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Helpseeking among prison inmates: A test of the Theory of Planned Behaviour

A thesis presented in partial fulfilment
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Abstract

Prison inmates are more likely than those in the general population to experience psychiatric disorders and related problems such as suicidal thinking, but are less likely to have contact with mental health services. The current study examined factors that could facilitate professional helpseeking in New Zealand prison inmates. Two versions of the Theory of Planned Behaviour (TPB) formed the theoretical basis for the study. The first was the standard TPB with attitudes, subjective norms and perceived behavioural control as determinants of helpseeking intentions, and behaviour. An extended version of the TPB included these variables and also the effects of inmates' prior contact with a psychologist, and their current emotional distress on helpseeking intentions and behaviour. A TPB helpseeking questionnaire was developed and trialled with a sample ($n = 52$) of male New Zealand prison inmates from one prison. Inmates at six other prisons ($n = 515$) then completed the final questionnaire, which assessed attitudes, subjective norms, perceived behavioural control and intentions to seek help from a prison psychologist. Participants' helpseeking was monitored over the following year through Corrections Psychological Service databases. Of the 419 inmates who were followed up, 88 were referred to a prison psychologist, which provided a proxy measure of helpseeking behaviour.

The standard TPB explained up to 44% of the variance in prison inmate intentions to seek help for a "personal-emotional problem", and up to 33% of the variance for intentions to seek help for "suicidal feelings". Helpseeking attitudes and subjective norms were consistent and strong determinants of helpseeking intentions, whereas perceptions of behavioural control with respect to seeing a psychologist had a weak relationship with helpseeking intentions. There was some support for the extended version of the TPB model. The explained variance in helpseeking intentions increased slightly with the addition of prior contact and emotional distress to the model. Prior contact and emotional distress were associated with

higher intentions to seek help, although the strength of these relationships varied according to which version of the TPB was tested. The standard and extended versions of the TPB had low predictive capacity for actual helpseeking as reflected in referral to a prison psychologist. General attitude (in one regression equation), age and prior contact with a psychologist were the only independent predictors of helpseeking behaviour. Inmates who sought help tended to have more favourable helpseeking attitudes. Prior contact with a psychologist was an approach factor for seeking help for a personal-emotional problem and for helpseeking for suicidal feelings. Age was the strongest predictor of helpseeking behaviour, in that older inmates were more likely than others to actually seek referral to a prison psychologist. The most striking finding for the current study was that contrary to the TPB model, intentions to seek help did not predict helpseeking behaviour for either emotional or suicidal problems.

Recommendations are made regarding future TPB-based helpseeking research. Interview responses from the pilot study indicated that male-role characteristics, therapist gender and psychologists' cultural knowledge may influence inmates' willingness to seek psychological help. It may be fruitful for future TPB-based helpseeking studies to incorporate these aspects of helpseeking. It is also suggested that future helpseeking studies within a TPB framework further develop the subjective norm construct to include possible stigma concerns that inmates experience. The current study used an indirect measure of helpseeking behaviour, and suggestions are made to improve the prediction of helpseeking behaviour from the TPB. Specifically, the behaviour measure could incorporate other sources of help approached by inmates when they experience significant personal problems, and could detail the type of problems that prompt actual helpseeking. Finally, recommendations are made regarding prison-based interventions to improve inmate helpseeking.

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INTRODUCTION

New Zealand prison inmates experience relatively high rates of mental health problems (Brinded, Simpson, Laidlaw, Fairley, & Malcolm 1999, 2001), and are at high risk of further offending and imprisonment (Bakker & Riley, 1991, 1996). Assistance from the Corrections Psychological Service and Forensic Psychiatric Service can result in a reduced risk of further offending (Bakker & Riley, 1991, 1996) and a reduction in psychiatric symptoms (Brinded et al., 1999). For example, a review of Corrections Psychological Service treatment (Bakker & Riley, 1991, 1996) indicated that inmates who completed treatment had a 12% lower rate of re-offending than those who did not undertake or complete psychological treatment. Attendance at these services is usually voluntary¹ and is dependent on the inmate's participation in the referral process, and motivation to attend assessment and treatment sessions. The current study is concerned with the reasons that inmates may or may not wish to seek help from a prison-based psychologist, were they to experience a personal-emotional problem or suicidal thoughts and feelings.

It is argued in the thesis that prison inmates' helpseeking behaviour is determined by cognitive factors such as attitudes, and social factors such as the opinion of other inmates about seeking professional help for personal problems. Social cognitive models may be applicable to the explanation and prediction of inmates' helpseeking behaviour. The Theory of Planned Behaviour (TPB, Ajzen, 1991) is presented as having particular relevance to helpseeking within prisons. This is due to the model's emphasis on personal attitudes, and social influences (others' opinions) as determinants of the intention to seek help and their subsequent actions. The TPB also appears to be relevant due to the inclusion of the construct of perceived behavioural control (PBC), which may account for possible constraints on helpseeking within a setting such as prison. In the first chapter,

¹ Occasionally, mentally disturbed inmates are committed for compulsory care and treatment at a Regional Forensic Psychiatric Inpatient facility.

there is a critique of the core conceptual framework of the TPB and the current empirical status of the TPB is reviewed. Similarities between the main TPB constructs, and constructs from the helpseeking literature are then described. It is argued that prior contact with a mental health professional and current level of emotional distress impact upon helpseeking and should be considered in conjunction with the other TPB predictor variables. The TPB, as a social-cognitive model of helpseeking, is then compared and contrasted with alternative approaches to understanding helpseeking.

The aims of the current study were to explain prison inmates' intentions to seek psychological help if they were to experience problems, and to predict inmates' helpseeking (referral to the Corrections Psychological Service) over the subsequent twelve months. The main theoretical focus of the research was the applicability of a social cognitive model (the Theory of Planned Behaviour) to the health behaviour of helpseeking within the prison environment. The research questionnaire design followed the recommended TPB format (Ajzen, 1991; Godin & Kok, 1996). The TPB measures were developed as a pilot study involving inmate interviews ($n = 52$) and subsequent questionnaire trial four weeks later. A large-cross-sectional study ($n = 515$) assessed the intentions of prison inmates to seek help from a Corrections psychologist, if they were experiencing a personal-emotional problem or suicidal thoughts and feelings. Finally, the predictive validity of the TPB was tested over a one year follow-up period. The variables of prior contact with a psychologist and emotional distress plus the standard TPB variables formed an extended TPB model. The performance of the extended TPB model (to explain and predict inmates' intentions to seek help, and helpseeking behaviour) was compared with the standard TPB model.

CHAPTER 1: RESEARCH CONTEXT AND THE THEORY OF PLANNED BEHAVIOUR

NEW ZEALAND PRISONS

Offence and mental health data

New Zealand has a high rate of imprisonment compared with other countries. In 1995, there were 127 inmates per 100,000 of the general population, which was higher than most other developed countries including Canada and Australia (Criminal Justice Policy Group, 1998). A prison census conducted when this study was undertaken (Lash, 1998) confirmed New Zealand prisons follow international trends. Prison inmates tend to be younger in comparison to the general population, with a vast over-representation of the indigenous people. A third of inmates were under 25 years of age, and 53% were under 30 years. New Zealand Maori, who comprise approximately 12% of the general population, accounted for 44% of the prison population, with 53% of inmates acknowledging some Maori ancestry. The most common types of offence for male inmates were those involving violence (57%) and property (20%). A third of inmates were serving sentences of at least five years. Of these, six percent had life imprisonment (minimum non-parole period of at least ten years), and two percent had Preventive Detention (indeterminate sentence length with no minimum non-parole period).

The New Zealand Public Prison Service does not keep a record of the prevalence of mental disorder or mental health problems of inmates. Overseas research suggests there may be significant numbers of inmates with mental health problems (Steadman, Holohean, & Dvoskin, 1991). Furthermore, many of these inmates do not receive appropriate mental health services whilst in prison. A similar pattern emerged in the only comprehensive epidemiological study undertaken within New Zealand prisons (Brinded et al., 1999, 2001). The study found a rate of mental health problems higher than in community samples, for

conditions such as schizophrenia, bipolar disorder, major depression and obsessive compulsive-disorder. About half of those with identified problems had not received psychiatric or psychological assistance during their prison sentence.

The apparent gap between the occurrence of mental health problems and service utilisation in prisons is consistent with helpseeking research, for differing problems (mental health and physical health) and location (community and institutional). Comprehensive studies confirm that many people do not seek specialist assistance for mental health problems (Gallo, Marino, Ford & Anthony, 1995; Hornblow, Bushnell, Wells, Joyce & Oakley-Brown, 1990; Marino, Gallo, Ford & Anthony, 1995). Some estimates of mental health service utilisation for those suffering from significant psychological problems have been as low as 20% (Kushner & Sher, 1989). In a recent Australian mental health survey of 10,000 people, one in five had a diagnosable mental disorder yet 67% of those with a mental disorder had not received psychological help (Henderson, Andrews & Hall, 2000). Whilst epidemiological data may be subject to self-report biases (Loftus, Smith, Klinger & Fielder; 1992; Ostrove & Baum, 1983; Pearson, Ross and Dewes, 1992) this would not be sufficient to explain the consistent finding of low professional service utilisation.

Prison suicide

The gap between problem occurrence and service utilisation for general mental health problems is also evident for specific types of problem such as suicidality. Prison inmates are more likely than those in the community to experience thoughts and feelings related to suicide, yet appear reluctant to seek assistance when suicidal. A fifth (20%) of inmates in the Brinded et al. (1999, 2001) study reported that they experienced frequent suicidal thoughts. Four and half percent of those inmates had formulated self-harm plans, and 2.6% had "made some act of self harm since being in prison" (Brinded et al., 1999, p. 2). Less than a third of

inmates who had experienced suicidal thoughts had discussed this with medical staff. The rates of suicide in prison are higher than in the community, prompting two major reviews (Report of the Suicide Prevention Working Group, 1995; Report of the Maori Suicide Review Group, 1996). Given the importance of this issue, the current study examined prison inmates' readiness to seek help for suicidal thoughts and feelings. Skogstad, Deane and Spicer (in press) address this issue in detail, with emphasis on the barriers to helpseeking when suicidal.

The inmate experience

New Zealand prison inmates experience problems related to offending, prison adjustment, and chronic difficulties such as mental health disorders (Brinded et al., 1999, 2001). Inmates' views of mental health service provision were gathered as part of the questionnaire development for the current study. For the purpose of this discussion aspects of the inmates' journey through the legal system are described. This highlights the potentially complex nature of problems and helpseeking within such a structured environment. This brief description of the incarceration process is based on the writer's eight years experience working in prisons as a Senior Clinical Psychologist, and Principal Psychologist.

Inmate mental health needs are dynamic and influenced by the stressors at each phase of imprisonment. For many, the first point of contact with the judicial system is their court appearance following arrest. Subsequent events are largely determined by the gravity of the alleged offending and their plea. The person may be remanded in custody for several months until their trial. At this point, the person has to deal with the immediate stressors of being in a novel and highly restricted environment, separation from family and friends, and uncertainty about the outcome of the impending trial. For those who are convicted and sentenced to imprisonment the next significant challenges are accepting the outcome of the trial, initial adjustment to prison and anticipating the separation from family, friends and usual lifestyle. Commonly observed reactions are depression, anxiety,

a sense of uncertainty about the future, and anger toward others particularly if the verdict is disputed. These reactions are heightened for those who are new to prison, or are facing a longer sentence. There are also the everyday adjustments to things such as a loss of privacy, long periods of inactivity, a new diet and eating regime. For example, some prison units have the midday meal at 11:00am and evening meal at 4:00pm.

Sentenced prisoners must then cope with the stress and hassles of ongoing imprisonment. Prisons share many of the characteristics of total institutions such as strict adherence to routines and minimal choice over daily activities (Goffman, 1961). Many New Zealand prisons have organised gangs who "stand over" other inmates for things such as money, cigarettes, personal possessions and sex (Payne, 1991). Submitting to intimidation or informing staff about it can lead to further intimidation. Alternatively, an inmate may apply to go into a segregated unit. This affords greater protection but is often at the cost of a more restrictive regime, long periods of "lockdown" or cell confinement and more limited recreation and educational options. There are also ongoing pressures from other inmates to be involved in planning future offending. Boredom, lack of daily activities, restricted routines and limited access to family and friends remain chronic stressors. The final phase of imprisonment involves planning for release. This may occur haphazardly, with feelings of "gate fever" (excitement, trepidation). There are also pressures regarding reconciliation with, or alienation from, loved ones. There are tensions between goals to "go straight" versus continuing an offending lifestyle. For example, whilst employment training is offered in prison, inmates may struggle to find employment in the community. These stresses are exacerbated for inmates who have been serving long "lags" (prison sentences). They often show signs of institutionalisation such as anxiety about leaving prison, and reliance on others to make important decisions.

Psychological and psychiatric services for inmates

The mental health needs and offending issues of inmates are primarily dealt with by two services, the Regional Forensic Psychiatric Services and Corrections Psychological Service. This study examined inmates' contact with the Corrections Psychological Service. Referral to psychologists can occur throughout the incarceration process, in response to different inmate problems (see above). Within 24 hours of arrival at prison, prison staff routinely assess all inmates. They are asked whether they have received psychological or psychiatric assistance in the past and whether they have been or are currently suicidal. Within 72 hours, new inmates must undergo a complete medical screening. Inmates who are serving a sentence of longer than six months are then allocated an officer who is their "case officer". It is the case officer's responsibility to devise a case management plan, which can include vocational, occupational and leisure activities. Specialist assistance needs, such as intervention by a prison psychologist or referral to the forensic service, may also form part of the case management plan. The case officer, unit manager, and other staff who are involved in the inmate's care (such as a psychologist) review these plans on a six-monthly basis. The inmate is encouraged to participate in this process.

The Regional Forensic Psychiatric Services were established following an inquiry into the care of mentally disturbed and suicidal inmates (Mason, Bennett & Ryan, 1988), are funded by health authorities and have a full range of specialist staff including psychiatrists and psychologists. The service focuses on offenders with significant mental health problems, who pose a risk to themselves or others. Contact with forensic services can occur during imprisonment, or earlier when issues such as fitness to plead and criminal responsibility are assessed. Offenders may also be admitted to medium-secure hospital-based forensic facilities when there are serious mental health concerns. The Corrections Psychological Service employs clinical psychologists, assistant psychologists, and private practice

psychologists who work on a contractual basis. The offices are usually located near the prisons and staff either visit prisons or see the offender on community probation and parole. The primary focus of prison psychology work is to address offending issues (Bakker & Riley, 1996), however inmates are also assisted with general personal problems such as maladjustment to prison. Inmates are also referred to non-Correctional services when necessary. For example, those with significant substance abuse problems are referred to the Alcohol and Drug Services, and those with a history of childhood sexual abuse are referred to specialist counselling services. Inmates with major or acute mental health problems are referred to the Regional Forensic Psychiatric Services. The Corrections Psychological Service does not keep summary statistics of the offence types of referred clients or their presenting difficulties, but the two main areas targeted for treatment are violent and sexual offending. There are specialist group-treatment facilities for sexual offending (Kia Marama, Rolleston prison and Te Piriti, Paremuremo prison) and violent offending (Rimutaka prison) which have comprehensive programmes of approximately eight months duration. Psychologists also see clients individually for treatment of sexual and violent offending issues. Prison inmates are also referred for psychological assessment as part of their sentence requirements². Inmates serving less than seven-year sentences appear before a District Prison Board (DPB) and can be released once one third of their sentence has been served. The DPB is also able to recommend further programmes prior to release and can set release conditions. Psychological reports are often requested by the DPB to assist with their decisions. Inmates sentenced to more than seven years appear before the National Parole Board, which also decides on release timing and conditions. It is mandatory for those appearing before the Parole Board to be asked to undertake a psychological assessment. Thus, there are many reasons an inmate can be referred to psychologists in prison. Whilst psychological assessment and treatment is voluntary, inmates have widely varying levels of motivation to participate in this

² There have been some changes to sentencing options since the research was completed. Inmates can now apply for "home detention", and serve most or all of their sentence at home.

process. The research design recognised the possibility that an inmate could seek psychological referral for reasons other than assistance with personal problems. The specific attitude measure developed for the research incorporated many potential positive and negative outcomes associated with psychological assessment. For example, inmates believed that a favourable report arising from psychological assessment could expedite the release process.

The consequences of *not* obtaining assistance are potentially very negative for offenders. First, the re-offending rate for New Zealand prison inmates is approximately 80% if they do not receive any form of psychological assistance (Bakker & Riley, 1991, 1996). Second, lack of treatment for mental health problems has been identified as a key risk factor for further offending (Douglas & Webster, 1999). Finally, failure to alert others to suicidal thoughts may be a factor in the comparatively high rate of prison suicides in New Zealand (Report of the Suicide Prevention Working Group, 1995). These inmate problems also have a major impact upon those in the community. Imprisonment is expensive, costing an estimated NZ \$50,000 per inmate per year (personal communication, Philip Spier, Ministry of Justice, May 2000). The emotional costs for victims are also extremely high, especially for offences such as child molestation. Staff at one of the prison-based sex offender treatment units estimated that several participants had at least 100 victims each during their offending career. There is also emotional trauma for offenders' families, especially when offenders commit suicide (Report of the Suicide Prevention Working Group, 1995; Report of the Maori Suicide Review Group, 1996).

In summary, inmates in New Zealand prisons are liable to experience problems specific to imprisonment, as well as general mental health concerns and personal problems that increase the risk of re-offending. There are several points within the imprisonment process inmates could seek psychological help, yet surveys indicate that many inmates in need of psychological assistance do not access treatment

services in prison. The prison epidemiological study by Brinded et al. (1999) reported that approximately 20% of inmates had seen a psychiatrist or psychologist prior to, or whilst in prison. The prison census, which estimates current service utilisation, found 8.8% of male inmates were seeing a psychologist (group or individual programmes) and 4.7% were seeing a psychiatrist (Lash, 1998). The current study focused on the inmates' perspective, regarding possible psychological help available to them in prison. Whilst inmates can experience a wide range of problems, the current study focused on their intentions to seek help for a personal-emotional problem and suicidal thoughts and feelings. Additionally, the study aimed to identify factors associated with inmates' actual helpseeking behaviour over a one year period.

THE THEORY OF PLANNED BEHAVIOUR

Gourash defined helpseeking as "any communication about a problem or troublesome event which is directed toward obtaining support, advice, or assistance in time of distress" (1978, p. 414). The current study required a theoretical model that was applicable to the helpseeking behaviour of prison inmates, and was relevant to the prison environment. The Theory of Planned Behaviour (TPB) was selected as a potential model that would meet these requirements. In the following section, the model elements are outlined along with a critique of the TPB.

Attitude and behaviour research

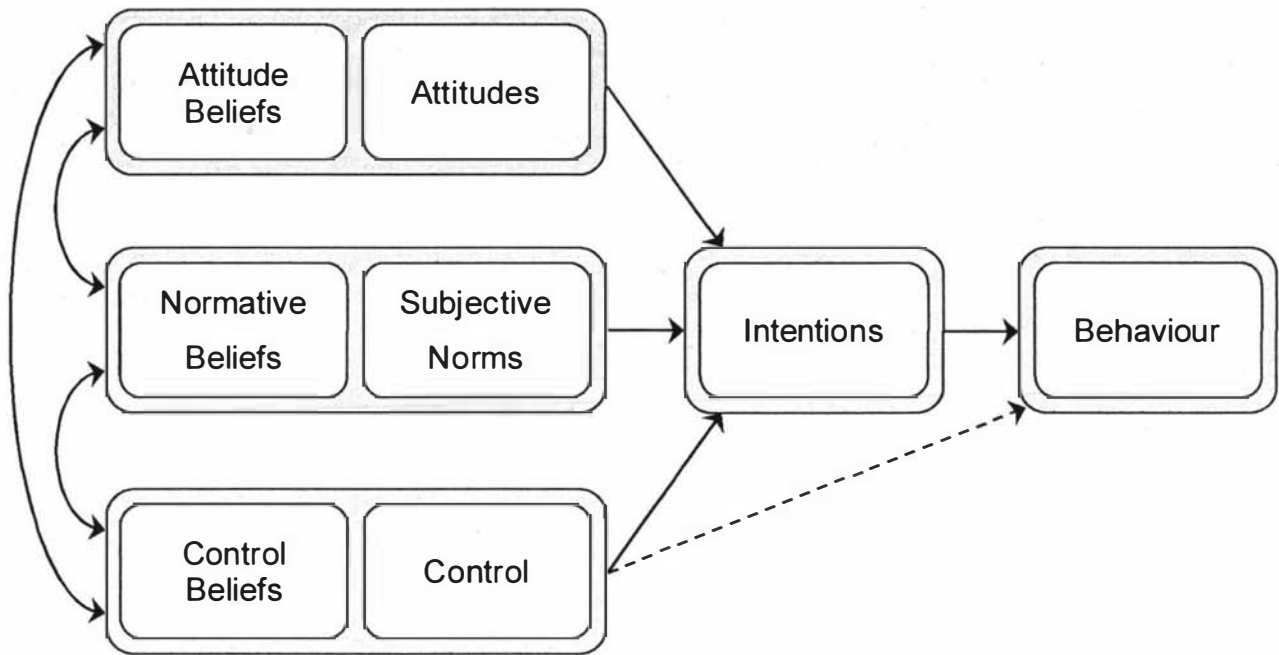
The Theory of Planned Behaviour (TPB, Ajzen, 1988, 1991) is based on the theory of Reasoned Action (TRA, Fishbein & Ajzen, 1975; Ajzen & Fishbein, 1980³), and aims to predict behaviour from personal characteristics such as attitude. The TRA was developed when there were serious doubts being raised

³ As the TPB was based on the TRA, the following discussion applies to both models, except where the development of the TPB is described, and differences between the models are outlined.

about the predictive validity of attitudes, and associated constructs such as personality traits (Mischel, 1977). In an early review of 42 studies, Wicker (1969) reported an average correlation of .15 between attitudes and behaviour. Wicker's findings were largely based on laboratory-based research, and more recent empirical reviews report higher attitude-behaviour correlations. These reviews include studies from a wider range of research settings and attempt to account for possible sources of error such as the non-publication of non-significant findings, and the influence of unreliable or dichotomous behaviour measures which attenuate the attitude-behaviour relationship. Two meta-analyses of the attitude-behaviour (A-B) relationship, reported average correlations of .79 (Kim & Hunter, 1993, 138 studies) and .38 (Kraus, 1995). These and similar reviews (Ajzen, 2000b; Chaiken & Stangor, 1987; Olson & Zanna, 1993; Tesser & Shaffer, 1990) suggest that attitudes are generally accurate predictors of behaviour. Prediction is better when there is consistency or "correspondence" between attitude and behaviour measures. In the Kraus studies reviewed, the attitude-behaviour relationship was higher ($M = .47$, $Mdn = .57$ of studies reviewed) when specific attitude measures (e.g., attitude toward "using birth control pill in next 2 years") were used to predict behaviour ("self-reported use of birth control pills 2 years later", 1995, p. 65). Therefore the attitude concept is regarded as still being applicable to the prediction of social behaviour, with models such as the TRA having "paradigm-like status" within social psychology (Bagozzi, 1985).

The TPB is based on assumptions that people usually act in a predictable and rational manner, and that it is possible to predict behaviour from limited information about a person. In addition to a focus on the prediction of behaviour from intentions, the TPB explores factors said to cause behaviour. This point is elaborated further when outlining the key components of the model. The core components of the TPB are as follows (see Figure 1).

Figure 1. The Theory of Planned Behaviour



Definition and prediction of behaviour

Ajzen and Fishbein (1975, 1980) argued that behaviour can be predicted accurately when it is defined in a specific, rather than general way. They suggest behaviour is defined according to the parameters of time (when will it occur?), target (who is involved?), action (what is happening?) and context (where is the action occurring?). Ajzen and Fishbein propose the theory is applicable to a specific behavioural instance (asking a psychologist in prison for help to adjust to imprisonment within a month of commencing a prison sentence); to an aggregation of behaviours (asking prison staff for help with problems of adjusting to imprisonment); or to the general behaviour of interest (asking for help for personal problems). Predictive validity is reduced when broad categories of behaviour are targeted.

The focus on specific behaviour has led to the criticism that the TRA and TPB can lack practical utility (Eagley & Chaiken, 1993). However, researchers are still able to design the behaviour measure at an appropriate level of specificity. For the purposes of the current study, the action, target and context were very specific (seeking help from a psychologist in prison), although the time frame was more general (...within the next few months). An additional concern has been the TPB research emphasis on binary choices (e.g., to exercise or not) rather than a range of choices within a category of behaviour (e.g., exercise), or the choice between the target behaviour and other competing behaviours (Ajzen, 2000b; Norman & Conner, 1996). Van den Putte, Hoogstratten and Meertens (1996) reported that participants were able to select between different behaviours, using a rank-ordering procedure. Participants assigned percentage points to possible behaviours, to total 100. This strategy could be relevant to helpseeking behaviour, given choices available to a person experiencing personal problems, (do nothing, approach family and/or friends, consult a general practitioner, seek professional psychological assistance). However, the main focus of the current study was to determine why individuals do or do not approach *psychologists in prison* for help with personal problems. It was also deemed too demanding for participants to engage in a simple (rank-order) or complex (assigning percentage points) choice strategy, as suggested by Van den Putte et al.

Intentions to act

Ajzen and Fishbein suggest that “once the behavior has been clearly defined, it is possible to ask what determines the behavior” (1980, p. 5). According to the TRA, all the cognitive determinants of behaviour are mediated by “a person’s *intention* to perform (or not to perform) a behavior” (Ajzen & Fishbein, 1980, p. 5). Intention is defined in the Concise Oxford Dictionary (10th ed.) as “an aim or plan”. The same meaning is apparent within the TRA/TPB (Ajzen, 1991), with intentions regarded as the person’s aim or plan to perform the behaviour of interest.

