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Individual differences in referral for help for severe emotional difficulties in adolescence

Michelle Slone, Yael Meir, Ricardo Tarrasch

Abstract
Adolescents with emotional distress may find help-seeking an extremely daunting endeavor. However, different adolescent population sectors relate differently to help-seeking for severe emotional difficulties. Gender and ethnic group are among the central factors influencing attitudes towards seeking emotional help. One of the possible mechanisms explaining these cross-group differences is self-esteem. The psychological price of seeking help could be admission of incompetence and feelings of failure, emotions that can be threatening, particularly to adolescents’ self-esteem. In the present study, the psychological price of seeking help was manipulated by comparing the ease with which adolescents would self-refer for a severe emotional problem as opposed to referring another for the same problem, and the influence of gender, ethnic group differences and level of self esteem in both situations. The first hypothesis predicting greater ease of referral in the other-referral condition compared to self-referral was confirmed. The second hypothesis predicting general preference of informal help agents than the formal help agents was confirmed. The third hypothesis predicting gender differences such that girls would show higher ease of referral than boys from the different help agents was confirmed. The fourth hypothesis predicting that Jewish-Israeli adolescents would show greater ease of referral than Arab-Israeli adolescents was confirmed. An additional exploratory question examined the interaction between self-esteem and self versus other-referral on ease of referral for help. A significant interaction emerged only for help from the family. Adolescents with low self-esteem showed no differences in self versus other-referral, but adolescents with high self-esteem were more willing to refer others than themselves to seek help. These findings emphasize the importance of a sensitive needs assessment approach in designing mental health service delivery for youth.

1. Introduction
Adolescence is a particularly challenging period during which the major tasks of identity formation, role adoption, and autonomy consolidation are negotiated amidst rapid physiological and psychological changes. These dynamic processes are frequently associated with emotional instability and difficulties that may be ameliorated by social support or seeking help. In addition, these emotional processes can pre-empt disorder (Klein, Torpey, Bufferd, & Dyson, 2008) that may necessitate help seeking from informal or professional sources. Help for an emotional difficulty is not necessarily available only from professional services, but can be harnessed and utilized in the community.

Adolescents with emotional distress and pathology may find help-seeking, whether formal or informal, an extremely daunting endeavor (Raviv, Sills, Raviv, & Wilansky, 2000; Wilson, Deane, & Ciarrochi, 2005). Possible reasons for this may be that emotional states are not readily understood and adolescents, particularly, can have difficulty verbalizing and describing complex emotional states together with tasks of developing self-reliance and sense of autonomy (Sherer & Karnieli-Miller, 2007). In addition, social stigma surrounding seeking help and obtaining help may prevent adolescents from referring to some of the available sources (Chandra & Minkovitz, 2007).

A major factor influencing adolescents’ help-seeking behavior is the source of support from which help is sought. In general, adolescents tend to prefer seeking help from informal sources, such as family and friends, than from formal sources, such as teachers, physicians, psychologists and school counselors (Dolan, 1991; Gilat, 1993; Offer, Howard, Schonert, & Ostrov, 1991). In addition, during the period of adolescence, developmental changes have been identified in help-seeking behavior.

Help-seeking from professional agents has been found to be less prevalent among younger than older adolescents (Sears, 2004). Among the available informal sources of help, younger adolescents have been...
found to prefer referral to family members whereas older adolescents have been found either to prefer friends (Boldero & Fallon, 1995) or to attempt to solve problems on their own (Carsio, Wilson, Dean, & Rickwood, 2003). In addition, during adolescence, although friends are considered a dominant source of help during adolescence, the family is still valued and used for advice and support (Sherer & Karnieli-Miller, 2007). Despite the stereotype that adolescence is characterized by conflictual and problematic relationships with parents, parents have been shown to be a dominant and positive source of help for adolescents (Levitt, Guacci-Franco, & Levitt, 1993; Offer & Schonert-Reichl, 1992; Schonert-Reichl & Muller, 1996).

