

OSLOMET

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**An Examination of Help-Seeking Behaviour Among Adolescents
with a History of Suicide Attempts:**
A Cross-Sectional Study in Norway

**Master's thesis in International Social Welfare and Health policy
Oslo Metropolitan University
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Abstract

Background

It is important to comprehend and improve the help-seeking behaviour among youth who have attempted suicide due to how suicide attempting adolescents frequently exhibit aversion to formal mental health support. Therefore, this study examines the connection between adolescents' help-seeking, suicide attempts, and the various factors influencing their help-seeking patterns.

Data and Methods

In this research, the data utilized is derived from the 2015 Ungvold data conducted in Norway. The dataset consists of 4,033 students aged between 18 and 19, some of whom were recorded to be 20 years old and above. The analysis of the data was performed using logistic regression.

Result

The study revealed there was a greater help-seeking behavior among adolescents who attempted suicide compared to those who did not. Ethnic minority teens were less likely to seek help, while the presence of depressive symptoms increased the likelihood of help-seeking. Adolescents from high income families showed lower inclination to seek help, while those with highly educated parents were more likely to do so.

Conclusion

The findings underscore the crucial importance of implementing interventions that specifically address the barriers hindering help-seeking behavior among ethnic minority teenagers. Furthermore, to develop targeted programs aimed at fostering a proactive culture of seeking help among adolescents who are not attempting suicide. By comprehensively addressing these multifaceted aspects, we can effectively bridge the gaps in support resources and facilitate better mental health outcomes for adolescents.

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Chapter 1

1. Introduction

This thesis centers on the comprehension of help-seeking behavior and its influencing factors among teenagers experiencing suicidal ideation, which is paramount for the development of effective interventions and support systems. The adolescent stage represents a pivotal period characterized by significant determinations concerning education, employment, and interpersonal connections. Unfortunately, mental health problems affect 10% to 20% of adolescents, and untreated issues can persist into adulthood, becoming a leading cause of mental disability (Skundberg-Kletthagen and Moen, 2017; Kaiser, Kyrrestad and Fossum, 2020). Despite high prevalence, many adolescents do not receive adequate treatment (Radez *et al.*, 2021).

The help-seeking behavior of suicidal adolescents is a concern. Several factors, such as stigma, shame, and a lack of trust in mental health services, impede their capacity to seek necessary assistance (Salaheddin and Mason, 2016; Tharaldsen *et al.*, 2017). Facilitating the improvement of help-seeking behavior in vulnerable youth is essential to ensure early intervention and mitigating adverse outcomes (Hultén *et al.*, 2001; Moskos *et al.*, 2007). Regrettably, a considerable number of teenagers who have made suicide attempts do not receive adequate psychiatric consultation or receive guidance for post-attempt care (Suominen *et al.*, 2004).

Adolescents face various obstacles when accessing mental health services. Those from low socioeconomic backgrounds can struggle to access services due to financial constraints, while ethnic minorities may exhibit suspicion instead, leading to decreased help-seeking behaviors (Rickwood, Deane and Wilson, 2007; Cummings, 2014; Beukema *et al.*, 2022). Depression, a prevalent mental health disorder among adolescents, often remains undertreated as well, despite the availability of effective treatments. Unaddressed, depression in adolescence can lead to self-harm, substance abuse, school dropout, and

suicide attempts (Hawton, O'Connor and Saunders, 2015; Bowman, McKinstry and McGorry, 2017).

1.1 Research question

Are adolescents who have attempted suicide less likely to contact mental health services than adolescents who have not attempted suicide?

1.2 Research aim

This research analysis aims to investigate the connection between suicide-attempting adolescents' mental health help-seeking behavior, and various influencing factors. By exploring the relationships between suicide attempts, non-western background, gender, age, socioeconomic status, parental education, social network, depressive symptoms, and help-seeking, we aim to identify key factors that impact adolescents' willingness to seek professional help.

1.3 Journal

The journal for which my article is written is "Sociology of Health and Illness." The international journal "Sociology of Health & Illness" specializes in publishing sociological articles covering wide range of topics related to health, illness, and medicine.

Chapter 2

2. Literature Review

2.1 Help-seeking

Help-seeking, as defined in this study, refers to the proactive pursuit of external support through formal mental health channels to address mental health problems (Doll *et al.*, 2021). However, there is a concerning lack of adolescents who attempt suicide actively seeking professional help, despite the urgent need for early intervention. Overall, the utilization of professional care for mental health issues remains significantly low, with only

25% of affected adolescents receiving the necessary treatment and support (Sanci, Lewis and Patton, 2010).

2.2 Suicide attempts

Timely and appropriate help-seeking is crucial in breaking the cycle of repeated suicide attempts and improving mental health outcomes. Nordic countries, including Norway, have relatively low suicide rates but were still ranked among the top 100 countries by the World Health Organization in 2020. The suicide rate in Norway is around 12 per 100,000 individuals, with a higher incidence among those under 25 years old. From 2011 to 2016, suicide rates for individuals aged 15 to 19 increased in Norway, Iceland, and Denmark but decreased in Sweden and Finland (Milde *et al.*, 2021). Ensuring convenient and timely access to suitable professional care is crucial for young individuals displaying suicidal behavior, given the availability of effective treatment options tailored for their specific symptoms (Lustig *et al.*, 2021).

2.3 Help-seeking perception

Excessive self-reliance in suicidal youth hinders help-seeking and addressing this trait could increase the likelihood of seeking appropriate assistance and reducing symptoms (Labouliere, Kleinman and Gould, 2015). The lack of help-seeking behavior can also be attributed to individual characteristics and post-care services provided by hospitals. A study on adolescents who previously attempted suicide found that 91.6% were successfully contacted after three months. Among them, 25.5% did not attend any follow-up appointments, 11.1% attended only one appointment, 31.4% missed some appointments, and 32.0% attended all appointments (Granboulan *et al.*, 2001).

2.4 Help-seeking demography: race

Research by Lu *et al.* (2021) reveals that adolescents from racial and ethnic minority backgrounds face a higher risk of mental disorders but are less likely to use mental health services compared to white individuals (Lu *et al.*, 2021). Scholars propose that racial disparities in service utilization are not solely due to differences in disorder prevalence, but

also stem from obstacles faced by culturally and linguistically diverse individuals. Barriers such as limited awareness, mental health stigma, linguistic or cultural disparities, and experiences of racism contribute to the disparity in help-seeking behavior among these populations (Wang *et al.*, 2020).

2.5 Help-seeking demography: socio-economic status and parents

Parents play a vital role in accessing treatment for their children's emotional and behavioral difficulties. Despite the prevalence of mental health problems in children, there is a significant disparity between the number of children needing treatment and the number of parents actively seeking professional help for them (Alonso and Little, 2019). Socioeconomic status has been found to influence parental help-seeking behavior, with higher-status parents who perceive fewer barriers and believe in treatment effectiveness being more likely to seek help for their children (Dempster *et al.*, 2015).

2.6 Help-seeking demography: depression

Depression is a significant barrier to help-seeking behavior in adolescents. A previous study found that as depressive symptoms worsened, adolescents were less likely to seek help (Rickwood, Deane and Wilson, 2007). Reluctancy to seek mental health assistance among depressed adolescents is associated with various factors, including self-reliance, negative views of healthcare professionals, limited knowledge about mental health, doubts about treatment effectiveness, fear of stigma, shame, difficulty expressing emotions, and preference for informal help from peers (Martínez-Hernández *et al.*, 2014).

2.7 Healthcare

Mental health services in Norway are provided through a public system and integrated with general health services at two organizational levels. Municipalities oversee primary healthcare, including general practitioners and primary mental health and substance abuse care. Hospitals and specialized mental health services are managed by 19 health trusts, directed by four regional health authorities. This reform took place in 2002 (Ruud and Friis,

2021). The accessibility and availability of mental health services in Norway should be acknowledged as important factors in our study.

Chapter 3

3. Theoretical Framework

Examining help-seeking behavior among suicidal adolescents, including factors such as ethnicity, depression, and gender, involves the integration of Durkheim's theory of suicide with the theory of disciplinary power. This integration sheds light on the influences affecting help-seeking behavior, encompassing social factors, underlying causes, and power dynamics. By combining disciplinary power and the theory of social capital too, it becomes possible to analyze how socioeconomic status; alongside age, and social networks influence help-seeking behaviors, power dynamics and resource access within social networks.

3.1 Durkheim theory of suicide

Durkheim's theory posits that suicide rates are influenced by social factors, particularly social integration, and social regulation. Social integration refers to individuals' connection to society and shared collective sentiments, while social regulation pertains to the extent of control imposed by societal norms and rules (Pope, 1975, p. 197; Yükses, 2021). Durkheim categorized suicide into four types based on integration and regulation: egoistic and altruistic suicides (related to integration) and anomic and fatalistic suicides (related to regulation). He viewed suicide as a symptom of societal breakdown, emphasizing collective efforts and structural changes for individual well-being (Pope, 1975; Mueller *et al.*, 2021).

3.2 Foucault theory of disciplinary power

Foucault's power theory proposes that power permeates all social interactions, implying that individuals are constantly subjected to its influence rather than being separate from it. His theory of disciplinary power focuses on individuals' experiences within power structures, highlighting the significance of the norm within this framework. Foucault's understanding of the norm extends beyond a legal perspective, portraying it as a standard for behavior that

categorizes actions as either 'normal' or 'abnormal'. The norm serves as a measurement tool, encompassing the intricate variations in individual differences. Ultimately, the establishment of the 'normal' exerts control and pressure on those outside its boundaries, labeling them as the 'abnormal' (Taylor and Foucault, 2014).