The current study retains that core meaning, for seeking help from a prison psychologist. The relevant intention is the inmate's aim or plan to seek help from a psychologist in prison.

The current study extends the TRA definition of intentions in two ways, consistent with developments within the TPB literature. The TRA model suggests that intentions are either absent (and no action occurs), or present which leads to action. Therefore, "if we are to predict a person's behavior all we need to do is to ask about his/her intention" (Prislin, 1993, p. 51), given that "people will usually act in accordance with his or her intention" (Ajzen & Fishbein, 1980, p. 5). The TPB retains intentions as a key construct, though Ajzen (1991) argued, "the stronger the intention to engage in a behavior, the more likely should be its performance" (p. 181). This suggests that the strength of intention is relevant to whether action occurs, rather than the just the presence or absence of an aim or plan. With regard to helpseeking, stronger efforts to seek psychological help will more likely result in an inmate actually seeing a prison psychologist. A person may still intend to see a psychologist, but if that intention is weak, it may not result in any action (seeking psychological help). The current study therefore extends the TRA formulation of intention by viewing intention as being on a continuum, from weak to strong.

Sheppard, Hartwick and Warshaw (1988) also ask that TPB researchers distinguish between two frequently used definitions of intention, which are relevant to the control issue. The first definition refers to what a person "intends" (aims or plans) to do. This is the standard TRA definition of intention. The second definition (as indicated by questions such as "are you likely to do X", "will you do X") is referred to as individuals' "subjective estimates of whether they will actually perform the behavior or achieve the goal" (Sheppard et al., 1988, p.; 327). Sheppard et al. argue that subjective estimates *may* be more accurate predictors of behaviour, as individuals appear to take into account a wide range of factors

(including control issues) when estimating the likelihood of future actions. Therefore, subjective estimate is one aspect of controllability over behaviour. The TRA theorists had assumed, "most actions of social relevance are under volitional control" (Ajzen & Fishbein, 1980, p. 5). The reformulation of the TRA was an acknowledgement that "the performance of most (behaviours) depends at least to some degree on such non-motivational factors as availability of requisite opportunities and resources" (Ajzen, 1991, p. 182). What this suggests for helpseeking is that an inmate's aim or plan and efforts to seek psychological help in prison may not result in seeing a psychologist if they lack the opportunities or resources to make this happen. Therefore, an inmate's intention to see a psychologist, and estimation this would occur, could differ. The results from prior research offer some support for the distinction proposed by Sheppard et al. (1988). They found a somewhat stronger relationship between subjective estimates and behaviour ($r = .57$) than intentions and behaviour ($r = .49$). Similarly, Armitage and Conner (2001) reported "some evidence of discriminant validity" for intention and what they refer to as self-prediction (i.e. subjective estimates). They also suggest that the inclusion of perceived behavioural control, as occurred in this study, should minimise differences between intention and self-prediction. The current study therefore incorporated both definitions of intention. The core TRA definition was used which refers to what people aim or plan to do. Additionally, the study assessed inmates' subjective estimates of seeing a psychologist in prison, during the one year follow-up phase of the research.

To recap, intentions refer to a person's aim or plan to act. The current study retains that core definition of intention. The study also incorporates an effort dimension to intention, viewing intention as being on a continuum from weak to strong. Finally, the study incorporated inmates' self-rated likelihood of seeing a psychologist in prison over a twelve month period within the construct of intention.

Intentions form a pivotal role within the TPB structure. The TRA model (Ajzen & Fishbein, 1980) viewed intention as the only direct determinant of behaviour, with the other predictor variables (attitudes, subjective norms), having indirect effects on behaviour via intention. This mediational role for intention is still proposed for the TPB (Figure 1), although control (PBC) also determines behaviour either directly or indirectly via intentions. Criticisms of the TPB causal structure, including the role of intention, are detailed in a later section. The TPB theorists (Ajzen, 1988, 1991) also provide general guidelines to ensure that the relationship between intentions and behaviour can be accurately estimated. First, there needs to be compatibility between the conceptual specificity of intention and behaviour. Thus, if the behaviour of interest is seeking help from my neighbour to build a new garden shed, the relevant intention would be “to seek help from my neighbour to build a new garden shed” (rather than, for example, for some other type of task). Second, intentions need to be stable in order to predict behaviour. Sources of instability of intentions include the passage of time (Randall & Wolf, 1994), and the degree to which intentions are “formed” (Bagozzi & Yi 1989). The follow-up study period of twelve months was expected to be appropriate, if intentions with the prison context are stable. The issue of compatibility of intention-behaviour measures is discussed in detail later. The current study did not address some additional issues regarding intentions (Armitage & Conner, 2001). For example, it has been suggested that specific aims or plans (intentions) result from a general desire or wish to engage in behaviour (Bagozzi & Kimmel, 1995). Gollwitzer and Brandstatter (1997) also argue that intentions (which they refer to as “goal intentions”) often require additional cognitive plans and specific actions (“implementation intentions”) to ensure that the behaviour of interest occurs. The study did provide an opportunity to assess whether helpseeking results from cognitive processes, but in particular whether seeking help from a prison psychologist is an intended act.

The determinants of intentions

Within the TPB framework, accurate prediction of behaviour only requires knowledge about intention (Ajzen, 1991). For example, a high rating on the intention to exercise is sufficient information to make a prediction about a person's exercise behaviour. The remainder of the theory is more concerned with explanation or *why* a person may intend to exercise. The Theory of Planned Behaviour posits three sources of influence on behavioural intentions. The first two, attitudes and subjective norms, form the Theory of Reasoned Action (see Figure 1). The third, perceived behavioural control (PBC), was added for behaviour that involves problems of control to individuals. Ajzen (1988, 1991, 2000a; & Fishbein, 1980) provide criteria for the description and measurement of the predictors of intentions, which should result in accurate prediction but also an understanding of the relationship between each predictor and intentions to perform. For each construct, there is a suggested general and specific measure and measurement strategy (Ajzen & Fishbein, 1980). The specific measures reflect "beliefs" about situations and the behaviour of interest. The measurement strategy is closely based on expectancy-value formulations of motivation (Peak, 1955), and subjective expected utility theory (Edwards, 1954). According to these theories, people will act to maximise benefits and minimise costs in any given situation.

Attitudes

Attitudes were traditionally conceptualised as having a tripartite structure, with affective, cognitive and behavioural components (Eagley & Chaiken, 1993; Zanna & Kempel, 1988). Ajzen and Fishbein (2000) place most emphasis on the cognitive aspect of attitude, and consider attitude to be "a person's degree of favorableness or unfavorableness with respect to a psychological object" (p. 2). They distinguish between a general attitude toward an object (including

performing a behaviour), and the specific beliefs that are presumed to form the basis of the general attitude. The general attitude toward the behaviour of interest can be represented by responses to descriptors such as “good-bad”, “helpful-unhelpful”, using a semantic-differential type format. Taking jogging as an example, general attitude statements might include, “jogging would be good-bad, healthy-unhealthy, weak-strong”. Specific beliefs underlying attitudes are based on the expectancy-value model (Peak, 1955). Participants rate the likelihood that certain outcomes occur (e.g., my jogging in the morning would: increase personal fitness, disrupt my sleep, improve my work performance). They also evaluate each of the outcomes associated with the behaviour of interest (e.g., if my personal fitness were increased, this would be good-bad). Individuals may therefore have a similar overall attitude to the behaviour of interest, but differ according to the emphasis given to specific outcomes and the evaluation ratings for those outcomes. The TRA and TPB theorists (Ajzen & Fishbein, 1980; Ajzen, 1991) argue that as general and specific attitudes refer to the same underlying construct there should be a positive correlation between the two types of attitude measure.

The TPB approach to the study of attitudes has been subject to criticism. Alternative approaches include models that give more prominence to emotions (Triandis, 1977; Zajonc, 1984), and research that suggests reasoning may not be required to activate attitudes (Fazio, Sanbonmatsu, Powell, & Kardes, 1986). Ajzen and Fishbein (2000) address these concerns in a recent article. They acknowledge that social psychologists have used “affect” to describe evaluation (of an attitude object), but have also used “affect” with reference to mood states. Ajzen tended to equate affect with attitude when describing the TPB (1988, p.32), and Liska (1984) described attitudes as measured by the TRA as “affective evaluations” (p. 62). Ajzen (1991, p. 201) distinguished between “affectively toned” (e.g., pleasant-unpleasant) and “evaluatively-toned” (e.g., harmful-beneficial) semantic differential statements. The different statements were equally effective in determining intentions to engage in leisure activities. To lessen

confusion, Ajzen and Fishbein propose to restrict use of the term affect to “generalized mood states” and “qualitatively different emotions (anger, fear, pride)”. Attitude involves “the evaluation of an object, concept, or behavior along a dimension of favor or disfavor, good or bad, like or dislike” (Ajzen & Fishbein, 2000, p. 3). This could include evaluations of an object as unpleasant-pleasant. Ajzen and Fishbein also acknowledge that moods and emotions could influence attitudes. This issue is discussed later, with reference to the possible influence of prison inmates’ emotional state on their helpseeking attitudes.

The TPB focuses on cognitive processes that guide actions. In some situations, people engage in very limited or nil cognitive processing, in response to attitude-relevant cues. Aarts, Verplanken, and van Knippenberg found that participants familiar with a behaviour (cycling) used “cognitive short-cuts” (1998, p. 82) when making transport decisions. Fazio et al. (1986) argue that attitudes may be automatically activated in the presence of an attitude object, and thus influence behaviour without cognitive processing. They present evidence for automatic attitude activation, given certain conditions such as “the existence of a previously well-learned set of associations or responses” (Fazio et al., 1986, p. 229). The TRA/TPB theorists have also suggested that attitude activation may not involve much conscious deliberation, particularly for well-formed attitudes (Ajzen & Fishbein, 2000; Fishbein, 1993). Ajzen (1991) thought it “possible that the global measures (of attitude) evoke a relatively automatic reaction whereas the belief-related items evoke a relatively reasoned response” (p. 197). Therefore, the findings of rapid and/or non-reasoned attitude activation may not be incompatible with the proposed underlying attitude-structure for the TRA/TPB. Ajzen and Fishbein suggest that automatic cognitive processing may be restricted to “relatively simple motor responses” and that “complex social behavior seems to be cognitively regulated, even if only at a low level of conscious awareness and it is, in this sense, reasoned in nature” (2000, p.27). The issue of automatic attitude activation was not directly assessed in this study. However, models of helpseeking

(see Chapter 2) suggest it is a form of “complex social behavior” that involves reasoning and conscious decision-making.

The TPB attitude construct involves both a general set of evaluations, and evaluations specific to the behaviour of interest. Some studies indicate that further specificity (and predictive validity) can be achieved by asking participants to identify those attitude statements that are deemed to be most personally relevant. Elliot, Jobber and Sharp (1995) reported the correlation between five personally salient beliefs, general attitudes and intentions to use market research, was significantly higher than the correlation using all (14) attitudinal beliefs derived from a pilot study sample. Van der Plight and de Vries (1998) reported that the three most important beliefs selected with regards to consequences of smoking, had higher correlations with behaviour than either the 12 remaining belief statements and behaviour, or the entire set of 15 beliefs and behaviour. Both studies reported that users or non-users differed according to personally salient beliefs, and that personal importance is different to empirically derived estimates of attitude strength, such as beta weights. Despite the possible advantages in obtaining a personally relevant subset of modal (group) beliefs, the current study only focused on modal beliefs. This was in order to limit the demands on the study participants. It was expected that this could still provide some guide as to the possible targets for change within a TPB intervention strategy (Ajzen, 2002b; Sutton, 2002).

Subjective norms

The second major determinant of intentions is the influence of other people on decision-making, or “social pressures...to perform or not perform the behaviour in question” (Ajzen & Fishbein, 1980, p. 7). The TPB focuses on the individual’s own views about these pressures, as indicated by the term subjective norms. As with attitudes, the TPB focuses on two levels of description for social influences and

behaviour. At the more general level, participants are asked whether people who are important to them would want them to perform the behaviour of interest. They may also be asked whether they usually comply with the wishes of others. The expectancy-value model (Peak, 1955) forms the basis for the specific description of social influences. "Referents" are the specific people who may exert a positive or negative influence, regarding the behaviour of interest. For example, participants might be asked how much their friends, family, partner or general practitioner would want them to exercise. The strength component of subjective norm assesses the willingness to comply with other people's opinions for the behaviour of interest.

Armitage and Conner note that, as the "last addition to the TRA...several authors have argued that (subjective norm) is the weakest component" (2001, p. 13). The relative influence of the subjective norms versus attitudes in explaining intentions and determining behaviour, is expected to vary according to the behaviour of interest (Ajzen & Fishbein, 1980). However, reviews of the TRA and TPB (Ajzen, 1991; Armitage & Conner, 2001; Godin & Kok, 1996; Sheppard et al., 1988) report that subjective norms rarely exert a stronger influence on behaviour than attitudes. For example, Armitage and Conner found that the average attitude-intention zero-order correlation was .49 (based on 115 tests of the relationship), whereas the subjective norm-intention correlation was on average .34 (137 tests).

The following issues have been raised regarding the subjective norm construct of the TPB. Armitage and Conner (2001) reported that measurement strategy moderates the subjective norm-intention relationship. Studies that used multiple-item rather than single-item subjective norm measures had a stronger norm-intention relationship. Miniard and Cohen (1981) suggested that attitudes and subjective norms have similarities when considering underlying belief statements. A prison inmate could state, "I would not see a psychologist because my mates would think I am going crazy", with "mates" being a possible source of social

influence, and the reaction of “mates” forming part of the specific attitude belief (a negative outcome arising from seeing a psychologist). Ajzen (1991) acknowledged this possible overlap, though agreed with Liska (1984) that the conceptual distinction was important regarding the source of influence on intentions and behaviour. Trafimow and Finlay (1996) note the highest correlations are usually between each predictor and intentions, rather than between attitudes and subjective norms, hence the predictors can be distinguished from each other. The attitude-intention correlation was stronger than the subjective norm-intention correlation for most (29 of 30) behaviour such as “keep my room clean”, “exercise regularly” and “try to save energy”. However, 21% ($n = 31$) of students in the study were deemed to be more “normatively controlled” than “attitudinally controlled”. Based on these findings, Trafimow and Finlay argue that a significant minority of people act according to social, rather than attitudinal, influences.

Social influence has also been defined more widely to include what people think significant others *do*, in addition to what people think others *want them* to do. This conceptualisation of social influence is based on the idea that people may imitate behaviour (Bandura, 1977). TRA/TPB researchers (Conner & Norman, 1996; Grube, Morgan & McGree, 1986) report that descriptive or behaviour norms (what we think others will do) comprise a separate factor to subjective or injunctive norms (what we think others want us to do), and have independent effects on intentions. However, to date there are no clear guidelines as to which form of social influence is most pertinent to differing types of behaviour. Finally, some researchers have attempted to make social influence more behaviour-specific, by including the type of social pressures that could affect decisions to act. For example, behaviour that could breach laws or moral standards (e.g. shoplifting and driving violations) has been studied in relation to social, personal or moral norms which emphasise issues such as guilt and responsibility (Beck & Ajzen, 1991; Parker, Manstead & Stradling, 1995). Parker et al. (1995) reported that driver’s anticipated regret about wrong-doing and internalised belief about right or

wrong (moral norm) were significant predictors of intentions to: cut across traffic, overtake on the inside, and weave in and out of traffic. These effects were separate from subjective norms. Parker et al. (1995) suggest that these constructs are considered when investigating socially undesirable behaviours.

The general issue of social influence and helpseeking is explored in the next chapter. The current study included both a general and specific form of subjective norm measure, according to the procedures outlined by Ajzen (& Fishbein, 1980; Ajzen 2000a). Therefore, specific people who could affect inmates' helpseeking decisions (for or against seeing a prison-based psychologist) were incorporated in the subjective norm measure for this study. The aim was to determine how social influences affect inmate's decisions to seek psychological help, but also to consider the extent to which prison-based helpseeking tends to be attitudinally or normatively controlled.

Perceived behavioural control

The TRA was designed to predict an individual's behaviour from intention only, or with additional information regarding possible social and attitudinal influences. Liska (1984) argued that factors aside from personal motivation frequently impact upon decisions to act, thus limiting the predictive validity of the TRA. These factors or "resources" (Liska, p. 63) include skills and abilities, opportunities and social cooperation. Liska argued that viewing behaviour as non-volitional versus volitional (as per the TRA) was a "false dichotomy", and that volition was better regarded as being on a continuum. Ajzen (1988, 1991; & Madden, 1986) reformulated the TRA, to incorporate the construct of perceived behavioural control (PBC) for situations where the individual had incomplete control over performing the behaviour. The new Theory of Planned Behaviour conceptualised control as involving a general appraisal (the extent to which a person would find it easy or difficult to perform the behaviour), and specific beliefs (the presence of

barriers or facilitating factors to achieve a behaviour, and the extent to which these factors would stop someone from performing the behaviour). Ajzen (1991) likened PBC to Bandura's (1982) concept of self-efficacy, which refers to a person's confidence in achieving a behavioural goal. The concept also includes possible external barriers or restraints to achieving a behavioural goal, such as lack of resources, and is therefore also similar to Triandis' (1977) notion of "facilitating conditions".

PBC is the least clearly specified of the TPB variables (Armitage & Conner, 2001), though it appears to be multidimensional. Terry and O'Leary (1995) reported that confidence in performing behaviour (self-efficacy), affected intentions whereas levels of perceived behavioural control did not influence intentions, but had a direct effect on behaviour. Manstead and Van Eekelen (1998), through factor analysis, found that control consisted of confidence in achieving a behaviour (which they labelled self-efficacy) and belief that one could control behavioural achievement (which they labelled control). The effects were different to those reported by Terry and O'Leary, with self-efficacy affecting both intentions and behaviour. Ajzen (2002a) reviewed these and other studies that have investigated the factor structure of the PBC. He noted that self-efficacy always improved the prediction of intentions, and in two studies, the prediction of behaviour. In contrast, "controllability items predicted intentions only when combined with self-efficacy items" (Ajzen, 2002a, p. 675), though a measure of controllability also had direct effects on behaviour (see Terry & O'Leary, above). Ajzen proposed a hierarchical model of perceived behavioural control, with self-efficacy and controllability each contributing to the "higher order concept of perceived behavioural control" (2002a, p. 10). This model is supported by the findings that the separate control components tend to be significantly correlated, and that reliability (internal consistency) is high when control measures use a mix of efficacy and controllability items. The current study retains Ajzen's (1991) view of the control construct, which includes rated confidence in being able to see a psychologist in

prison (self-efficacy) and perceived barriers to achieving this goal (control). This allowed for some clarification of: whether there were general issues of control that altered the intentions to see a psychologist in prison and seek referral, and whether identified control problems were internal (e.g., lack of confidence or unease in asking for help), or external (e.g., procedures to be followed in making a referral to a psychologist in prison).

To summarise, according to the TPB model (Ajzen, 1991) intentions result from a person's attitude to the behaviour of interest, and from social pressures to perform the behaviour. When the behaviour is not under voluntary control, perceptions of control will also influence intentions and behaviour. No *a priori* assumptions are made about the relative influence of the predictor variables on intentions and behaviour, given that differing situations and behaviour will alter the weighting of each predictor. Hence, in some situations, the influence of other people may take precedence over personal attitudes. It was also noted that, in addition to situational and behavioural differences, *people* will differ according to the extent to which attitudes or social pressures influence their behaviour. Additionally, each predictor has a set of underlying beliefs, specific to the behaviour and situation of interest. For example, intentions to exercise could be determined by the summed products of: each attitude belief (AB, e.g., exercising would reduce weight) and evaluation of that outcome (OE, e.g., it would be bad/good to lose weight); normative beliefs (NB, e.g., my doctor would want me to lose weight) and motivations to comply with that social pressure (MC, e.g., I usually comply with what my doctor would want); control beliefs, or factors (CB, e.g., doing a workout at a gym in order to lose weight) and the perceived power of the factor to facilitate or prevent the behaviour (PB, e.g., it would be easy/difficult to join a gym) .

Relationships among the TPB variables

The primary focus of the TPB is the prediction of behaviour, most simply achieved through asking people what they intend to do. The model's causal structure, as

outlined by Ajzen (1991), aids the explanation of behaviour. Behaviour is caused by intentions (in combination with perceptions of control for non-volitional behaviour), which are caused by the independent effects of attitude, subjective norm and perceived control. Each set of specific beliefs regarding control, social influence and the attitude-object are presumed to contribute to the overall general determinants of intention (perceived control, subjective norm, attitude). Perceived behavioural control can influence behaviour via two possible pathways (See Figure 1, p. 12). Ajzen stated, "all else equal, a high level of perceived behavioral control should strengthen a person's intention to perform the behavior, and increase effort and perseverance" (2000a, p. 667)⁴. The first causal pathway for PBC is therefore the same as for attitudes and subjective norms, with intentions mediating the impact of control on behaviour. When we perceive behaviour to be under our control, we are more likely to *intend* to perform that behaviour. The second pathway is directly from PBC to behaviour, and summarised as "when perceived behavioral control is veridical, it provides useful information about the actual control a person can exercise in the situation and can therefore be used as an additional predictor of behaviour (Ajzen, 2002a, p. 667). That is, people are more likely to perform behaviour that is under their control, so long as control perceptions are accurate. In earlier expositions of the TPB, Ajzen (1991) also suggested that PBC could moderate the intention-behaviour relationship. Intentions would be a stronger predictor of behaviour at higher levels of perceived behavioural control. However, there has been minimal support for the proposed moderating role of perceived control (Ajzen, 1991; Armitage & Conner, 2001).

The TPB causal structure has been subjected to extensive scrutiny and criticism. Liska (1984) compared the parsimonious approach achieved with the TRA to the "vast array of other variables" in social psychological attitude research (p. 67). However, he also examined empirical evidence that pointed to more complex

⁴ As Sutton (2002) as noted, neither effort or perseverance are TPB constructs, therefore it is unclear whether these terms refer to intentions (c.f. trying - Bagozzi & Kimmel, 1985) or to behaviour. Ajzen implies the latter, suggesting that those with higher levels of pbc will persist more with the behaviour.

causal pathways than those represented by the TRA. For example, attitudes toward voting had a direct effect on behaviour and a stronger relationship with behaviour than intentions. Liska proposed that intentions will not necessarily mediate the effects of attitude on behaviour particularly when intentions are unstable and when attitudes are well developed. Ajzen (1991) and more recently Armitage and Conner (1999a) have also commented on the inconsistent relationships between beliefs (attitude, norm and control) and the general constructs of attitude, subjective norm and control. They reported lower than expected correlations between differing measures of the same construct (Ajzen, 1991) and a “fluid relationship” between behavioural beliefs and attitudes when assessed at two different time periods (Armitage & Conner, 1999a). These findings challenge what Liska refers to as the “chain assumption” underlying the TRA (and the TPB), that is causation from beliefs to general constructs, to intentions then behaviour. Armitage and Conner attribute the fluidity of the belief-general construct relationship to the effects of specific situations that alter the salience of an individual’s beliefs (this issue was referred to earlier, that is whether personally salient beliefs are more descriptive than the entire set of pilot study sample beliefs). The issue of the fit between the measurement model (expectancy-value) and theory constructs is also debated in detail by Ajzen (1991), Liska, (1984), and Armitage and Conner (1999a). As yet unresolved are issues such as whether this form of the expectancy-value model is the best for attitude research (Bagozzi, 1985), and whether the scaling and scoring of the various measures contributes to unstable results (Evans, 1991; Hewstone & Young, 1988; Lauver & Knapp, 1993; Sparks, Hedderley & Shepperd, 1991). Issues of scaling are further explored in the method section, in response to some of Evans’ (1991) concerns. However, even when scaling is used that should optimise the relationship between specific beliefs, and general constructs “the observed gain in correlations...is insufficient to deal with the problem” (Ajzen, 1991, p. 206).

In addition to queries about the causal connections within the TRA/TPB, Liska (1984) argued that reciprocal effects of the model variables needed to be explicitly identified in research. Studies such as those of Bagozzi and Yi (1989) and Bentler and Speckart (1981) demonstrated that behaviour has direct effects on attitude. These findings are relevant to the issue of “whether these constructs are sufficient to account for all or most of the systematic variance in behaviour” (Ajzen, 1991, p. 204). There has been much debate on the merits of adding past behaviour to the model, as an independent predictor of future behaviour (Ajzen, 1991; Armitage & Conner, 2001). This issue is further discussed with reference to the selection of two additional variables (prior contact with a psychologist, emotional distress) for the purposes of the current study.

CURRENT EMPIRICAL STATUS OF THE TPB

Brief overview of TPB research

Thus far, the main TPB constructs and relationships have been outlined, as well as some general concerns about the causal structure of the TPB. In the next section, there is a brief review of TPB research. Two types of research strategy are evident within the TPB/TRA literature. The main strategy has been to apply the model without modification to a situation or behaviour of interest, referred to as “model testing” (Bagozzi, 1985; Manstead & van der Plicht, 1998). Alternatively, the model has been further developed. This has involved the addition of new constructs (“theory broadening”, Perugini & Bagozzi, 2001) or reworking existing constructs and model relationships, including testing for mediation and moderation effects (“theory deepening”, Perugini & Bagozzi, 2001). The current study involves model testing (applying the TPB to a relatively novel area, psychological helpseeking) and theory broadening (testing two additional constructs). The efficacy of the TPB can be judged against the contention that “the theory...permits prediction and understanding of particular behaviors in specified contexts” (Ajzen,

1991, p. 206). Sutton (1998) also discriminated between prediction and explanation. When the focus is on explaining behaviour, construct validity and causal pathways, or connections between the variables, are important issues. When prediction is the criterion of theoretical efficacy, the amount of explained variance in behaviour accounted for takes precedence over the types and numbers of variables and their relationship to behaviour. Sutton also listed nine sources of measurement error which can attenuate the relationships between intentions and behaviour but which do not necessarily invalidate the theory.

