



## Young people's difficulty in talking to others about mental health problems: An analysis of time trends in Switzerland



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### ARTICLE INFO

#### Article history:

Received 10 April 2015

Received in revised form

29 September 2015

Accepted 21 January 2016

Available online 22 January 2016

#### Keywords:

Mental health problem

Disclosing

Informal help

Time trends

Adolescence

SMASH

### ABSTRACT

The article aimed to analyse time trends regarding young people's willingness to talk about mental health problems. Data on 16,774 participants (16–20-year olds) of the 'Swiss Multicentre Adolescent Survey on Health' (SMASH) were analysed. The survey was conducted in 1992/93 and in 2002. Logistic regression analyses were conducted to identify predictors associated with the self-reported willingness of youth to talk about mental health problems with adults (other than parents), friends or no one. Socio-demographic characteristics were used as covariates. These analyses were first carried out for the total sample and, in a second step, stratified by suicidality of the participants. The percentage of participants who would talk about mental health problems with adults or friends increased between 1992/93 and 2002, while the percentage of those who would not talk about such problems decreased. This pattern was confirmed in the stratified analyses (i.e., for suicidal and non-suicidal individuals). Hence, Swiss youth seem to have less difficulty in talking with others about mental health problems than previous cohorts. This trend towards increased disclosure may have implications for claims that the prevalence of mental health problems has increased in recent decades.

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### 1. Introduction

Some studies have shown an increasing prevalence of some mental health problems in both youth (Bor et al., 2014; Collishaw et al., 2004; Collishaw et al., 2010) and adult (Jorm and Butterworth, 2006; Mojtabai, 2011; Reavley et al., 2011) populations in recent decades (although other studies have found no change; e.g. Costello et al., 2006). Any change might reflect an actual worsening of the population's mental health (Collishaw et al., 2004; Collishaw et al., 2010) or may be due to an increased willingness to disclose diagnosed disorders or symptoms. In a recent Australian study, it was concluded that the number of those (aged 15+) revealing mental health problems increased between 1995 and 2011 due to an increased willingness of people to disclose such problems (Reavley and Jorm, 2013). In line with this, a study from the United States showed that 18–54-year olds who have participated in a more recent survey (2000–2003) were more comfortable talking with a professional about personal problems and would have been less embarrassed if others found out about it relative to those who have participated in 1990–1992 (Mojtabai, 2007).

If a person suffers from a mental health problem, they are likely to consider the pros and cons of talking about it. The fear of being

stigmatized might hinder the person from disclosing their problems and seeking professional help (Gulliver et al., 2010; Rickwood et al., 2005; Schomerus and Angermeyer, 2008; Yap et al., 2013). Furthermore, if a person expects that talking about mental health problems would not lead to an improvement of their situation or if they prefer to handle the problem without help from others, they might decide not to disclose (Gulliver et al., 2010; Mojtabai et al., 2011; Rickwood et al., 2005; Schomerus and Angermeyer, 2008; Yap et al., 2013). Other factors might also facilitate help-seeking, including having a high emotional competence, which enables a person to perceive their internal state and to communicate it to others (Rickwood et al., 2005).

If an adolescent with a mental health problem decides to seek help, an informal rather than formal contact is generally preferred (Rickwood et al., 2005). Hence, it is likely to be especially important for a young person to talk to their parents so that these adults become aware of the problem and subsequently initiate the formal help-seeking process for their child (Logan and King, 2001; Sayal, 2006). However, adolescence is also characterized by a need to become more autonomous and hence, the likelihood of communicating with parents might decrease with increasing age as peers become more important when it comes to discussing personal concerns (Logan and King, 2001; Sayal, 2006). Besides parents, adolescents might also choose to rely on people from their extended adult network (e.g., teachers) for social support (Beam et al., 2002).

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Despite a growing literature about barriers to help-seeking that might be experienced by people with mental health problems, the following research gaps must be considered. Firstly, most studies about this topic have been conducted among adults, whereas adolescents have been less often considered (Sayal, 2006). Secondly, many studies of adolescents have only considered formal help-seeking (Yap et al., 2013), even though young people often prefer to seek help from informal sources, such as friends (Rickwood et al., 2005). Thirdly, there is a dearth of studies that have investigated whether people have become more frank about talking about mental health problems over the years.

In the light of these gaps in the research, the current article aimed to directly assess time trends regarding the willingness of young people to talk to others (including informal sources) about mental health problems.