3.3 Bourdieu theory of social capital

Bourdieu's theory of capital introduced a framework to position individuals in social spheres. He challenges the focus on money and defines capital as accumulated labor in different forms. The three essential forms—social, economic, and cultural capital—determine one's social standing and interaction with each other. Social position is relative to others in the social space, where individuals with similar capital cluster together, potentially forming a social class (Bourdieu and Bourdieu, 2002; Weininger, 2005; Huang, 2019). Possession of capital determines power within specific fields, which are distinct social arenas. Economic capital represents material assets immediately convertible into money, while cultural capital encompasses education, cultural goods, and personal values. Cultural capital can translate into economic capital, exemplified by the advantage a wealthy upbringing offers in gaining qualifications and employment opportunities. Family and upbringing shape cultural capital, serving as the primary source of education (Weininger, 2005; Pinxten and Lievens, 2014).

3.4 Theory of suicide and theory of disciplinary power

The combined theoretical framework of suicide theory and disciplinary power theory provides a comprehensive understanding of the complex factors influencing suicide and help-seeking behaviors. Durkheim's perspective on suicide as a social phenomenon, influenced by social integration and social regulation, aligns with the concept of disciplinary power and its manifestation through societal norms. By incorporating ethnicity and depression into this framework, along with gender, one can gain further insights into these complex dynamics.

Adolescents, who are in the process of identity formation and navigating societal expectations, face unique challenges related to suicide and help-seeking. Following a suicide

attempt, adolescents frequently encounter feelings of isolation or neglect from healthcare practitioners, which can be attributed to disciplinary power exerted through social stigmatization. Negative attitudes exhibited by mental health professionals perpetuate the existing societal stigma associated with suicide, making it difficult for adolescents to seek help (McGAUGHEY, Long and Harrison, 1995). These negative perceptions stem from historical, religious, and cultural origins, which shape the behavior of adolescents and contribute to the formidable barrier of social stigmatization. The fear of being labeled as "abnormal" and the lingering fear of judgment dissuade many individuals from reaching out for assistance, reinforcing their reluctance to seek help (Carpiniello and Pinna, 2017).

The disciplinary power theory highlights the impact of external factors and environmental systems on human development, echoing Durkheim's notion of social integration (Pope, 1975; Taylor and Foucault, 2014). Factors such as family, peers, school, neighborhood, and community contribute to an individual's sense of belonging. Within immigrant communities, ethnic considerations can amplify the experience of disciplinary power, with added pressures to conform to cultural expectations. Seeking help becomes hindered due to the fear of deviating from accepted norms and the associated stigma of being labeled as 'abnormal'. This intersectionality of ethnicity and disciplinary power also affects adolescents who may experience shame and apprehension when straying from socially acceptable norms within their cultures. This stigma is further exacerbated following a suicide attempt, leading many to refrain from seeking help or support. The reluctance to seek assistance extends beyond the individual, impacting the entire family and perpetuating the stigma surrounding mental illness. These cultural influences further contribute to the barriers preventing individuals from reaching out for support, as they perceive it as a departure from societal norms (Al-Shannaq and Aldalaykeh, 2021; Amri and Bemak, 2013; Cauce et al., 2002; Keller et al., 2019).

Depression intersects with disciplinary power theory, where societal norms and beliefs act as mechanisms of control, shaping individuals' behavior to conform to perceived acceptability. Depressed adolescents often face a profound sense of shame and embarrassment,

anticipating negative reactions from others and mental health professionals (Barney et al., 2006). These feelings are rooted in the disciplinary power exerted by society, leading individuals to internalize societal norms and expectations that constrain their actions and choices. Gender norms also play a significant role, particularly for boys who may conform to ideals of emotional stoicism and toughness. These norms restrict agencies and reinforce the reluctance to seek help (Danielsson *et al.*, 2011; Taylor and Foucault, 2014; Way *et al.*, 2014).

3.4 Theory of social capital and the theory of disciplinary power

Socio-economic status exerts a profound influence on individuals' help-seeking behaviors, operating through the lens of both Bourdieu's theory of social capital and Foucault's theory of disciplinary power. In Bourdieu's framework, economic capital, encompassing financial resources, plays a crucial role in shaping access to mental health services. Adolescents from economically advantaged backgrounds have greater resources at their disposal, enabling them to seek appropriate support from private therapists or specialized services (Bourdieu and Bourdieu, 2002; Weininger, 2005; Huang, 2019). On the other hand, those from low-income families face significant barriers due to financial limitations, leading to underutilization of mental health services and inadequate care (Srebnik, Cauce and Baydar, 1996; Kuhl, Jarkon-Horlick and Morrissey, 1997; Kataoka, Zhang and Wells, 2002; Eiraldi *et al.*, 2006). Moreover, Foucault's theory emphasizes the power dynamics at play, with socio-economic disparities amplifying the impact of disciplinary power. Individuals with greater economic capital are positioned more favorably within the power structures, granting them the resources and agency to seek help effectively (Weininger, 2005; Taylor and Foucault, 2014).

Age and social networks interact with theoretical frameworks to influence help-seeking behaviors. Younger adolescents are more likely to seek help due to their vulnerability and reliance on support systems, reflecting their susceptibility to social norms, expectations, and disciplinary power. On the other hand, older adolescents face barriers due to their growing autonomy and negative experiences with mental health systems, resulting in a loss of trust in informal support networks (De Luca, Lim and Yueqi, 2019; Radez *et al.*, 2021). Foucault's

theory suggests that power structures may discourage older adolescents from seeking help. Nevertheless, social networks, particularly close friends, can play a crucial role for both age groups. Close friends provide support, facilitate open discussions about mental health concerns, and guide peers towards appropriate resources (Lindsey *et al.*, 2006), aligning with Foucault's emphasis on relationships and interpersonal dynamics within disciplinary power. Close friends act as advocates, leveraging their power and agency to support their peers in accessing help, even against their wishes, thereby challenging norms and power structures that hinder help-seeking (Bourdieu and Bourdieu, 2002; Weininger, 2005; Taylor and Foucault, 2014; Campbell *et al.*, 2015).

Chapter 4

4. Data and method

4.1 Position of the project and methodology in terms of scientific theory

This study combines Durkheim's theory of suicide and disciplinary power to understand help-seeking behaviors among suicidal adolescents, considering ethnicity, depression, and gender. Durkheim's theory links suicide to social integration and regulation, aligning with disciplinary power's emphasis on societal norms. Disciplinary power explains the fear of being labeled abnormal, hindering help-seeking. Social capital and disciplinary power shed light on the influence of socio-economic status, age, and social network on help-seeking. Social capital theory refers to resources and social connections that impact mental health support-seeking. By utilizing these frameworks, we aim to comprehend factors shaping help-seeking in adolescents and contribute to targeted interventions and support systems.

4.2 Data

This study utilized the Ungvold 2015 dataset, created by NOVA, to quantitatively research adolescents' exposure to family violence (Mossige & Stefansen, 2016). The survey included 4,033 students from 48 schools nationwide, focusing on physical and psychological violence (Mossige & Stefansen, 2016). School selection followed patterns from Norwegian surveys determined by Statistics Norway (SSB) (Rossow & Bø, 2003). The survey targeted graduate

students aged 18-19 and some a little older due to sensitive topics (Mossige & Backe-Hansen, 2013; Mossige & Stefansen, 2016), with a 66 percent response rate (Mossige & Backe-Hansen, 2013; Mossige & Stefansen, 2016). The Ungvold 2015 dataset was provided by Oslomet University for this study.

4.3 Variables

Help-seeking behaviour was assessed using two different variables. The first variable involved the question, "*Have you ever been in contact with any of the following help services?*", with the response option "BUP" (Child and Adolescent Psychiatric Outpatient Clinic). The second variable utilized the same question, but with the response option "Psychologist/psychiatrist". These two variables were combined to ensure coverage of the broad spectrum of seeking professional mental health services. A code of 1 was assigned to indicate seeking help, while a code of 0 indicated not seeking help. This combination allowed for a comprehensive assessment of help-seeking behavior within the context of professional mental health services.

Suicide attempts were assessed using the question, "*Have you ever on purpose tried to kill yourself?*" The responses included "*No, never,*" "*Yes, once,*" and "*Yes, more than once.*" To facilitate analysis, a dummy variable was created. Those who reported having attempted suicide at least once were coded as 1, while individuals who had never attempted suicide were coded as 0. This dummy variable was utilized in the study to examine help-seeking behaviors following a suicide attempt.

Ethnicity In this study, the measurement of ethnicity involved the question "*Where are you and your parents born?*" It was categorized into nonwestern and western groups using a combination of three variables: the ethnicity of the child, mother, and father. If either the child or one/both of the parents originated from Africa, Asia, or South America, it was assigned the code 1. If the child and both parents were from Norway, or any other Nordic country, the rest of Europe, or North America/Oceania, they were coded as 0. This study's

valid measurement of ethnicity, dividing into nonwestern and western categories, aligns with previous research (Tørmoen et al., 2014).