The TRA and TPB appear to be effective at predicting intentions and behaviour, across a wide range of behaviour. This is evident when examining zero-order correlations between behaviour and intentions, behaviour and PBC, attitudes/subjective norms/PBC and intentions; multiple correlations including all three predictor variables and intentions or behaviour, and when considering effect sizes (meta-analyses) in which the results of several studies have been compared. Sheppard et al. (1988) reviewed the overall predictive utility of the TRA. They included studies that possibly overstepped the boundary conditions to the model such as when the behaviour was not completely under volitional control. The average correlation of the intention-behaviour relationship was .53 ($p < .01$), and the average correlation of the attitude and subjective norm - intention relationship was .66 ($p < .001$), this being "strong support for overall predictive utility of the Fishbein and Ajzen model" (Sheppard et al., 1988, p. 336). The strength of some of the model relationships were moderated by factors such as the type of intention measure (estimation versus intention), leading Sheppard et al. to suggest some modifications to the model. Other narrative reviews or meta-analyses (Ajzen, 1991; Albarracin, Johnson, Fishbein, & Muellerleile, 2001; Bennett & Bozionelos, 2000; Godin & Kok, 1996; Hausenblas et al., 1997; Sutton, 1998) report similar, positive findings for the performance of the TPB. The TRA/TPB reviews also support the inclusion of perceived control for behaviours that do not appear to be readily under an individual's control. Ajzen's review of

sixteen applications of the TPB suggested the model was at least as effective as the TRA at predicting behaviour (cf. Sheppard et al., 1988). Ajzen found that on average 25% of the variance was accounted for by intentions and PBC. Perceived behavioural control was a significant predictor of behaviour as well as intention in most studies, with PBC a stronger predictor than attitudes and subjective norms for a few behaviours (weight loss, problem drinking, cognitive-task performance). The determination of intentions from control, attitudes and subjective norms, for the sixteen studies reviewed was again very similar to the Sheppard et al. findings, with an average multiple correlation of .71 (range .43 - .94).

In a recent meta-analysis of the extant TPB literature (185 studies), Armitage and Conner (2001) provide further evidence for the overall efficacy of the TPB.

Table 1. Average magnitude of relationships for Theory of Planned Behaviour Variables

Relationship	N of tests	R^a	R^2
Multiple Correlation (BI + PBC) with behaviour	63	.52	.27
BI-Behaviour Correlation	48	.47	.22
PBC-Behaviour Correlation	60	.37	.13
% Variance Added by PBC to Behaviour	66	.14	.02
Multiple Correlation (ATT+SN+PBC) with BI	154	.63	.39
ATT-BI Correlation	115	.49	.24
SN-BI Correlation	137	.34	.12
PBC-BI Correlation	144	.43	.18
% Variance Added by PBC to BI	136	.24	.06
Behavioural Belief-ATT Correlation	42	.50	.25
Normative Belief-SN Correlation	34	.50	.25
Control Belief-PBC Correlation	18	.52	.27

Note 1. Table adapted with permission from Armitage and Conner, 2001

Note 2. BI = behavioural intention; PBC = perceived behavioural control; ATT = attitude; SN = subjective norm

^aAll correlations are weighted by sample size and are significant at $p < .001$

Their summary table (Table 1) presents data for the main model relationships. There are strong and consistent findings for both the prediction of behaviour (for example, the intention-behaviour correlations) and for the determinants of intentions (for example, the correlations of subjective norm, perceived control, attitude and intentions). As expected, differing measures of the same construct

are also significantly correlated supporting the internal consistency and construct validity of the model. Thus, the TPB appears to be an effective model of attitude-behaviour relations, and is able to explain and predict significant variance in intention and behaviour. Despite Ajzen's (2000b) assertion that "little can be gained at this point by further demonstrations of the theory's applicability in particular domains" (p.15), there is still considerable research being undertaken to assess whether the TPB can explain and predict a wider range of social behaviour. Regardless of situations and behaviour, it is easier to predict what people say they *will* do (intentions) than what they *actually* do (behaviour). The explained variance in behaviour is also higher using self-report, rather than objective behaviour measures (Armitage & Conner, 2001). Cohen (1988; 1992) suggests values of .10, .30 and .50 as a guide to describing effect sizes as small, medium and large respectively. Using these criteria, the effect sizes tend to be large for intentions and medium to large for the prediction of behaviour (Ajzen, 1991; Armitage & Conner, 2001; Godin & Kok, 1996; Sheppard et al., 1988; Sutton, 1998). For example, Armitage and Conner (Table 1) report that prediction of behaviour (average explained variance was 27%) was less accurate than intentions (average explained variance was 39%).

Looking more specifically at health behaviour applications of the TPB, Godin and Kok (1996) reported the average explained variance from the TPB predictors was 34% for behaviour and 41% for intentions. These findings from 58 health-related TPB applications were comparable to the findings of the Armitage and Conner meta-analysis (2001). They conclude, "the efficiency of the model seems to be quite good for explaining intention...(though)...varies across health-related behavior categories (Godin & Kok, 1996, p. 95, word in brackets added). For example, behaviour reliant on others' co-operation such as condom use is relatively weakly predicted by the TPB. A review of 121 studies (18 longitudinal) indicated that on average 21% of the variance in condom use was explained by the TPB predictors (Abraham, 1999). In contrast, behaviour under more direct

control such as exercise is more strongly predicted by the model (Godin & Kok, 1996; Hausenblas et al., 1997). The Godin and Kok review did not include any studies of mental health helpseeking, reflecting the lack of published research in the area. Perhaps the nearest equivalent was the category of “clinical-screening” activities, such as cancer checks, seeking medical care promptly, and using oral rehydration therapy. On average, the TPB predictors explained 44% of the variance in intentions for clinical screening activities, similar to the figure for other types of health behaviour. The TPB performed less well in terms of explained variance (R^2) for clinical screening behaviour, ranging from .04 for “attendance at health check” to .27 for participating in a cancer screening by people at “average risk”. Godin and Kok concur with Randall and Wolf’s (1994) suggestion that for some types of behaviour, personal and environmental control factors may weaken the link between intention and behaviour. Some types of clinical screening (and perhaps mental health helpseeking) behaviour may be more difficult to predict, although Godin and Kok add that the low number of longitudinal studies precludes definite conclusions. To summarise, the TPB model does offer a conceptual framework for the study of health behaviour such as mental health helpseeking, and according to the empirical evidence it can effectively explain and predict intentions and behaviour, despite lowered efficacy for some types of health behaviour.

Summary of empirical status of the TPB

The brief review of the TPB and TRA literature confirms that the models perform well in terms of the general criteria of predicting behaviour, and determining the extent to which intentions are associated with attitude, subjective norms and perceived behavioural control. The findings are robust despite applications that overstep boundary conditions (see Sheppard et al., 1988), or that vary from the suggested measurement and research strategy (Ajzen & Fishbein, 1980; Ajzen, 2000a). For example, some studies do not include belief-based construct

measures (Bagozzi & Kimmel, 1995), forego a pilot study (49% of 31 studies Hausenblas et al., 1997), use salient beliefs from a different culture such as North American versus British (Giles & Cairns, 1995), or use brief attitudinal measures (Reinecke, Schmidt & Ajzen, 1996). Incomplete applications of the model do not appear to limit the generalisability of results (Farley, Lehmann & Ryan, 1981). As noted, the major emphases of current TPB research appear to be to increase the range of behaviours and situations studied (model testing) and/or to further develop the TPB model (model broadening and model deepening).

On the basis of its performance to date, the TPB appears to be an appropriate theory for the present study, however, its relevance to helpseeking needs to be established. In the next chapter there is an outline of possible links between the TPB model and key helpseeking variables. Where appropriate, the issues discussed in the empirical review of the TPB are further related to the helpseeking literature. It is suggested that the TPB should be applicable to the explanation and prediction of helpseeking. Two major variables from the helpseeking literature, prior contact and need (here referred to as emotional distress), are proposed as possible additional variables for a TPB approach to helpseeking.

CHAPTER 2: THE THEORY OF PLANNED BEHAVIOUR AND HELPSEEKING

Ostrove and Baum (1983) note, "the sheer number of variables that appear to affect...helpseeking also present explanatory problems" (p. 125). The number of variables is indicative of the diversity of the helpseeking literature. A search of 'PsychINFO' (July, 2002), using 'help seeking' as the keyword, identified 2621 citations. It has therefore been difficult to identify consistent trends with regard to predictors and explanatory models of helpseeking. The focus of this chapter is the comparison of the TPB with other approaches to the study of helpseeking. Of relevance are the earlier reviews of the helpseeking literature by Gourash (1978), Gross and McMullen (1983), Wills and DePaulo (1991) and that of Pescosolido and Boyer (1999). Initially, similarities between the TPB constructs and helpseeking constructs are identified. These similarities make the TPB a potentially suitable theoretical framework to research helpseeking. The case is presented for incorporating the additional constructs of "prior contact" and "need" in a TPB helpseeking model. The TPB is then compared with three broad research strategies used for the study of psychological helpseeking. Finally, the applicability of the TPB to a prison-based study of helpseeking is reviewed.

SIMILARITIES BETWEEN THE TPB VARIABLES AND HELPSEEKING CONSTRUCTS

Helpseeking behaviour

The TPB, and helpseeking studies, share an interest in understanding and predicting behaviour (Pescosolido & Boyer, 1999; Sutton, 1998). Whilst helpseeking behaviour has been studied in a wide range of social contexts including educational and vocational settings (Nadler, 1983), the focus of the present study is on helpseeking for psychological problems. The study of actual helpseeking behaviour within the helpseeking literature has been restricted, due to

the reliance on retrospective self-reports of helpseeking (Fischer & Farina, 1995) and a focus “on rates of mental health treatment...(which)...were assumed to be the logical outcome of seeking help” (word in brackets added, Cauce et al., 2002, p. 46). These approaches fail to address how and why people come to make contact with mental health services. The TPB offers a framework for the study of the antecedents of service utilisation, and has been widely applied to the study of medical care-seeking (Godin & Kok, 1996). Godin and Koks' (1996) review suggested that health behaviour may be more complex and difficult to predict than other behaviour, such as voting and exercising (Armitage & Conner, 2001).

The TPB has not been widely applied to the study of seeking help for psychological problems. In some mental health settings, mandated treatment provisions override the individual's motivation to seek or not seek help. For example, Pescosolido and Boyer (1999) estimated that only 50% of those who were seen by mental health services had engaged in a cost-benefit type analysis, and that reasons such as involuntary admission were just as important in understanding mental health service utilisation. This was not expected to be a significant concern for the current study, given that Corrections psychologists see prison inmates on a voluntary basis. The emphasis in the current study was on prison inmates' intentions to seek assistance for psychological problems and the extent to which their intentions then predicted helpseeking. The TPB should facilitate an understanding about what influences inmates' decisions to make contact with mental health services. The magnitude of the intention-behaviour relationship would be a guide to the extent that service utilisation is indicative of helpseeking. For example, a strong relationship between intentions and behaviour would suggest that contact with a psychologist resulted from the individual's own helpseeking efforts and motivation to seek help. In contrast, a weak intention-behaviour relationship would suggest that service utilisation (contact with Corrections Psychological Service) results from factors other than personal motivation to seek help. For the current study, behaviour was assessed using an

indirect measure (referral to Corrections Psychological Service) rather than in accordance with the criteria suggested by Ajzen and Fishbein (1980) for testing the Theory of Planned Behaviour. There were pragmatic reasons for selecting this indirect measure of helpseeking which are described in more detail in the method and discussion chapters. However, there was also an assumption that referral to the Psychological Service was a form of helpseeking behaviour.

As noted earlier, TPB model provides a conceptual framework for the study of health behaviour. There are also generally positive empirical findings regarding the prediction of the determinants of intentions. Findings for health behaviour appear to vary according to the type of behaviour studied (Godin & Kok, 1996), although there are very few longitudinal studies of the TPB predicting behaviour similar to mental health helpseeking. The current study provided an opportunity to further assess the predictive validity of the TPB model, for the behaviour of seeking help from a prison-psychologist.

Intentions to seek psychological help

Intentions form a critical role within the TPB model (see earlier discussion, Chapter 1), with the presumption that most behaviour is to some extent reasoned or planned (Ajzen, 1991). In contrast, there are few studies in the helpseeking area which have considered intentions as a precursor of actual helpseeking behaviour. There have been two applications of the TRA to mental-health helpseeking. Both studies included a measure of helpseeking intentions but did not examine future helpseeking behaviour.

Halgin, Weaver, Edell and Spencer (1987) assessed the intentions of college students to seek professional psychological help if they were depressed. An elicitation study was used to develop a belief-based attitude measure. One intention item was used, which met some of Ajzen and Fishbeins' criteria for

specificity (“I intend to seek professional psychological help within the next month”), and students also completed the Beck Depression Inventory. College students’ intentions to seek future psychological help varied according to whether they had a history of prior helpseeking and depression, but also according to their “global attitude score”. As expected, students who had previous experience of seeking psychological help and were currently depressed had more favourable attitudes to seeking help than those with no prior contact or depression. The three student groupings (depressed students with or without prior psychological contact, and non-depressed students without prior psychological contact) also differed on some of the specific attitude belief items. For example, those depressed students who had previously sought psychological help expected mental health professionals to be competent and non-judgmental, but also expected that there would be personal costs associated with treatment such as having “to confront painful feelings and issues” (Halgin et al., 1987, p. 182). This highlights that psychological treatment may be simultaneously viewed as beneficial and challenging (Kushner & Sher, 1989, 1991). The Halgin et al. application of the TRA to college students’ helpseeking was incomplete, as there was no attempt to directly measure general or specific social influences on helpseeking (i.e. subjective norms). Therefore, possible social influences were only indirectly reflected in attitude-belief items such as (seeking professional psychological help would...) “make me feel that I cannot deal with problems on my own”, and “cause concern about what others feel about me”.

Bayer and Peay (1997) used the TRA model in a study of outpatient general practice client intentions to seek help from a mental health professional. The study questionnaire included general and specific measures of attitude and subjective norm, which were developed according to the procedures suggested by Ajzen and Fishbein (1980). The general attitude and subjective norm measures accounted for 34% of the variance in intentions, with attitude a much stronger determinant of helpseeking intention than subjective norm. Thus 23% of the unique variance in

intentions was accounted for by attitude, whereas only 3% of the unique variance in intentions was due to social pressures. The two determinants of helpseeking intentions shared 8% of the variance. Most of the sample (102/120) were "likely" to seek psychological help. Those who were unlikely to seek help perceived there to be less encouragement to do so from their family, friends and doctor. Those who were reluctant to seek help also indicated that they did not expect contact with a mental health professional to be helpful and confidential, nor did they expect to obtain "acceptance and understanding" (p. 509). The Bayer and Peay results were therefore similar to other applications of the TRA in that social pressures appeared to be only weakly associated with intentions to seek psychological help. The level of explained variance of intentions to seek psychological help obtained in the Bayer and Peay study was lower than for other TRA/TPB applications to care-seeking (Godin & Kok, 1996). The Bayer and Peay study also highlighted "a significant discrepancy between people's intentions and actual helpseeking behaviour" (1997, p. 511), in that the generally high intentions to seek help contrasted with the typically low rates of utilisation of formal mental health services (Henderson et al., 2000).

Intentions to seek psychological help have also been assessed outside the TRA/TPB theoretical framework. In a prison-based sample, Deane, Skogstad and Williams (1999) reported that a general measure of attitude (the Attitudes Toward Seeking Professional Psychological Help Scale, ATSPPHS, Fischer & Turner, 1970) was the only independent predictor of prison inmate intentions to seek help from a psychologist, with non-significant contributions from measures of psychological distress and treatment fearfulness. The Deane et al. study also indicated that prison inmate intentions to seek help differ according to the type of problem they experience. There was a stronger association of the predictor variables (attitude, distress and treatment fears) with helpseeking intentions for a "personal-emotional problem" ($R^2 = .32$), than for "suicidal thoughts" ($R^2 = .23$). Other helpseeking studies also indicate that helpseeking is affected by

characteristics of the person, therapist and problem (Tinsley, de St. Aubin & Brown, 1982; Wills & DePaulo, 1991).

Helpseeking attitudes

Many helpseeking studies use an attitude measure, frequently as part of a cross-sectional design to examine differences in helpseeking attitude along dimensions such as gender, ethnicity and socio-economic status (Fischer & Farina, 1995). Demographic characteristics are assumed to influence helpseeking indirectly via helpseeking attitudes. It is assumed that more favourable attitudes will be associated with higher rates of actual helpseeking behaviour, although Fischer and Farina (1995) recommend, "just how attitude functions to influence behaviour under different circumstances must be systematically investigated" (p. 372).

There are few helpseeking attitude measures. Some efforts have been directed toward measuring the *general* tendency to seek help from others. For example, Cohen (1999) developed a "willingness-to-seek-help questionnaire" designed to assess: "recognition of the need for outside assistance", "readiness for self-disclosure", and "willingness to relinquish some degree of control to a helper". The measure, based on a college-student sample, had good reported internal reliability (Cronbach alpha .85) and high correlations with self-reported retrospective helpseeking from informal and formal help sources. With regard to mental health professionals, the most frequently used attitude measure is the Attitude Toward Seeking Professional Psychological Help Scale (ATSPPHS, Fischer & Turner, 1970). The scale was initially reported to be multi-dimensional, consisting of factors of "interpersonal openness", "stigma concerns", "confidence in mental health professionals" and "recognition of the need for psychotherapeutic support". Subsequent research (Dadfar & Friedlander, 1982; Surgenor, 1985) indicated the factor structure to be unstable, and the ATSPPHS is now said to reflect the general "willingness to seek help from mental health professionals when one's

personal-emotional state warrants it" (Fischer & Farina, 1995, p. 371). The level of item-specificity appears to fall between typical general and specific TPB attitude measures. For example, the short-form of the ATSPPHS (Fischer & Farina, 1995) includes items such as "the idea of talking about problems with a psychologist strikes me as a poor way of getting rid of emotional conflicts"; and "I might want to have psychological counselling in the future". The former item does not specify which problems, or the location of helpseeking; the latter item is similar to intention items within the TPB, though does not specify a time frame, or the type of problem that would prompt helpseeking. Some attitude measures focus on specific aspects of counselling. Kushner and Sher (1989, 1991) developed a measure of treatment fears, based on their view of therapy as involving a conflict between approach and avoidance tendencies. Their "Thoughts about Psychotherapy Survey" (TAPS) bears some similarities to the ATSPPHS, for example by examining stigma concerns, beliefs about the utility of therapy, and confidence in the therapist. Deane and Chamberlain (1994) reported that three of the TAPS subscales (image concerns, coercion concerns, stigma concerns) plus psychological distress, accounted for approximately ten percent of the variance in intentions to seek psychological help, in a non-clinical student sample.

The TAPS and ATSPPHS scales do not follow the expectancy-value format of the TRA/TPB specific attitude measures, but do include some general expectation statements (that is, possible outcomes of seeing a psychologist or counsellor for treatment/psychotherapy). According to Ajzen and Fishbein (1980), the limited specification of criteria such as the target of helpseeking, time frame involved and helpseeking context would reduce the predictive validity of these attitude measures. Deane et al. (1999) suggested there be further study of attitudes that are relevant to prison inmates' helpseeking, in order to "identify which attitudes have the strongest influence on helpseeking intentions" (p. 63). The suggested operationalisation of the TPB concepts (Ajzen, 2000a) allows for attitude measurement that includes specific characteristics of helpseeking in prison, and

how these characteristics affect helpseeking intentions. Treatment fears such as those assessed by the TAPS should be reflected in the specific TPB attitude items, *if* they are salient to the inmate group studied. The TPB framework also allows for a systematic testing of the relationships between attitudes and behaviour, as recommended by Fischer and Farina (1995).

Subjective norms and helpseeking

It was noted earlier in the review of the TPB that subjective norms appear to be a relatively poor predictor of behaviour, due to measurement problems or to the low influence of social pressures for many types of behaviour (Ajzen, 2000b; Armitage & Conner, 2001). In contrast to other health behaviours such as exercise and dieting (Godin & Kok, 1996) helpseeking typically involves other people (Wills & DePaulo, 1991). Decisions to seek psychological help may therefore be influenced by the perceived opinions of others. Two helpseeking attitude measures discussed earlier (the TAPS & ATSPPHS) incorporate the influence of others via the concepts of stigma concerns and image concerns. In the Deane and Chamberlain study (1994), beliefs that "...some people will like or respect me less if I say I am receiving psychological treatment", and "...being in therapy will affect my relationship with those closest to me - partner, family, close friends", were associated with lower intentions to seek professional psychological help. Individuals may refrain from seeking psychological help if they believe others will view such behaviour as a sign of personal weakness or mental illness.

There are other ways in which the immediate social environment influences helpseeking. For example, when people experience high levels of emotional distress but have few informal sources of help available, they tend to seek out help from mental health professionals (Cramer, 1999; Knisely & Northouse, 1994). The effect of immediate social support networks on helpseeking also varies according to other network characteristics. Dense social networks delay

professional helpseeking, especially if the immediate group norms and values are not supportive of professional helpseeking (Gourash, 1978; McKinlay, 1973; Rogler & Cortes, 1993), or if the social network is able to provide culture-specific assistance (Rogler & Cortes, 1993; Rogler, Malgady, Costantino & Blumenthal, 1987). Knowing someone who is a mental health professional, or has had contact with mental health outpatient services increases the likelihood of mental health service utilisation (Tijhuis, Peters & Foets, 1990; Wills & DePaulo, 1991).

In summary, the TPB construct of subjective norms is relevant to this study given the evidence that helpseeking is at least partly determined by the influence of those within a person's social network. The treatment fearfulness literature suggests that specific concerns (e.g., stigma, personal image) may be triggered when a person contemplates whether to seek help from a mental health professional. The content of these concerns, if deemed important by prison inmates, should be reflected in the specific attitude-belief items. Possible *sources* of social influence on inmate helpseeking should be reflected in the specific subjective norm measure. That is, people who are most likely to encourage or discourage inmates to seek help. The TPB framework also identifies the extent to which prison inmate helpseeking is attitudinally versus socially controlled. It is possible, for example, that social influences (via subjective norms) are relatively more important in a highly controlled, restricted situation such as the prison environment.

Personal control and helpseeking

Perceived behavioural control (PBC) refers to the perception that there are possible barriers that prevent, or render unlikely, certain behaviours (Ajzen, 1991). These barriers could be internal, such as a lack of confidence about performing the behaviour or external such as a lack of opportunity to conduct the behaviour. As Ajzen (2002a) suggests, personal and non-personal barriers to performing

behaviour both impact upon the overall perception that the behaviour is under an individual's control. There are some aspects of the helpseeking process that may be outside an individual's control.

The helpseeking literature points to an unclear relationship between personal characteristics and control over helpseeking, sometimes due to the effects of a third variable such as stress levels. For example shyness and lack of assertion skills (Gambrill, 1995) are associated with a reluctance to seek assistance from others (McMullen & Gross, 1983; Wills & DePaulo, 1991). It is therefore possible that shy people regard themselves as lacking the necessary personal skills and confidence to approach others for assistance and generally feel a lack of control over the helpseeking process (Wills & DePaulo, 1991). Learned helplessness however, a personal characteristic which also implies inability to take control, (Abramson, Seligman & Teasdale, 1978) has been found to have a *positive* relationship with helpseeking in high stress situations such as partner abuse (Wilson, Vercella, Brems, Benning, & Renfro, 1992) and threatened missile strikes (Shirom & Shperling, 1996). Wilson et al. (1992) reported that women who felt most helpless in an abusive relationship (high learned helplessness) exhibited the most helpseeking behaviour (use of sheltered accommodation). Wilson et al. acknowledged these findings appeared to be contradictory. They speculated that women trapped in abusive relationships view escape as their only option, lack the confidence to rely on themselves to get out and therefore seek help from others.

People initially tend to seek help from friends and family for personal problems (Wills & DePaulo, 1991). In those situations, control-related issues of access and availability are not likely to be as problematic, however, access to formal sources of help may be restricted (Pescosolido & Boyer, 1999), and lessen an individual's sense of control over the helpseeking process. External factors that lessen control over helpseeking include referral procedures that restrict access to mental health professionals (Tijhuis et al., 1990), and other service characteristics such as

waiting lists, service prioritisation, geographic location and insufficient numbers of mental health professionals (Freeman et al., 1992; Rickwood & Braithwaite, 1994).

Issues of control therefore appear to be relevant to the helpseeking process. Control over helpseeking may lessen due to external barriers (e.g., waiting lists) but also due to the effects of relevant personal characteristics such as shyness. As Ajzen (1991) has proposed, it is often difficult to determine how much *actual* control a person has over performing behaviour. Perceptions of control provide a guide to actual control and according to the TPB model will also impact upon decisions to seek psychological help. Thus, two individuals may obtain the same information about external barriers to helpseeking (“the psychologists have a long waiting list”) yet differ in their perceptions of how much control they still have over accessing a psychologist. The current study followed Ajzen’s (1988, 1991) operationalisation of control by assessing the degree of ease or confidence in performing the behaviour as well as investigating possible external, organisational barriers to mental health service utilisation in prison. The controlling nature of the prison setting suggests that inmates may lack confidence in seeking psychological help, or could perceive there to be external barriers to accessing psychological help.

To summarise, there are some similarities between the TPB approach to the study of behaviour, and constructs within the helpseeking literature. The attitude construct features strongly within the TPB model and the helpseeking literature. The assumption for helpseeking is that attitude characteristics (favourable versus unfavourable) influence helpseeking intentions and behaviour. Both areas of study also attempt to explain non-attitudinal, social influences on behaviour. The constructs used (e.g., subjective norm and social network) differ, though each area has the assumption that the opinions of significant others influence decisions to act. Control issues are explicitly included within the TPB model via PBC. From a helpseeking perspective, it is assumed that certain personal characteristics and

situational/organisational characteristics may act as internal or external barriers to seeking help and/or accessing appropriate services. The literature indicates the TPB model can be applied to medical care-seeking (Godin & Kok, 1996), although as noted previously it is still largely untested in relation to seeking help for personal-emotional or psychological problems.