Nevertheless, the needs of many adolescents remain unmet. Surveys have indicated that between 60% and 85% of those in need of services due to the presence of a psychiatric disorder, do not seek or receive help from professional or informal sources (Costello, Copeland, Cowell, & Keeler, 2007; Mansbach-Kleinfeld et al., 2010; Raviv, Raviv, Vago-Gefen, & Schachter-Fink, 2009), although this treatment gap may be partially attributed to lack of available services (Levav, Jacobsson, Tsiantis, Kolaitis, & Ponizovsky, 2004; Mansbach-Kleinfeld et al., 2010). In view of these issues, willingness to seek help during adolescence is characterized by a wide range of individual and group differences.

1.1. Gender and cultural differences in willingness for help-seeking

Different population sectors relate differently to help-seeking for severe emotional difficulties. Among the demographic variables, gender is one of the central factors influencing attitudes toward seeking emotional help. Several studies have reported that females exhibit more positive attitudes toward seeking psychological help than their male counterparts (Addis & Mahalik, 2003; Vogel & Wester, 2003). In line with this, females are reported to utilize more mental health services than males (Ang, Lim, Tan, & Yau, 2004; Morgan, Ness, & Robinson, 2003). A possible explanation for this could lie in social norms that describe maleness in terms of strength, instrumental orientation, and minimization of emotional expressiveness that could contradict help seeking for emotional distress (Nam et al., 2010).

In addition to gender, significant cultural differences have been reported both in levels of help seeking and in agents deemed appropriate for help. Cultures and ethnic groups are characterized by different attitudes toward dealing with difficulties and challenges as well as different values and norms for coping, resulting in diverse alternatives of adaptive help-seeking behaviors (Kuhl, Jarkon-Horlick, & Morrissey, 1997; Seifbe-Krenke & Shulman, 1990). These values and norms affect adolescents’ views about seeking help in general (Garland & Zigler, 1994) and perceptions about seeking help for emotional and psychological problems in particular (Furnham & Andrew, 1996).

Attitudes toward seeking psychological help are related to cultural values (Al-Krenawi, Graham, Dean, & Eltaiba, 2004; Razali & Najib, 2000; Uehara, 2001). Western society norms tend toward promoting expressiveness and open communication with support agents. However, some eastern societies stress values of self-control and self-coping (Kim & Omizo, 2003) and do not encourage expression of emotions or self-disclosure (Al-Darmaki, 2004). These different tendencies to seek help could resound on the willingness to seek help from professional and informal agents in a compensatory manner. Reticence to seek help from informal agents such as the family and peers may increase the need for help from formal professional agents. One of the aims of the present study was to examine differences in levels of referral for help in general and in levels of referral for help from different agents in particular across the demographic divisions of gender and ethnic group. The study was conducted in Israel with a sample of Jewish and Arab Israeli adolescents representing the two major ethnic groups in the country.

1.2. Jewish Arab cross-cultural differences in willingness for help-seeking

The Arab minority in Israel is comprised of the part of the Arab population that remained in Israel in 1948 after the Israeli declaration of independence and became Israeli citizens. The Arab-Israeli population is the largest minority group in Israel and constitutes 19.5% of the total population (Central Bureau of Statistics, 2005). Although there are several mixed cities in Israel in which both Jewish and Arab-Israelis reside, in most cases, cultural, residential and community divisions between the two ethnic groups are preserved although with significant inequalities in social status and structures (Reiter, 1996).

Differentiation of Jewish and Arab-Israeli citizens is evident in a number of areas including the religious, cultural and familial levels. The dominant family structure in Arab-Israeli culture is authoritarian, patriarchal and collectivistic in which values of obedience and conformity are foremost (Haj-Yahia, 1994; Weller, Florian, & Mikulincer, 1995). The Jewish-Israeli family tends to be relatively more individualistic with an emphasis on values relating to personal achievement, competitiveness, individual differences and self-expression (Segall, Dasen, Berry, & Poortinga, 1999). In the past decades, the Arab-Israeli population has undergone changes with a tendency toward greater urbanization and the development of liberal attitudes towards different issues such as women’s rights, education, professional and personal development (Haj-Yahia, 1994). These changes have produced greater similarity between Jewish-Israelis and Arab-Israelis on many levels (Slone, Shechner, & Khoury Farah, 2012).