Socio-economic status in this study was assessed using two distinct variables to capture cultural and economic capital. Economic capital was measured using the question, *"Financially, has your family been well off or badly off economically over the past two years?"* The response options ranged from 1 to 5, with the values flipped so that 1 represented *"We have had bad finances the entire time"* and 5 represented *"We have had good finances the entire time."* This reversed scale ensured that a higher value indicated a better economic situation. For cultural capital, education was measured through the question *"Which education do you think your father and your mother has? Tick off for the highest education level."* Two variables were combined: mother's education and father's education. The response options ranged from 1 to 4 and were turned into a dummy variable. If both parents had completed university or college education, it was coded as 1; anything lower (*general studies in high school, vocational studies in high school, junior high school or less*) was coded 0.

Depressive symptoms were assessed using the SCL-25 scale, which consisted of four response options ranging from *"Not bothered at all"* to *"Extremely bothered."* From *"Not bothered at all"* coded as 0 to varying degrees of being bothered coded as 1. A dummy variable was created, coding 1 for individuals with depressive symptoms and 0 for those without. Strand et al. established a cutoff value of ≥ 1.75 to identify the manifestation of depressive symptoms (Strand et al., 2003). The additional question from Ungdata survey was removed when measuring depression for this study.

Background variables the study included three background variables: gender (female = 1, male = 0), age (categorized as 18, 19, and 20 or over), and social network. Social network was assessed using the question *"How many friends do you have who you can trust, and who you can tell your secrets to?"* The response scale was from 1 to 5. A rating of 1 represented

the absence of friends, while a rating of 5 indicated a social network comprising more than five trustworthy friends.

4.4 Analytical strategies

Initially, a multiple linear regression analysis was done; however, it was later determined that logistic regression would be a more appropriate choice. Although the linear model yielded similar results to the logistic regression, the logistic regression offered a more robust and meaningful analysis in terms of odds estimation. Logistic regression is well-suited for modeling binary outcomes, allowing for the examination of relationships between predictor variables and the odds of a particular outcome. In contrast, linear regression is better suited for continuous outcomes. For this reason, the logistic regression model was chosen as the preferred approach for analyzing the data. A robustness check with the linear probability model (LPM) can be found in the appendix for reference as Table 1 as well as a margins plot; Figure 1 to Figure 8 (Osborne, 2008; Matias Castro^{1,2} and Carvalho Ferreira^{1,3}, 2022).

4.5 Limitations of the data (Ungvold 2015)

One limitation is reliance on self-reported data from adolescents, although such data has shown reliability and validity for assessing sensitive topics (Short *et al.*, 2009; Demetriou, Ozer and Essau, 2015). Another limitation is the use of the nonwestern background criterion for measuring ethnic minority status, which may not capture all aspects of ethnicity but has been considered valid (Tørmoen *et al.*, 2014). The study lacks information on the parent-child relationship and has a cross-sectional design, preventing the establishment of causal relationships ((Mossige & Stefansen, 2016). While a positive association between help-seeking and suicide attempts was found, the study design cannot determine causality.

4.6 Ethics

Ungvold 2015 protected participants' privacy through voluntary and anonymous participation, with no collection of identifying information for confidentiality (Mossige & Stefansen, 2016). Precautionary measures were taken to ensure student well-being given the sensitivity of the survey, and students were encouraged to seek support from the school

health service (SHS) or the social teacher (sosiallæreren) as needed. The SHS and social teachers were informed in advance about the potential need for their services through information letters. Furthermore, students were provided with a Red Cross telephone number as an alternative resource for further assistance if required (Mossige & Stefansen, 2016).

Chapter 5

5. Findings

5.1 Main findings.

The study's primary findings shed light on the relationship between adolescents and their propensity to seek support for mental health issues. One significant finding reveals that adolescents who have attempted suicide are more likely to utilize mental health services. Moreover, a distinct difference in help-seeking behavior emerges between adolescents of western and non-western backgrounds, with ethnic minority adolescents displaying a significantly lower rate of seeking mental health assistance. The research also highlights that adolescents from high-income households are less inclined to seek help, while those with higher-educated parents show a higher likelihood of seeking support. Adolescents with depressive symptoms are also more inclined to seek assistance from mental health services compared to their counterparts without such symptoms.

5.2 Secondary findings; background variables.

Female adolescents demonstrate a greater propensity to seek assistance. It is also observed that as adolescents advance in age, their inclination to seek help increases. Moreover, a positive correlation is revealed between the size of an individual's social network and their likelihood of seeking help. Specifically, adolescents with larger numbers of friends exhibit a higher tendency to seek assistance.

Chapter 6

6. Discussion and conclusion

6.1 Discussion

The finding that adolescents who have attempted suicide are more likely to utilize mental health services supports the notion that suicidal behaviors are influenced by social factors and the level of integration within society. In Norway, mental health is destigmatized, and adolescents have a high level of awareness, therefore seeking help for mental health issues is considered a normal practice. The research finding thus aligns with Durkheim's perspective on suicide. Norwegian adolescents who have experienced a suicide attempt may seek help to reintegrate into society or address the underlying social factors contributing to their distress. Absence of social stigma and the accessibility of mental health services in Norway contributes to a greater inclination among suicide-attempting adolescents to seek help (Pope, 1975; Taylor and Foucault, 2014, 2014; Bjørnsen *et al.*, 2019; Ruud and Friis, 2021) .

The intersectionality of ethnicity and disciplinary power, as highlighted in the findings, supports the theoretical framework's argument that ethnic considerations can amplify the experience of disciplinary power. The study identifies that ethnic minority adolescents display a significantly lower rate of seeking mental health assistance compared to adolescents from western backgrounds. This is attributed to added pressures to conform to cultural expectations and the associated stigma of deviating from accepted norms within their cultures (Cauce *et al.*, 2002; Keller *et al.*, 2019; Al-Shannaq and Aldalaykeh, 2021).

The findings on depression suggest that adolescents experiencing depressive symptoms are more likely to seek assistance from mental health services. This aligns with the disciplinary power theory (Taylor and Foucault, 2014). Although it may seem contradictory in the case of depressed teens seeking help, in Norway, there is a strong focus on mental health promotion and support in schools. This includes the presence of well-trained school nurses who offer a safe space for teens to discuss their mental health concerns. The availability of these accessible resources and the normalization of seeking help reduce the perception of abnormality and facilitate help-seeking behavior among depressed adolescents. In this context, the theory recognizes the complex interplay between power dynamics, norms, and

individual agency (Johannessen, Stubhaug and Skandsen, 2005; Skundberg-Kletthagen and Moen, 2017; Bjørnsen *et al.*, 2019). For female adolescents, a greater propensity to seek assistance aligns with the disciplinary power theory as well. In this case, the gender norms surrounding boys, such as emotional stoicism, physical toughness, and autonomy, restrict their agency and create barriers to help-seeking which are absent for them. (Danielsson *et al.*, 2011; Taylor and Foucault, 2014; Way *et al.*, 2014).

In the case of adolescents from low-income households, their likelihood of seeking help aligns with the theory of social capital and disciplinary power by means of accessing resources and support networks to overcome their socioeconomic challenges (Bourdieu and Bourdieu, 2002; Weininger, 2005) (Stanton-Salazar and Spina, 2003). Furthermore, the theory of disciplinary power suggests that individuals with less power and agency are more likely to seek help as they may be more dependent on external sources for assistance. Therefore, the finding supports the idea that socioeconomic status and power dynamics influence help-seeking behaviors in line with these theories (Taylor and Foucault, 2014). Moreover, adolescents with highly educated parents show a higher likelihood of seeking mental health assistance. This can empower them to seek help more effectively and be more aware of the benefits of seeking assistance (Weininger, 2005; Huang, 2019). The theory of disciplinary power also suggests that individuals with higher socioeconomic status have more agencies and resources to navigate the healthcare system and seek help when needed. Therefore, the finding supports the idea that educational attainment and socioeconomic status play a role in shaping help-seeking behaviors.

Contrasting the social capital and disciplinary power theories, older adolescents were found to be more likely to seek help (Pope, 1975; Taylor and Foucault, 2014). These theories focusing on social norms and power structures suggest that younger adolescents, who are more influenced by social norms, would seek assistance more. However, previous research shows that older adolescents may exhibit increased self-reliance and higher levels of mental health literacy, possibly due to accumulated experiences and knowledge (Kutcher *et al.*, 2016; Radez *et al.*, 2021). A negative correlation was found between social networks; having

trusted friends, and help-seeking behavior. This highlights the influence of social connections on disciplinary power dynamics. Smaller social networks may make individuals more susceptible to disciplinary power, as they rely more on seeking help and external support (Weininger, 2005; Evans, Davidson and Sicafuse, 2013; Taylor and Foucault, 2014; Campbell *et al.*, 2015).

6.2 Theoretical implications and contribution

By examining suicide-attempting adolescents' help-seeking behavior in relation to socio-economic status, ethnicity, and depression, the study sheds light on the intricate interplay between various factors in relation to help-seeking. The results mostly align with established theoretical frameworks such as Durkheim's theory of suicide, Foucault's disciplinary power and Bourdieu's social capital theory, highlighting the impact of social integration, societal norms, cultural capital, and economic resources on help-seeking decisions. This research adds to our understanding of the complex dynamics that influence adolescents' willingness to seek mental health support and can potentially provide insight for the development of targeted interventions and policies. Still, further research is necessary to explore additional factors and longitudinal outcomes, enabling a more comprehensive understanding of adolescents' help-seeking behavior in the future.