TPB – THE ROLE OF PRIOR CONTACT AND EMOTIONAL DISTRESS

In addition to the issue of whether the TPB is generally applicable to the study of helpseeking, is the issue of whether there are sufficient model constructs to account for the helpseeking process. Indeed the “plethora” of helpseeking research variables in the helpseeking research literature (Ostrove & Baum, 1983) contrasts strongly with the few variables that comprise the TPB (Ajzen, 1991). Critics of the TRA/TPB have suggested that the explanatory value of the models are limited due to the small number of predictor variables (Liska, 1984; Sutton, 1998). Ajzen (1991) offered an empirical rationale for extending the TPB, stating variables could be added “if it can be shown that they capture a significant proportion of the variance in intention or behavior after the theory’s current variables have been taken into account” (p. 199). The addition of PBC to the TRA is an example of this approach, extending the model to behaviours over which the individual has incomplete control. For the purposes of the current research two additional variables were considered for inclusion in the model. Prior behaviour and emotional distress were selected due to their centrality within the helpseeking research, but also due to findings from the TPB literature about the influence of prior behaviour on future intentions and behaviour.

Prior behaviour

Most reviews of the TPB have addressed the issue of whether prior behaviour exerts an influence on future behaviour, independent of the other TPB predictors

and beyond the effects of shared method variance in the measures of prior behaviour, intentions and future behaviour (Ajzen, 1991). The relevant literature suggests that, at a minimum, the way in which people make decisions about future behaviour is partly influenced by their prior experience with that behaviour. A review of the role of habit (Oulette & Wood, 1998) supported Triandis (1977), who suggested that frequently repeated behaviours (habits) would directly affect future behaviour, while intentions would be more predictive of relatively novel or unrehearsed behaviour. In a study of decisions regarding mode of transport, Aarts et al. (1998) found that those who used cycles frequently made future cycling decisions more quickly, and required less information, than infrequent cyclists. Prislun (1993) reported that prior experience affected the relationship between the TPB predictor variables and intentions. There was a stronger attitude-intention relationship for those with prior experience, whereas the subjective norm-intention relationship was stronger for those without prior experience. This suggested that those who lack direct experience will be more strongly influenced by others' opinions about enacting that behaviour.

The helpseeking literature indicates that prior experience with a mental health professional is associated with a significantly increased likelihood of future mental health service contact. Robbins and Grinley (1983) reported a six-fold increase in service utilisation by those with prior contact. Studies within the attitude-behaviour field provide some guide as to how prior contact with a mental health professional promotes future helpseeking. Fischer and Farina (1995) suggest that contact with mental health professionals may result in the development of stronger, positive helpseeking attitudes that may promote future helpseeking. Strong attitudes are found to be more accessible in memory and more stable (Doll & Ajzen, 1992), held with a greater degree of confidence (Fazio & Zanna, 1978; Fazio, Zanna & Cooper, 1978), and more easily activated (Fazio, 1986). Strong attitudes can have direct effects on behaviour (Bagozzi & Yi, 1989), just as behaviour may have a direct effect on attitudes (Bentler & Speckart, 1981). Prior experience, as

measured within a TPB framework, can also have direct effects on future intentions and behaviour rather than via attitudes (Kashima, Galloway & McCamish, 1993; Reinecke et al., 1996; Terry & O'Leary, 1995; Van Ryn, Lyttle & Kirscht, 1996). For helpseeking, prior contact has therefore been noted to affect attitudes (Fischer & Farina, 1995; Surgenor, 1985), intentions to seek further help (Deane et al., 1999) and actual helpseeking behaviour (Solberg, Ritsma, Davis, Tata & Jolly, 1994). Helpseeking attitudes are more positive for those who rate their prior contact with a mental health professional as "helpful" (Deane et al., 1999; Fischer & Farina, 1995). Kushner and Sher (1989), in a study that included both clinical and non-clinical subjects, reported that those with prior contact with mental health professionals had the lowest levels of treatment fears. Therefore, future helpseeking with mental health professionals is more likely when their prior service is rated as helpful. Future contact may also be encouraged if mental health professionals can reduce client fears about treatment.

In summary, prior research suggests a substantial link between prior and future helpseeking behaviour, particularly when prior contacts are perceived to be positive and helpful. For the current research, prior contact with a psychologist was included in addition to attitudes, norms and control, to assess the extent to which it determined inmates' helpseeking intentions and behaviour. Prior contact with a psychologist in prison was assessed, in order to maintain the correspondence or compatibility between prior behaviour and the intention and behaviour measures (Ajzen & Fishbein, 1980). Inmates' prior contact with a psychologist outside prison was also assessed, to determine whether this behaviour also influenced prison-based helpseeking.

Psychological distress and helpseeking

It has been argued that, "the single best predictor of the use of mental health services is the need for care" (Pescosolido & Boyer, 1999, p. 397). For medical

care-seeking, the largest direct effect for service utilisation has been the number of reported symptoms (Andersen & Newman, 1973). For psychiatric problems, increased problem severity is associated with higher intentions to seek help (e.g., Halgin et al., 1987, for depression) and increased service utilisation (e.g., Shirom & Shperling, 1996, for anxiety). More complex conditions such as depression with co-existing panic disorder are associated with higher mental health service utilisation than depression alone (Roy-Byrne, Stang, Wittchen, Ustun, Walters & Kessler, 2000). Client-reported distress levels, or "psychological distress" may predict service utilisation more accurately than objective accounts of physical and mental health status (Greenley, Mechanic & Clearly, 1987; Tucker & Gladsjo, 1993). Tessler, Mechanic and Dimond (1976) studied service utilisation patterns of 339 companies over one year, in an attempt to clarify the role of psychological distress and helpseeking. Psychological distress, at time-one, accounted for 2% of the variance in the total number of medical consultations, and 4% of "visits initiated by patients with symptoms". The total explained variance (R^2) was 18% and 16% for the two service utilisation indicators, when factors such as gender, employment status and illness chronicity were included in the multiple regression analyses. In a longitudinal study of the help-seeking behaviour of Australian adolescents ($N = 715$), Rickwood and Braithwaite (1994) found that psychological symptoms as assessed on a brief 12-item measure was the only unique predictor of seeking help from a mental health professional. These studies therefore support the hypothesis that psychological distress does promote helpseeking.

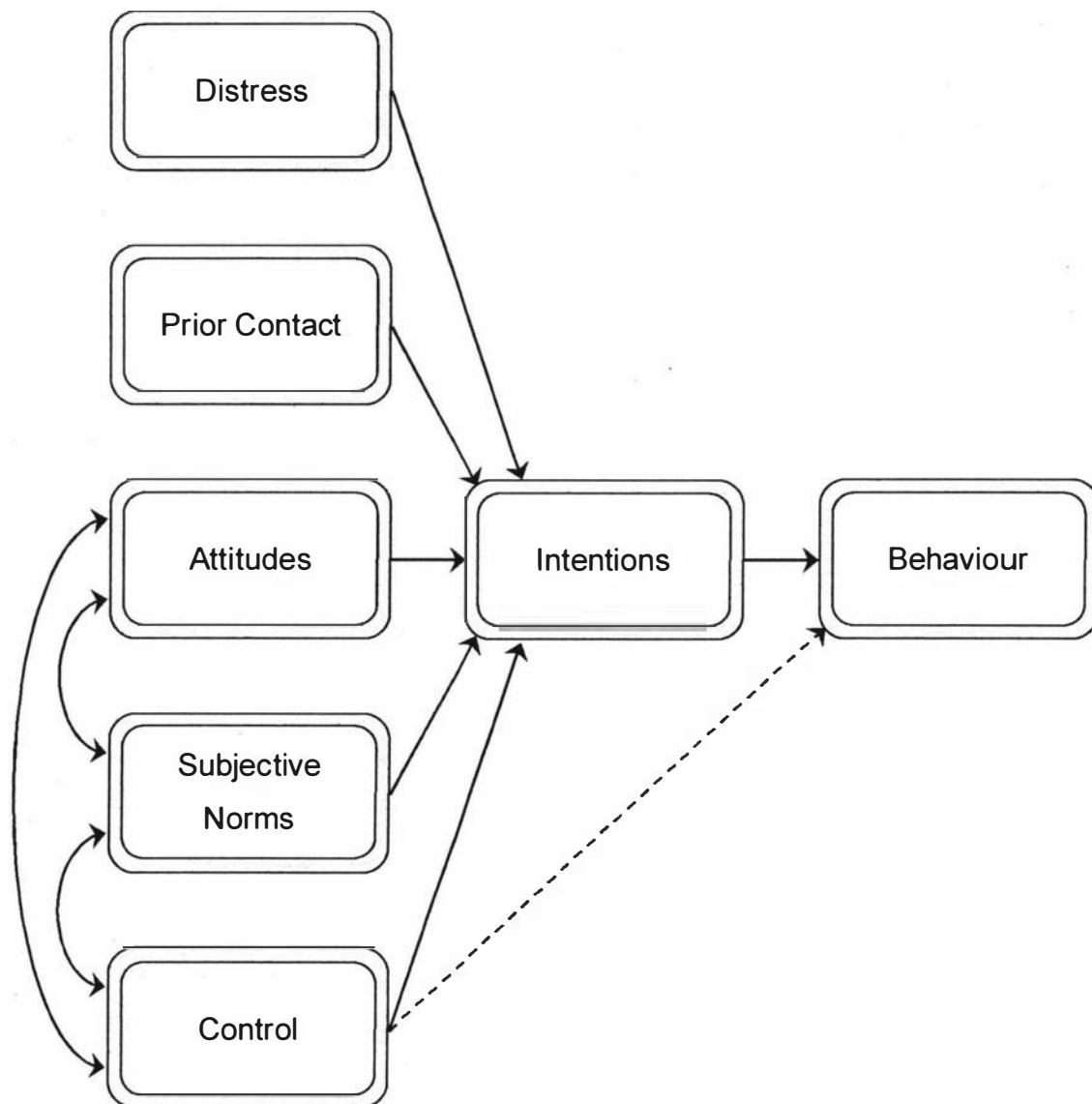
Several explanations have been offered for the way in which psychological distress or need impacts on help-seeking behaviour. Some researchers describe need as a proximal factor, which has immediate and direct effects on behaviour (Ying & Miller, 1992; Tessler et al., 1976). In the Rickwood and Braithwaite (1994) study, adolescents who were highly distressed appeared to seek help promptly. Others suggest that need may initiate the helpseeking process, but other factors then determine actual helpseeking behaviour (Kessler, Brown & Broman, 1981).

Mental health service utilisation data supports the view that need is a necessary, but not sufficient source of motivation to seek help. For example, in the Rickwood and Braithwaite study, 23% of adolescents with moderate to severe symptom levels did not get *any* form of help. As noted earlier, Australian epidemiological data indicates the majority of people with a mental disorder do not seek professional psychological help (Henderson et al., 2000). According to the “approach-avoidance” view of helpseeking, (Kushner & Sher, 1989, 1991), psychological distress may simultaneously activate pressures to seek and avert engagement in psychological treatment. Deane and Chamberlain (1994) reported that emotional distress correlated positively with approach factors such as intentions to seek psychological help, but that emotional distress was also positively associated with treatment avoidance factors such as mental illness stigmatisation, and concerns about having to participate in treatment involuntarily.

Assessment of need is particularly relevant within New Zealand prisons. The incidence of suicidal thinking is higher in prison than within community samples (Brinded et al., 1999, 2001; Goldney, Wilson, Dal Grande, Fisher & McFarlane, 2000), as are the rates of completed suicide (Report of the Suicide Prevention Working Group, 1995; Report of the Maori Suicide Review Group, 1996). Suicidal ideation, or thinking, may be symptomatic of more generalised emotional and psychiatric disturbance (Kaplan, Sadock & Grebb, 1994). Prior research with New Zealand prison inmates found their emotional distress levels to be higher than community samples, (Deane et al., 1999), and the incidence of psychiatric disorders was also reported to be significantly higher in prison inmates than in the community (Brinded et al). Therefore prison inmates may be more emotionally distressed than those in the community. Psychological distress, as defined by the client or clinician, could influence helpseeking intentions and behaviour. The current research design included a measure of psychological distress as a predictor of helpseeking intentions and behaviour.

The variables of prior contact with a psychologist and emotional distress form an “extended TPB model” (see Figure 2), in combination with the standard TPB variables.

Figure 2. The extended TPB model



LOCATING THE TPB WITHIN HELPSEEKING

There are close similarities between the TPB constructs, and helpseeking constructs such as attitude. Thus, the TPB in its standard form, and with the addition of prior contact and need/emotional distress (figure 2), appears to be an appropriate model for the study of helpseeking. In the next section, there is a further brief review of major research findings and strategies within the helpseeking literature. The aim is to locate the TPB model and research design within the wider helpseeking research area. For the purposes of the present discussion, the helpseeking research literature has been organised into three broad categories. These are: research that has emphasised a small number of key helpseeking variables; research that refers to the process of helpseeking; and research that is based around an explanatory model.

Key helpseeking variables

One approach to the study of helpseeking has been to focus on a few key variables. Examples already discussed are helpseeking attitudes (Fischer & Farina, 1995), prior use of mental health services, and degree of perceived or actual need for care. Additional variables identified as important in the helpseeking literature are now elaborated.

Socio-demographics - age, social class, ethnicity and gender

Pescolido and Boyer (1999) reported, "four main factors – gender, race and ethnicity, age, and social class - ...have been shown to be the strongest and most consistent predictors of outpatient mental health-care utilization" (p. 397). With regard to **age**, it has been found that those in the young-adult (twenties) to middle adult years are most likely to seek professional assistance. Younger people have lower intentions to seek help for mental health problems than those in their twenties (Deane & Chamberlain, 1994). They also have a lack of knowledge about

appropriate services (Dubow, Lofkow & Kausch, 1990), and have a strong preference to seek help from informal sources such as family and friends (Boldero & Fallon, 1995). After controlling for the level of need, it has been found that the elderly use services less than younger people (Padgett, 1995), and may prefer to approach their General Practitioner (G.P.) rather than specialist services with mental health concerns (Wills & DePaulo, 1991).

Social class, or socio-economic status was shown in earlier studies to have a strong association with psychiatric disorder and mental health service utilisation. For example, Hollingshead and Redlich (1958) found that those of lower socio-economic status had higher rates of psychiatric disorder including severe mental illness such as schizophrenia, yet were less likely to make use of formal mental health services than those in higher socio-economic groupings. It has been argued that the effects of socio-economic status on helpseeking have become less apparent, due to improved mental health service access and education (Fischer & Farina, 1995). More recent studies show no correlation between parental occupation and helpseeking attitudes (Fischer & Farina, 1995), or between educational level and helpseeking orientation (Fosu, 1995). However, specific concerns such as the choice of service provider may still differ according to socio-economic status. For example, Tjihuis et al. (1990) reported that people with higher educational levels would prefer to seek help for emotional problems from a mental health worker, whereas those with lower educational levels would approach a General Practitioner.

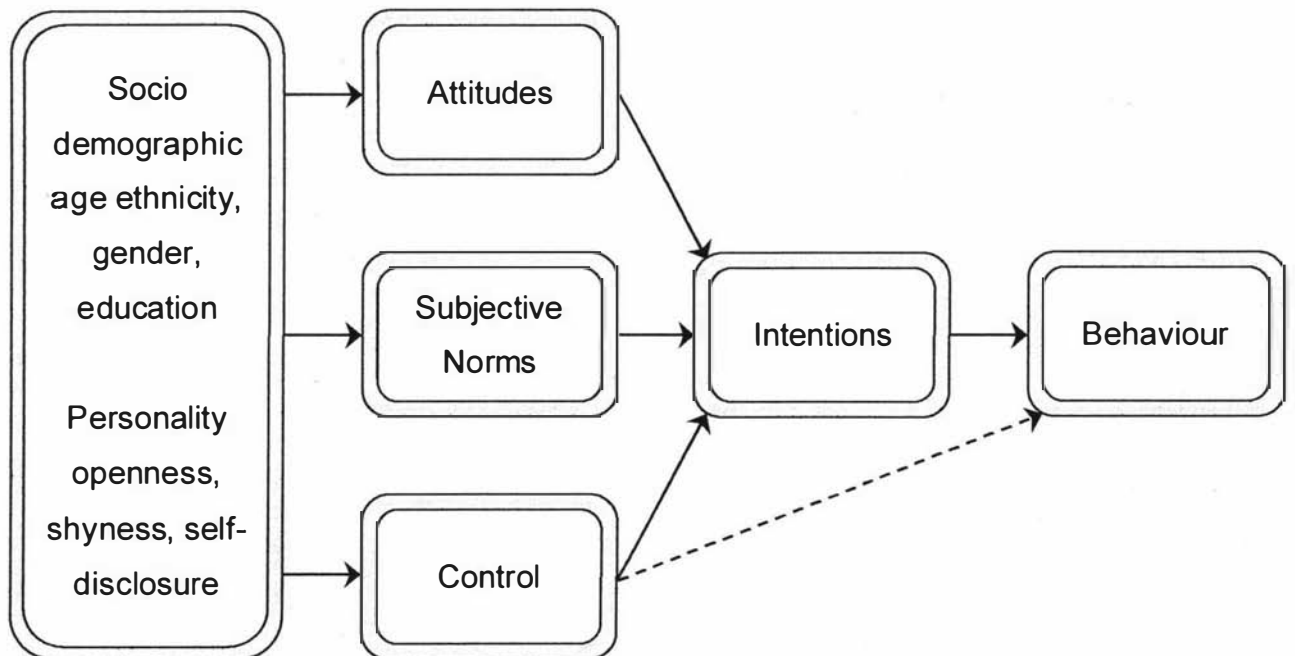
Ethnicity is strongly associated with differing attitudes, and patterns of mental health service utilisation. People who belong to ethnic minorities and migrant groups have less favourable attitudes to seeking professional psychological assistance than those in the mainstream culture (Atkinson & Gim, 1989; Dadfar & Friedlander, 1982, Deane et al., 1999; Tata & Leong, 1994). This difference is attenuated when people in minority groups have a stronger commitment to the

mainstream culture rather than their own culture (Price & McNeill, 1992). Minority and indigenous peoples tend to seek help later in the course of illness, leading to lower rates of outpatient mental health utilisation and higher rates of inpatient and penal/forensic admissions, including involuntary admissions (Durie, 1995; Padgett, Patrick, Burns & Schlesinger 1995; Rogler, Malady, Constantino & Blumenthal, 1987; Scheffler & Miller, 1991; Snowden & Cheung, 1990). Findings also suggest that the prevalence of psychiatric disorders may be higher among ethnic minorities, and that alternate help sources are utilised for culture-specific conditions (Durie 1995; Rogler et al., 1987; Wing, Crow & Thompson, 1995). Delays in accessing mainstream mental health services may also reflect the lack of culturally relevant assessment and treatment procedures (Bhui, Christie & Bhugra, 1995; Rogler et al., 1987; Shepherd & Leathem, 1999), and ethnocentric attitudes of key staff such as psychiatrists (Johnstone & Read, 2000).

Whilst **gender** differences and helpseeking were not directly assessed in this study, the research regarding possible causes of male reluctance to seek help (compared with females) is relevant to the current study. Some studies report no male-female differences for helpseeking attitudes (Atkinson & Gim, 1989; Lorion, 1974; Nickerson, Hlems & Terrell, 1994), whereas other researchers report that males have less favourable helpseeking attitudes than females (Fischer, Winer & Abramowitz, 1983; Price & McNeill, 1992; Surgenor, 1985; Tata & Leong, 1994), and have lower intentions to seek help than females (Deane & Chamberlain, 1994; Rickwood & Braithwaite, 1994). Men are less likely to define non-specific psychiatric symptoms as problematic, thus delaying helpseeking (Kessler, Brown, & Brosman, 1981), are more likely than women to be referred for assistance rather than self-refer (Horwitz, 1977 cited in McMullen & Gross, 1983), and are more likely to seek help from a GP rather than a mental health specialist for psychiatric problems (McMullen & Gross, 1983). Characteristics of the traditional male role have been thought to be antithetical to helpseeking. Males lower on "androgyny" were found to be less likely to want to seek help generally from others (Nadler,

1983). The male characteristic of restricted emotional expression is associated with negative attitudes to professional helpseeking (Blazina & Watkins, 1996; Good, Dell & Mintz, 1989). Male reluctance to seek help could be exacerbated at times of extreme personal stress such as when feeling suicidal. Some suicidal patients reject offers of professional assistance, a phenomenon referred to as help-negation (Rudd, Joiner & Rajab, 1995). This phenomenon has also been reported among non-clinical samples of high school students (Carlton & Deane, 2000), and university students (Deane, Wilson & Ciarrochi, 2001).

Figure 3. The TPB and other variables



As Pescosolido and Boyer (1999) note, it is informative to list possible social correlates of helpseeking but this does not provide an explanation of how these factors might work together. The TPB (Ajzen, 1991) model proposes that the effects of these variables on behaviour are inconsistent (see figure 3). For example, rather than predicting helpseeking from gender alone (male inmate), the TPB model would suggest that gender and gender-role characteristics could influence attitudes to helpseeking but that attitude is the key determinant of intentions and behaviour. In the current study, gender was controlled for (all participants were male). Educational level, whilst assessed, was expected to be somewhat uniformly low. Of most interest for the current study were the socio-demographic variables of age and ethnicity. Inmates tend to reoffend less as they get older (Bakker & Riley, 1996), but engaging younger inmates in psychological treatment could facilitate this process and address other problems of young inmates, such as suicidality (Report of the Suicide Prevention Working Group, 1995). New Zealand prisons have a high proportion of inmates who identify with the ethnic minority (Maori). It is important to determine whether Maori have specific barriers (e.g., attitudinal) to seeking psychological assistance from prison psychologists. The limited outcome data available (Bakker & Riley, 1991, 1996) indicates that Maori are less likely to be referred to a prison psychologist, yet appear to do about as well as non-Maori inmates once in treatment.

Personality variables

Ajzen and Fishbein (1980) argued that personality characteristics, as with socio-demographic factors, are likely to have inconsistent effects on intentions and behaviour unless specific situational factors are taken into consideration. The helpseeking literature also suggests that contextual factors affect the personality-helpseeking relationship. Shy individuals display "helpseeking inhibition" by their reluctance to approach others for help (Gross & McMullen, 1983). Shyness is positively correlated with low self-esteem, yet low self-esteem individuals are more

likely than high self-esteem individuals to seek assistance from others especially if the help provider is perceived to be similar to the help-seeker (Nadler, 1983). Inconsistent findings have also occurred with constructs that refer to the tendency to view personal problems psychologically, and to disclose personal problems to others. Self-disclosure increases the orientation toward helpseeking (Hinson & Swanson, 1993; Rickwood & Braithwaite, 1994), as does "openness", which was one of the original ATSPPHS factors (Fischer & Turner, 1970). However, the effects of self-disclosure on helpseeking are less apparent at high levels of psychological distress (Hinson & Swanson, 1993). Awareness of inner thoughts and feelings, or "private self-consciousness" is associated with positive helpseeking attitudes (Rickwood & Braithwaite, 1994, p. 564), just as the ability to think psychologically about personal problems is associated with longer stays in therapy and more positive treatment outcomes (McCallum & Piper, 1997; Orlinsky, Grawe & Parks, 1994). Yet, in a somewhat contradictory finding, a tendency toward keeping problems to oneself, or "self-concealment", has also been associated with *higher* intentions to seek psychological help (Kelly & Achter, 1995). This was despite a negative relationship between self-concealment and helpseeking attitudes, especially when therapy was described as involving discussion of personal information (Kelly & Achter, 1995).

Therefore, the few studies that have examined the relationship between general personality characteristics and helpseeking have produced inconsistent results. These findings suggest that personality characteristics can influence the general propensity to approach others for various forms of assistance. The findings do not however generalise across helpseeking situations or across people, often due to the effects of additional variables such as emotional distress. The limits of prediction using general personality characteristics or traits has been the subject of debate within the personality literature (Mischel, 1977), just as general attitude measures are sometimes shown to lack predictive validity in specific situations (Kraus, 1995). It was beyond the scope of the current study to include measures

of general personality traits or characteristics. Ajzen and Fishbein (1980) would classify personality characteristics as “other variables” that may indirectly influence intentions and behaviour, through the major model constructs of attitude, subjective norm and control. It was therefore assumed that personal characteristics such as self-disclosure and openness thought to be relevant to help seeking, would be partially reflected in the inmates' general attitude to seeing a psychologist (favourable, unfavourable). It was also expected that specific attitudinal beliefs (about the perceived advantages and disadvantages of seeing a psychologist in prison) could capture aspects of inmate personality characteristics, if these were relevant to seeking psychological help in prison.

The helpseeking process

A second major approach to helpseeking has been to describe important aspects of the helpseeking process, which then form the basis for empirical research (Cauce et al., 2002). The overall process of helpseeking has been described as involving a series of steps and possible decisions. Gross and McMullen (1983) suggest the following sequence:

- 1) perception there is a problem to address for which it is necessary to get help.
- 2) consideration of coping alternatives, such as accepting the problem, working on the problem alone, or seeking help from others.
- 3) tactics and strategies of seeking and utilising help occur.