In general, ethnic minority families in Israel, including the Arab-Israeli population, tend to be reticent about help-seeking despite their frequent need (Al-Krenawi, 2002; Zachrisson, Rödje, & Myklethun, 2006). This is consistent with findings reporting lower than average use of services by minority populations in many countries, possibly due to prejudice about mental illness (Ponizovsky, Gerasyi, Shoshan, Kramer, & Smetannikov, 2007) and reluctance to use services because of the stigma attached to psychiatric and psychological treatment (Snowden, 1998). In Arab countries, studies have found that low use of services is associated with ambivalence and shame concerning use of mental health services (Al-Darmaki, 2004; Eapen & Ghubash, 2004; Youssef & Deane, 2006).

Help-seeking intentions and behaviors among Arab-Israelis have not been widely studied (Ben-Ari, 2004). The few studies that have been conducted have found age differences in willingness to seek help among Arab populations. Studies on adult Arab population have found under-utilization of mental health services and marital and family clinic services (Feinson, Popper, & Handelsman, 1992; Savaya & Spiro, 1990). Possible explanations for the under-utilization of mental health services by adults include the norm that private family affairs should not be disclosed (Savaya, 1998) with a preference to turn to community members or to religious authorities (Savaya, 1997, 1998). In general, minorities refer less often to formal support systems because of doubts and suspicion concerning the nature and quality of help offered by the majority group and unsatisfactory experiences with public services (Nickerson, Helms, & Teller, 1994). Very few studies have examined help-seeking intentions among Arab adolescents and the findings for youth are somewhat different. In general, Arab-Israeli youth have been shown to prefer formal help systems whereas Jewish-Israeli youth were more inclined to turn to parents and friends, although these findings were not conclusive for all aspects of the measures (Sherer & Karnieli-Miller, 2007). The reasons for these age differences remain unclear.

Culture interacts with gender in producing different utilization of mental health services. In a study of Arab women’s service utilization, Savaya (1998) found the nuclear family to be the preferred source of help, professionals to be the second choice, and religious sources preferred by only a few. However, findings showed a discrepancy between these attitudes and actual behavior with most Arab women turning only to the extended family for help.
1.3. Self-esteem as a mechanism explaining differences in willingness for help-seeking

One of the psychological tolls of seeking help could be admission of incompetence and feelings of failure, emotions that can be threatening, particularly to adolescents’ self-esteem (Corrigan, 2004). Self-esteem refers to feelings and self-evaluation of abilities and attributes, as well as sense of self-worth and self-pride or shame (Brown, Dutton, & Cook, 2001; Gray-Little & Haflich, 2000). Adolescence is a dominant period of change, necessitating adjustments in identity and self-definition that appear to affect self-esteem (Quatman & Watson, 2001).

Help-seeking can be perceived as a potential threat to the ego because eliciting aid from another is often internalized by the individual as implying inferiority or inadequacy (Fisher, Nadler, & Whitcher-Alagna, 1982). Therefore, adolescents may be reluctant to seek help even when experiencing emotional pain because of the belief or attitude that help-seeking would be an acknowledgment of failure or a sign of weakness (Fisher, Nadler, & Whitcher-Alagna, 1983; Fisher et al., 1982; Nadler & Fisher, 1986).

In spite of the relation between self-image and ease of help-seeking, the direction between high and low self-esteem on help-seeking is not clear (Raviv et al., 2000). On one hand, it could be argued that low self-esteem is associated with greater vulnerability, leading to a lower tendency to seek help which entails further acknowledgment of inadequacy and inferiority. On the other hand, individuals with high self-esteem could be resistant to seek help because this acknowledgment of neediness is inconsistent with their sense of adequacy and high self-worth (Raviv et al., 2000).

Nonetheless, in general, due to the potential threat to the self-esteem entailed in help-seeking, referring a friend for help is a less threatening experience because the problem is less central to the adolescent’s ego (Raviv et al., 2005). Consequently, adolescents who refer another person for help may distance the problem from themselves while showing identification and empathy with the person in need, all of which could be beneficial to positive self-esteem.