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Appendix

Table 1. Linear probability models to predict help-seeking behaviour. N = 3,817

Help-seeking	Model 1 Coef. (S.E)	Model 2 Coef. (S.E)	Model 3 Coef. (S.E)	Model 4 Coef. (S.E)
Suicide attempt	0.518*** (0.0276)	0.490*** (0.0275)	0.448*** (0.0276)	0.406*** (0.0275)
Non-western		-0.0973*** (0.0268)	-0.116*** (0.0268)	-0.0953*** (0.0265)
Female		0.0848*** (0.0130)	0.0755*** (0.0130)	0.0406** (0.0133)
Age (ref. 18 year old)				
19 year old		0.0430** (0.0141)	0.0389** (0.0140)	0.0347* (0.0138)
20 & over		0.201*** (0.0278)	0.178*** (0.0278)	0.167*** (0.0274)
Socio-economic status (SES)				
Financial situations			-0.0578*** (0.00696)	-0.0484*** (0.00693)
Higher education			0.0330* (0.0139)	0.0336* (0.0137)
Social network			-0.0239*** (0.00616)	-0.0135* (0.00616)
Depressive symptoms				0.144*** (0.0139)
R2	0.085	0.035	0.131	0.154

Exponentiated coefficients; 95% confidence intervals in brackets

* p<0.05, ** p<0.01, *** p<0.001

1. Margins plot

1.1 Main findings

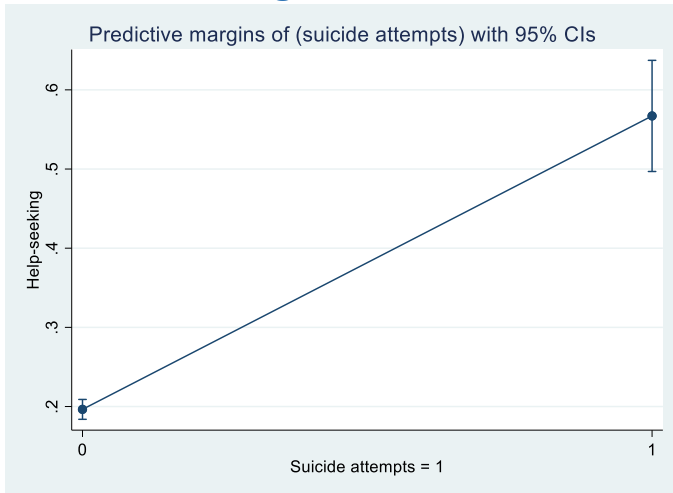


Figure 1: Help-Seeking Behavior among Teen Suicide Attempters.

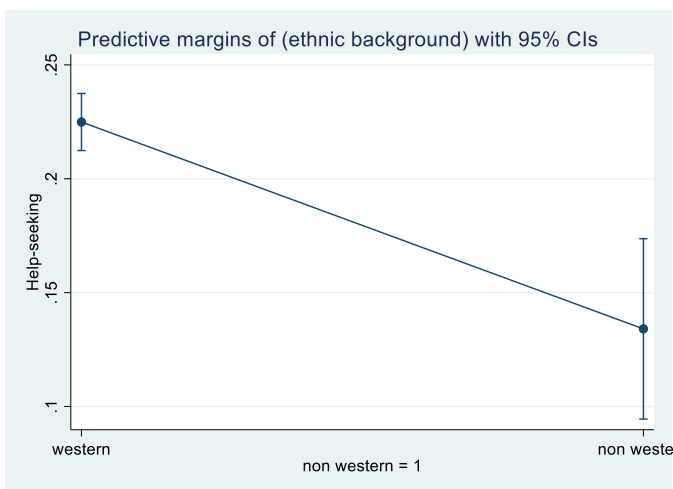


Figure 2: Help-Seeking Disparities between Non-Western and Western Adolescents.

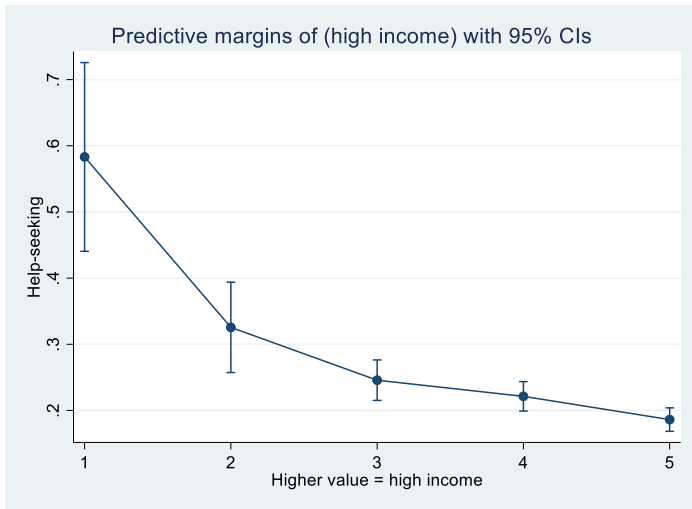


Figure 3: Help-Seeking across Different Economic Status.

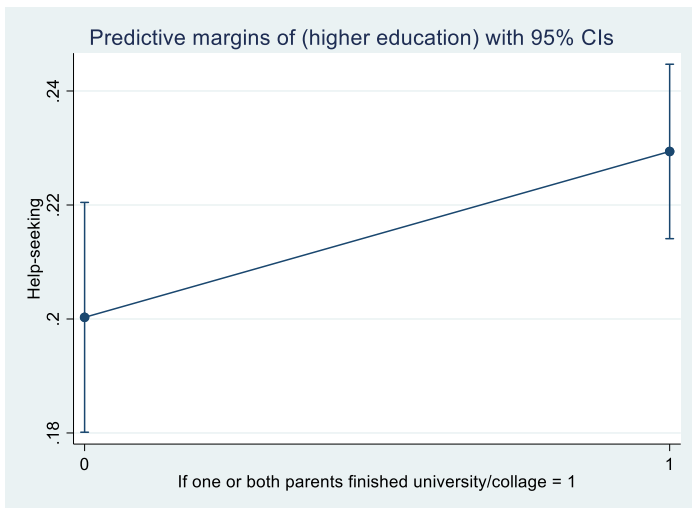


Figure 4: Help-Seeking Disparity Based on Parental Education

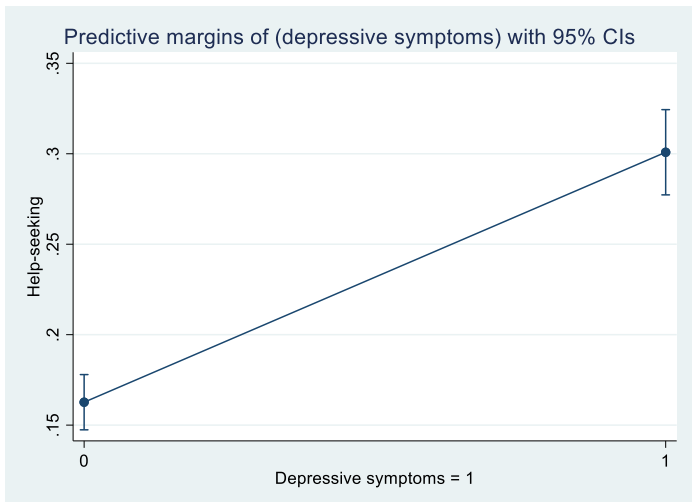


Figure 5: Help-Seeking Behavior and Depressive Symptoms

1.2 Secondary findings

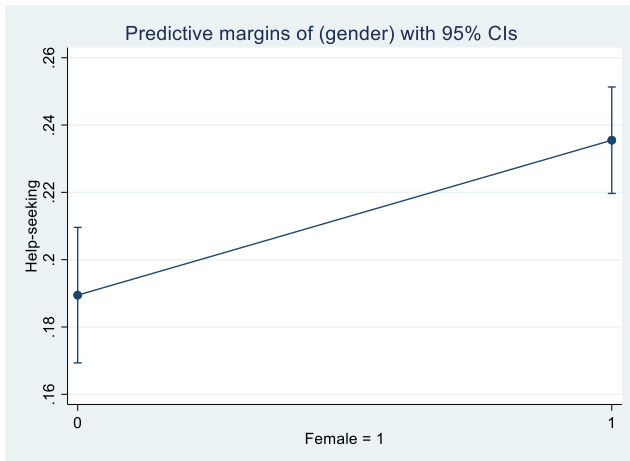


Figure 6: Gender Differences in Help-Seeking Behaviour.