## 2. Methods

### 2.1. Procedure

Analyses were conducted on the 'Swiss Multicentre Adolescent Survey on Health' (SMASH; for details: Jeannin et al., 2005; Narring et al., 2004). This study was conducted in 1992/93 and again in 2002. Random samples of post-compulsory school classes were used. The targeted 16–20 year olds filled out questionnaires during school hours in German, French or Italian. Participation was voluntary and anonymous.

### 2.2. Measures

#### 2.2.1. Talking about mental health problems

Participants were asked whether they would generally speak with 1) adults beside family members (for the year 2002, the sub-categories 'another adult at school/apprenticeship' and 'another close adult' were grouped together); 2) friends; or 3) no one, if they had a mental health problem (e.g., feeling depressed or anxious). The answers were coded into 'yes' (1) vs. 'question was not affirmed' (0). For simplicity, the latter category is subsequently labelled as 'no'.

#### 2.2.2. Sociodemographic characteristics

The following socio-demographic characteristics were used:

1. *Language region*: German-, French- and Italian-speaking;
2. *Age* (coded as categorical variable): 16-, 17-, 18-, 19-, 20-years old;
3. *Gender*;
4. *Nationality*: categorized into 'Swiss' (including people with a dual citizenship that includes Switzerland) vs. 'Non-Swiss';
5. *Academic track*: 'high school' vs. 'apprenticeship';
6. *Residence*: categorized into 'rural areas / village' vs. 'cities/suburbs';
7. *Education parents*: the level of education of both fathers and mothers were coded into 'low' (mandatory school), 'moderate' (e.g., apprentice) and 'high' (e.g., university);
8. *Living situation parents*: the living situation of parents was described as 'parents live together', 'parents are divorced or separated' or 'at least one parent died'.

#### 2.2.3. Mental health problem

It is possible, that time trends in the willingness to talk about mental health problems differ for groups with a mental health problem vs. those who had none. Only questions about suicidality – as an indicator of mental health problems – were available for both survey years. More precisely, both surveys asked, whether 1)

the person had ever thought about suicide; 2) there were times when he/she wanted to commit suicide; 3) he/she would have committed suicide if given a chance; and 4) he/she had attempted suicide. Every question was answered with no vs. yes and referred to the last 12 months. Based on answers to these questions, three categories were built: 1) 'non-suicidal' (people who answered all questions about suicidality with no); 2) 'suicidal' (at least one item about suicidality was confirmed); and 3) 'missing values' (respondents who answered some of the questions about suicidality with no and left others unanswered).

### 2.3. Analytical sample

Participants were excluded from the original data sets that we got when they were younger or older than the targeted age group (16–20 years) or with missing data in age or sex (0.7%). For all other socio-demographic variables, a residual category with missing values was used if there were any missing values. The analytical sample consisted of 16,774 participants.

### 2.4. Statistical analyses

Socio-demographic characteristics between survey years were compared using chi-square analysis. Logistic regression analyses were conducted to identify predictors associated with an affirmative answer to the question of whether the person would talk about mental health problems. Survey year and socio-demographic variables (see Section 2.2.2) were used as predictors. Crude odds ratios (OR) were calculated for single predictors (e.g., survey year) for both surveys. Furthermore, adjusted odds ratios (AOR) were calculated (i.e., all predictors were considered in the model simultaneously). These analyses were first carried out for the total sample, and later stratified by suicidality. Due to the large sample sizes, only results that were significant at the  $p \leq .001$  level are discussed in the text when they referred to the entire sample. For the stratified analyses, results are also reported when  $p \leq .05$ .

## 3. Results

### 3.1. Socio-demographic characteristics

Socio-demographic characteristics by survey year are described in Table 1. Differences at the significance level of  $p \leq .001$  by survey year were found for all socio-demographic characteristics.

### 3.2. Talking about mental health problems: total sample

Overall, 7.8% of the participants said they would talk about mental health problems with adults other than family members and 34.6% with friends (Table 2). Furthermore, 9.4% of the respondents indicated that they would not speak about mental health problems at all. Subsequent results were, if not mentioned otherwise, found in both unadjusted and adjusted analyses. The percentages of those who would talk about mental health problems with adults or friends was significantly higher in 2002 than in 1992/93, while the percentage of those who would not speak about such problems decreased. Compared to German-speaking participants, youth from the French- and Italian-speaking parts of Switzerland were more likely to report that they would talk about mental health problems to their friends (French-speaking participants were also more likely to report that they would talk to adults), but at the same time also more likely not to talk about such problems. Females were more likely than males to mention that they would talk about their mental health problems with adults or friends, and less likely to say that they would not speak

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