1.4. The present paradigm

The focus of the present study was to gather the separate foci of other studies (Raviv et al., 2000; Sherer & Karnieli-Miller, 2007) into a more comprehensive model, thereby extending understanding of willingness to refer for help, with emphasis on the underlying mechanisms for willingness to seek help among adolescents and cultural differences. In the present study, willingness to seek help was manipulated by comparing the ease with which adolescents would self-refer for an emotional problem as opposed to referring another for the same problem, and the influence of gender and ethnic differences in both situations. The present study utilized an experimental paradigm of two conditions of willingness for help-seeking. The design entailed presentation of a scenario of an adolescent in severe emotional distress and a between-subject manipulation of two questions, one of which questioned the extent of participants’ willingness to seek help from different agents for themselves and the other questioned the extent of participants’ willingness to seek help from different agents for a peer. Gender and cultural differences were examined for these conditions of willingness for help-seeking from different agents and self-esteem was examined as a mechanism underlying these differences.

1.5. Hypotheses

The study proposed four hypotheses and one exploratory question. In all four hypotheses, willingness to seek help was the dependent variable. The first hypothesis is related to the two conditions of self-referral as opposed to other-referral and predicted that adolescents will be more willing to refer another adolescent for help than to seek help themselves. The second hypothesis stated that adolescents would prefer informal help agents (i.e., friends and family) than formal help agents (i.e., counselors or psychologists). The third hypothesis predicted gender differences such that girls would show higher ease of referral than boys from all the different help agents. In line with previous cross-ethnic findings, the fourth hypothesis predicted that there would be ethnic group differences in ease of referral such that Jewish-Israeli adolescents would show higher ease of referral from the different help agents than Arab-Israeli adolescents. In addition, an exploratory question examined the moderating role of self-esteem and predicted an interaction between self-esteem and self versus other-referral on ease of referral for help, for which no directional hypothesis could be offered.

2. Method

2.1. Study participants

Study participants were 390 high school students, 183 boys and 207 girls. 210 students in the sample were from Arab-Israeli origin and 180 students were from Jewish-Israeli origin. The students were recruited from two professional high schools administered by the Ministry of Industry located in the same geographical area. Both school principals agreed to participate in the study. All students in the two schools were sampled. Age range of participants was 14–18 with a mean age of 16.51 (SD = .97). Since self-rating of socio-economic status may be subjective, an objective measure was chosen. Socio-economic status was measured as the ratio between number of inhabitants by number of rooms in the house (Range .18 to 4, M = 1.08, SD = .49). The self-referral and other-referral groups did not differ on gender (χ²(1) = 0.1, p = .76), religion (χ²(1) = 0, p = .99), religiosity (Mann-Whitney Z = 1.6, p = 1.66, p = .1), age (t(384) = .56, p = .58) or socio-economic status (t(382) = .70, p = .49).

2.2. Instruments

2.2.1. Demographic information

Participants were administered a demographic questionnaire requesting details of gender and age, as well as religion and religiosity, number of rooms and people living in the home.

2.2.2. Willingness to seek help

Willingness to seek help was measured using an instrument developed and tested by Raviv et al. (2000). Based on their study, participants received a scenario dealing with a severe emotional problem, i.e., “Until recently, [name of boy or girl] was a regular teenager. During the past few weeks, for no apparent reason, he/she has become remote, very depressed and does not appear to enjoy anything. Moreover, he/she has been over-sleeping and has lost a great deal of weight”. This scenario was developed by clinical psychologists as a situation dealing with serious emotional distress and was validated in a pilot study (Wilansky, Raviv, & Schieber, 1999). In order to maximize identification level with the character, the name of the peer in need of help was altered congruent with the gender and ethnic group of the participant. Arab-Israeli male participants received the name of an Arabic male teenager (Muhammad), Arab-Israeli female participants received the name of an Arabic female teenager (‘Iman), Jewish-Israeli male participants received the name of an Israeli male teenager (Ori) and Jewish-Israeli female participants received the name of an Israeli female teenager (Orit). Participants were randomly assigned to receive either a self-referral or other-referral version of the instrument. In the other-referral version, participants were asked: “To what degree would you advise [Ori/Muhammad/Orit/’Iman] to consult with each help agent listed?” In the self-referral version, participants were asked: “If you encountered a similar situation, to what degree would you consult with each help agent listed?” The degree of willingness to seek help from each one of the agents ranged from 1, indicating “definitely would not” to 4, indicating “definitely would”. In the original study using
these vignettes, participants were asked to indicate the degree to which they would be willing to seek help (for themselves or others) from the following agents: friend, parent, psychologist, school counselor and teacher (Raviv et al., 2000). In the present study, more agents were added based on research indicating that Arab-Israeli youth use other agents of help such as religious figures (Savaya, 1998). Therefore, for the present study there were nine help agents: father, mother, sibling, relative, psychologist, counselor, religious figure, teacher and friends. The number of participants in each ethnic group who responded to each version of the questionnaire is presented in Table 1.