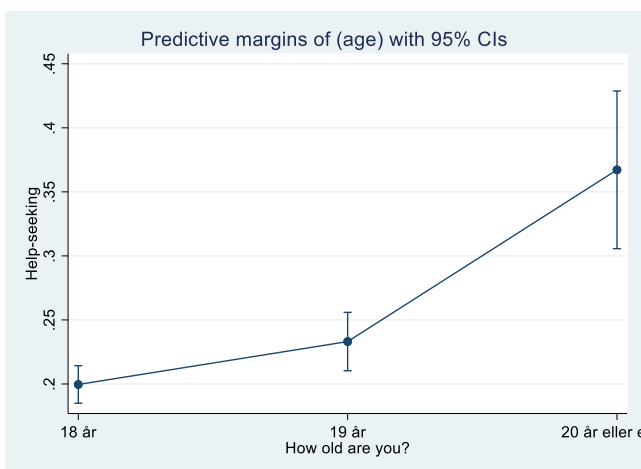


Figure 7: Age Differences in Help-Seeking Behaviour. Translation (18 years old, 19 years old, 20 and over)

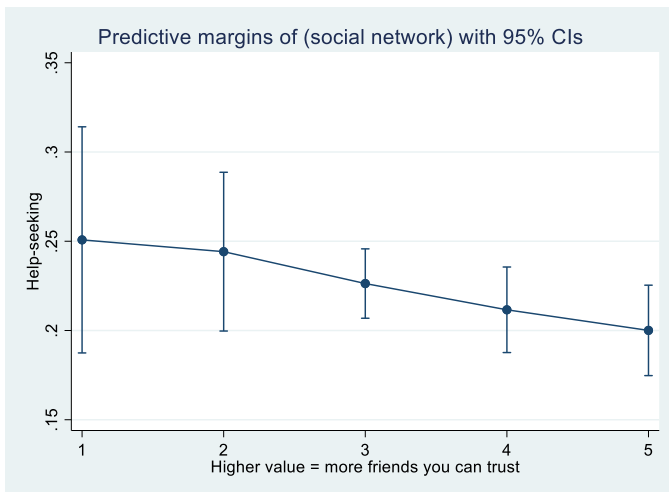


Figure 8: Social Network Differences in Help-Seeking Behaviour

An Examination of Help-Seeking Behaviour Among Adolescents with a History of Suicide Attempts: A Cross-Sectional Study in Norway

Abstract

Understanding the help-seeking behavior of youth who have attempted suicide is critical. Individuals who have attempted suicide are typically reluctant to seek assistance, highlighting the importance of improving help-seeking tendencies among them. This research aims to investigate the connection between adolescents' help-seeking behavior, suicide attempts, and the factors that may influence post-suicide attempt teens in seeking help. This study uses Ungvold (2015) data from Norway, encompassing a sample of 4,033 students aged 18-19, with a subset aged 20 and over. Logistic regression revealed that odds of seeking help for adolescents who have attempted suicide was ten times higher compared to those who did not. Ethnic minority teens had lower odds of seeking help, while depressive symptoms increased the likelihood of help-seeking. Adolescents from affluent families displayed a lower inclination to seek help compared to their economically disadvantaged peers, whereas adolescents with highly educated parents were more likely to seek help than those with less educated parents. The findings suggest the need for interventions to address the barriers to help-seeking among ethnic minority teens, to develop programs to encourage help-seeking among adolescents who have not attempting suicide, and to consider multiple factors in understanding help-seeking behaviour among suicide-attempting teens.

Abstract word count: 198

Article word count: 8964

KEYWORDS: Adolescence, mental health problems, suicide attempts, mental health resources, ethnicity, nonwestern background, socio-economic status, financial resources, higher education, depression.

Introduction

Suicide represents a societal concern that afflicts nations worldwide and is defined as the deliberate act of ending one's life due to overwhelming suicidal ideations. The intricate nature of suicidal attempts can have adverse impacts on the mental well-being of young individuals. Therefore, it is imperative to examine whether mental health services designed to address suicidal behavior are accessible to those in need (Shain *et al.*, 2016). Previous research has indicated that adolescents grappling with mental health concerns such as depression, anxiety, and trauma, as well as those who have experienced suicide attempts, exhibit a decreased propensity to seek mental health assistance (Rickwood, Deane and Wilson, 2007; Chu, Hsieh and Tokars, 2011; Primananda and Keliat, 2019).

The relationship between attempted suicide and the willingness to seek help is influenced by multiple factors. Adolescents from lower socio-economic backgrounds can face obstacles such as financial constraints, limited access to healthcare resources, and the presence of mental health stigma. These challenges can act as deterrents, inhibiting their inclination to seek support and assistance (Cummings, 2014). Being an ethnic minority or experiencing depression and other mental health problems may also impede adolescents' ability to recognize and seek help for their symptoms (Wu *et al.*, 2001; Guo *et al.*, 2015). Research findings indicate that individuals belonging to ethnic minority groups demonstrate a reduced likelihood of pursuing mental health treatment, despite facing a disproportionate impact from suicidal ideations and behaviors (Barker and Adelman, 1994; Freedenthal, 2007; Nestor, Cheek and Liu, 2016; Oh *et al.*, 2019). This is particularly concerning regarding teenagers who have previously attempted suicide, as research highlights that prior suicide attempts can elevate the risk of future attempts (McManama O'Brien, 2015). Given that

untreated depression is a significant contributor to teen suicide, depression and suicide are closely linked among teenagers. Teens who suffer from depression are 12 times more likely to attempt suicide than those who do not, and over 50% of those who complete suicide, suffered from major depressive disorder (King and Vidourek, 2012).

This study aims to investigate the relationship between suicide attempts and help-seeking among adolescents. Moreover, it seeks to examine how the relationship between suicide attempts and help-seeking behaviour can be influenced by factors such as ethnicity, socio-economic status, depression, and other societal issues.

This study aims to contribute to the existing literature in several ways. First, by using nation representative data from Ungvold 2015, this study provides a detailed examination of adolescent behavior. Second, the research delves into the barriers that adolescents encounter when seeking help, and how these obstacles are intertwined with suicide attempts. This provides insight into the complex factors influencing help-seeking behavior among suicidal Norwegian. Third, this study measures economic and cultural factors separately when looking at the impact of socioeconomic status on the relationship between suicide attempts and help-seeking. This is important as there has been relatively little research that has separated economic and cultural factors when examining help-seeking (Finnvold, 2019; Bøe *et al.*, 2021). The results from this study may help identify patterns in help-seeking among suicidal Norwegian adolescents, and further assist mental health practitioners in tailoring their services to better assist adolescents in need, increase help-seeking behavior and improve mental health outcomes in Norway.

Background

Adolescence represents a critical phase of development characterized by consequential decision-making related to key life domains, including education, career, and relationships. Regrettably, mental health issues are highly prevalent among adolescents, impacting approximately 10% to 20% of the population (Skundberg-Kletthagen and Moen, 2017; Kaiser, Kyrrestad and Fossum, 2020). Mental health issues during adolescence can

have a substantial impact on an individual's overall health, academic performance, and social functioning. Adolescents facing such challenges are at a higher risk of developing harmful habits, including drug abuse, self-harm, and suicidal behavior, thereby underscoring the critical need for addressing mental health concerns among this population (Radez *et al.*, 2021). Furthermore, these problems often persist into adulthood, becoming a leading cause of mental disability among young adults. Although numerous mental health problems emerge during adolescence, they frequently remain untreated in that age group (Radez *et al.*, 2021).

Adolescents encounter a significant obstacle when it comes to seeking assistance for their mental health concerns. Their limited knowledge about available mental health resources poses a challenge, and additional barriers arise due to the presence of stigma and shame, which tend to deter them from seeking help. These factors collectively contribute to a reluctance among adolescents to address their mental health issues (Salaheddin and Mason, 2016; Tharaldsen *et al.*, 2017). Moreover, adolescents' inclination towards privacy, heightened need for autonomy, self-sufficiency, and fragile self-identity can impede their willingness to seek assistance. Adolescents who choose to seek help usually prefer to turn to members of their informal social network, such as family and peers, rather than seeking help from more formal sources, such as family physicians and psychologists (Guo *et al.*, 2015).

Given the gap between mental health need and service use during adolescence, it is crucial to understand the factors that influence young people's help-seeking patterns (Tharaldsen *et al.*, 2017). Suicide attempters exhibit a disinclination to seek help, which emphasizes the need to enhance help-seeking behaviors in this group. This reluctance may stem from several factors, including the belief that no intervention will be effective, the perception that seeking help is a sign of weakness and failure, and the denial of the existence of mental health issues. Addressing these factors through the development of appropriate strategies can encourage early intervention and decrease the likelihood of negative outcomes (Hultén *et al.*, 2001; Moskos *et al.*, 2007). However, a considerable number of teenagers and young

adults who attempt suicide do not obtain psychiatric consultation or aftercare advice.

Suominen et al. (2004) found that before their suicide attempt, about two-thirds of male individuals between the ages of 15 and 19 had no contact with treatment facilities within a month. In the month after the attempt, approximately half of the individuals did not receive any healthcare contact (Suominen *et al.*, 2004).

Furthermore, adolescents encounter a multitude of obstacles when seeking help, such as limited financial resources and insufficient mental health literacy. Adolescents from disadvantaged socioeconomic backgrounds face difficulties in accessing mental health services, while ethnic minority populations may exhibit suspicion or mistrust towards the same services. These factors contribute to a reduction in help-seeking behaviours and delayed intervention among these groups (Rickwood, Deane and Wilson, 2007; Cummings, 2014; Beukema *et al.*, 2022). Depression is a prevalent mental health disorder among adolescents, with an estimated prevalence of 1.1% among adolescents aged 10-14 years and 2.8% among those aged 15-19 years (WHO, 2021). Unfortunately, despite the availability of effective treatments such as cognitive-behavioral therapy alongside fluoxetine; an antidepressant medication, many depressed adolescents do not receive appropriate care (Wu *et al.*, 2001; Hollon, Garber and Shelton, 2005; O'Connor *et al.*, 2016). If left untreated, depression during adolescence can give rise to detrimental outcomes, including self-harm, substance abuse, school dropout, and suicide attempts (Hawton, O'Connor and Saunders, 2015; Bowman, McKinstry and McGorry, 2017).

