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Review

Examination of associations between informal help-seeking behavior, social support, and adolescent psychosocial outcomes: A meta-analysis

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ABSTRACT

The roles of help-seeking from informal sources and social support in their association with psychosocial outcomes during adolescence remain unclear. Yet, help-seeking behavior within informal and supportive social contexts brings young people into contact with a range of important resources with the potential to reduce the likelihood for poor psychosocial outcomes. This study presents a systematic review and meta-analysis exploring both help-seeking behavior from informal sources and social support in their association with psychosocial outcomes in adolescence. The meta-analysis examines 79 effect sizes from 8 studies, analyzing data on informal help-seeking from 5285 youth aged 12–19 years. For social support, the meta-analysis examines 378 effect sizes from 51 studies, analyzing data from 196,247 youth aged 12–19 years. The results of a series of random effects models showed significant associations between help-seeking from informal sources and each of externalizing behavior (OR 0.44, 95% CI 0.34, 0.56, $p < .0001$), educational outcomes (OR 2.24, 95% CI 1.84, 2.73, $p < .0001$) and other help-seeking behavior (e.g. help-seeking for peers; OR 2.43, 95% CI 1.97, 3.00, $p < .0001$). Results showed social support was significantly associated with internalizing behavior (OR 0.57, 95% CI 0.48, 0.68, $p < .0001$) and substance use (OR 0.74, 95% CI 0.65, 0.84, $p < .0001$). Social support also showed significant associations with bullying perpetration and victimization with effect sizes ranging from odds ratios of 0.55 to 0.68. Moderator analyses showed variation in results based on methodological-level (e.g. study design) and sample-level (e.g. gender) variables. Although it is difficult to draw overarching conclusions regarding help-seeking from informal sources, given the small number of included studies, findings of the meta-analysis showed that both help-seeking from informal sources and social support may have potential benefits in reducing the likelihood of poor psychosocial outcomes among adolescents. Implications for research and practice are discussed.

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Introduction

Recent estimates suggest globally the number of young people (12–24 years of age) is at an all-time high, comprising 1.6 billion youth (World Health Organization, 2017). Adolescence is recognized as a peak period in the life-course for the incidence of mental (and related) disorders and problem behaviors; with these disorders and behaviors among the top causes of mortality and disability adjusted life years for adolescents today (Gore et al., 2011). Importantly, prevention of these disorders and behaviors is proving difficult to achieve (Merry, McDowell, Hetrick, Bir, & Muller, 2004) suggesting the need for further investment in understanding the developmental origins of mental health and behavioral problems. A broad range of risk and protective factors has been identified for their role in the development of adolescent mental health and behavioral problems and they are currently guiding adolescent health promotion activities generally (Bond, Toumbourou, Thomas, Catalano, & Patton, 2005; Hawkins, Catalano, & Miller, 1992; Pollard, Hawkins, & Arthur, 1999); however, the list of risk and protective factors is not exhaustive and further research on drivers of both positive and negative development is needed. While several extant studies have explored help-seeking behavior or social support in their association with various health and behavioral outcomes using meta-analytic approaches (Chu, Saucier, & Hafner, 2010; Evans, Davies, & DiLillo, 2008; Gulliver, Griffiths, & Christensen, 2010; Nam et al., 2010, 2013; Van Os, Linscott, Myin-Germeys, Delespaul, & Krabbendam, 2009), a notable area of inquiry is whether help-seeking from informal support sources and social support have a role in modifying the likelihood of poor outcomes in adolescence (Barker, 2007; Heerde, 2014; Heerde, Toumbourou, Hemphill, & Olsson, 2015).

Defining informal help-seeking behavior and social support

Informal help-seeking behavior

From an evolutionary perspective, informal help-seeking behavior within appropriately resourced social networks provides an important adaptive advantage (Allen & Badcock, 2003), particularly during periods of critical development, such as adolescence (Bernstein, Penner, Clarke-Stewart, & Roy, 2006; Fallon & Bowles, 2001; Patton et al., 2000; Rickwood, 1995). Although there appears to be no universally agreed upon definition of help-seeking behavior, it is referred to as a behavior initiated by an individual that facilitates engagement with sources of social support (Rickwood & Braithwaite, 1994; Rickwood & Thomas, 2012). Relative to the mental health context, Rickwood and Thomas (2012) define help-seeking as “an adaptive coping process that is the attempt to obtain external assistance to deal with a mental health concern” (p. 178). The definition of help-seeking behavior utilized in this study is informed by the World Health Organization (WHO; Barker, 2007). *Help-seeking behavior* is defined as a behavior performed by an individual who perceives themselves as needing assistance with a problem, whereby the intended outcome of this behavior is addressing the problem faced. Thus, help-seeking behavior defined in this way represents an active, adaptive, and directed process as proposed by Rickwood and Thomas (2012). In accordance with the WHO definition, help-seeking behavior includes help sought from *formal services* (e.g. counsellors, medical staff) and *informal sources* (e.g. peers, family members). This study specifically focusses on informal help-seeking behavior and examines help sought from an individuals’ friends and peers, family members, or other supportive adults within family, school, and community domains (Barker, 2007).

Social support

Existing definitions of social support emphasize the notion of a member(s) within a support network providing various types of assistance to another member attempting to manage or negate a stressful situation. Varying conceptual definitions of social support have resulted in broad definitions that include concepts such as interactions, communication, coping, the exchange of views, and the provision of both informal physical and psychological assistance. In line with published studies retained for analysis in this study, *social support* is defined as “functions performed for a distressed individual by significant others such as family members, friends, co-workers, relatives and neighbors” (Thoits, 1986, p. 417). Specifically, *social support* in this study refers to the actions of others in support of a distressed individual.

Developmental challenges in adolescence

From a developmental perspective, theorists have depicted the period of adolescence as being a tumultuous time of increasing independence and identity formation (Bernstein et al., 2006), occurring within the context of life transitions characterized by embarking upon and completing the final years of secondary education, entry into employment and/or higher education, and progression to adult social and economic independence. Psychologically and socially, adolescence is characterized by the growth of progressively more complex critical thinking, decision-making, and hypothetical reasoning, an increasingly independent view of oneself within a social world, and changing familial and social roles (Bernstein et al., 2006). Challenges throughout this period can lead to feelings of insecurity and instability leading to a range of poor psychological and social outcomes (herein referred to as psychosocial factors; Upton, 2013) for some adolescents (Bernstein et al., 2006). Psychological outcomes relate to individual cognitive and behavioral processes and include internalizing (e.g. emotional problems, depressive symptoms) and externalizing (e.g. conduct disorder, antisocial) behaviors. Social outcomes relate to social structures and interactions within these structures, and include educational outcomes (e.g. academic achievement), substance use (e.g. alcohol tobacco), and traditional- and cyber-bullying perpetration and victimization.

Depression is cited as being the third leading cause of illness and disability for young people, with over 50% of all adult mental health disorders having commenced by age 14 years (World Health Organization, 2017). Externalizing behaviors, often characterized

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