In order to cluster the different help agents into groups, a principal components factor analysis with an orthogonal rotation was performed on the help agents: mother, father, sibling, relative, friend, teacher, counselor, psychologist and religious figure. After 4 iterations, three factors with eigenvalues higher than 1 were obtained, explaining 57% of item variance. The first factor included help from father, mother, sibling and relative for which internal validity as measured by Cronbach’s alpha coefficient was .72 (Arab version alpha = .71, Hebrew version alpha = .74). The factor was termed “help from family” and was calculated as the algebraic average of the four relevant items. The second factor included help from psychologist, counselor, religious person and teacher for which internal validity as measured by Cronbach’s alpha coefficient was .59 (Arab version alpha = .64, Hebrew version alpha = .49). The factor was termed “help from professionals” and was calculated as the algebraic average of the four items in the scale. The third factor included the single item help from a friend. These three factors were the dependent variables. The item loading on the three factors are presented in Table 2. The internal reliability as measured by Cronbach’s alpha for the full scale was 0.72 for the Arab version and 0.61 for the Hebrew version.

2.2.3. The Rosenberg Self-Esteem Scale (Rosenberg, 1965)

The Rosenberg Self-Esteem Scale (RSES) consists of 10 items that refer to self-respect and self-acceptance rated on a 5-point Likert-type scale, ranging from 1 (totally disagree) to 5 (totally agree). Items 1, 3, 4, 7, and 10 are positively worded and items 2, 5, 6, 8, and 9 negatively. After reversing the negative items, the sum of items represents the Self Esteem score. The RSES is widely used and has been proven to be valid and reliable (Blascovich & Tomaka, 1991; Guglielmi, 2012; Schmitt & Allik, 2005). In the present study, Cronbach’s alpha coefficient was .79 (Arab version .76, Hebrew version .82), after removing one item that lowered the total reliability. Jewish-Israeli and Arab-Israeli participants completed the Hebrew and Arabic versions of the scale respectively.

2.3. Procedure

After receiving authorization from the Tel Aviv University Ethics Committee, approval from the schools and informed written consent from students and from their parents, the study was conducted in the classrooms. Student were administrated the questionnaires in groups from students and from their parents, the study was conducted in the Committee, approval from the schools and informed written consent that the questionnaires were anonymous and that students may terminate participation at any time.

3. Results

In order to examine the first four hypotheses, a repeated measures ANOVA for the three help agents was performed with the between-subject factors of condition (self-referral versus other-referral), gender (boys versus girls) and ethnic group (Arab-Israelis versus Jewish-Israelis). Significant main effects of condition (F(1,377) = 5.65, p = .018, partial $\eta^2 = 0.015$, observed power = 0.66), gender (F(1,377) = 11.91, p = .001, partial $\eta^2 = 0.031$, observed power = 0.93) and ethnic group (F(1,377) = 4.71, p = .003, partial $\eta^2 = 0.012$, observed power = 0.58) were obtained. Adolescents showed greater ease of referral for help under the other-referral condition (M = 2.95, SE = 0.036) as compared to the self-referral condition (M = 2.83, SE = 0.036). Girls showed greater ease of referral for help (M = 2.98, SE = 0.036) as compared to boys (M = 2.80, SE = 0.037). Jewish-Israelis showed greater ease of referral for help (M = 2.94, SE = 0.037) as compared to Arab-Israelis (M = 2.83, SE = 0.035). A main effect of type of help agent was obtained (F(2,754) = 105.6, p < .001, partial $\eta^2 = 0.225$, observed power = 1), adolescents showed greater ease of referral for help from friends than from family and greater ease of referral from family members, however girls showed greater ease of referral for help from professionals and friends as compared to boys (LSD post hoc comparisons, all ps < .001). In addition, significant interactions were obtained between type of help agent and gender (F(2,754) = 3.40, p = .034) and between type of help agent and ethnic group (F(2,754) = 11.62, p < .001, partial $\eta^2 = 0.03$, observed power = 0.99). As can be seen in Fig. 1, there was no significant difference between boys and girls in their ease of referral for help from family members, however girls showed greater ease of referral for help from professionals and friends as compared to boys (LSD post hoc comparisons, both ps < .001).