It is crucial to identify the factors that influence help-seeking behaviors and enhance the willingness of adolescents to seek assistance, particularly concerning suicide attempts. A multi-level approach is required to address the mental health needs of adolescents, which involves increasing access to mental health services, reducing stigma, and improving mental health literacy (Boydell *et al.*, 2006; Kutcher *et al.*, 2016; DeFosset *et al.*, 2017). By promoting early intervention, the burden of mental health disorders can be mitigated, improving the quality of life for adolescents, and reducing the long-term social and economic costs of untreated mental illness (Hall and Wise, 1995; Donohue and Pincus, 2007; Patel *et*

al., 2007). Hence, this research analysis aims to investigate the connection between adolescents' mental health help-seeking behavior, suicide attempts and the various factors that may influence post suicide attempt teens in seeking help. Gathered and formulated through prior research, we hypothesis that:

H1: Adolescents that have attempted suicide are less likely to contact mental health services than adolescents who have not attempted suicide.

Previous studies & contributing factors to help-seeking

Professional mental health services are recorded to be effective in reducing suicidal behaviour, as without follow-ups and sufficient aftercare, suicide attempters are inclined to persist until death (Hultén *et al.*, 2001). Despite the beneficiary impact of help-seeking, suicidal adolescents are found to exhibit reluctance in contacting mental health services. Previous research finds that the unwillingness in seeking help after a suicide attempt can be due to the connection between suicidal behavior and feelings of stigmatization, shame, embarrassment, and lack of trust in the mental health system. This hesitation to seek assistance creates obstacles preventing adolescents from receiving the help they need (Aisbett *et al.*, 2007; Moskos *et al.*, 2007).

Ethnic minority is defined as individuals with nonwestern immigrant backgrounds in this study. Research on nonwestern immigrant adolescents in Norway and their help-seeking behavior for mental health services has produced mixed results. Some studies suggest that adolescents may face barriers, such as language difficulties, cultural differences, and limited knowledge about available resources, leading to delays in help-seeking and resorting to informal sources of support (Rickwood, Deane and Wilson, 2007; Byrow *et al.*, 2020; Kour *et al.*, 2021). Other research has indicated that nonwestern immigrant adolescents in Norway may be more inclined to seek help from formal mental health services compared to their peers in other Western countries such as the Netherlands (de Haan *et al.*, 2012), possibly due to the availability of the social welfare systems. General practitioners can play an important role in facilitating access to mental health services for nonwestern immigrant in

Norway too as they often are the first point of contact for patients (Harris *et al.*, 2021; Pettersen and Debesay, 2023). In this study, we expect that:

H2: Nonwestern immigrant youth are less likely to contact mental health services than western immigrant youth in Norway.

Socioeconomic status greatly influences help-seeking behavior. Research shows that adolescents from low-income families face significant challenges in accessing mental health services due to financial limitations. These limitations not only affect their ability to afford transportation, medication, and health insurance, but also lead to underutilization of mental health services and inadequate care (Srebniak, Cauce and Baydar, 1996; Kuhl, Jarkon-Horlick and Morrissey, 1997; Kataoka, Zhang and Wells, 2002; Eiraldi *et al.*, 2006). Parental education serves as a significant predictor of help-seeking behaviour as well. However, research conducted on the topic has produced mixed results. While some studies suggest a higher likelihood of help-seeking among those with highly educated parents, other studies do not find a significant association (Bøe *et al.*, 2021). Factors, such as stigma, access to services, and mental health severity, also play important roles. Nevertheless, families with at least basic parental education tend to have longer contacts with mental health services (Godoy *et al.*, 2014; Haavik *et al.*, 2019). In this study, we will separately analyze the economic and cultural aspects of the socio-economic barrier. Our hypothesis is that:

H3: Adolescents on the higher end of the socio-economic spectrum to be more likely to seek professional mental help than those on the lower end.

Existing research suggests that individuals are less likely to seek help as their depressive symptoms increase (Wilson, Rickwood and Deane, 2007). Less than half of adolescents with depression seek treatment by age 18, indicating other factors may play a role. In voluntary treatment settings, acknowledging the need for intervention is vital to accessing mental health services. Mere recognition of the need for help doesn't reliably translate into seeking or receiving it, with only a small proportion taking that step (Meadows *et al.*, 2000; Kessler,

Avenevoli and Ries Merikangas, 2001; Essau, 2005). Therefore, we explore the impact of depressive symptoms and help-seeking:

H4: Adolescents showing depressive symptoms are less likely to seek help than those that do not.

In this study, we will consider gender, age and social network when exploring factors that may have important impact on help-seeking behaviour. Gender is found to be associated with help-seeking. Empirical evidence suggests that Norwegian girls exhibit higher rates of help-seeking behaviors from both formal and informal sources in comparison to boys. This difference can be attributed to factors such as *gender socialization*, where girls are encouraged to express their emotions while boys are taught to suppress them (Andersson *et al.*, 2010; Wide *et al.*, 2011).

Age is another influential factor in adolescent help-seeking, but studies have yielded conflicting results regarding age as a barrier to help-seeking behavior. Some studies suggest that younger adolescents are more likely to seek help, possibly due to them being more vulnerable and reliant on their support systems. Others suggest that older adolescents, who have developed greater autonomy and self-reliance, may be more willing to seek help. Nevertheless, negative experiences with mental health systems and a loss of trust in informal support systems can deter help-seeking among older adolescents. Older adolescents may also face challenges and stressors that their families and peers might not relate to, further discouraging them from seeking help (De Luca, Lim and Yueqi, 2019; Radez *et al.*, 2021).

Having close friends is found to be related to help-seeking. Adolescents with close friends may feel more comfortable receiving guidance to find appropriate resources, or attend appointments (Lindsey *et al.*, 2006). Discussing mental health struggles with close friends can sometimes result in friends encouraging the adolescent to seek help or the friends telling an adult about the teens' struggles, against their wishes. Although this can be

challenging, it can be a pathway to accessing necessary resources to address mental health concerns (Campbell *et al.*, 2015).

Data & Method

Data

The dataset chosen for this quantitative research is ungvold-survey in 2015. Ungvold survey was conducted by NOVA where 4,033 students from 48 schools were involved nationally focusing on adolescents' exposure to violence within family: physical and psychological (Mossige & Stefansen, 2016). The selected schools were drawn by Statistics Norway (SSB) who based their unit selection on the pattern of the young in Norwegian surveys (Rossow & Bø, 2003). Graduate students between the ages of 18 – 19; with some 20s and over were chosen for the survey due to the sensitive topics involved. The survey was conducted in a classroom environment with a supervising teacher in attendance. Students were provided with electronic questionnaires, and the study culminated in a response rate of 66 percent (Mossige & Backe-Hansen, 2013).

Variables

The dependent variable in this study is help-seeking behaviour. It is assessed with the question *“Have you ever been in contact with one of these help services? – BUP (Child and Adolescent Psychiatric Outpatient Clinic) or psychologist/psychiatrist.”* Adolescents seeking help from mental health services are coded 1 and 0 otherwise. *Suicide attempt* is measured by the question *“Have you ever tried to take your life?”* Those who attempt suicide at least once are coded 1 and 0 otherwise.

Non-Western immigrant background of Norwegian youth is assessed using birth country. If they and/or both of the parents are from either Africa, Asia or South America they are coded 1 and 0 otherwise.

The *socioeconomic status* variable is measured by the financial status of the family and the parents' educational status. *Financial status* pertains to the economic stability of the adolescent's family. Participants were asked whether they and their family, for the past two years had experienced good or poor financial situation, using a scale ranging from 1 to 5 [1 stating, "We have had bad finances the entire time" and 5 stating "We have had good finances the entire time"]. Confessing to struggling financially is coded 1. *The parents' educational level* refers to whether the adolescent's parents have finished university/collage. If the parents have achieved higher education, it is coded 1 and 0 otherwise.

Depressive symptoms are assessed using the Hopkins Symptom Checklist (SCL-25). Strand et al establish a cutoff value of ≥ 1.75 to determine the manifestation of such symptoms. Adolescents showcasing depressive symptoms are coded 1 and 0 otherwise (Strand et al., 2003).

The control variables are *gender* (female=1), *age* (18, 19 and 20 or over, coded as dummy variables) and *social network*. The study evaluated the participants' social networks using a 1 to 5 scale in response to the question, "How many trustworthy friends do you have to confide in?" A rating of 1 indicated the absence of friends, while 5 indicated a social network consisting of more than five trustworthy friends.

Analytical strategy

Logistic regression models were fitted, controlling for potential confounders. The logistic regression is a link function of the logit function: $logit(\pi) = \ln\left(\frac{\pi}{1-\pi}\right) = \beta_0 + \beta X$. $logit(\pi)$ is the natural logarithm of the odds $\frac{\pi}{1-\pi}$, where π is the probability for help-seeking behaviour. In the logit function, β_0 is the intercept, β is the coefficient, and X is a matrix of covariates. The regression coefficients and the standard errors were used to calculate odds ratios and 95% confidence intervals. Odds ratio is also the inverse form of logit function (abbreviated as sigmoid function): $\pi = logit^{-1}\left(\log\left(\frac{\pi}{1-\pi}\right)\right) = \frac{1}{1+e^{-(\beta_0+\beta X)}}$. Odds ratio measures the association between help-seeking and the covariates, representing the

interpretation of odds ratio is simply the odds for help-seeking behaviour given a certain exposure (such as suicide attempts), compared to the odds of help-seeking behaviour in the absence of the exposure (e.g., if an individual never attempted suicide).

