Dep), suicidal thoughts (Suicide-Thts), and different sources of help in a university sample (Study 1)........40

Table 3.2. Means (M) and standard errors of university students’ help seeking intentions for personal-emotional problems (Per-Emot) and suicidal thoughts (Suicide-Thts), from different sources of help (Study 1)........................................44

Table 3.3. Correlations between suicidal ideation (SIQ), hopelessness (BHS), and help-seeking intentions for non-suicidal and suicidal problems and different sources of help in a university sample (Study 1). .................................................................46

Table 3.4. Summary of MANCOVA analysis for suicidal ideation (SIQ) predicting help-seeking intentions for suicidal thoughts and personal-emotional problems while controlling for hopelessness and prior help in a university sample (Study 1). ..........49

Table 3.5. The impact of hopelessness and prior help-seeking experience on help-negation in a university sample (Study 1).................................................................51

Table 3.6. Means (M) and standard errors of the original GHSQ item scores for high school students’ help seeking intentions for personal-emotional problems (Per-Emot) and suicidal thoughts (Suicide-Thts), from different sources of help (Study 2)........56

Table 3.7. 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 sources of help (Study 2).................................59

Table 3.8. Correlations (r) between suicidal ideation (SIQ), hopelessness (BHS), and help-seeking intentions for personal-emotional and suicidal problems, and different sources of help for high school students (Study 2). .................................61
Table 3.9. Summary of MANCOVA analysis for suicidal ideation (SIQ) predicting help-seeking intentions for suicidal thoughts and personal-emotional problems while controlling for hopelessness and prior help in a high school sample (Study 2)........64

Table 3.10. The impact of hopelessness and prior help-seeking experience on help-negation in a high school sample (Study 2). ..............................................................65

Table 5.1. Means (M) and standard errors of help seeking intentions (GHSQ) for personal-emotional problems (Per-Emot), suicidal thoughts (Suicide-Thts), and different sources of help in a university sample (Study 3).................................95

Table 5.2. Means (M) and standard errors of university students’ help seeking intentions for personal-emotional problems (Per-Emot) and suicidal thoughts (Suicide-Thts), from different sources of help (Study 3).................................98

Table 5.3. Correlations (r) between suicidal ideation (SIQ), problem-solving appraisal and problem recognition (SPSI-A), and help-seeking intentions for suicidal and non-suicidal problems and different sources of help in a university sample (Study 3)....101

Table 5.4. Summary of MANCOVA analysis for suicidal ideation (SIQ) predicting help-seeking intentions while controlling for social problem-solving appraisal and problem recognition (SPSI-A) in a university sample (Study 3). .......................103

Table 5.5. The impact of problem-solving appraisal and problem-recognition on help-negation in a university student sample (Study 3). ..................................................106

Table 5.6. Means (M) and standard errors of help seeking intentions (GHSQ) for personal-emotional problems (Per-Emot), suicidal thoughts (Suicide-Thts), and different sources of help for a high school sample (Study 4).................................110

Table 5.7. Means (M) and standard errors of help seeking intentions (GHSQ) for personal-emotional problems (Per-Emot), suicidal thoughts (Suicide-Thts), and different sources of help for a high school sample (Study 4).................................113
Table 5.8. Correlations (r) between suicidal ideation (SIQ), problem-solving appraisal and problem recognition (SPSI-A), and help-seeking intentions for suicidal and non-suicidal problems and different sources of help in a high school sample (Study 4). .................................................................115

Table 5.9. The impact of problem-solving appraisal and problem-recognition on help-negation in a high school student sample (Study 4).................................................................120

Table A.1. Australian Studies of Suicidal Ideation: Cross-sectional studies of suicidal ideation among young people. ...................................................................................178

Table A.2. International (Non-Australian) Studies of Suicidal Ideation: American cross-sectional studies of suicidal ideation among young people..............................179

Table A.3. International Studies of Suicidal Ideation: American case-controlled studies of suicidal ideation among young people.........................................................181

Table A.4. International Studies of Suicidal Ideation: American cohort studies of suicidal ideation among young people. .................................................................181

Table A.5. International Studies of Suicidal Ideation: Non-American cross-sectional studies of suicidal ideation among young people..................................................182

Table A.6. International Studies of Suicidal Ideation: Non-American cohort studies of suicidal ideation among young people.................................................................182

Table A.7. Patterns of youth help-seeking for personal, emotional, and suicidal problems.........................................................................................................................183

Table A.8. Barriers to young people in non-clinical populations seeking professional psychological help...........................................................................................................187

Table A.9. Conceptual links between social problem-solving (SPS) and suicidal variables. .................................................................................................................................192
Table A.10. Frequency of original GHSQ data in a university sample (Study 1). ....226

Table A.11. Frequency of original SIQ data in a university sample (Study 1).........227

Table A.12. Means (M), standard errors (SE), and z-scores (Wilcoxon t-tests) between help seeking intentions (GHSQ) for personal-emotional problems (Per-Emot) and suicidal thoughts (Suicide-Thts) for different help-sources in a university sample (Study 1).........................................................................................................................................................................231

Table A.13. Frequency of original GHSQ data in a high school sample (Study 2)...248

Table A.14. Frequency of original SIQ data in a high school sample (Study 2). ......249

Table A.15. Means (M), standard errors (SE), and z-scores (Wilcoxon t-tests) between help seeking intentions (GHSQ) for personal-emotional problems (Per-Emot) and suicidal thoughts (Suicide-Thts) for different help-sources in a high school sample (Study 2).........................................................................................................................................................................252

Table A.16. Frequency of original GHSQ data in a university sample (Study 3). ....265

Table A.17. Frequency of original SIQ data in a university sample (Study 3).........266

Table A.18. Means (M), standard errors (SE), and z-scores (Wilcoxon t-tests) between help seeking intentions (GHSQ) for personal-emotional problems (Per-Emot) and suicidal thoughts (Suicide-Thts) for different help-sources in a university sample (Study 3).........................................................................................................................................................................269

Table A.19. Frequency of original GHSQ data for high school students (Study 4). .289

Table A.20. Frequency of original SIQ data for high school students (Study 4).......290
Table A.21. Means (M), standard errors, and Z-scores (Wilcoxon T tests) between help seeking intentions (GHSQ) for personal-emotional problems (Per-Emot) suicidal thoughts (Suicide-Thts) for different help-sources for high school students (Study 4).