As can be seen in Fig. 2, there was no significant difference between Arab-Israelis and Jewish-Israelis in their ease of referral for help from family members. However, Arab-Israelis showed greater ease of referral for help from professionals while Jewish-Israelis showed greater ease of referral for help from friends (LSD post hoc comparisons, both ps < .001).

Table 1

<table>
<thead>
<tr>
<th></th>
<th>Other-referral</th>
<th>Self-referral</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Boys</td>
<td>Girls</td>
</tr>
<tr>
<td>Arab-Israeli</td>
<td>37</td>
<td>69</td>
</tr>
<tr>
<td>Jewish-Israeli</td>
<td>56</td>
<td>33</td>
</tr>
<tr>
<td>Total</td>
<td>93</td>
<td>102</td>
</tr>
</tbody>
</table>

Table 2

<table>
<thead>
<tr>
<th></th>
<th>Factor 1</th>
<th>Factor 2</th>
<th>Factor 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Family</td>
<td>Professionals</td>
<td>Friends</td>
</tr>
<tr>
<td>Father</td>
<td>0.82</td>
<td>0.18</td>
<td>-0.09</td>
</tr>
<tr>
<td>Mother</td>
<td>0.76</td>
<td>0.22</td>
<td>-0.13</td>
</tr>
<tr>
<td>Sibling</td>
<td>0.73</td>
<td>0.03</td>
<td>0.27</td>
</tr>
<tr>
<td>Relative</td>
<td>0.53</td>
<td>0.1</td>
<td>0.4</td>
</tr>
<tr>
<td>Psychologist</td>
<td>-0.12</td>
<td>0.82</td>
<td>0.16</td>
</tr>
<tr>
<td>Counselor</td>
<td>0.15</td>
<td>0.74</td>
<td>0.18</td>
</tr>
<tr>
<td>Religious</td>
<td>0.24</td>
<td>0.59</td>
<td>-0.08</td>
</tr>
<tr>
<td>Teacher</td>
<td>-0.15</td>
<td>-0.41</td>
<td>0.08</td>
</tr>
<tr>
<td>Friend</td>
<td>0.02</td>
<td>0.04</td>
<td>0.88</td>
</tr>
</tbody>
</table>

Fig. 1. Interaction between gender and type of help agent on ease of referral for help.
In order to examine the exploratory question and to assess the possible moderating role of self-esteem, additional ANOVAs were performed for each help agent group, with the addition of self-esteem as an additional independent variable. For this purpose, subjects were divided into low and high self-esteem based on the medians of each of the groups formed by the cross-tabulation of condition, gender, and ethnic group. In these analyses, only effects involving self-esteem are reported.

For “help from family”, a significant interaction between condition (self-referral versus other-referral) and self-esteem ($F(1,1372) = 4.16, p = .042$, partial $\eta^2 = 0.011$, observed power = 0.53) as well as a significant interaction between gender, ethnic group and self-esteem ($F(1,1372) = 4.89, p = .028$, partial $\eta^2 = 0.013$, observed power = 0.597, see Table 3) were obtained. As can be seen in Fig. 3, there was no significant difference in the ease of referral for help from family members between self-referral and other-referral among adolescents with low self-esteem. However, adolescents with high self-esteem were more willing to refer others to seek help than to refer themselves for help (LSD post-hoc, $p < .005$).

### 4. Discussion

The first hypothesis is related to the two empirical conditions of self-referral as opposed to other-referral and predicted that adolescents will be more willing to refer another adolescent for help than to seek help for themselves. This hypothesis was confirmed. Adolescents showed greater ease of referral when they were asked to refer a friend than when they were asked to refer themselves. The general finding of greater ease of other as opposed to self-referral can be explained in terms of the psychological cost or threat to self-esteem incurred in requesting help (Nadler, 1997; Raviv et al., 2009, 2000). Seeking help can be associated with a sense of inferiority and incompetence in solving personal problems (Nadler, 1991). The perception of a threat to self is lower in the case of referring a friend for help, thus explaining the greater ease in referring others in comparison to self-referral for similar problems.

