

HELP-NEGATION AND HELP-SEEKING RESEARCH PROGRAMME 2013-2015

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1. Help-negation and help-seeking

Help-negation refers to the process of help avoidance or refusal that commonly occurs in clinical and non-clinical samples with varying forms and levels of psychological symptoms [*Encyclopaedia of Adolescence*]. In the last decade the effect has been established as an inverse relationship between the severity of symptoms and help-seeking for suicidal ideation, depression, and general psychological distress, for a variety of professional and non-professional help sources [see Wilson CJ, Bushnell JA, Caputi P. *Early Intervention in Psychiatry*, 2011; 5: 34-39, for a review].

Findings of help-negation suggest that at least some types of psychological symptoms act as significant barriers to help-seeking. They also raise important implications for our future prevention initiatives and policies that rely on proactively seeking and accessing help. How successful can we expect future initiatives to be if a consequence of experiencing psychological distress, even in its very early stages of development, is a tendency to withdraw from specific helping opportunities or to avoid help altogether?

From 2010, my help-negation research programme moved from establishing the help-negation phenomenon to a new phase of investigation. The new phase aims to identify the determinants of help-negation for a range of psychiatric and medical illness or disease symptoms, together with the cognitive, affective, behavioural, neurological and social variables underpinning and strengthening the help-negation process. Projects currently running and under development examine help-negation in relation to a broad range of symptoms, in clinical and community samples with different demographical variables, and answer the following questions:

- What are the patterns of help-negation for different psychiatric and physical symptoms of illness/disease?
- What are the correlates and determinants of help-negation?
- What are the neurological and neuropsychological mechanisms involved in help-negation?
- What is the role of social networks in help-negation?
- What is the best way to inoculate different groups against help-negation?
- What are the implications for national and international policy?

2. Clinicians' and community gatekeepers' personal and professional development (PPD)

Personal and Professional Development (PPD) has increased in importance in clinical education in recent decades. Among other things, PPD includes the ways in which a clinician thinks about her/his approach to practice, how the clinician engages with their patients, and the legal-ethical framework and the life/work balance within which the clinician operates. The PPD research programme includes, but is not limited to, several projects currently running and under development that link to the help-negation research programme and answer the following questions:

- What are the implications of help-negation for the personal and/or professional development of medical/mental health professionals and community gatekeepers?
- What are the specific roles of medical/mental health professionals and community gatekeepers in overcoming help-negation?
- What is the relationship between overcoming help-negation and improving patient outcomes?
- What are the best ways to prepare and support medical/mental health professionals and community gatekeepers to overcome help-negation in both their patients and themselves (education/training process and content variables)?
- What are the implications for screening and clinical guidelines?