Some descriptions of the helpseeking process refer to the wider social and cultural context in which mental health service utilisation occurs. These descriptive overviews assume that there may be several attempts to get help for personal

problems over time, and that a variety of possible sources of help may be approached. Rogler and Cortes (1993) used the metaphor of “helpseeking pathways” to describe how people typically move between formal helpers such as mental health staff and informal helpers such as family and friends, in order to overcome medical and mental health problems. Helpseeking pathways have duration (time lapse between problem recognition and helpseeking efforts), direction (those approached for assistance) and structure (links between formal and informal sources of help). Wills and DePaulo (1991) outlined a similar “typology of helpseeking”, which included formal and informal help sources, the relation of helpseeking to other coping efforts, and the effects of problem type and severity on helpseeking. Wills and DePaulo pictured helpseeking as pyramid-shaped, in that people most frequently seek help from family and friends for less serious problems, and only seek help from mental health professionals for more distressing problems. The Network-Episode Model (NEM, Pescosolido & Boyer, 1999) focuses on the helpseeking process as it develops over time, and is structured around the concept of a person’s “illness career” and how this links back to the social support system, treatment system/s and “episode base for the individual”. This includes demographic variables, health history and current health status. The Network Episode Model views “service use not as a single, yes-no, one-time decision but rather as the patterns and pathways of practices and people consulted during an episode of illness” (Pescosolido & Boyer, 1999, p. 407). The TPB is compatible with broader process descriptions of helpseeking, and could be regarded as being nested within those descriptions. For example, the TPB could help to explain how people within helpseeking “pathways” (Rogler & Cortes, 1993) choose to seek help from a specific person for a specific problem. Indeed, the TPB and TRA were developed to improve the prediction of specific behavioural events (Ajzen & Fishbein, 1980; Ajzen, 1991).

Some researchers focus on psychological factors associated with the helpseeking process, or restrict the focus to seeking *professional psychological help* for

personal problems (Fischer et al., 1983). Prochaska and DiClemente (1984) subdivide the problem identification phase of helpseeking, according to one's view of personal problems such as "denial" or "pre-contemplation". Thus, cognitive changes and decisions may need to occur prior to taking action such as approaching others for assistance with problems. Kushner and Sher (1989, 1991) argue that individuals are also swayed in their helpseeking action by their beliefs about what might occur in treatment. As noted previously, people who recognise they have problems that require professional assistance need to cope with the conflict between pressures to approach and avoid contact with mental health professionals. In addition to Kushner and Sher, several theorists argue that people engage in some form of cost-benefit analysis prior to actually seeking professional psychological help (Fischer et al., 1983; Nadler 1983; Ostrove & Baum 1983; Raviv, Maddy & Raviv, 1992; Shirom & Shperling 1996). As Fischer et al. (1983) suggest, "the decision to get help stems from a (perhaps implicit) calculation that the anticipated gains from psychotherapy will surpass the total costs" (p. 166).

The TPB is regarded as a "proximal" model of attitude-behaviour relationships, focussing on what occurs immediately prior to a person taking action (Eagley & Chaiken, 1993). It is therefore similar to those helpseeking process descriptions that consider what actually prompts a person to seek help such as favourable cost-benefit implications (see above). The expectancy-value model of attitude offers a method for estimating such cost-benefit analyses. A bias toward favourable outcomes (of seeking help) is assumed to result in favourable attitudes, stronger intentions and increased helpseeking behaviour.

Helpseeking models

The third major approach to helpseeking research involves the development of empirical and/or descriptive models of service utilisation and helpseeking. The most widely applied model has been that developed by Andersen and Newman

who group the predictors of service utilisation into general categories (Andersen & Newman, 1973; Andersen, 1995). The original model described *predisposing* factors (e.g., education, ethnicity, sex and age); *enabling factors* (e.g., personal finances, insurance cover, availability and accessibility of services); and *need* factors (e.g., the client's clinical status and need for treatment). The model has been expanded (Andersen, 1995) to take account of "environment" factors such as the health care system, and for "outcomes" such as consumer satisfaction and health status following service utilisation. The Andersen model has been applied to physical illness care seeking, to service utilisation by particular groups such as ethnic minorities (Padgett, 1995), and to mental health service utilisation (Freeman et al., 1992). Freeman et al. (1992) reported that a modified version of the model was able to successfully identify service users (sensitivity), and discriminate users from non-users (specificity, 85% correct classification). Pescosolido and Boyer (1999), in their review of helpseeking models, argue that the Andersen-Newman model has been helpful in establishing a profile of those who use health services but that other models may more directly address the question of how people come to use services. They argue for a focus on dynamic variables which can be the target of interventions. Similarly, Andersen (1995) acknowledged that key model variables (e.g., socio-demographic) are of "low mutability" compared with variables such as health beliefs and attitudes which are deemed to be of "medium" mutability.

Social-cognitive models (SCM) of service utilisation have a more restricted focus than the Andersen-Newman model. These include the Health Belief Model (HBM, Rosenstock, 1974), the Triandis (1976) model of behaviour, Lauver's modification of the Triandis model as a theory of care-seeking (Lauver, 1992; Lauver, Nabholz, Scott & Tak, 1997), and the TRA/TPB (Ajzen & Fishbein, 1980; Ajzen, 1991). The HBM has been applied widely, though inconsistently. For example, a meta-analysis (Harrison, Mullen, & Green, 1992) found only 16 of 200 studies had sufficient measurement of the four key predictor variables of susceptibility,

severity, costs and benefits. Each variable contributed up to 10% of the variance in health behaviours such as medical screening, and adherence to a medication regime. Harrison et al. suggest the need for further research on the HBM with a focus on issues such as the validity of the measures used. A further shortcoming of the HBM is the lack of specification of the relationships among the predictor variables, which places limitations on empirical and conceptual analyses (Lauver, 1992), and the failure to include important predictor variables such as intentions. Lauver's model has good predictive validity within the medical care-seeking field for behaviours such as secondary care of cancer (Lauver, 1992; Lauver et al., 1997). The TPB has good predictive validity for a wide range of health-care behaviours (Conner & Sparks, 1996; Godin & Kok, 1996). The Triandis (1976) model, although similar to the TRA and TPB, includes "habit" and a measure of how a person *feels* about performing behaviour. Commentators note the increasing similarities between the TPB and Triandis models, especially when the TPB has been modified through the inclusion of variables such as prior behaviour (Parker et al., 1995).

Norman and Conner (1996) also note the major social cognitive models share many constructs. Comparative studies indicate strong similarities in the prediction of behaviour, with differences occurring according to detail such as the number of items required to measure the main variables (Mullen, Hersey & Iverson, 1987; Seibold & Roper, 1979). The TPB meets most of Norman and Conners' (1996) recommended criteria for a SCM health model, as it includes measures of normative influence, intentions and perceived behavioural control (which is similar to their recommended construct of self-efficacy). The TPB lacks the HBM variable of "perceived threat", which is an individual's perception of how vulnerable they could be to illness and how severe that illness would be. This perception could prompt health behaviour especially if the expected gains (e.g., of consulting a physician) outweigh the costs. Despite this difference, the available evidence suggests the TPB (a "content-free" model, Ajzen, 2000b) performs as well as

other social-cognitive models of health behaviour at predicting health behaviours. Pescosolido and Boyer (1999) described the TRA as one of the “dominant theories of help seeking” despite limited applications in the area to date. Social-cognitive models such as the TRA and TPB are said to have several advantages when applied to health contexts. These models provide a theoretical framework and set of procedures for developing measures of the main variables, have a set of predicted relationships among the main variables, and describe cognitive processes, which motivate individuals to perform health behaviours (Conner & Norman, 1998).

In summary, helpseeking has been studied through focusing on a few key variables, by descriptive analyses of the helpseeking process, and through the application of models that aim to explain relationships among variables and/or over time. The TPB, as a SCM, focuses on personal factors that could influence helpseeking, and limits external influences to subjective norm and control perceptions (note, these still focus on the individual's perception of external influences). The TPB appears to be nested within broader approaches to helpseeking, in that it is mainly focused on cognitive processes that occur just before active steps are taken to deal with personal problems and focuses on immediate rather than wide-ranging social influences. The helpseeking research literature and TPB literature have each grappled with the issue of whether there are sufficient constructs to explain and predict the behaviour of interest. For example, the criticism that some research fails to account for broader influences on individuals mental health service utilisation, such as their social network (Pescosolido & Boyer, 1999), is similar to concerns about whether SCM's have sufficient variables to explain the complexities of health behaviour (Norman & Conner, 1996). The current study uses the typical TPB strategy, which is to focus on a small set of explanatory variables and behavioural alternatives (to seek professional psychological help or not). Some additional variables were included, either as part of an extended set of TPB predictor variables (prior contact with a

psychologist, level of current emotional distress) or as socio-demographic variables that could indirectly influence helpseeking intentions and behaviour (age, education and ethnicity). The current study developed situation-specific measures of helpseeking attitude according to standard TPB procedures (Ajzen, 2000a), but also formally tested the predictive validity of a well-established general measure of helpseeking attitude, the ATSPPHS.

APPLICABILITY OF THE TPB TO INMATES' HELPSEEKING

TPB and NZ prison inmate helpseeking

The TPB accurately predicts non-health behaviour such as voting, academic performance and transport decisions, and compares well with the performance of other models of health behaviour such as the HBM (Ajzen, 2000b; Armitage & Conner, 2001; Godin & Kok, 1996). As noted, the TPB has not yet been widely applied to the study of helpseeking, nor has it been tested with an institutional population such as prison inmates. Prison-based studies relevant to helpseeking have been mainly concerned with confirming that the level of treatment need is higher for inmates than those in the community. The international and local literature supports the view that, for significant mental health problems, prison inmates experience high rates of disorder and comparatively low rates of service utilisation. For example, Steadman et al. (1991) in a review of 3,684 New York inmates, found that 45% had not been in contact with mental health services in the previous year. Brinded et al. (1999, 2001) reported a similar level of service under-utilisation in their survey of the prevalence of psychiatric disorder among New Zealand prison inmates. These, and other reviews of psychiatric service use (Herrman, Mills, Doidge, McGorry & Singh, 1994) also indicate that prison inmates experience high rates of alcohol and drug dependency, and are more prone than those in the community to have frequent suicidal thoughts, and to commit suicide

(Report of the Suicide Prevention Working Group, 1995; Report of the Maori Suicide Review Group, 1996).

The typical socio-demographic profile of prison inmates appears to place them at the lower end of any helpseeking continuum. For example, Conner and Norman (1998) suggest those most likely to practice good health behaviours are “younger, wealthier, better educated individuals, under low levels of stress, with high levels of social support” (p. 5). Kushner and Sher (1989) note that “the young, the better educated and those with easy access to services are the most likely to obtain psychological treatment” (p. 255) and Gourash in a review of the helpseeking literature notes that (mental health) “users tend to be young, white, educated, middle-class and female” (1978, p. 414). In contrast, prison inmates are liable to belong to ethnic minorities, to lack formal education, have few social supports, and to be exposed to higher than normal levels of stress through the incarceration process (Lash, 1998; McDougall, 1996).

Furthermore, prison inmates have other psychological attributes that appear antithetical to getting professional psychological help, particularly if the help sources were regarded as authority figures. Inmates frequently meet the criteria for anti-social personality disorder, a disorder characterised by oppositional behaviour and attitudes, and a tendency to ignore social norms (Kaplan & Saddock, 1994). Some estimates of the prevalence of anti-social personality disorder amongst offenders have been as high as 75% (Kaplan & Saddock, 1994). Brinded et al. (2002), using a more restrictive set of criteria, reported that 40% of sentenced inmates had a verifiable “anti-social personality disorder”. They also found an unexpectedly high rate of paranoid personality disorder (40% of sentenced inmates) in their study. Persons suffering paranoid tendencies are liable to be mistrustful of others, and reluctant to confide in others (Kaplan & Saddock, 1994). The high rates of reoffending and re-imprisonment for New Zealand prison inmates (Lash, 1998) would also indicate that inmates generally

don't comply with social norms and values, and are anti-authority. Therefore, on a range of socio-demographic, psychiatric and psychological dimensions, prison inmates are a unique sample in terms of help seeking potential. Whilst some of these characteristics could act as approach rather than avoidance factors for helpseeking (e.g., higher rates of mental disturbance and perceived treatment need), most appear to mitigate against helpseeking.

To summarise, the limited data available suggests that prison inmates may have a high need for assistance. However, they appear to be at the lower end of any helpseeking continuum, according to socio-demographic characteristics, and potential psychiatric and psychological problems. The TPB provides a framework for investigating the extent to which these general inmate characteristics influence the specific behaviour of interest, i.e. seeking help from a prison-psychologist. According to the theory (see figure 3, p. 54), general personal characteristics such as distrust for authority may influence helpseeking intentions and behaviour indirectly, via their effects on attitude, perceived control and subjective norm.

Prior studies of inmate helpseeking

There has been little research that has directly attempted to assess prison inmates' attitudes to receiving psychological assistance. The only New Zealand study of prison inmates' helpseeking attitudes and intentions was that by Deane et al. (1999). Thirty-four percent (111) of inmates approached completed a survey about helpseeking, which included measures of psychological distress (Hopkins Symptom Checklist-21, Green, Walkey, McCormick, & Taylor, 1988), helpseeking attitudes (ATSPPHS), treatment fears (TAPS), and intentions to seek professional psychological help for a personal-emotional problem or for suicidal-thoughts. Ethnicity and prior helpseeking, including the perceived quality of prior psychological contact, were also assessed. For this sample, a high proportion had prior contact with psychologists (68%). Two-thirds had contact with a prison

psychologist within the previous six months. Most of the prior contact appeared to have been initiated by inmates, with 75% stating that they had been involved in the decision to be referred to the psychologist.

The study provides further support for the inclusion of prior contact when considering helpseeking. There were differences between inmates who had no prior contact with a psychologist, those who had prior contact that they rated as helpful, and those who rated their prior contact with a psychologist as unhelpful. Of these groups, it was inmates with helpful prior contact with a psychologist who scored highest on the helpseeking approach factors of attitudes and helpseeking intentions for a personal-emotional problem or suicidal thoughts. There were no significant differences among the three groups on levels of emotional distress ($F = .00, ns$), suggesting that factors other than distress contributed to inmates' motivation to seek psychological help. Thus, in the multiple regression analysis, general helpseeking attitudes were the only independent predictor of the intention to seek psychological help. There was also some support for the contact hypothesis, whereby positive helpseeking attitudinal shifts are associated with psychological counselling (Fischer & Farina, 1995). This was reflected in the significantly higher attitude scores for those inmates who had positive helpseeking experiences.

The other finding of note for the Deane et al. (1999) study was that prison inmates were significantly less likely to want to seek help for suicidal thoughts than for a personal-emotional problem. Inmates who rated their contact with a psychologist as unhelpful were least likely (of the three comparison groups) to seek help for suicidal thoughts. They also had the largest discrepancy between helpseeking for a personal-emotional problem, and for suicidal thoughts. These findings suggested a general reluctance of inmates to seek help when suicidal, compared to helpseeking for a generic personal-emotional problem. This reluctance is most apparent among those with negative prior helpseeking experiences and is of

concern, given the frequency of suicidal ideation and suicide amongst New Zealand prison inmates (Brinded et al., 1999; Review of Prison Suicide, 1995). Some university studies also report that people may be particularly reluctant to seek help for suicidal thoughts and feelings (Deane, Wilson & Ciarrochi, 2001) although community subjects including university students usually place a higher priority on seeking help for suicidal thoughts than general personal problems (Deane & Todd, 1996). The limited data on helpseeking by New Zealand prison inmates therefore suggests they are in some aspects similar to other groups who seek help (for example, more positive attitudes being associated with previous contact with a psychologist, and with higher intentions to seek future psychological help). There are also issues and concerns specific to helpseeking within prison; for example, that it occurs in a restricted setting, in which there is less privacy and helpseeking efforts are therefore likely to be apparent to others. Deane et al. (1999) indicated that prison inmates' helpseeking, as with other groups (college students, Tinsley et al., 1982), may vary according to type of problem, as well as problem severity.

As a social-cognitive model (Conner & Norman, 1998), the TPB provides a clear set of causal pathways to test out relationships between personal and social influences on the intentions of prison inmates to seek help, and on their actual helpseeking behaviour. The model allows for the detection of broad influences on helpseeking such as attitude, but also some of the specific influences on helpseeking within prison. The procedures for developing the belief-based TPB measures should identify inmates' views of: who in prison influences their decision to seek help; the negative and positive consequences of seeing a psychologist, and the nature of barriers to gaining access to prison psychologists. The identification of these salient beliefs (Ajzen, 2000a) should therefore contribute to the explanation (cf. Sutton, 1998) of inmates' helpseeking. Sutton noted that there are advantages in achieving prediction with a limited set of variables.

For example, it lessens the demands on participants with regard to questionnaire items, but also reduces the possible targets for TPB-based interventions (Ajzen, 2002b; Sutton, 2002). Therefore, testing the comparative efficacy of the TPB and an extended TPB (emotional distress and prior contact) is of theoretical interest, but would also provide a focus for possible TPB-based interventions.

There are several possible targets of helpseeking for prison inmates, and these are further explored in the pilot study. These could include friends and family, but also alternative sources of help within prison such as medical and prison officer staff. The focus of the main (cross-sectional) and follow-up study is helpseeking from a psychologist in prison. The prior New Zealand prison study (Deane et al., 1999) suggested that most inmates initiate their referral to psychologists. It was therefore assumed that referral to a psychologist would be an appropriate indirect measure of helpseeking for the (one year) follow-up study. The TPB model (Ajzen, 1991) does not exclude the possibility that various background variables affect a person's behaviour. Therefore, for the purposes of this study ethnicity, education and age were included in all the relevant analyses as control variables. However, the major theoretical focus was on the TPB predictor variables of attitude, subjective norm and perceived behavioural control. The following section provides more detail about the current study.

THE PRESENT STUDY

General description and aims of the study

The study aimed to extend the prior New Zealand prison-based helpseeking research (Deane et al., 1999) in several ways. The study tested assumptions about inmate utilisation of prison-based psychological services, implicit in what Pescosolido and Boyer (1999) refer to as utilisation models of helpseeking such as the TRA/TPB. These assumptions are that "individuals decide whether or not to

use...services by weighing costs and benefits of treatment” (Pescosolido & Boyer, 1999, p. 403) and that “service use is ‘help seeking’, a voluntary choice made by individuals” (p. 404). Given the prior finding that attitudes were strongly predictive of intentions to seek psychological help in prison, the current study aimed to address the recommendation by Deane et al. that “more extensive individual interviews (may) help identify which attitudes have the strongest influence on helpseeking intentions and to capture those dimensions not measured by the ATSPPHS” (p. 63). Deane et al. suggested that prison may reinforce traditional male role characteristics “such as competition, aggression and limited emotional expression” (p. 66), and it was expected that the inmate interviews and TPB specific measures may elaborate and capture some of these attitudes. As well as examining other possible bases of helpseeking attitudes in prison, the current research aimed to address the recommendation by Fischer and Farina (1995), that there be more systematic study of the helpseeking attitude-behaviour relationship.

The theoretical issues concerning the application of the TPB to prison inmates’ helpseeking are reflected in the hypotheses stated below. There were also several practical issues that had been raised by prior research, which were a focus for the current research. The current study used an elicitation-format for the first phase of the research designed to obtain qualitative responses from prison inmates about a wide range of general helpseeking issues within prison. Some of this format was identical to that used within TPB research (Ajzen, 2000a), and the remainder utilised a qualitative approach (Tesch, 1990) with a focus on the subjective experience of prison inmates. Issues identified during the pilot study included preferred therapist characteristics (gender, ethnicity/cultural knowledge), the perceived general benefits of seeking psychological help in prison, the possible sources of assistance that inmates might utilise to deal with personal problems, and reasons for an apparent reluctance to seek psychological help when suicidal. Therefore, the interview data were used to elaborate a wide range of helpseeking

concerns for inmates, in addition to developing the specific TPB measures. It was expected that the qualitative and quantitative data would have relevance to some of the more applied aims of the research. These aims included gaining a clearer understanding of the process of seeking psychological help in prison, from the inmates' perspective; determining what prison inmates would prefer to have occur were they or someone they knew suicidal; and which were the strongest and/or potentially most modifiable predictors of helpseeking in prison.

The three research phases were as follows. The first, a pilot-study aimed to get the widest range of responses from inmates regarding helpseeking in prison. It also aimed to provide the necessary detail to develop measures of TPB measures such as subjective norms, according to procedures as outlined by Ajzen (& Fishbein, 1980; Ajzen, 1991). The second phase of the research, a large cross-sectional study, aimed to test the TPB model through to intentions, for two types of problem (suicidal thoughts and a personal-emotional problem). The final, longitudinal phase of the research aimed to test the intention-behaviour relationship within the TPB. The one year timeframe was longer than is typical for applications of the TPB, to allow sufficient time for helpseeking behaviour to occur. There was an opportunity in the current study to access follow-up behavioural data, and therefore to indirectly examine helpseeking behaviour via referral to prison psychologists. The power of the research design differed across the TPB model and this, for example, led to the decision not to test for moderating effects for the intention-behaviour relationship.

The overall goals of the research were to enhance the understanding of helpseeking in prison, to assess the applicability of the TPB to a relatively novel behaviour (helpseeking) and context (prison), and to consider what the appropriate targets of intervention might then be to increase the appropriate helpseeking and service utilisation by prison inmates (Ajzen, 2002b; Sutton, 2002).

Research hypotheses

The Theory of Planned Behaviour

- H1. Inmates' helpseeking behaviour, over a twelve-month period, can be predicted from their intentions to seek help (for a personal-emotional problem, and suicidal thoughts and feelings) and from their level of perceived behavioural control over helpseeking.
- H2. Prison inmates' intentions to seek psychological help in prisons are determined by their helpseeking attitudes, subjective norms and perceived behavioural control.
- H3. Helpseeking intentions will mediate the effects of subjective norms, attitudes, and perceived behavioural control on behaviour.

Extended TPB, integrating prior contact and emotional distress

- H4. Prior contact and emotional distress, will have indirect effects on behaviour via intentions.
- H5. Inmates who have had prior contact with a psychologist (inside or outside prison) will have higher intentions to seek psychological help, and will be more likely to be referred to a psychologist, than inmates without prior psychological contact.
- H6. Inmates with higher levels of emotional distress (general distress or suicidal thinking) will be more likely to want to seek help in the future (intentions) and be more likely to be referred to a psychologist, than inmates without distress.
- H7. Inmates who have had prior contact with psychologists will have more favourable helpseeking attitudes, and will have higher levels of perceived behavioural control, than those with no prior contact.

The above hypotheses will be tested using general and specific measures of attitude, subjective norm and perceived behavioural control. The TPB model will be tested for two types of mental health problem, a “personal-emotional problem” and “suicidal thoughts and feelings”. Age, ethnicity and level of educational attainment will be treated as control variables in all analyses.

CHAPTER 3: METHOD

The research comprised three major phases.

- 1) A pilot study, which was conducted in two parts. In part one, structured interviews were conducted to obtain qualitative data about male prison inmates' helpseeking. Potential items for the TPB belief-based measures of attitude, subjective norm and perceive control, were generated according to procedures outlined by Ajzen and Fishbein (Ajzen & Fishbein, 1980; Ajzen, 2000a). In part two, an initial version of a helpseeking questionnaire was administered to participants. Most findings from the pilot study are integrated into the measures section because this was the main purpose of the pilot study (i.e. measure development). Qualitative responses from the structured interviews are provided in Appendix G, and a summary of barriers associated with helpseeking is presented in Appendix J (Skogstad et al., in press).

- 2) A cross-sectional study of inmates from six prisons, using the helpseeking questionnaire developed during the pilot study. The questionnaire contained:
 - the standard TPB variables of perceived behavioural control, attitudes, subjective norms and intentions.
 - additional helpseeking variables which formed the extended TPB model (psychological distress, prior contact with psychologists).
 - demographic questions regarding characteristics such as age and ethnicity.
 - general questions such as type of offending and length of prison sentence.

- 3) A twelve-month follow-up study, assessing a cohort of the cross-sectional study participants' helpseeking behaviour. This tested the predictive validity of the standard and extended versions of the TPB. All new referrals to the Psychological Service between December 1997 and December 1998 were monitored to identify follow-up study participants who sought help.

PROCEDURES FOR GAINING PARTICIPATION

Pilot study

The pilot study was conducted at Mt Crawford prison in Wellington, New Zealand. This prison was not included in the cross-sectional study, to lessen the possibility of overlapping participation for the pilot and cross-sectional studies. The researcher (Philip Skogstad) was at that time a Senior Clinical Psychologist working for the New Zealand Department of Corrections. Initially, prison management was approached for permission to undertake the study at Mt Crawford prison. Inmates were then approached and invited to participate in the pilot study (ethical issues are detailed in a later section). The researcher spoke with individuals or groups of up to six inmates, depending on the routines of the prison unit. Inmates were provided with a brief verbal explanation about the study, and an information sheet (Appendix A). This outlined the general purpose of the study and requirements of participants. Those inmates who agreed to participate in the pilot study underwent a semi-structured interview (the first part of the pilot study, Appendix B), and were invited to participate in the second part of the pilot study.

Of the 110 inmates at Mt Crawford prison, 52 agreed to participate in the first part of the pilot study. Forty-two (81%) participated in the second part of the pilot study four weeks later. Ten did not participate due to: release from prison (four), transfer to another prison (one), unavailability (two), and difficulties with both spoken and written English (three). Those inmates with language difficulties had been able to

participate minimally in the first part of the study, but it was inappropriate to ask them to then complete the initial version of the helpseeking questionnaire (Appendix C).

Cross-sectional study

The cross-sectional study followed similar recruitment procedures to the pilot study, although this was conducted with larger groups. The study was undertaken at six New Zealand prisons: Wanganui City/Kaitoke, Manawatu, Rimutaka, Hawkes Bay, Rangipo/Tongariro, and Ohura. The prison musters ranged from approximately 100 to over 500 inmates, across all security classifications (minimum, low and high medium, maximum), and offence types. Prison management at each institution was informed about the purpose and timing of the research. The research team comprised the writer, another Department of Corrections clinical psychologist and two post-graduate clinical psychology students. The entire team visited each unit to inform staff about the study procedures, and that two research team members would return at a convenient time to seek study participants. This tended to be done at meal times, when the highest number of inmates were present.