We fitted four models. The first model only includes suicide attempt, the second model controls in addition for demographic backgrounds (age, gender, and ethnicity), the third model adds socioeconomic status and social network (financial status, education, and friends), and the full model includes depressive symptoms. We have also performed a robustness test to analyze interaction terms between suicide attempts and ethnicity, socioeconomic status, and depressive symptoms (Appendix Table 2).

Results

Descriptive statistics

Table 1 provides an overview of the selected variables for the regression analysis using help-seeking behaviour. Almost one in five respondents (18.8%) who attempt suicide are likely to seek help while (2.2%) are not likely to do so. Less than six percent (5.9%) of the respondents with nonwestern-minority background contact mental health services. On average (59.2%), females demonstrate a slightly higher likelihood of seeking help compared to males. The majority of adolescents at the age of eighteen (58.3%), almost one in three at the age of nineteen (30.2%) and around eleven percent around the age of twenty and over (11.5%) are willing to contact mental health services. Respondents from poorer economic backgrounds exhibit moderate help-seeking behavior (mean=3.8), while those from higher economic backgrounds are less likely to seek professional mental health assistance (mean=4.3). The majority of adolescents (64.7%) with highly educated parents are willing to receive help. Those with at least one trusted friend in their social network exhibit moderate help-seeking behavior (mean=3.3). Among those deemed to suffer from depressive symptoms, the majority (60.8%) are willing to receive professional mental health support. However, one in five individuals (30.5%) who do not exhibit such symptoms are less likely to seek help.

Table 1. Descriptive statistics by help-seeking behaviour.

Variables	Help-seeking		No help-seeking		Min/Max
	Mean (SD)	N	Mean (SD)	N	
Suicide attempt	.188 (.391)	947	.022 (.147)	3,327	0/1
Non-western background	.036 (.186)	971	.047 (.211)	3,416	0/1
Female	.699 (.459)	967	.568 (.495)	3,381	0/1
Age	2.532 (.692)	965	2.374 (.568)	3,399	2/4
18-year-old	.583 (.493)	563	.671 (.479)	2,280	0/1
19-year-old	.302 (.459)	291	.285 (.451)	968	0/1
20 and over	.115 (.319)	111	.044 (.206)	151	0/1
Financial status	3.866 (1.103)	931	4.262 (.885)	3,335	1/5
Parents' higher education	.647 (.478)	941	.679 (.467)	3,294	0/1
Social network	3.343 (1.077)	956	3.665 (1.049)	3,375	1/5
Depressive symptoms	.608 (.488)	922	.305 (.460)	3,263	0/1

Findings from logistic regressions

Presented below in Table 3 are the results of the multi-variate logistic regression analysis.

Model 1 documents a strong positive association between contacting mental health services and suicide attempts, disproving our first hypothesis. The odds ratio for attempting suicide is 10.36, meaning that for every child who attempts to take their own life, the odds of seeking help increases by 10.36 times.

In the second model, the extent to which demographic predictors such as nonwestern immigrant background, gender and age impacts adolescents help-seeking behaviour is examined. The odds ratio of suicide attempts in Model 2 decreased to 9.67. This indicates that demographic variables explain some of the variance previously accounted for by suicide attempt alone. An odds ratio of 0.49 indicates a decrease in the odds of nonwestern adolescents seeking help by 49%, compared to western adolescents. This supports our second hypothesis, *H2*. The odds ratio for gender and help-seeking is 1.78, meaning the odds

of females reaching out for help is 78% more likely than males. Age is stratified into three distinct groups, with the reference category being individuals who were eighteen years old, and two odds ratios were calculated for the other two groups. It is discovered that nineteen years old are 1.32 times more likely, while twenty and over are 3.092 times more likely to reach out for help compared to eighteen-year-olds.

Model 3 includes socio-economic status and social network. Suicide attempts are still significantly associated with help-seeking behaviour, but the effect size has decreased from 9.67 to 7.94. There is a negative association between a family having a stable economic status and an adolescent’s penchant for seeking help. The odds ratio for individuals with poor economic stability is 0.70, meaning that the odds of contacting mental health services are 0.70 times lower for individuals who come from families with stable financial situations. However, growing up with highly educated parents has a positive association with seeking help. The odds ratio of having higher educated parents is 1.24. Meaning that adolescents are 24% more likely to reach out to seek help. This partly confirmed our third hypothesis (*H3*); although higher income is correlated with lower likelihood of seeking help, higher educational level is significantly associated with higher degree of help-seeking. Lacking trusted friends to confide in appears to have a negative association with help-seeking.

Model 4 controls for depressive symptoms. The model shows a strong positive relation between depressive symptoms and seeking help, which does not support our fourth hypothesis (*H4*). The odds ratio is 2.425, which represents a 142.5% increase in the odds of depressed teens reaching out for professional help. The odds ratio of suicide attempts dropped from 7.94 to 6.47, but the association is still significant.

Table 2. Logistic regression models to predict help-seeking behaviour. N = 3,817

Help-seeking	Model 1	Model 2	Model 3	Model 4
	Odds ratio	Odds ratio	Odds ratio	Odds ratio
	[95% CI]	[95% CI]	[95% CI]	[95% CI]

Suicide attempt	10.36*** [7.649,14.02]	9.674*** [7.085,13.21]	7.937*** [5.779,10.90]	6.468*** [4.687,8.925]
Non-western		0.491*** [0.331,0.729]	0.426*** [0.284,0.639]	0.474*** [0.313,0.717]
Female		1.783*** [1.495,2.125]	1.720*** [1.437,2.058]	1.371*** [1.136,1.654]
Age (ref. 18 year old)				
19 year old		1.324** [1.108,1.582]	1.294** [1.080,1.550]	1.263* [1.052,1.518]
20 & over		3.092*** [2.263,4.224]	2.760*** [2.006,3.799]	2.640*** [1.908,3.652]
Socio-economic status (SES)				
Financial situations			0.701*** [0.644,0.765]	0.739*** [0.676,0.806]
Higher education			1.239* [1.032,1.488]	1.245* [1.034,1.499]
Social network			0.853*** [0.788,0.925]	0.914* [0.842,0.992]
Depressive symptoms				2.425*** [2.029,2.899]
Pseudo R2	0.0639	0.0886	0.1108	0.1345

Exponentiated coefficients; 95% confidence intervals in brackets

* p<0.05, ** p<0.01, *** p<0.001

Discussion

The results indicate that adolescents who have attempted suicide are more prone to utilizing mental health services. Notably, there is a clear difference in help-seeking between

adolescents of western and non-western backgrounds, with ethnic minority adolescents resorting to seeking mental health assistance at a significantly lower rate. The research also discovered that adolescents from low-income households were more likely to seek help, alongside those with highly educated parents. Furthermore, it was observed that adolescents with depressive symptoms were more inclined to seek assistance compared to those without depressive symptoms. Overall, these results suggest that various psychosocial and demographic factors can influence adolescents' inclination to seek support for mental health issues.

The study hypothesized that suicidal adolescents are less likely to seek help. However, we found a strong positive correlation between contacting mental health services and suicide attempts. Specifically, the results suggest that adolescents who attempt suicide are over 10 times more likely to seek professional help than those who do not. These results align with a previous study conducted in Oslo, Norway, which found that suicidal adolescents were more inclined to seek help from child and adolescent psychiatric services (Tørmoen *et al.*, 2014). Nevertheless, the framing of the survey questions in both studies presents some limitations as they focus on "contact" regarding help-seeking behavior, making it challenging to distinguish between willing and unwilling help-seeking. The use of the term "contact" restricts the knowledge of whether the adolescents voluntarily sought help or just came in contact with mental health services and thus answered 'yes' to help-seeking on the survey. Norwegian studies suggest that suicidal adolescents may be coerced into seeking help, and involuntary hospitalization can occur if an individual is deemed to be at risk to themselves (Szasz, 1986; Berge *et al.*, 2018). This could explain why in our study Norwegian adolescents who attempt suicide are more likely to seek help, as involuntary hospitalization could constitute "contact" with mental health services in an adolescent's mind.

We found that nonwestern adolescents are less likely to seek professional mental health services. This finding is consistent with previous studies that have highlighted the disparities in mental health care received by ethnic minorities compared to non-minorities (Forte *et al.*, 2018). Research has shown that ethnic minorities receive inadequate mental health care

compared to non-minorities, often facing discrimination and skepticism from professionals when seeking help. This negative experience further deters minority individuals from reaching out when in need (Wang *et al.*, 2020). The stigmatization of mental health issues within these communities and fear of community backlash can prevent adolescents from voicing their mental health concerns (Knifton, 2012; McCann *et al.*, 2016). We also discovered that the effect of help-seeking in suicide attempting teens decreased with the addition of ethnicity and other demographic factors, gender, and age. This suggests that the relationship between suicide attempt and help-seeking may be partially explained by ethnicity. The higher risk of suicide attempts among ethnic minorities could be attributed, in part, to the significant role that discrimination and racism play. The cultural context of prioritizing saving face, self-reliance, and family image provides a reason as to why racial minorities might avoid seeking mental health services (Oh *et al.*, 2019).