In addition and in line with the second hypothesis, a general main effect of type of help agent was found across the two experimental conditions. Adolescents showed greater ease of referral for help from friends than from family and greater ease of referral for help from family than from professionals. These findings corroborate previous findings that adolescents prefer to seek help from their friends who are the most natural and accessible help agents (Raviv et al., 2009). Professionals may be less preferable since they are less accessible (Levav et al., 2004) and because of the attached stigma (Snowden, 1998). Nevertheless, this finding represents only part of the full picture of preferred help agents since this main effect was moderated by interactions with gender and ethnic group. These interactions will be explained as part of the third and fourth hypotheses.

The third hypothesis predicted gender differences such that girls would show higher ease of referral than boys from the different help agents. This hypothesis was confirmed. This finding lends some support to the general evidence showing that adolescent females exhibit more positive attitudes toward seeking psychological help than males (Addis & Mahalik, 2003; Vogel & Wester, 2003). This aligns with females’ greater emotional expressivity and tendency to communicate feelings and difficulties (Nam et al., 2010). In addition, an interaction was obtained between type of help agent and gender. There was no significant difference between boys and girls in their ease of referral for help from family members; however, girls showed greater ease of referral for help from professionals and friends as compared to boys. This interaction may be explained by the important role of family for adolescents in emotional distress. In cases of severe emotional difficulties, as reflected in the vignettes in this study, adolescents would need some support and outlet for their concerns and distress. The findings here support the notion that the family would be the primary port of call for both male and female adolescents.

The fourth hypothesis predicting that there would be ethnic group differences in ease of referral to the help agents such that Jewish-Israeli adolescents would show higher ease of referral than Arab-Israeli adolescents, was confirmed. Generally, some similarities between the two ethnic groups were found, such that both ethnic groups preferred as their help agents first their friends, then their families and finally professionals. However, some differences appeared in patterns of referral for emotional help. First, Jewish-Israelis showed greater ease of referral for help as compared to Arab-Israelis. Second, an interaction was obtained between ethnic group and type of help agent. There was no significant difference between Arab-Israelis and Jewish-Israelis in their ease of referral for help from family members. However, Arab-Israelis showed greater ease of referral for help from professionals while Jewish-Israelis showed greater ease of referral for help from friends. The current findings corroborate and strengthen previous findings reporting that adolescents in the two ethnic groups preferred using different sources for advice and help such that Arab-Israeli youth tend to prefer formal help systems whereas Jewish-Israeli youth prefer friends (Sherer & Karniel-Miller, 2007).

Several tentative interpretations could explain this clear difference between the Jewish-Israeli and Arab-Israeli youth in the intention to help themselves versus helping others.
seek help from various figures. Arab society is considered a patriarchal society that honors the dominance of authority figures (Dwairy, Achoui, Abouserie, & Farah, 2006). The authoritarian, patriarchal and collectivistic nature of Arab society (Dwairy et al., 2006) does not promote emotional expressiveness or self disclosure but endorses rather self-coping and adherence to strict behavioral norms (Al-Darmaki, 2004). The discourse of intimacy is not a dominant feature of authoritarian cultures and, therefore, acknowledgement of weakness and neediness to close friends could be intimidating. Conformity with these norms could be incongruent with sharing intimate concerns and emotional difficulties with friends.

As opposed to Arab-Israeli adolescents’ reticence to refer to friends, they showed higher tendencies than Jewish-Israeli adolescents to refer to professional help sources. Lack of outlet with friends for severe emotional difficulty could force Arab-Israeli adolescents to consider professional figures for relief of distress and to add new ways of coping. This would be in line with a general respect for authority and learned figures such as psychologists, counselors and religious figures who are formally recognized as equipped to provide help for emotional problems. This is only a tentative explanation and in order to understand the full reasons for this pattern, further research is needed. Nevertheless, this finding has particular implications for corrections to be made in service delivery since the Arab population in Israel has lower availability and accessibility of social services including mental health services (Sherer & Karniel-Miller, 2007).