Excluding situations where inmates were in single cells for security reasons or punishment, large groups of inmates were provided with a brief verbal description of the research. It was emphasised that participation was voluntary and would take about 30 minutes. They were also advised that the research staff would assist them to complete the questionnaire if necessary. As with the pilot study, inmates were provided with an information sheet about the research (Appendix D). Those who expressed an interest in participating were also asked to sign a consent form (Appendix D). Participants could complete the questionnaire (Appendix E) whilst the researchers were present, which was for up to two hours depending on the level of interest and activity in the unit. Participants could also

complete the questionnaire later and mail it to the researcher in a stamped, return addressed envelope. The vast majority of participants chose to complete the questionnaire with the researchers present.

The researchers attempted to approach all inmates to inform them about the study, however, inmates who were in a punishment cell ('the pound'), or were working, could not be included. As noted previously, the research team attempted to maximise interest in the study by going to units when it was most likely all inmates would be present. A total of 1798 inmates were approached, with 1045 showing sufficient interest to take a copy of the questionnaire. Of these inmates, 527 completed the questionnaire. Thus, 29% of those approached, and 50% of those who took a questionnaire, actually participated in the study. Participants were provided with brief feedback about the results at the completion of the cross-sectional study (Appendix F).

Follow-up study

The cross-sectional study consent form outlined the participation requirements for the follow-up study. Participants were informed that the researcher would be checking the records of all inmates referred to the Corrections Psychological Service over the following twelve months, and identifying those who had also participated in the cross sectional study. Cross-sectional study participants could exclude themselves from the follow-up study by omitting their name from the helpseeking questionnaire - 33 participants (3%) chose this option. An additional 8 participant questionnaires did not have the relevant ID data entered. Hence, the researcher was able to check the referral status of 474 inmates, when they completed the cross-sectional study and during the next twelve months. Of these inmates, 58 (55 valid questionnaires) had been referred, and were awaiting assessment *when* they participated in the cross-sectional study.

Therefore, there were three sources of attrition from the original cross-sectional study sample when the follow-up study was conducted. These were non-placement of names on the questionnaire, insufficient ID information to permit tracking, and being under referral to a psychologist (helpseeking) when the follow-up period commenced. As a result, the follow-up sample comprised 419 of the cross-sectional study participants. During the twelve-month follow-up period, 91 (88 valid questionnaires) of the follow-up sample were referred to the Corrections Psychological Service. These participants are the “help-seekers”, whereas the remaining 329 follow-up study participants are the “non help-seekers”.

SUBJECT CHARACTERISTICS

Pilot study

The average age of the pilot study participants (Table 2) was 34.5 years and ranged from 18 to 64 years. The prison census (Lash, 1998) similarly identified a trend towards an older prison population, with 67% aged twenty-five years and over. The majority of pilot study participants (87%) had completed at least the first year of high school. Participants' ethnicity was similar to that reported in the prison census, although 18% of census inmates did not state their ethnicity. In the pilot study 34% identified themselves as Maori (44% prison census), 46% European (38% prison census) and 15% Pacific Island (10% prison census).

The average sentence length for pilot study participants was 57.6 months. Two thirds had a sentence length of 5 years or less (85% prison census). The range of offending amongst pilot study participants differed from the general prison population, with a lower percentage of violent and property offenders (36% pilot study compared with 60% for the prison census) and a higher percentage of sexual offenders. This was not considered problematic, given that offence type

Table 2. Participants' demographic information & history of contact with a psychologist

Sample	Pilot		Cross-sectional		Follow-up	
	Mean	SD	Mean	SD	Mean	SD
AGE	34.59	11.19	29.59	10.63	30.30	11.08
ETHNICITY	N	%	N	%	N	%
Maori	18	34.2	277	53.9	252	53.3
Pakeha	24	46.2	161	31.3	151	31.9
Pacific Island	8	15.4	51	9.9	48	10.1
Other	2	3.8	4	4.9	22	4.7
EDUCATION	N	%	N	%	N	%
Pre-high school	7	13.5	36	7.1	31	6.6
To 4 th form	15	28.8	224	44.0	207	44.0
5 th form/higher	28	53.8	249	48.9	232	49.3
PRIOR CONTACT	N	%	N	%	N	%
In prison	37	71.2	240	47.0	183	44.0
Outside prison	18	34.6	162	32.1	130	31.6
Current contact	9	17.3	65	12.9	56	13.6

was not a focus of the research. This characteristic of the pilot sample did not appear to affect the suitability of the TPB items generated for cross-sectional study participants. Their comments when completing the helpseeking questionnaire suggested that the items had adequate face validity. Of note, the pilot sample for the current study was somewhat larger than those used in other TPB studies, which provided additional reassurance that the items generated were relevant to most prison inmates.

Cross-sectional study

The characteristics of the cross-sectional study participants were similar to the prison census sample, except for ethnicity. The average age of the cross-sectional study participants (Table 2) at 30.4 years was very similar to all prison inmates at that time ($M = 31.2$ years, Lash, 1998). Most cross-sectional study participants (93%) had completed at least the first year of secondary school, although 51 had not attended 5th form (i.e. had only completed two years of high school). The

ethnicity of the cross-sectional sample differed from that of the prison census ($\chi^2(3, n = 514) = 53.00, p < .001$), with a higher rate of Maori participants in the cross-sectional study (54%) than the census (44%), and a lower rate of European/Pakeha inmates (31% cf. 38% prison census). The higher rates of Maori offenders reflected the geographical location of the prisons included in the current study. The percentage of participants (10%) who identified as Pacific Island ethnicity was the same as the prison census.

Table 3. Main offence type - cross-sectional and follow-up study participants

OFFENCE TYPE	Cross-sectional		Follow-up	
	<i>N</i>	%	<i>N</i>	%
Homicide	37	7.3	29	6.9
Violent sexual	112	22.0	83	19.8
Aggravated robbery	78	15.1	66	15.8
Robbery	8	1.6	7	1.7
Serious assault	38	7.5	35	8.4
Other assault	24	4.7	21	5.0
Other violent	5	1.0	4	1.0
Other against person	12	2.3	9	2.1
Burglary	52	10.1	44	10.5
Theft	10	1.9	6	1.4
Other property	26	5.0	23	5.5
Drug	35	6.8	31	7.4
Against justice	6	1.2	6	1.4
Drive EBA	17	3.3	15	3.6
Drive whilst disqualified	33	6.4	27	6.4
Other traffic/imprisonment	7	1.4	6	1.4

Note. Pilot study offending data was recorded in broad categories only

The Mean Sentence length for the participants in the cross-sectional study was slightly less than four years (44.87 months, $SD = 36.19$), whereas 56% of census inmates were serving four years or less. Whilst offence-type was not included in data analyses, the range and frequency of offending amongst the cross-sectional sample (Table 3) was similar to the NZ prison population. For example, approximately 53.9% of cross-sectional study participants had convictions for violent offending, compared with 57.1% of those who completed the prison census.

Follow-up study

As noted above, the follow-up study participants comprised 419 (81%) of the cross-sectional study sample. Tables 2 and 3 include demographic information, helpseeking status and offence-type data for the follow-up cohort. Despite the reduced size of the follow-up sample, these participants were very similar to the total cross-sectional sample on most non-TPB model variables. The issue of whether the participants in the follow-up study differed from the cross-sectional study sample on the TPB variables (e.g., helpseeking intentions) is elaborated in the results chapters. Additionally, the results chapters also include comparisons of follow-up participants who were or were not referred to a prison-psychologist.

DATA COLLECTION PROCEDURES

Pilot study

In the first part of the pilot study, participants were seen individually to complete a semi-structured interview and brief measures of helpseeking attitudes, psychological distress and suicidal thinking. The interview included some items specific to helpseeking, such as their history of suicide attempts, mental health service utilisation and response to treatment, and their perceptions of the types of problem that could be dealt with by psychologists in prison. These aspects of the pilot study are included in the summary of the interview responses (Appendix G). For the TPB questionnaire development, standard prompts were used to generate possible belief-based measures of attitude, perceived control, and subjective norm, according to the methods outlined by Ajzen (& Fishbein, 1980; Ajzen, 2000a). Each interview lasted approximately thirty minutes, and the questions and measures were given in a standard sequence. Where possible, show-cards were used when participants had to make choices, to assist with their responses and to help maintain their interest level.

Four weeks later, those who agreed to participate in the second part of the pilot study were seen individually and completed the trial version of the helpseeking questionnaire (Appendix C). This additional step was taken to clarify problems of meaning, to check on whether the items were written at an appropriate reading level, and to identify ambiguous or difficult items. The questionnaire included the TPB measures (attitude, subjective norm, perceived behavioural control, helpseeking intentions) and extended TPB variables (psychological distress, prior contacts). Only one participant asked the researcher to read out items. The other participants were able to read and complete the questionnaires without assistance.

Cross-sectional study

For the cross-sectional study, participants completed the helpseeking questionnaire after they had received verbal and written information about the research. Participants usually completed the questionnaire in their cell or a quiet area of the prison unit. The research team was available to answer queries about the questionnaire, and to read out the items if necessary. The research assistants were instructed to interact with participants in a neutral manner, and to avoid engaging in conversation about unrelated issues. Questionnaires were briefly checked for accuracy and completion with the participant present, although this was not always possible particularly when several questionnaires were returned at the same time.

Follow-up study

When the research was conducted, the Department of Corrections Psychological Service kept a computerised data-base of all relevant client information. Inmate details were recorded at the time of referral to the Service, and each area office provided a monthly summary of this information to the Head Office staff. For the follow-up study, all new referrals to the Psychological Service were checked

monthly to identify those inmates who had participated in the cross-sectional study. This data collection was completed with the permission of clinical psychology staff at offices near the participating prisons at Palmerston North, Wellington, Hastings and Taupo. Computer printouts indicated who had been referred to the Service, the date of referral and whether clients had been assessed. All the offices located near the study prisons participated in the study.

ETHICAL CONSIDERATIONS

The project was reviewed and approved by the Massey University Human Research Ethics Committee. There are specific ethical issues when psychological research is conducted within prisons. Arboleda-Florez (1991) advised that special care is taken when seeking consent to participate, given the restrictive nature of prison. Therefore the initial focus was to deal with possible coercion issues. Inmates were informed that participation or non-participation would not affect how they were subsequently treated in prison, their sentence length, or future contact with the Corrections Psychological Service. Any inmate who had concerns about this aspect of the research was invited to approach the researcher.

A further issue involves ensuring that inmates were sufficiently informed when making decisions about participation in the research. This information was conveyed verbally and in writing, in the information sheets and consent forms. The researcher (P.S.) interviewed participants individually for the pilot study, which gave them an opportunity to seek further information about the research. Similarly, the availability of research staff for up to two hours when participants completed the questionnaire during the cross-sectional study, allowed participants to further inquire about the research.

Although the intention of the various participation procedures was to stress the opportunity to provide feedback about psychological services in prison, it was possible that inmates with negative attitudes to psychologists would not participate

in the study. Informal discussion with inmates suggested that negative attitudes to psychologists per se did not preclude participation. Feedback was given verbally and individually to those who participated in the pilot study, and in written form using a general outline of preliminary results for those who participated in the cross-sectional study. It was not possible to give feedback to follow-up study participants, due to transfers and release of prison inmates. However, participants were all provided with a contact address for the researcher if they requested it.

Confidentiality concerns were complex for the cross-sectional study, because the participants were requested to include their name on the helpseeking questionnaire. This differed from many research procedures, when participants retain anonymity. The writer reviewed possible methods for matching data from the cross-sectional and longitudinal study. Some methods, such as those utilising demographic data rather than names, resulted in significant data attrition. For example, McGloin, Holcomb and Main (1996) were able to match 72.5% of participants solely using demographic data such as age, ethnicity and numbers of older siblings. Conversely, Reinecke et al. (1996), attempted to make contact with cross-sectional participants after twelve months, for inclusion in a longitudinal study. Whilst the latter approach has the advantage of allowing for further testing of measures at follow-up, it would be difficult to undertake with inmates given the possibility of transfers to other prisons or release from prison. In addition, the large numbers of inmates would have meant that this would have been an expensive method. Therefore, inmates were fully informed about the use of their name if they chose to place it on the helpseeking questionnaire and it was stressed that this would be for data matching purposes only. The low numbers who chose not to place their names on the questionnaires suggested that inmates understood and accepted this aspect of the research. The option of not writing a name on the helpseeking questionnaire allowed participants to take part in the cross-sectional study and retain their anonymity.

As with clinically oriented research in other settings, the final ethical issue was whether completion of a questionnaire could provoke or exacerbate a personal crisis for an inmate. The researchers included a Senior Clinical Psychologist and a Clinical Psychologist, and therefore they were aware of the ethical responsibility to respond to clients presenting with psychological concerns and distress. Whilst the research staff had been instructed to avoid extended discussions about non-research topics with inmates, the exception was that a participant who appeared to be significantly emotionally distressed would receive some assistance. There were no instances of immediate crisis or distress that required a response during the research. Those inmates who participated in the research were encouraged to complete the helpseeking questionnaire first, prior to discussing any personal concerns or issues that this raised.

MEASURES

Preliminary testing of measures prior to and during the pilot study, confirmed that prison inmates might have problems with literacy and maintaining interest when completing a questionnaire. Therefore, an emphasis on brevity and simplicity of language guided the selection and design of measures. The helpseeking questionnaire used for the research combined existing measures with newly developed measures. The Theory of Planned Behaviour (TPB) measures were developed according to procedures outlined by Ajzen and Fishbein (1980), Ajzen (2000a) and Godin and Kok (1996). New measures were developed for the constructs of intentions to seek psychological help, specific and general subjective norms, specific and general perceived behavioural control, and specific helpseeking attitudes. These measures and an existing brief general attitude measure (ATSPPHS short-form, Fischer & Farina, 1995) comprised the TPB measures.

For the extended TPB model, the constructs of emotional distress and prior contact with a psychologist were measured. General psychological distress was

assessed using the Hopkins Symptom Checklist-21 (Green et al., 1988). The measure of general emotional distress was used for those analyses focused on the intention to seek help for a personal-emotional problem. As noted in the introduction, it was expected that emotional distress would operate as a need factor, with higher levels of distress promoting helpseeking. There is often an association between higher levels of emotional distress (anxiety, depression) and frequency of thoughts about suicide (Overholser, Freiheit, & DiFillipo, 1997; Reynolds, 1991). Therefore, for analyses focused on intentions to seek help for suicidal feelings, four critical items from the Adult Suicidal Ideation Questionnaire (Reynolds, 1988, 1991; Pinto, McCoy & Whisman, 1997) were used to assess suicidal thinking. It was also expected that suicidal thinking or ideation would operate in a similar fashion to psychological distress as a need factor, and promote helpseeking from a prison psychologist. Prior contact was assessed using items that detailed the location (prison, non-prison), extent (approximate number of sessions) and perceived helpfulness of psychological assistance.

The new measures were developed as follows. First, the pilot study participants undertook a semi-structured interview and potential TPB items were developed from their qualitative responses. Second, the same participants completed a pilot version of the helpseeking questionnaire that included the new TPB measures. The trial of the helpseeking questionnaire with the pilot study participants was an additional step to the usual TPB procedures although Godin and Kok, 1996, also recommend this step prior to undertaking the main TPB study. The helpseeking questionnaire trial provided an opportunity to assess the clarity of instructions and item content. Following some slight modifications, the helpseeking questionnaire was completed by the large cross-sectional sample of prison inmates. For ease of completion, all seven-point items within the questionnaire used a Likert-type scale, from 1 to 7, with scores for some TPB measures converted to a bipolar scale (-3 to +3) for data analysis purposes. This issue is discussed further with reference to the relative merits of unipolar versus bipolar scaling, in Appendix I. The scaling

and scoring followed guidelines provided by Ajzen (1991, 2000a). The following is a more detailed outline of the helpseeking measures. Each section contains an item example, and Appendix E has the full helpseeking questionnaire.

Helpseeking behaviour

For the purposes of the current study, referral to a prison psychologist over one-year (see page 81) was used as an indirect or proxy measure of helpseeking behaviour. The Psychological Service client database made it possible to identify those cross-sectional study participants who were subsequently referred to a prison psychologist. Psychologist-referral provided an objective, readily obtained behaviour measure.

A TPB behaviour measure needs to accurately capture the behaviour of interest, and thus have construct validity (Ajzen, 1991). The use of objective health utilisation data such as occurred in this study relies on the assumption that referral or “help-getting” is self-initiated and a form of “help-seeking” (Cauce et al., 2002; Pescosolido & Boyer, 1999). Research with New Zealand prison inmates provides some support for this assumption. Deane et al. (1999) reported that the majority of their inmate sample (75% of 111 inmates) rated their previous contact with prison-psychologists as “mostly” up to them. This suggested that inmates were involved in the process of getting referred to a prison-psychologist. A TPB behaviour measure also needs to align closely with the intentions measure. Ajzen and Fishbein (1980) recommend the measures are similar according to the criteria of time, target, action and context. For the current study, there was good alignment for target (psychologist), context (prison) and time (within the next few months). As noted, it was assumed that the action component of the behaviour measure (referred to a psychologist) was an adequate proxy for intentions “to seek help (from a psychologist)”.

The behaviour measure used in the current study (psychologist-referral) did not include detailed information regarding inmates' helpseeking such as alternative sources of help sought, nor did it provide detail about inmates' views of helpseeking at the time they made contact with a Corrections Psychologist. It would have been difficult for the research team to re-interview and/or re-administer questionnaires to those cross-sectional study participants who were referred to a prison-psychologist during the follow-up study period. There were insufficient resources to conduct a detailed follow-up, given that the study was undertaken at six prisons. It was also deemed impracticable for Corrections Psychologists in the study region to interview or administer a helpseeking questionnaire to *all* newly referred inmates, given that the majority would not have participated in the cross-sectional study.

In summary, referral to a prison psychologist was used in the current study as an indirect measure of participants' helpseeking behaviour. In addition to practical constraints on obtaining a detailed assessment of inmate helpseeking, this approach was based on the assumption that inmates do seek help from psychologists. It was further assumed that inmates would seek help from psychologists for general "personal-emotional" problems, or for "suicidal feelings".

Intentions to seek psychological help

The alternative approaches to the measurement of intentions were outlined in the introduction. Briefly, the two major alternatives are to focus on the motivational, effort aspect of intentions as indicated by statements such as "I would like to...I want to" or to ask participants to state what they *expect* will happen (Sheppard et al., 1988). The current study used both types of intention statement within the four items for helpseeking for "personal problems". Helpseeking intention items referring to "suicidal thoughts and feelings" used self-prediction or likelihood ratings.

The six intention items were interspersed throughout the helpseeking questionnaire (see Appendix E), and scored on a seven-point Likert-type scale from 1 (“unlikely”) to 7 (“extremely likely”). Four items referring to the intention to seek help for a “personal-emotional problem” comprised one helpseeking intention scale. The other helpseeking intention scale consisted of two items that assessed the likelihood an inmate would seek help for “suicidal thoughts and feelings”. The 4-item helpseeking intention scale for a “personal-emotional problem” had adequate reliability, with a Cronbach alpha coefficient of .82. For the two suicidal-intention items, the Cronbach alpha coefficient was also adequate, at .76. These are similar to the reliability characteristics of TPB intention measures reviewed by Ajzen (1991).

Item example: *If you had a personal or emotional problem over the next few months, how likely is it that you would ask to see a psychologist in prison?*

Attitudes

General attitude measure – ATSPPHS (short form)

Ajzen and Fishbein (1980) do not stipulate what form of measure should be used to assess general attitude. The most common approach has been to use a semantic differential format, with general evaluative responses to the behaviour of interest. Thus, in their application of the TRA to helpseeking, Bayer and Peay (1997) used the following stem: “my seeking help from a mental health professional if I were experiencing a persistent personal problem in my life would be” (good-bad/harmful-beneficial/wise-foolish). For the current study, an existing measure of the general attitude or tendency to seek psychological help was used (ATSPPHS short-form, Fischer & Farina, 1995). The 10-item measure was in the penultimate page of the helpseeking questionnaire (Appendix E). The study provided an opportunity to test the predictive validity of the ATSPPHS short-form.

The original, 29-item version of the ATSPPHS (Fischer & Turner, 1970) is the most widely used helpseeking attitude measure (Fischer & Farina, 1995). The measure was said to represent four dimensions or factors: need for psychological help, stigma tolerance, interpersonal openness and confidence in mental health professionals. However, due to the unreliable factor structure of the ATSPPHS (Deane et al, 1999; Fischer and Farina 1995; Surgenor, 1985), total scores reflecting a general orientation toward seeking psychological help have tended to be used. The items are scored on a four point Likert-type scale from 1 ("strongly agree") to 4 ("strongly disagree"). The original measure was reported to have adequate internal consistency (Cronbach alpha coefficient = .86 and .83 on two initial samples), and adequate attitude stability over time ($r = .86$ at 5 day interval; $r = .82$ at four weeks, $r = .84$ at two month interval). Social desirability did not appear to influence responses, with non-significant correlations reported between the scale and a social desirability measure (-.03 for females; -.12 for males).

The brief form of the ATSPPHS (Fischer & Farina, 1995) was based on ten items that had the strongest loading on a factor reflecting a general helpseeking orientation or attitude. Fischer and Farina reported that the short scale was similar to the longer version in terms of test-retest reliability (new scale $r = .82$, 4 week interval), that the two measures were highly correlated ($r = .87$), and that the shorter measure had acceptable internal consistency (Cronbach alpha coefficient = .84). Prior prison-based research with the longer form of the ATSPPHS provided some support for the further development and use of the ATSPPHS short-form. Williams, Skogstad and Deane (2001) found that a one-factor model best described the ATSPPHS, and that 7 of the 14 items with the highest factor loading from their inmate-sample also featured in the Fischer and Farina short-form of the ATSPPHS. Fischer and Farina recommended the use of the short scale for research due to its brevity and lack of intrusiveness compared with the original scale and this was particularly relevant for the current research purposes.

In prior applications of the original ATSPPHS, minor modifications were made to reflect the context in which it was being used, such as replacing “psychologist” with “counsellor”. Concerns about the verbal complexity of some items (Surgenor, 1985) had resulted in simplifying the wording of items, for populations such as prison inmates (Deane et al., 1999) and high school students (Carlton & Deane, 2000). Modifications using the Flesch Reading Ease Scale lowered the difficulty of the questionnaire from a 15-year-old reading level to an 11-12 year old reading level. Four items that appeared in the short form of the ATSPPHS were slightly modified for this study. Item 1 (“my first inclination” was changed to “my first thought”); item 4 (“something admirable” was changed to “something good”), and “psychotherapy” was replaced with “counselling” in two items.

It was noted that two of the items in the ATSPPHS-short form were very similar to two of the intention items (items 5 & 6, see Appendix E). This could result in difficulties with construct overlap, but also increase the likelihood of problems of collinearity in the multivariate analyses. Therefore, a modified version of the ATSPPHS-short form was used for all analyses in the current study, with those two items removed. This lowered the correlation of the measure with intentions, from $r(441) = .67$ to $r(450) = .59$, both at $p < .001$. The other relevant statistics for the measure were only slightly altered as a result of deleting the two items. For example, the Cronbach alpha for the 8-item version for the pilot study sample was .72 (rather than .79 with the 10-item measure, $n = 50$), and .75 ($n = 464$) for the cross-sectional study (.80 for the 10-item measure). The test-retest correlation, at four weeks, lowered from $r(42) = .69$ to $r = .67$ (both $p < .001$). The 8 and 10 item general attitude measures were highly positively correlated at $r = .97$ ($p < .001$).

Item example: *Personal and emotional problems, like many things, tend to work out by themselves*

Specific attitude measure

The specific attitude scale reflected participant's expectations about what would happen if they sought professional psychological help in prison. Expectations were rated on a seven-point scale according to the likelihood that each helpseeking outcome would occur, from 1 ("extremely unlikely") to 7 ("extremely likely"). Participants then evaluated each outcome, from 1 ("extremely bad") to 7 ("extremely good"). Therefore, each specific attitude item had two parts, the outcome rating and the evaluation rating. Following the usual TPB procedures, the item pair scores were multiplied using a bipolar scale from -3 to +3, with the summed total of these products forming the specific attitude scale score. High specific-attitude scores indicate that participants thought it likely that certain outcomes would follow from seeing a prison psychologist, and that those outcomes were evaluated as extremely favourable or unfavourable.

The standard prompts from the TPB (Ajzen, 2000a) were used in the pilot study, to generate the list of possible advantages and disadvantages associated with seeing a psychologist in prison (see Appendix G), which formed the basis for the specific attitude measure. There were 124 stated advantages and 91 disadvantages obtained in the pilot study. These were then grouped according to general categories of outcomes, and checks were made to ensure that responses from the same participant were not counted twice in any one category (Ajzen & Fishbein, 1980). A set of possible belief-based items were then formulated, each a summary of one or more categories. In order to check for face and content validity, three psychologists who worked in the Department of Corrections were asked to informally evaluate the items for comprehension and relevance to the general response category. They also indicated whether these categories were sufficiently general and comprehensive to cover the potential range of advantages and disadvantages described within them.

This led to some alterations due to a lack of clarity or overlapping concepts. For example, inmates were concerned that going to a psychologist may be interpreted

by other inmates as a sign of mental instability. They also expressed concerns about being seen as weak by others if they attended a psychologist. Initially, these concepts were included in a single item - "seeing a psychologist in prison would make others think that I am mentally weak". This was split into two separate items - "seeing a psychologist...would make others think I am mentally ill" and "...would make others think I am a weak person". Other items were initially too general such as concerns that the psychologist was "part of the system". The items "result in too many people finding out about my personal problems" and "affect my release date if the psychologist gave me a bad report" reflected inmates concern that Department of Corrections psychologists are "part of the system".