Our analysis revealed that adolescents from lower financial status are more likely to seek help, which partly goes against the earlier assumption on socio-economic status. This finding contrasts with previous research, such as the study by Gulliver, Griffiths, and Christensen (2010), which suggest that individuals from low-income backgrounds may face financial barriers in accessing mental health services. In Norway approximately 12.2% of children have parents who undergo treatment for mental illness or alcohol use disorder each year. Research indicates that roughly one-third of adult psychiatric service patients are parents with young children. These children, referred to as Children of Parents with a Mental Illness, are more prone to encountering challenges related to their emotions, behaviors, and thinking abilities (Kristensen, Lauritzen and Reedtz, 2022). Furthermore, a study conducted by the Norwegian Institute of Public Health, establishes a clear association between parental income levels and the likelihood of children being diagnosed with mental illness (Kinge *et al.*, 2021).

Existing research also supports the notion that knowledge about mental health empowers individuals to better cope with mental illness. When children receive accurate and non-stigmatizing information about parental mental illness, treatment, and recovery, they gain

understanding and find solace in sharing their experiences. The knowledge about their parent's mental health addresses their concerns and increases the likelihood of seeking assistance. This may explain the higher propensity of low-income adolescents seeking mental health help, as indicated by our research findings (Kristensen, Lauritzen and Reedtz, 2022). Although the first part of the hypothesis was contradicted, the second part of the hypothesis was confirmed. One possible explanation for this can be that parents who have attained higher levels of education might possess a greater understanding of the potential advantages associated with mental health services or be less inclined to associate seeking assistance with social disapproval (Godoy *et al.*, 2014). Children rely on their parents to identify and address their mental health issues, including psychopathologies. In situations where access to healthcare and mental health professionals is limited for children and adolescents, parental perspectives on their children's mental health problems become crucial in determining whether they seek services (Abera, Robbins and Tesfaye, 2015).

With the inclusion of socio-economic status along with social network, suicide attempts decrease once more. An explanation for this phenomenon could be that children raised in low-income households are forced to mature quickly to avoid adding financial stress to their families. This "adultification" of childhood can lead to mental health issues, including an increased risk of suicide (Parry, Martorano and Cotton, 1976; Burton, 2007; Curtis, 2010). Moreover, the reluctance of adolescents to seek help may stem from a combination of factors including unrealistic expectations imposed by well-educated parents. A pervasive sense of shame, fear, and a reluctance to burden their parents after an attempted suicide could also further hinder their willingness to seek assistance (Freedenthal and Stiffman, 2007; Reynolds and Baird, 2010).

Our initial assumption was that depressive teens are less likely to seek help, but the result of this study shows that this is not always the case. The reason for this could be attributed to the fact that Norway has a well-developed mental health care system. Norwegian society places a strong emphasis on mental health, which could contribute to more awareness about the importance of seeking help (Johannessen, Stubhaug and Skandsen, 2005). School

nurses play a critical role in encouraging and supporting depressed teens to seek help. School nurses are often the first point of contact for students struggling with mental health issues. They can identify and refer depressed teens for appropriate care and offer support and guidance throughout the process (Skundberg-Kletthagen and Moen, 2017; Bjørnsen *et al.*, 2019). School nurses combined with the well-developed mental health care system in Norway, supports the findings that depressive teens are more likely to seek help.

Here, the addition of depressive symptoms resulted in a further decrease in the likelihood of help-seeking with respect to suicide attempt. This could be explained by the fact that increased depression can lead to feelings of hopelessness and self-criticism, which in turn may discourage individuals from seeking the help they need (Donaldson, Spirito and Farnett, 2000; DeFosset *et al.*, 2017).

In addition, gender, age, and the social network of the adolescents are all significant predictors of help-seeking. Regarding gender, previous studies report Norwegian girls were more likely to contact mental health services than boys, potentially due to their higher emotional competence levels. In previous research, emotional competence was found to be a crucial factor in help-seeking, with boys having lower levels of emotional competence and consequently showing reduced help-seeking behavior. Older adolescents were more likely to seek help as well, which could be due to increased self-reliance and higher levels of mental health literacy (Kutcher *et al.*, 2016; Radez *et al.*, 2021). The absence of close friendship resulted in an increased tendency to seek help, likely due to youth feeling more at ease sharing concerns they were hesitant to disclose to their parents with someone they were not acquainted with (Evans, Davidson and Sicafuse, 2013).

Study Limitations

The data used in this study, Ungvold 2015, has limitations that must be acknowledged. First, the use of self-reported data from adolescents in this study relies solely on their own account with no additional verification. However, this was the most feasible method for collecting data on sensitive topics such as mental health and help-seeking, and studies have

shown that self-reported data can be reliable and valid in assessing these topics despite some of its disadvantages (Short *et al.*, 2009; Demetriou, Ozer and Essau, 2015). Second, ethnic minority status was measured by using the nonwestern background criterion. Nevertheless, this method has been used in previous research and is thus a valid way to measure ethnicity (Tørmoen *et al.*, 2014). Third, the Ungvold data does not contain information about adolescents' relationship with their parents. Future studies could benefit from including this variable to gain a deeper understanding of its potential impact on help-seeking. Finally, the study is based on cross-sectional data, which does not allow for the inference of causality. For instance, the study found a strong positive association between seeking help and suicide attempts. However, the study's design cannot determine whether seeking help led to a reduction in the likelihood of suicide attempts or whether the suicide attempts prompted the help-seeking.

Conclusion

This study found that adolescents who attempted suicide in Norway were more likely to seek help, possibly due to involuntary hospitalization. Surprisingly, socioeconomic status did not impede help-seeking, as adolescents from lower-income backgrounds were more inclined to seek assistance alongside those with highly educated parents. Non-western background appeared to be a barrier to asking for help, although teens with depression were more likely to seek assistance. These findings suggest that the barriers to help-seeking need to be addressed more seriously, to create greater accessibility and supportive system that prioritizes the mental health needs of Norwegian adolescents.

The study's results can have important policy implications and social benefits. Policymakers can use the findings to develop targeted mental health services and education programs aimed at suicide prevention among adolescents. The study's identification of demographic and socio-capital factors that influence help-seeking behavior can also inform public health campaigns and initiatives aimed at reducing the barriers surrounding mental health services and encouraging more adolescents to seek help.

This study's findings may also have social benefits. By identifying factors that influence help-seeking, the study can help reduce the gaps in accessing mental health services and increase awareness among parents about the importance of seeking help for their children. This can aid in improving the mental health outcomes of adolescents and promote a healthier, more resilient society. Overall, the study's results can serve as a valuable resource for policymakers, mental health professionals, parents, and adolescents in improving mental health outcomes and reducing severe societal risks such as suicide attempts.

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Appendix

Table 1 displays the correlation matrix of the selected study variables. The analysis reveals no significant correlations between the variables, the correlation between ages inconsequential to this study. The strongest correlations to take note off reside with depressive symptoms. It correlates with suicide attempt (0.20), gender (0.28) and social status (- 0.23).

Table 1. Correlation Matrix

Non-western	0.05*								
Gender	0.07	0.02*							
Age 18	-0.04*	-0.04*	-						
			0.00***						
Age 19	-	0.01**	0.03*	-					
	0.01**			0.87***					
Age 20+	0.17	0.08	-0.05*	-	-0.16				
				0.34***					
Financial status	-0.14	-0.10	-0.05*	0.07	-	-0.12			
					0.01***				
Higher education	-0.04*	-0.11	-0.08	0.05*	-	-0.11	0.23		
					0.00***				
Social status	-0.16	-0.07	-0.14	0.06	-0.02*	-0.07	0.17	0.08	
Depressive symptoms	0.20	-0.03*	0.28	-0.06	0.03*	0.05*	- 0.19	- 0.07	- 0.23
	Suicide	Non-western	Gender	Age 18	Age 19	Age 20+	Financial status	Higher education	Social status

Table 2 showcases the interaction effects between the selected variables for the secondary hypotheses in association with the main hypothesis; the relation between help-seeking and suicide attempt. This logistic regression model tests whether in help-seeking suicidal behaviour is influenced by ethnicity, socio-economic status, and depressive symptoms. The result shows the interaction effect is not significant. There appears to be no difference between suicidal Norwegians with western and non-western backgrounds, with low or high economic status, highly and not highly educated parents nor with depressed and not depressed teens when it comes to seeking help.

Table 2. Interaction Table (N=3,817)

Help-seeking	The Model Odds ratio [95% CI]
Suicide attempt	4.249* [1.215, 14.861]
Financial situations	0.738*** [0.674, 0.810]
Higher education	1.228* [1.014, 1.489]
Depressive symptoms	2.547*** [2.120, 3.061]
Suicide attemptXNon-western	0.675 [0.264, 1.732]
Socio-economic status (SES)	
Suicide attemptXFinancial situations	1.139 [0.843, 1.540]
Suicide attemptXHigher education	1.682 [0.864, 3.275]

Suicide attemptXDepressive symptoms	0.592 [0.293, 1.199]
Gender	1.345** [1.116, 1.624]
Age (ref. 18 year old)	
19 year old	1.257* [1.047, 1.511]
20 & over	2.538*** [1.840, 3.502]
Social network	0.919* [0.847, 0.997]
Pseudo R2	0.1330

Exponentiated coefficients; 95% confidence intervals in brackets

* p<0.05, ** p<0.01, *** p<0.001