The exploratory question examined the interaction between self-esteem and self-referral versus other-referral on ease of referral for help. A significant interaction emerged between self-esteem and self-referral as opposed to other-referral only for help from the family. Adolescents with low self-esteem showed no differences in self-referral versus other-referral, but adolescents with high self-esteem were more willing to refer others than themselves to seek help. This finding is consistent with previous findings showing that individuals with high self-esteem are more threatened by referring themselves for help, since the acknowledgement of neediness is inconsistent with their sense of adequacy and high self-worth (Raviv et al., 2000). The reason that this finding emerged only in regard to help from the family in the present study is not easily explained and warrants further investigation.

The findings that gender and ethnic group influence ease of referral from different help agents can promote refined targeting of mental health services for adolescents. This line of research can advance mapping and mobilization of appropriate agents for different sectors in order to enhance referral to help agents for emotional problems. In addition, the finding that other-referral is easier than self-referral and the moderating role of self-esteem in predicting ease of referral across all sectors casts light on one of the mechanisms impeding referral for psychological help.

4.1. Study limitations

The issues examined in this study have clinical implications and, as such, the findings from a stringent empirical design should be supported with further research. In this study, the vignette referred to a hypothetical question of self-referral or other-referral for a severe emotional difficulty. However, an adolescent may think, feel and behave very differently with the actual experience of severe emotional distress. Adolescents’ attitudes toward referral for help for severe emotional problems may not necessarily correlate with actual behavior. For example, symptoms of depression and anxiety are known to influence cognition, judgment and behavior (Clark & Beck, 2010; Clark, Beck, & Alford, 1999). Another limitation of this study was the low Alpha of professional help agent items. This may imply that there are some differences in willingness to refer to different professional help agents. Future studies should address this question. In addition, self-report measures may be subject to social desirability and may not accurately reflect intentions and behavior (Edwards, 1970). To some extent, the empirical design of random assignment to one of two conditions and assured anonymity of participants was aimed at minimizing effects of social desirability.

This study examined only the mechanism of self-esteem as a moderator of ease of referral for help from different help agents. However, in all probability, many mechanisms may combine in determining individual difference in referral for help. These mechanisms may be socially or culturally based such as the stigma associated with use of mental health services and viable accessibility of help agents. Mechanisms may also relate to personal characteristics of the adolescent in need of help and the emotional availability of accessible help agents. These questions should be further examined in order to maximize understanding of the intricate and intertwined mechanisms involved in help seeking.

4.2. Clinical and policy implications

Seeking help in adolescence is a multilayered issue influenced both by demographic factors of gender and ethnic group and personal factors of self versus other-referral and self-esteem. This cross-ethnic finding emphasizes the importance of a culturally sensitive needs assessment approach in designing mental health service delivery for youth. Professional services should be aware of these complex processes and this may suggest the need to readjust perceptions of reaching out to adolescents in need. The findings of this study imply that many adolescents refer themselves or others quite easily to informal agents of help. In view of this service gap, one alternative is to go the route of strengthening the utilization of professional services. However, the other alternative is to acknowledge the community agents being utilized by adolescents and focus attention on their empowerment and mobilization. This emphasizes the need to encompass a community orientation in service provision.

In some cases, adolescence can be tumultuous and difficult, but this period also presents an opportunity for growth and development. The present findings imply the potential benefits of extending mental health support beyond referral to professional clinical services into the community itself. With recognition of the complexities of bringing adolescents into the clinic and the importance of utilizing the natural and familiar environment, in recent years several community-based programs have been initiated and studied. One example is the concept of teacher delivered school-based interventions in which school staff are trained and supervised mediators of clinical interventions for school children (e.g., Slone & Shoshani, 2008; Wolmer, Laor, & Yazgan, 2003). Another example is the utilization of youth support such as mentoring programs (big brother/big sister programs) (e.g., Brady & Curtin, 2012; Herrera, Grossman, Kauh, & Mckaken, 2011).

Together with this, mental health professionals should be aware that the problems of some adolescents can be addressed in the community while others will necessitate more professional and specialized services. The challenge for mental health professionals lies in reaching out to different population in a culturally sensitive way, together with respect for the help agents existing in the adolescents’ natural environment. Mental health difficulties are best addressed by professional services, however a balance must be found between problems that can be addressed in the community and severe emotional problems that do necessitate professional help.

References


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