Some additional concerns about item content and instructions were identified when the measure was pilot tested. For the specific belief items, some participants were confused by the use of a short-stem ('and this would be') between the likelihood and evaluative components of the belief. They therefore sometimes evaluated as positive, a low rating on an apparently negative belief item. For example, they rated it as "extremely good" that they would be "extremely unlikely" to get upset when seeing a psychologist in prison. When the outcome statement was used as the stem between the two components of the belief item (for example, "getting upset would be...'), participants understood they were to evaluate that outcome statement. Thus, they typically rated the outcome of being upset by contact with a psychologist as "extremely bad".

Participants also interpreted one belief item ("seeing a psychologist would result in others being told about my private stuff") in differing ways. The item was intended to reflect concerns that the psychologist might disclose private and personal material and/or that the information would be disclosed to a wide range of prison staff. Participant feedback indicated that this meaning was not clear, and the item would require some minor modification to express concerns about possible breaches of confidentiality.

The following items were selected for inclusion in the final version of the belief-based attitude measure (see Appendix H for comments regarding item selection), each relevant page of the questionnaire having the general stem “seeing a psychologist in prison would”:

- 1) help me cope with prison
- 2) help me get through bad times
- 3) let me release stress and tension
- 4) make me upset
- 5) make me feel misunderstood and put down
- 6) generally help with personal problems
- 7) help to understand myself in general
- 8) help with family and close relationships
- 9) help me to understand my offending
- 10) affect my release date if the psychologist gave me a bad report
- 11) make others think that I am mentally ill
- 12) make others think that I am a weak person
- 13) result in others being told about my private stuff

The specific attitude scale had an adequate level of internal consistency, with a Cronbach alpha coefficient of .75 ($n = 450$). The correlation between the general attitude measure (short form of ATSPPHS) and the specific attitude measure, for the cross-sectional study, was significant at $r = .42$ ($p < .01$, $n = 408$).

Perceived behavioural control

The perception of control over seeking help was assessed in the pilot study by asking participants to rate how *easy or difficult* it would be to see a psychologist in prison, from 1 (“extremely easy”) to 9 (“extremely difficult”). They were also asked whether they believed they *could* get to see a psychologist in prison if they wished

to, rated from 1 (“extremely likely”) to 9 (“extremely unlikely”). These are standard prompts used when constructing TPB perceived control items for perceived control items (Ajzen, 1991). Participants then identified aspects of the prison environment that could act as an obstacle to gaining access to a psychologist. The scaling was altered, from 1 - 9 for the pilot study to 1 - 7 for the cross-sectional study, to have consistent scaling across all TPB measures.

General perceived control measure

In the cross-sectional study, four items assessed general personal control. Two were variants on the perceived ease in asking to see a psychologist and two focused on whether inmates thought that they *could* get to see a psychologist in prison if they needed to. This was consistent with Ajzen’s (2002a, p. 9) conceptualization of perceived control as involving control concerns (“people’s confidence that they can perform the behaviour if they want to do so”) and self-efficacy concerns (“...performance or non-performance of the behavior is up to them”). Each general perceived control item was scored using a seven-point scale, from 1 (“extremely unlikely”) to 7 (“extremely likely”). As with other applications of the TPB (Ajzen, 1991), the four item scores were summed to form a measure of general perceived behavioural control. The Cronbach alpha coefficient (n = 492) for this measure, at .73, indicated an acceptable level of internal consistency.

Item examples: *It would feel easy to ask to see a psychologist in prison,*
I could get to see a psychologist in prison

Specific perceived control measure

Participant responses from the pilot study identified the shortage of psychologists and associated delays in obtaining assistance, as the main barrier to seeing a psychologist in prison. Additionally, inmates regarded psychologists as not being

available to them at times when help would be most beneficial, such as during a personal crisis. Two other barriers were the perception that staff would not take requests for help seriously, and that they would not forward referral requests to the psychologist. These potential barriers to helpseeking were used as items for the specific TPB perceived control measure.

Following the trial of the preliminary questionnaire as part of the pilot study, there were minor modifications to the specific control items to simplify instructions and item content. For each item, participants rated the extent to which the barrier was a problem at their prison, from 1 ("not at all") to 7 ("very much"). These item scores were totalled to form a specific perceived control scale score. The option of having a strength component to these items was excluded, following participants' reported problems with understanding the wording of the items. Therefore, the specific-PBC scale used for this research differed from other applications of the TPB, which have sometimes asked participants to rate the extent to which different factors facilitate or impede performance of the behaviour of interest (Ajzen, 1991; Armitage & Conner, 2001). The internal consistency or Cronbach alpha coefficient for the four-item specific control measure was somewhat low, at .64. The alpha coefficient did not improve when any of the four control belief items were deleted.

Instructions and item example: *These are possible barriers to getting help from a psychologist in prison. How much is each of these a problem in your prison?*
The officers would not pass on my request to see the psychologist

Subjective norms

General subjective norms measure

Subjective norms refer to the influence of specific people, or general influence of others, in performing the behaviour of interest (Ajzen, 1991). Two items assessed

the likelihood that people important to the participant *would want them* to see a psychologist in prison if they were having serious personal problems, with each item rated from 1 (“extremely unlikely”) to 7 (“extremely likely”). The item scores were combined to form a general subjective norm measure, consistent with other TPB applications (Ajzen, 1991, 2000a; Armitage & Conner, 2001). The norm measure had a Cronbach alpha coefficient of .72.

Item example: *People who are important to me would want me to see a psychologist in prison if I was having serious personal problems*

Specific subjective norms measure

For the pilot study, the standard prompts from the TPB (Ajzen & Fishbein, 1980; Ajzen, 2000a) were used when exploring the possible influence of others over the decision to seek psychological help in prison. Thus, participants were asked: “if you had a serious personal problem, who would *want* you to see a psychologist in prison?” and “if you had a personal problem, who would *not want* you to see a psychologist in prison?” Preliminary trialling of the prompts highlighted the need to use additional prompts when answers were too general, or when the same category of person was viewed as both encouraging and discouraging helpseeking behaviour. For example, “inmates” were viewed as potentially encouraging *and* discouraging. Ten participants in the pilot study (10/52) stated that they made their own decisions and would not seek the advice of others, and they did not name any others as influencing their decisions. This was of interest, as TPB theorists propose that the influence of others is important for behavioural decisions. The other pilot study participants identified seven groups of people or referents as influential regarding helpseeking. The groups were:

Friends

Inmates who had a bad experience with a psychologist

Family/partner

Medical staff (doctors and nurses)

Case officer or unit manager

Other prison staff such as social worker, A & D counsellor, chaplain

Other inmates

The specific subjective norm items had a direction and strength component as suggested by the TRA and TPB theorists (Ajzen & Fishbein, 1980; Ajzen, 2000a), and were therefore similar in structure to the specific attitude items. The first part of each item asked how likely it would be that a referent *would want* the participant to see a psychologist in prison, rated from 1 (“extremely unlikely”) to 7 (“extremely likely”). The second part of the item asked the participant to rate how likely they would be *to comply* with that referent, from 1 (“extremely likely”) to 7 (“extremely unlikely”). In accord with the standard TPB scoring procedures (Ajzen, 1991), the first part of the item pair was scored on a bipolar scale from -3 to +3, with the second part of each item pair scored on a 1-7 scale. Each scored pair was then multiplied, with the sum of these products forming the specific subjective norm score. (Refer to Appendix I regarding the merits of “multiplicative composites” as used here). The Cronbach alpha coefficient for the specific subjective norm measure (.81) indicated a satisfactory level of internal consistency.

Item examples: *My family/partner would want me to see a psychologist in prison if I had personal problems*

I would follow the advice of my family/partner

Extended TPB measures

Emotional distress

The Hopkins Symptom Checklist-21 (HSCL-21, Green et al., 1988) is a self-report measure of current feelings of emotional distress, and is a short-form of the Hopkins Symptom Checklist (Derogatis, Lipman, Rickels, Uhlenhuth & Covi,

1974). The inventory uses a four point Likert-type format, from 1 ("not at all") to 4 ("extremely"), to rate the level of distress associated with a wide range of physical and mental symptoms. The HSCL-21 has been found to be an effective measure of current psychological distress among prison inmates (Deane et al., 1999), and has good levels of internal consistency, with a reported split-half reliability of .91, and Cronbach alpha coefficient of .90 (Green et al., 1988). The test also has good validity characteristics. Scores decrease on the HSCL-21 after four sessions of psychotherapy in a clinical sample, consistent with changes in the client's clinical presentation and changes in other indices of therapeutic outcome (Deane, Leathem & Spicer, 1992). HSCL-21 scores for the clinical sample were significantly higher than those for a nurse sample. There were also significant correlations between the HSCL-21 and two other measures of emotional state, administered at the start of therapy and two months later, or at completion of therapy (whichever occurred first). The HSCL-21 correlations with the State-Trait Anxiety scale ranged from $r = .63$ to $.89$; and correlations with the clinician completed Brief Hopkins Psychiatric Rating Scale were also significant at $r = .36$ and $.54$. The level of emotional distress as measured by the HSCL-21 has also been reported to influence helpseeking intentions, in conjunction with specific treatment fears. Deane and Chamberlain (1994) found that among a non-clinical sample, those with low levels of emotional distress had much lower levels of fear about psychotherapy on the image concerns and coercion concerns subscales than those with moderate or high levels of emotional distress.

Minor modifications were made to some items for the current research, in order to make them more easily understood by a New Zealand prison inmate sample. For example, "blue", referring to sadness, (but not a term in common use in New Zealand), was changed to "sad"; feeling "inferior" to others was altered to feeling "not as good as" others and "sloppiness" was altered to "messiness". Whilst the scale is reported to have a replicable three-factor structure of performance difficulty, somatic distress and general feelings of distress, (Green et al., 1988),

the current research only used the summed-item total or Total Distress score. The test-retest reliability of the HSCL-21 at four weeks (pilot study), was $r = .71$. For the cross-sectional study ($n = 452$), the HSCL-21 had a high level of internal consistency with a Cronbach alpha coefficient of .92. Informal participant feedback also indicated that they found this to be an easy and straightforward measure to understand and complete.

Instructions and item examples: *How distressing have you found these things?*

Difficulty in speaking when excited

Your feelings being easily hurt

Suicidal Ideation Questionnaire (Critical Items)

Suicidal ideation is an important pre-cursor to suicidal behaviour, and has been defined as “thoughts and ideas about death, suicide, serious self-injurious behaviors and thoughts related to the planning, conduct and outcome...of suicidal behavior” (Reynolds, 1991, p. 290). Reynolds (1988) developed a 30-item questionnaire aimed to detect the presence of suicidal thinking in adolescents, (the Suicidal Ideation Questionnaire, SIQ). An adult version (the Adult Suicidal Ideation Questionnaire, ASIQ) is similar, with five fewer items than the adolescent questionnaire. These measures assess the frequency of suicidal thinking over the last four weeks, using a seven-point Likert-type format, from 1 (“almost every day”) to 7 (“never had this thought”).

The ASIQ (Reynolds, 1991) was reported to have sound reliability characteristics (coefficient alpha .97), with a test-retest correlation of $r = .86$ at 2 weeks. There were moderate though significant correlations between the ASIQ and measures of depression ($r = .60$), hopelessness ($r = .53$), anxiety ($r = .38$), self-esteem ($r = -.48$) and prior suicide attempts ($r = .33$, all correlations significant at $p < .001$). This indicated that those with higher levels of suicidal thinking are generally more distressed, have lower self-esteem, and are more likely to have had prior suicide

attempts than those with infrequent thoughts of death and suicide. It also confirmed that suicidal ideation is a conceptually distinct, though related construct to other forms of emotional distress.

Reynolds (1988) identified 8 critical items common to the SIQ and ASIQ, which were said to be indicative of a heightened risk of self-harming behaviours. Pinto et al. (1997) aimed "to empirically identify critical items...indicative of potential for more serious suicidal behavior" (p. 63), in a study of 226 consecutive admissions to a child and adolescent psychiatric inpatient unit. They reported that four SIQ items ("thought of method", "thought of death", "would solve problems", "wished had nerve") provided a good discrimination between suicidal and non-suicidal psychiatric adolescents. On the basis of their findings, they recommended that these items could be used as a brief screen for suicidal thinking. Therefore, for the current research these items comprised a brief measure of suicidal ideation. The brevity of the measure was seen as advantageous, given the need to restrict the total length of the helpseeking questionnaire, but also the sensitivity to restricting inquiry in an area that could be unsettling for prison inmates. The four-item measure had a satisfactory level of internal consistency, with a Cronbach alpha coefficient of .86. The four-week test-retest reliability (pilot study) of the brief SIQ measure was also adequate, at $r = .73$.

Item examples: *I thought about how I would kill myself*

I wished I had the nerve to kill myself

Prior help

A measure of prior helpseeking behaviour was required to determine the effects of prior helpseeking on further decisions to seek psychological help. Four items were included in the helpseeking questionnaire to determine prior helpseeking behaviour. Two items asked participants whether they had previously seen a

psychologist in prison, and outside (YES/NO). The extent of prior psychological contact was based on inmates' reports of the number of times they had seen the psychologist. This has been found to be a more reliable estimate of prior behaviour than broad descriptors such as "not much", "a lot" (Oulette & Wood, 1998). Participants who had prior contact with psychologists were also asked to rate the helpfulness of prior psychological contact, from 1 ("very unhelpful") to 5 ("very helpful"). This was the same variable used by Deane et al. (1999), who found that higher ratings of helpfulness were associated with higher intentions to seek psychological help in the future.

Item: *Have you seen a psychologist in prison/outside prison before?*

About how many times did you go?

How helpful was it for you to see the psychologist then?

CHAPTER 4: RESULTS - HELPSEEKING FOR A PERSONAL-EMOTIONAL PROBLEM

Chapters four and five summarise results from the cross-sectional and follow-up studies. Results pertaining to helpseeking for a personal-emotional problem appear in chapter four, and results for helpseeking for suicidal feelings are in chapter five. The main findings from the pilot study comprise Appendix G. In this chapter there is first an outline and justification for the use of the regression procedures. The opening section also considers issues regarding the treatment of particular variables within the regression equations and the extent to which regression assumptions were met. The procedures and criteria for dealing with unclear and missing data are then outlined, including the effects on the sample size available for analyses. Univariate descriptive statistics for continuous and non-continuous study variables are then presented. The remainder of chapter four focuses on results from the multiple and logistic regression analyses, and includes bivariate relationships among the variables within each regression equation. Chapter five then reviews the results of regression analyses, for the determinants of helpseeking for suicidal feelings.

OUTLINE OF ANALYTIC STRATEGY

The TPB is suited to multiple and logistic regression analysis, with intentions or behaviour forming the dependent variable respectively (Armitage & Conner, 1991; Sutton, 1998). A series of hierarchical regression analyses were completed using SPSS for Windows (version 9.0.1). For the cross-sectional study, helpseeking intentions were the dependent variable in hierarchical multiple regression analyses. The variable entry sequence for these analyses mainly reflected the causal structure of the TPB model (see figure 3, p. 54). Socio-demographic variables, which are causally prior to the TPB variables, were thus entered at step one and the TPB variables at step two. In the model as outlined, the extended

model variables of prior contact and distress are not separate from the TPB model variables. However, in these analyses the extended variables were entered at step three to determine whether they had any effects on intentions net of the TPB variables. Since the follow-up study dependent variable was binary, hierarchical logistic regression analyses were undertaken. The three step variable entry sequence was the same as for testing the TPB model to intentions. Intentions were entered at step four to test its role as a mediator (Baron & Kenny, 1986). Significance tests in all analyses were two-tailed, with an alpha level of .05.

Each of the regressions was run twice, first with the TPB specific variables and then with the TPB general variables. The TPB literature does not consistently indicate whether the specific or general TPB measures should be more predictive of intentions and behaviour. The general measures are parsimonious whereas the specific measures provide more detail about the relevant construct. In the current study, the moderate correlations between the three specific and general TPB measures raised potential collinearity problems. In all analyses the specific and general TPB measures were not entered into the same regression model. Thus, there were four hierarchical multiple regressions (intentions to seek help for a personal-emotional problem or suicidal feelings, specific or general TPB variables). There were also four hierarchical logistic regressions (helpseeking behaviour for a personal-emotional problem or suicidal feelings, specific or general TPB variables).

Several strategic issues arose regarding the distribution or scaling of particular variables. The score-distributions of the helpseeking intention measures (personal-emotional problem, suicidal feelings) were rectangular, with scores evenly grouped across the possible range from one to seven. Due to the unusual distribution of these measures, the alternative data-analytic approach of discriminant function analysis was trialed. The dependent variable of general or suicidal helpseeking intentions was divided into two or three groups. These results

were almost identical to those obtained using multiple regression. Therefore, multiple and logistic regression analysis were used throughout to allow for direct comparison with most other TPB studies. The suicidal thoughts measure (SIQ-4) was highly positively skewed, indicating that most participants reported a low frequency of suicidal thinking. Preliminary analyses were completed using a log-10 transformation of the total SIQ-4 score. The results obtained were very similar to the untransformed SIQ-4 scores, therefore all analyses use the raw SIQ-4 score data. Finally, two of the socio-demographic variables, ethnicity and education, were measured on a nominal scale and had more than two categories. Accordingly, dummy variables were formed for ethnicity (Maori versus Other, Maori versus Pakeha) and education (Left school prior to the fifth form versus left school after the fifth form). Ethnicity and education were entered into each regression equation as control variables.

Assumptions for multiple and logistic regression were assessed following guidelines suggested by Tachnick and Fiddell (1996). There were no problems with multicollinearity. The tolerance statistics reflected this, ranging from .999 (general perceived control in two equations) to .886 (prior contact with a psychologist in prison), well above the recommended 10 criterion. Residual scores across subjects were sufficiently independent, as the Durbin-Watson statistic was approximately two for each regression equation. Residual analysis was used to check the assumptions of multivariate normality, homoscedascity and linearity. None of these assumptions were violated to any notable degree.

Data screening

Questionnaires completed for the cross-sectional study were screened to identify problematic items and invalid questionnaires. Item-responses were deemed to be problematic if they were unclear (e.g., placed between rating points), were missing or there was more than one response to a single item. In general, missed

responses occurred toward the end of the questionnaire, suggesting that participants may have become fatigued or disinterested. Thus, for the ten-item general attitude scale (second-last page) the miss-rate varied between one and two percent per item. For the 21-item general distress measure (final page), the non-response or unclear response rate was between two and three percent per item. Almost half (14) of the 29 participants who had missed a full page of items had failed to complete any items on the final page. The measure with the highest rate of non-completion was the SIQ-4. Five percent of participants (29) missed all four items, and six other participants missed up to three of the four items. Other problematic items included the query about the number of prior contacts with a psychologist (eight percent unclear or nil responses), and three of the four specific control measure items (two to three percent unclear or nil responses).

Questionnaires were deemed to be invalid if there were a high number of missing or unclear responses. The criteria for the exclusion of questionnaires were: more than one page of nil responses; one response set used throughout such as scoring all items 1 or 7, and frequent marking of several possible responses for a single item. Of the 527 completed questionnaires, 12 could not be used for data analysis. Listwise deletion was used to manage missing data. This resulted in a loss of data for several analyses, especially for multivariate analyses such as multiple regression. However, even in the worst case there were still 275 complete cases for the logistic regression analyses and 328 for the multiple regression analyses, well above the required minimum for regression (Tabachnick & Fidell, 1996). As outlined in the method chapter, the number of follow-up study participants reduced from 515 (cross-sectional study) to 419 due to: no names on questionnaire (33); ID number not recorded on questionnaire (8) and already seeking help from a prison psychologist (55 under referral when the cross-sectional study occurred). There would have been some further attrition of the follow-up sample due to inmates' release or transfer to institutions outside the research prisons. It was not possible to estimate how many participants were lost

to follow-up for these reasons. The average length of time from completion of the cross-sectional study until referral to the psychologist was 140 days ($SD = 111$ days). Of the 419 follow-up study participants, eighty-eight (88) sought referral to a psychologist during the one-year follow-up period.

Univariate descriptive statistics for continuous variables

Two sets of descriptive statistics for almost all of the continuous variables used in the regression analyses (Mean, Standard Deviation) are presented in Table 4. The exception is the variable of age that was described within the section on subject characteristics, in the method chapter (pp. 77 ff.). The first set of descriptive statistics was based on the largest possible sample size for each variable. The second set was obtained within the multiple regression analyses for intentions to seek help for a personal-emotional problem or suicidal feelings. There was little difference in the statistics across the two samples, despite the reduced sample size. (Note: the range only appears for the largest sample size data, and was not available for the regression analysis data. The standard deviation scores are very similar across both sets of data).

Table 4. Descriptive statistics (based on the largest possible sample size and samples from hierarchical regression analyses) for TPB variables, emotional distress and suicidal thoughts

Variable	Largest possible sample				Regression samples		
	N	Range	Mean	SD	N	Mean	SD
Int, personal problems	494	4-28	17.17	7.43	353	17.15	7.32
Int, suicidal feelings	501	2-14	8.24	4.25	384	8.50	4.29
General attitude	464	0-24	13.82	5.49	353	13.71	5.47
General norm	504	2-14	10.28	3.63	353	10.33	3.54
General control	492	4 -28	17.50	6.45	353	17.86	6.50
Specific attitude	450	-63-117	25.37	31.24	328	24.65	31.05
Specific norm	474	-129-147	23.73	42.80	328	23.26	40.64
Specific control	481	4-28	13.82	5.78	328	13.84	5.95
HSCCL-21	445	21-84	38.83	12.88	328	39.20	13.14
SIQ-4	472	4-29	7.88	5.64	384	7.91	5.67

Note. HSCCL-21 = Hopkins Symptom Checklist-21, SIQ- 4 = Suicidal Ideation Questionnaire

Most of the variables were normally distributed, with the exception of the SIQ-4 and the intention measures as noted earlier. Responses on the HSCL-21 indicated that general distress levels were similar to findings in other prison samples (see for example, Deane et al., 1999) and higher than distress levels reported for university samples (Deane & Chamberlain, 1994). Scores on the general attitude measure were slightly above the possible midpoint of 15 and evenly distributed around the mean of 17.74. Inmate scores were midway between the reported mean scores for female ($M = 19.08$) and male ($M = 15.46$) college students in the Fischer and Farina (1995) study. As noted previously, a revised (8-item) version of the general attitude measure was used for all analyses. Scores on that measure were also slightly above the possible midpoint of 12, and evenly distributed around the mean of 13.71. The use of bipolar scaling and multiplicative composites results in a wide range of scores. This was evident on the specific TPB measures, with a wide distribution of scores on the specific attitude measure.

The general subjective norm measure had a mean of 10.28. Given a possible range of two to fourteen (2 – 14), this suggested that inmates viewed others as wanting them to see a psychologist in prison if they had problems, and that they were motivated to comply with this opinion. The specific measure of others influence regarding helpseeking in prison, as with the specific attitude measure, had a wide range (-129 to 147). The distribution was evenly distributed around the mean of 23.73, ($SD = 42.80$). For the general and specific measures of perceived control over seeking help in prison, the mean score was near the midpoint on the scale. This suggested that inmates perceived some difficulties in gaining access to a psychologist in prison, although these difficulties were not generally regarded as extreme.

Prior research (Deane et al., 1999) had indicated that inmates were more inclined to seek help for a general personal-emotional problem than if they were

experiencing suicidal thoughts and feelings. Participants in that study reported a higher likelihood of helpseeking for personal problems ($M = 5.23$, $SD = 2.53$) than for suicidal thoughts ($M = 4.45$, $SD = 3.10$, $t(105) = 2.67$, $p < 0.009$). The current study differed from the Deane et al. study, with more intention items for personal problems (four versus one) and for suicidal thoughts (two versus one) and a seven-point rather than nine-point scale used. A paired t -test (based on the average intention ratings for suicidal thoughts or personal problems) indicated no significant differences in mean intentions to seek help for a personal-emotional problem ($M = 4.29$) than suicidal thoughts ($M = 4.12$, $t(485) = 1.79$, $p = .07$). Inmates in the current study therefore indicated they were neutral to only slightly likely to seek help from a psychologist for both types of problem.

In summary, the descriptive statistics for the continuous-variable measures used for the cross-sectional study indicated some consistency with prior research using the same measures. The SIQ-4 differed from a normal distribution, consistent with the expectation that most participants would have only infrequent suicidal thoughts. This measure also had the highest non-response rate (5%). The pilot study provided some reassurance that the instructions and content were clear, hence the non-responding may reflect a reluctance to divulge suicidal thoughts. These results indicated that, on average New Zealand prison inmates were neutral or only slightly willing to seek help for a personal-emotional problem and for suicidal feelings. They have a higher level of general emotional distress than those in the community, although most inmates reported low frequencies of thoughts about death and suicide. New Zealand prison inmates were generally likely to have a neutral attitude to seeking psychological help, to be somewhat influenced by other people's opinions regarding helpseeking and to perceive some problems in accessing psychological help in prison (perceived behavioural control).

Univariate descriptive statistics for non-continuous variables

Statistics for ethnicity and education have been described, in the method chapter (pp. 77 ff.). For prior contact, about one third (31%) of participants had seen a psychologist outside prison prior to the study and almost half (47%) had previous contact with psychologists within prison. With regards to helpseeking behaviour, 88 (21%) of the 419 cross-sectional study participants available for the follow-up study were referred to a prison psychologist during the one-year follow-up study period. Referral problems were recorded for 81% (74) of those in the follow-up sample who sought help. It was unclear the extent to which these were psychologist judgements of inmate presenting problems rather than inmate descriptions of their difficulties. The recorded referral reasons are consistent with the main foci of the Department of Corrections psychologists, in that 40% of referrals were for "sexually inappropriate behaviour" and 23% of referrals were for problems with anger or violence. The other inmates had problems ranging from adjustment to prison, preparation for release from prison, drug and alcohol abuse, lack of self-control and problem solving skills deficits. No inmates were recorded as presenting with problems of suicidal thoughts and feelings, although two had "depression" and three were listed as having a "psychiatric disorder". This raises issues about the relationship between the intentions and behaviour variables. These are explored in detail in the discussion chapter.

