The Psychological Effects of Peer Norms

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ABSTRACT

Despite the prevalence of common mental health problems, college students seek professional assistance at a low rate. Perceptions of societal standards around aid seeking could be one of the factors influencing help seeking proclivity. The current study looked at perceived peer norms for seeking help for depressed symptoms and their relationship to one's own help seeking proclivity in urban college youth. The methods utilized were a cross-sectional survey approach. The most likely source of getting support for depression symptoms was friends. Seeking professional treatment from oneself and one's peers was assessed as less likely when depression was preceded by a life incident versus when it was not. When college students evaluated their classmates' chance of seeking professional aid, they estimated their own likelihood of seeking professional help as higher. Perceived peer norms about seeking help for depression can have a significant impact on college students' willingness to seek help from professional sources. The implications for creating interventions to improve youth help seeking are discussed. Help-seeking, Social standards, Depression, Youth, Treatment Gap are some key phrases.

BACKGROUND

Adolescents and young adults have a high frequency of common mental health concerns. There are also significant treatment gaps for prevalent mental diseases. Several challenges to low rates of professional help seeking among young people have been identified (e.g. low mental health literacy, preference for self-reliance and for informal help, confidentiality issues, perceived low utility of treatment and access barriers). Normalization of distress has been identified as a significant component connected with beliefs that relying on oneself and significant others is sufficient.

According to the theory of planned behavior, a behavior is impacted by the intention to perform, which is based on one's attitude toward the behavior, perceived subjective norms, and behavior control. Social norms are a significant element in various models of help seeking, but they have received less attention than stigma. Individuals' behaviors are influenced by their perceptions of cues from their reference or peer groups. Within the context of social norms, peers can play an essential role in the lives of young people, affecting assistance-seeking; and being viewed as weak by peers can be a big obstacle to seeking professional treatment for mental health difficulties.

In the context of numerous health risk behaviors, social norms in general, and perceived peer norms in particular, have been widely studied. However, there are few research that look at perceived peer norms for teenagers seeking help in the setting of depressed symptoms. Depression may be recognized differently depending on whether it is viewed as a result of a negative life event. However, few research have looked into whether perceived peer standards

for seeking help differ depending on whether depressed symptoms are considered as arising in the context of a bad life experience or occurring in the absence of any clear triggering event.

The current work is an outgrowth of a bigger investigation on the predictors of help seeking for common mental health difficulties in young adults. The paper describes perceived peer norms for seeking help for depressed symptoms and their link to one's own help seeking propensity in a sample of urban college adolescents.

METHODS

The study protocol was approved by the protocol review committee of the authors' department. It was a cross sectional exploratory study. College students enrolled in full- time courses, within 18-25 years of age range who were able to respond to questionnaires in English were eligible to participate. The study sample was recruited using purposive sampling from college campuses in an urban metropolitan city in South of , based on permission obtained from the institutions, sample recruitment criteria and availability of informed consent. The sample consisted of participants from whom data could be collected across four institutions. An attempt was made to have fairly equal representation of both males and females in the sample.

General Help-Seeking Questionnaire-Vignette Version (GHSQ-V) was used to assess help seeking inclination which referred to the likelihood of seeking help for depressive symptoms from one or more sources, It asks participants to rate the likelihood (on a seven point scale) that they would seek help from a variety of help sources (e.g., intimate partner, friend, parent, family member who is not a parent, mental health professional such as a counselor or psychiatrist, telephone counselor, family doctor/GP) for different problem-types. There are short vignettes

depicting different problem-types (e.g. symptoms of stress, anxiety, depression and suicidal thoughts). Help seeking sources and problem type can be modified to suit the study objectives and sample. Only depression vignettes were used in the present study. Two depression vignettes were developed for the present study with largely identical content. Both described a hypothetical person with moderate severity of depressive symptoms. One of vignettes depicted depressive symptoms in the context of a life event (failure in a semester exam) and another one depicted similar depressive symptoms without any specific life event/ stressor. This was done to examine whether help seeking inclination varied depending on presence or absence of life event in the background of depression. Vignettes depicting male and female characters were used for male and female participants respectively.

Perceived Peer-norms were captured through modified instruction of GHSQ to elicit one's perception about peer norms for help seeking. The question asked if someone in their friend circle was experiencing what was described in the vignette, how likely they were to seek help from nonprofessional sources (parents, friends, teachers etc.) and from various professional sources (psychologists, counselors, psychiatrists etc.). Perceived peer norms question was asked for each of the two depression vignettes separately, after a participant had responded about his/her own inclination to seek help in similar circumstances. For the sake of brevity, perceived peer norms were elicited only for broad categories of help sources (mental health related professionals and non-professionals).

For ease of understanding, one's own inclinations to seek help from specific sources were clubbed to form various categories in this analysis. The category 'Friends' include friends as well as intimate partners. The category 'Family' includes parents and other relatives. The category 'Professionals' included mental health professionals, doctors or general practitioners

and helpline. In addition, the inclination to seek help from mental health professionals was also separately analyzed, so was the item on help negation. Average self- inclination to seek help from any sources across the two vignettes was also calculated. For both self-inclination and perceived peer norms items, the 3 extreme ratings of inclination at the two end on the 7- point scale were merged and depicted as ‘likely ‘and ‘unlikely’ respectively and the middle ‘unsure’ category was retained as such to highlight the pattern of responding. Percentages were compared using McNemar Bowker test.

RESULTS

The average age of the participants was around 20 years old. Students between the ages of 18 and 19 made up 54% of the sample, while the remaining students were between the ages of 20 and 25. Males made up 40% of the sample, while females made up 59%. In the sample, people of various religions were pretty well represented.

In the context of both vignettes showing depression, participants endorsed friends as their most likely source of seeking support, while the number of individuals reporting inclinations to seek help from relatives was lower.

On the help negation item, a similar pattern was noticed. While just 14 percent said they would not seek treatment from any source if they were depressed without having experienced a negative life event, as many as 41 percent said they would not seek help from any source if they were depressed after experiencing a negative life event.

On the measures assessing perceived peer norms, nearly one-third (31%) thought their peers were likely to seek treatment from mental health specialists if they were experiencing depressed symptoms without a life event. However, when asked if their peers were likely to seek support from such sources in the context of depression caused by a negative life event, just 24% said they were. In terms of non-professional sources, 53 percent of respondents believed that their peers were more likely to seek help from non-professional sources in the context of depressive symptoms without a negative life event, and a nearly identical proportion (56 percent) believed this in the context of depressive symptoms with a prior life event.

For each story, perceived peer norms to seek aid from professional vs. nonprofessional sources were contrasted. Peers were more likely to seek help from non-professional sources than professional sources in the context of depression with no antecedent negative life event. Similarly, in the context of a bad life event preceding the depressive symptoms, peers were viewed as more likely to seek help from non-professional sources than professional sources. On average, perceived peer likelihood of seeking assistance from any source was shown to be strongly linked with average self-inclination to seek assistance from any source.

Similarly, a higher perceived peer likely to seek help from mental health professionals was associated with a higher average self-inclination to seek help from mental health professionals.

DISCUSSION

The findings show that the more college students thought their peers were likely to seek help from mental health professionals for depressive symptoms, the more likely they thought they were to seek help from mental health professionals in the same situation. When depressive

symptoms were seen to occur in the context of a negative life event, college students judged their peers' and their own likelihood of seeking mental health professional treatment as lower than when depressive symptoms were perceived to occur in the absence of any negative life event. This is most likely related to the literature's discussion of a tendency in young individuals to normalize depressive symptoms.

Our findings suggest that this propensity toward normalization, and hence a dampening of the desire to seek professional treatment, is especially prevalent in situations when depressed symptoms appear to be understandable/make sense due to a background stressor. These trends are concerning since negative life experiences are known to raise the likelihood of clinical depression, and they point to the need for a targeted strategy to improving mental health literacy, particularly in the context of depression in the context of a bad life event in youth. Low proclivity to seek support from family members may be indicators of potential intergenerational inequalities among urban college students.

The youngsters polled responded that they were more likely to seek assistance from friends. If friends/peers believe that getting professional help is not necessary/helpful in the case of "understandable" depressed symptoms, they may be less likely to recommend and urge professional help seeking in troubled peers to whom they may be providing informal support. A social norms approach-based intervention may be beneficial in improving appropriate help seeking for mental health difficulties among college kids and reducing public stigma about seeking professional help. The present study findings suggest that such an intervention might need to emphasize that while feeling sad and down may be understandable when going through a difficult life situation and seeking support from friends is important; sometimes it may not be sufficient.

Although the social norms approach to preventive and promotional interventions has become increasingly popular for addressing a variety of behaviors (e.g., alcohol use, bullying, dietary changes), particularly in adolescents and young adults, very few studies have used this approach to improve professional help seeking for depression, and these are mostly from Western countries. Disclosure about obtaining care for mental health difficulties can be stigmatizing for individuals, leading to an underestimating of the estimated proportion of peers who seek professional help/find such help beneficial. Creating a forum where peers on one's campus/community can anonymously report obtaining professional help and discuss their positive experiences with help seeking may go a long way toward fostering adaptive help seeking among youth.

Few studies have focused on teaching children how to support distressed peers, despite the fact that researchers have emphasized the relevance of support and referrals from significant others in influencing the professional help seeking process. Intervention components that enable young people to act as agents of social change in their own communities, notice indicators of major distress in their peers, and learn how to persuade them to seek professional help may be beneficial. Such interventions have the ability to positively alter descriptive norms (those concerning typical actions of others) as well as injunctive norms (those about what is considered desirable behavior by others). Such interventions have the ability to positively alter both descriptive norms (those concerning typical actions of others) and injunctive norms (those about what one's reference group considers ideal behaviors).