DETERMINANTS OF INTENTIONS TO SEEK HELP, PERSONAL-EMOTIONAL PROBLEM

Bivariate relationships

Table 5 shows simple correlations among all the variables used in the regression analyses. All correlation tables contain the three types of correlation that are generated by SPSS, Pearson's r (where both variables are continuous), point biserial correlation (one continuous with one non-continuous variable) and the phi

coefficient (in which both variables are non-continuous). Correlations that involve the specific TPB variables appear below the diagonal, and those involving the general TPB variables appear above the diagonal.

Table 5. Simple correlations among determinants of intentions (Specific TPB below diagonal, n = 328, General TPB above diagonal, n = 353)

Variables	1	2	3	4	5	6	7	8	9	10	11
1. Int	-	.14**	-.01	-.08	.07	.54***	.44***	.44***	-.01*	.01	.17***
2. Age	.10*	-	-.02	-.00	.16**	.18***	.01	.01	-.03	-.12*	-.04
3. Edcn	-.01	-.02	-	.08	.13**	.02	.01	.07	-.02	.03	-.12
4. MvO	-.13**	-.03	.03	-	-.29***	-.02	-.02	-.07	-.03	.04	.06
5. MvP	.12	.17**	.14**	-.30***	-	.16**	.04	.18***	-.24***	-.07	.03
6. Att	.49***	.09	-.08	-.05	-.02	-	.32***	.34***	-.04	-.00	.02
7. Cont	.05	.05	.02	.00	.02	-.04	-	.35***	.05	-.06	.00
8. Norm	.60***	.18**	-.02	-.07	.09	.43***	-.05	-	-.13	-.02	.21***
9. PCNP	-.15**	-.05	-.00	-.00	-.26***	-.04	-.10*	-.18***	-	.23***	-.24***
10. PCP	-.01	-.16**	.05	.05	-.07	-.02	-.04	-.08	.19***	-	-.16***
11. Dist	.19***	.00	-.16**	.04	.04	.14**	.19***	.17**	-.26***	-.17**	-

Note. Int = Intentions, Edcn = Education, M vs O = Maori versus Pakeha, M vs P = Maori vs Pakeha, Att = Attitude, Control = Perceived behavioural control, Norm = Subjective norm, PCNP = Prior contact non-prison, PCP = prior contact prison, Dist = Emotional distress
 * $p < .05$, ** $p < .01$ *** $p < .001$

For correlations involving the specific TPB measures, the socio-demographic variables of age and ethnicity were significantly correlated with intentions to seek help for a personal-emotional problem (Table 5). Older inmates had higher intentions to seek help. Those of "other" ethnicity (Pacific Island and other ethnicities) were less likely to intend to seek help than Maori or Pakeha participants. Two of three specific TPB measures were significantly associated ($p < .01$) with intentions to seek help for a personal-emotional problem. Subjective norms had the strongest correlation ($r = .60$) with helpseeking intentions, specific attitude was moderately correlated with intentions ($r = .49$), whereas perceived behavioural control was not significantly correlated with intentions. Of the extended TPB measures, emotional distress had a significant positive correlation ($r = .19$) with helpseeking intentions. There was a significant, negative correlation between intentions to seek help and prior contact with a psychologist outside prison ($r = -.15$). As expected, the correlation was significant between the specific attitude and norm measures ($r = .43$). However, specific control beliefs (perceived

behavioural control) were not associated with the specific attitude or specific norm TPB measures.

The general TPB variables correlated significantly with intentions to seek help for a personal-emotional problem (Table 5). All correlations were significant at $p < .01$, and ranged from $r = .44$ for general control and general subjective norm to $r = .54$ for the general attitude measure. For the socio-demographic variables, there was again a significant correlation between age and intentions to seek help. Neither ethnicity nor educational attainment level were significantly associated with helpseeking intentions. Of the extended TPB variables, level of current emotional distress and prior contact with a psychologist (outside prison) were also significantly associated with intentions to seek help for a personal-emotional problem. Correlations among the three TPB general measures were also significant (the highest being general attitudes and subjective norms at $r = .35$). According to the TPB theorists, there may be some overlap or correlation between measures of the different constructs (Ajzen, 1991).

Whilst the general and specific TPB measures were not included together in any of the current study regression analyses, the relationship of the two sets of measures is expected to be strongly positive, given that they are said to measure the same construct (Ajzen, 1991). The zero-order correlations of those measures indicated that for two of the three measures (attitude and subjective norm) there was a moderate positive correlation ($r = .38$ for the two attitude measures, $r = .54$ for the two subjective norm measures, both significant at $p < .001$), whereas there was a significant negative correlation between the two measures of control over helpseeking ($r = -.12$, $p < .05$). These correlations therefore indicate that prison inmates who had a generally favourable attitude to professional helpseeking also expected positive outcomes to result from contact with a prison-based psychologist. Inmates who tended to generally perceive others to want them to seek psychological help, were also motivated to comply with the wishes of specific

others who may want them to seek help, such as family and friends. However, there was a negative association between the general sense of control over the process of getting help from a prison psychologist and concerns about possible helpseeking barriers such as waiting lists and times.

In summary, these correlations indicate that for prison inmates, the intention to seek help for a personal-emotional problem is associated with their general attitude to helpseeking, the degree to which others are seen as supporting helpseeking in prison, and by the general degree of control inmates have over the helpseeking process. The intention to seek help is also influenced by what are regarded as the specific positive and negative outcomes of seeing a psychologist (specific attitudes), and the opinions regarding helpseeking of specific people known to inmates, such as other inmates, their families, and other prison staff. However, the intention to seek help was not affected by specific control concerns such as waiting lists or time to see a psychologist. Additionally, younger inmates and those who are neither Maori nor Pakeha may be less likely to want to seek help from a psychologist. It also appeared that inmates who report higher levels of current emotional distress may be more highly motivated (i.e. have higher intentions) to seek help from a psychologist. Those inmates who had prior contact with a psychologist (outside prison) were also more likely than other inmates to intend to seek psychological help for a personal emotional problem in the future.

Multiple regression analyses

In this section the results of the hierarchical multiple regression analyses are presented. In each hierarchical regression analysis, the dependent variable was the intention of prison inmates to seek help for a personal-emotional problem. Socio-demographic variables were entered at step one, TPB model variables (specific or general) at step two, and at step three the extended TPB model variables of prior contact and emotional distress. Beta weights and R^2 change

statistics are listed separately for each step, followed by the Adjusted R^2 for the whole model.

At step one of the regression equation incorporating the specific TPB variables, the socio-demographic variables contributed a small, though statistically significant (3%) proportion of the explained variance (Table 6). Ethnicity (Maori versus other) was a near-significant determinant of helpseeking intentions ($p = .06$), suggesting that inmates who were neither Maori nor Pakeha may have lower intentions to seek psychological help. Almost all of the 43% explained variance in intentions was accounted for by the specific TPB variables, which were entered at step two. Of the three TPB predictor variables, subjective norms had the strongest association with helpseeking intentions. The addition of the extended TPB measures resulted in no reliable increase in explained variance.

Table 6. Results from hierarchical regression analyses of intentions on Specific TPB and other variables, n = 328

Variable	Step one β	Step two β	Step three β
Age	.09	-.02	-.01
Education	-.01	.01	.02
Maori vs other	-.11	-.07	-.08
Maori vs pakeha	.08	.07	.06
Attitude		.29***	.28***
Subjective norm		.47***	.46***
Perceived control		.09*	.07
Prior contact (non-prison)			-.02
Prior contact (prison)			.05
Emotional distress			.07
Change Statistics	$R^2_{ch} = .03$ $F_{ch} = 2.78^*$	$R^2_{ch} = .41$ $F_{ch} = 77.95^{***}$	$R^2_{ch} = .01$ $F_{ch} = 1.22$
	$Adj R^2$ (full model) = .43, $F = 25.71^{***}$		

* $p < .05$, ** $p < .01$, *** $p < .001$

Whilst there was only slight changes in the magnitude of the beta weights at different steps of the regression equation, perceived behavioural control which was significant at step two was not an independent determinant of intentions when the extended model variables were entered at step three. Emotional distress and prior psychologist contact, which had significant bivariate relationships with intentions, were non-significant within the multivariate analysis. The overall

explained variance for all the intentions regressed on all the study variables including the specific TPB variables was 43%.

At step one of the regression equation involving the general TPB variables (Table 7), the socio-demographic variables made a small (3%) though significant contribution to the overall explained variance in helpseeking intentions. Age was a significant determinant of intentions, in that older inmates were more strongly motivated to seek psychological help in prison.

Table 7. Results from hierarchical regression analyses of intentions on General TPB and other variables, n = 353

Variable	Step one β	Step two β	Step three β
Age	.13*	.08	.09*
Education	-.01	-.02	-.00
Maori vs other	-.07	-.07	-.09*
Maori vs pakeha	.03	-.07	-.09*
Attitude		.38***	.38***
Subjective norm		.23***	.19***
Perceived control		.24***	.26***
Prior contact (non-prison)			-.08 (p = .05)
Prior contact (prison)			.08*
Emotional distress			.13**
Change Statistics	R ² ch = .03 F ch = 2.44*	R ² ch = .40 F ch = 80.61***	R ² ch = .03 F ch = 5.61**
	Adj R ² (full model) = .44, F = 28.55***		

* $p < .05$, ** $p < .01$ *** $p < .001$

As with the specific TPB measures, the general TPB measures accounted for almost all the variance in intentions explained by the study variables. All the general TPB measures were independent determinants of intentions to seek help for a personal-emotional problem. General attitude to helpseeking had the strongest relationship with helpseeking intentions ($\beta = .38$), whereas subjective norms and perceived behavioural control had lower though still significant relationships with helpseeking intentions. There was a slight, statistically significant increase in the explained variance R^2 in intentions when the extended TPB measures were entered into the equation at step three. Prior contact and

emotional distress were significant determinants of the intention to seek help from a prison psychologist, for a personal-emotional problem. Those who had prior contact with psychologists outside prison were more likely to want to seek future psychological help than those with no contact. In contrast, the no-contact group (psychologist in prison) had slightly higher helpseeking intentions than those with prior contact with a prison psychologist. Ethnicity, which was non-significant at steps one and two, was a significant determinant of intentions at step three. Inmates who were neither Maori nor Pakeha (Pacific Island and other ethnicity) had lower intentions to seek help than the remainder of the cross-sectional study participants. All study variables including the general TPB variables explained 44% of the variance in inmate intentions to seek help for a personal-emotional problem.

In summary, there was very little support for an extended TPB model of helpseeking, to explain and predict inmates' intentions to see a psychologist. Whilst prior contact and emotional distress were significantly correlated with helpseeking intentions, these significant effects were only evident in the hierarchical regression analysis that included the general TPB variables. Therefore, there was partial support in the study for the extended TPB model and for hypotheses five and six (p. 70). Similarly, the multivariate relationship between intentions and socio-demographic variables was inconsistent, with age and ethnicity independent predictors in one of the two regression equations.

The results did offer strong support for the standard TPB model of helpseeking in terms of the explanation of helpseeking intentions. The size of relationships between the TPB predictors and intentions were comparable with other applications of the TPB (Ajzen, 1991; Armitage & Conner, 2001). Therefore, hypothesis two (p. 71) was supported. For the general TPB, general attitudes had the strongest relationship with helpseeking intentions. General subjective norm and control had a lesser, though still moderate, relationship with intentions.

Specific control concerns were not associated with intentions within the multiple regression analyses. Specific attitudes and specific subjective norm were both significant independent predictors of helpseeking intentions. The key role of specific referents or subjective norms with regard to helpseeking intentions differs from many other TPB applications (Armitage & Conner, 2001), and suggests that normative influences may be an important factor in inmate decisions regarding helpseeking.

DETERMINANTS OF HELPSEEKING BEHAVIOUR, PERSONAL-EMOTIONAL PROBLEM

Bivariate relationships

Table 8 includes correlations of the specific TPB and other study variables with behaviour (below the diagonal), or the general TPB and other study variables with behaviour (above the diagonal). It was hypothesised that there would be a

Table 8. Simple correlations among determinants of behaviour (Specific TPB below diagonal, n = 275, General TPB above diagonal, n = 292)

Variables	1	2	3	4	5	6	7	8	9	10	11	12
1. Behav		.10	.23***	-.06	.02	.01	.13*	.04	.04	-.07	-.20**	.10
2. Int	.05		.15*	.04	-.10	.08	.56***	.47***	.45***	-.09	.00	.18**
3. Age	.26***	.11		-.08	-.06	.17**	.22***	.04	.04	-.01	-.14*	-.06
4. Edcn	-.10	.04	-.06		.08	.11	.05	.05	.09	.01	.04	-.15*
5. M vs O	-.02	-.15*	-.07	.02		-.29***	-.01	-.01	-.06	-.04	.03	.07
6. M vs P	.05	.14*	.18**	.15*	-.31*		.17**	.04	.18**	-.20**	-.08	.02
7. Att	.11	.46***	.06	-.06	-.07	-.03		.35***	.30***	.00	-.01	.01
8. Con	-.06	.05	-.01	.03	-.03	.03	-.06		.34***	.04	-.07	-.03
9. Norm	.18**	.59***	.18**	.01	-.07	.06	.42***	-.07		-.14*	-.00	.21***
10. PCNP	-.10	-.14*	-.02	-.01	-.01	-.22***	-.01	-.10	-.16**		.21***	-.24***
11. PCP	-.17**	-.05	-.18**	.07	.01	-.07	-.04	-.03	-.08	.17**		-.11
12. Dis	.14*	.19**	-.04	-.19**	.06	.02	.10	.15*	.17**	-.23***	-.12*	

Note. Behav = helpseeking behaviour, Int = Intentions, Edcn = Education, M vs O = Maori versus Pakeha, M vs P = Maori vs Pakeha, Att = Attitude, Control = Perceived behavioural control, Norm = Subjective norm, PCNP = Prior contact non-prison, PCP = prior contact prison, Dist = Emotional distress

* $p < .05$, ** $p < .01$ *** $p < .001$

significant relationship between intentions to seek psychological help in prison and helpseeking behaviour. As table 8 indicates, this hypothesis was not supported.

For correlations involving the specific TPB variables (below the diagonal), age, prior contact with a psychologist, psychological distress and specific subjective norm were all significantly associated with helpseeking behaviour. Among the correlations involving the general TPB variables (above the diagonal), age and prior contact with a psychologist in prison were also significantly correlated with helpseeking behaviour. General helpseeking attitude was also significantly correlated with helpseeking behaviour. Other correlations among the independent variables were considered previously in relation to intentions (see Table 5). The reduction in sample size when behaviour was included in correlations had little effect on the size and direction of those correlations.

Relevant t-tests or chi-square analyses were also completed to examine more closely the relationships with behaviour in terms of group differences between inmates who did or did not seek referral to a psychologist (see Table 9). Whilst there were statistically significant differences between the groups on three TPB

Table 9. Comparison of referred and non-referred follow-up study participants on TPB variables, emotional distress and age

Variable	Referred to psychologist			Not referred to psychologist			t
	N	Mean	SD	N	Mean	SD	
Intentions	322	17.95	7.87	83	16.85	7.28	-1.20
Gen. attitude	298	14.76	5.41	79	13.24	5.53	-2.12*
Gen. norm	325	10.25	3.66	84	10.19	3.66	-0.12
Gen. control	320	17.51	6.89	82	17.51	6.35	0.00
Sp. attitude	297	31.10	32.03	77	23.54	31.08	-1.89*
Sp. norm	307	33.94	45.55	81	21.35	41.50	-2.38*
Sp. control	309	12.96	5.90	83	13.96	5.71	1.40
Distress	286	41.71	15.00	78	37.68	11.97	-2.50*
Age	314	34.15	12.50	88	29.22	10.42	-3.75**

Note. Gen = General, Sp = Specific, SD = Standard Deviation, Distress = Emotional Distress
 * $p < .05$, ** $p < .01$ *** $p < .001$

measures, the magnitude of the differences tended to be small. For the general attitude measure (possible range 0 - 24), there was approximately a 1.5 scale point difference for the mean scores for the groups. The large potential range for the specific attitude and norm measures (see Table 4) also indicates that the mean differences for the two groups on those measures, whilst statistically

significant, were small. Similarly, there was a relatively small scale-point difference between the groups on the emotional distress measure, although it should be noted that study participants generally had higher levels of emotional distress (on the HSCL-21) than, for example, university student samples (Deane & Chamberlain, 1994). The positive correlation between age and psychologist referral (Table 8) was reflected in the five-year age difference between those who were or were not referred for psychological help (Table 9). This five-year gap between the groups is perhaps of practical significance, in terms of inmate exposure to potential pro versus anti-helpseeking influences over that time period.

The groups also differed according to their history of prior contact with a psychologist. Prison inmates who sought referral to the Psychological Service were also more likely to have received prior psychological assistance in prison ($\chi^2(1, n = 416) = 8.81, p < .01$). Those who sought help were on average serving a longer term of imprisonment than non help-seekers ($t(454) = 4.6, p < .001$), had higher rates of violent and sexual offending than those in the cross-sectional study (76% compared with 54% prison census) and lower rates of property offending (6% compared with 20%). These figures were expected because the Corrections Psychological Service has a priority to treat those with more serious offending, and those convicted of sexual and violent offences (Bakker & Riley, 1991, 1996).

In summary, only a few study variables were significantly correlated with the behaviour measure (referral to a prison-psychologist). The magnitude of statistically significant differences between referred and non-referred follow-up study participants tended to be small, particularly on the TPB variables. The age difference (five years) between the two groups is of interest, suggesting a maturation effect in terms of readiness to seek psychological help.

Logistic regression analyses

Tables 10 and 11 show the results for the logistic regression analyses that assess the determinants of behaviour for the specific and general TPB variables respectively. In addition to showing log coefficients, the statistics shown were chosen to allow for cautious comparison between these results and those of the multiple regression analyses. Thus, change statistics are shown at each step. Whilst there is no R^2 change equivalent, there are proxies for this. Two are shown here, the Cox and Snell (which is the more conservative figure), and the Nagelkerke. The incremental significance of each step can be assessed using a chi-square statistic, which is also shown. The following summary is brief, due to the similarity of findings across the analyses and the small number of significant findings.

In the first logistic regression equation, (specific TPB measures), the socio-demographic variables explained approximately 7 - 11% of the variance in helpseeking behaviour at step one (Table 10). Age was an independent predictor of helpseeking, in that older inmates were more likely to be referred to a prison-psychologist during the follow up study. There was no significant increase in R^2 after step one. There were no other independent predictors of helpseeking behaviour although emotional distress (at $p = .08$) was near significant. The non-significant coefficient and change statistics at step four confirmed that, for the current study, intentions did not mediate the effects of other variables on behaviour.

Table 10. Results from hierarchical logistic regression of behaviour on Specific TPB and other variables (n = 275)

	Step one	Step two	Step three	Step four
Age	.05***	.05***	.05***	.05***
Education	.49	.49	.29	.26
Maori vs other	-.00	-.01	.05	.13
M. vs pakeha	-.11	-.15	.02	-.03
Attitude		.00	.00	.00
Control		-.02	-.03	-.03
Norm		.00	.00	.01
Distress			.02	.02
PC NP			.31	.35
PC Prison			.51	.49
Intentions				-.05
Change stats	C & S R ² = .07 Nagel R ² = .11 χ^2 ch = 19.89***	C & S R ² = .02 Nagel R ² = .03 χ^2 ch = 5.75	C & S R ² = .01 Nagel R ² = .04 χ^2 ch = .05	C & S R ² = .01 Nagel R ² = .01 χ^2 ch = 2.58 Model χ^2 = 36.28***

Note. M = Maori, PC = Prior contact, NP = Non-prison, C & S = Cox & Snell, Nagel = Nagelkerke
 ** $p < .01$ *** $p < .001$

The results were similar for the second logistic regression equation, which included the general TPB measures (Table 11). The socio-demographic variables, at step one, accounted for approximately 5 - 8% of the variance in helpseeking behaviour. Once again, age (older inmates) was an independent predictor of helpseeking. None of the three general TPB measures (step two) was a significant predictor of inmates' helpseeking. The regression model was better able to predict helpseeking behaviour with the addition of the variables of prior contact and emotional distress at step three. The chi-square change was significant, and prior contact with a psychologist in prison was an independent predictor of inmate-referral to a psychologist during the follow-up study. Intentions did not add to the prediction of helpseeking behaviour (step four), with the overall variance in behaviour explained by the study variables approximately 10 - 15%.

Table 11. Results from hierarchical logistic regression of behaviour on General TPB and other variables (n = 292)

	Step one	Step two	Step three	Step four
Age	.05***	.04***	.04**	.04**
Education	.24	.27	.13	.14
Maori vs other	-.22	-.21	-.12	-.13
M. vs pakeha	.12	.21	.37	.36
Attitude		.04	.05	.05
Control		-.00	-.00	-.00
Norm		.02	.00	-.00
Distress			.02	.02
PC NP			.11	.09
PC Prison			.86**	.87**
Intentions				.01
Change stats	C & S R ² = .05 Nagel R ² = .08 χ^2 ch = 15.33 **	C & S R ² = .01 Nagel R ² = .01 χ^2 ch = 2.67	C & S R ² = .04 Nagel R ² = .06 χ^2 ch = 11.65**	C & S R ² = .00 Nagel R ² = .00 χ^2 ch = .07 Model χ^2 = 29.73**

Note. M = Maori, PC = Prior contact, NP = Non-prison, C & S = Cox & Snell, Nagel = Nagelkerke
** $p < .01$ *** $p < .001$

The TPB (standard and extended) model was effective at determining prison inmates' intention to seek help for a personal-emotional problem. However, no standard TPB variables predicted helpseeking behaviour. There were also differences in the pattern of bivariate and multivariate relationships. For example, the measures of inmates' general helpseeking attitude and subjective normative beliefs correlated significantly with helpseeking behaviour, though were not predictive of helpseeking behaviour within the logistic regression analyses. The stepwise data confirmed that the standard TPB variables did not make a statistically significant contribution to the prediction of helpseeking. Contrary to expectations (hypothesis 3, p. 71), helpseeking intentions did not mediate the effects of other study variables on helpseeking behaviour. Non-TPB model variables had a weak, inconsistent relationship with helpseeking intentions. However, for the logistic regressions, age was a consistent predictor of helpseeking behaviour. In one of two logistic regressions (general TPB variables), there was a higher likelihood of referral to psychologists among those who had prior contact with a psychologist in prison.

CHAPTER 5: RESULTS - HELPSEEKING FOR SUICIDAL FEELINGS

The format for analyses involving helpseeking for suicide is the same as that of the previous chapter. The standard and extended TPB models were tested, either using hierarchical multiple regression (to intentions) or logistic regression (to behaviour). Tests of the extended TPB model use a measure of suicidal thinking (SIQ-4) instead of the measure of general emotional distress (HSCL-21). Where appropriate, there is comment on the performance of the general TPB measures versus specific TPB measures. Relevant bivariate results precede the presentation of multivariate results.

DETERMINANTS OF INTENTIONS TO SEEK HELP FOR SUICIDAL FEELINGS

Bivariate relationships

The correlation results reported here are from the multiple regression analyses for the specific or general TPB measures. The pattern of bivariate relationships for the specific TPB measures and intentions to seek help for suicidal feelings (below diagonal, Table 12) were similar to that obtained for intentions to seek help for a personal-emotional problem. Age and ethnicity had a statistically significant relationship with helpseeking intentions. Specific beliefs about outcomes of seeking psychological help when suicidal (specific attitude), and specific social influences or subjective norms were also significantly associated with the intention to seek help from a prison-psychologist when suicidal. There was no bivariate relationship between perceived control over accessing psychological help, and helpseeking intentions when suicidal. There was also no relationship between suicidal thinking (SIQ-4), and intentions to seek help when suicidal.

Table 12. Simple correlations among determinants of intentions (Specific TPB below diagonal, n = 357, General TPB above diagonal, n = 384)

Variables	1	2	3	4	5	6	7	8	9	10	11
1. Int	-	.11*	.09*	-.06	.04	.44***	.36***	.35***	.02	.12**	.00
2. Age	.12**	-	-.01	-.00	.21***	.16**	-.00	.01	-.08	-.14**	-.07
3. Edcn	.06	-.00	-	.08	.12**	.06	.01	.10*	-.04	.04	-.08*
4. MvsO	-.09*	-.02	.04	-	-.29***	-.03	-.01	-.04	.00	.07	-.04
5. MvsP	.07	.22***	.14**	-.29***	-	.11***	.03	.15***	-.25	-.07	.06
6. Att	.36***	.06	-.09*	-.06	-.05	-	.33	.36***	-.05	.01	-.03
7. Cont	-.02	.06	.02	-.00	.01	-.04	-	.35***	.02	-.05	-.06
8. Norm	.46***	.16**	-.03	-.07	.06	.43***	-.06	-	-.11*	.03	.13**
9. PCNP	-.01	-.09*	-.04	.03	-.25***	-.01	-.09*	-.19***	-	.24***	-.16**
10. PCP	.07	-.17**	.03	.08	-.07	-.00	-.05	-.01*	.20***	-	-.15**
11. SIQ-4	.00	-.05	-.05	-.06	.06	.06	.15*	.11*	-.18***	-.10*	-

Note. Int = Intentions, Edcn = Education, M vs O = Maori versus Pakeha, M vs P = Maori vs Pakeha, Att = Attitude, Control = Perceived behavioural control, Norm = Subjective norm, PCNP = Prior contact non-prison, PCP = prior contact prison, SIQ-4 = Suicidal ideation

* $p < .05$, ** $p < .01$ *** $p < .001$

The general TPB measures all correlated significantly with helpseeking intentions for suicidal thoughts and feelings in prison (above diagonal, Table 12). As with the other intention measure, the highest correlation was between participants' general attitude to seeking psychological help, and intentions to seek help for suicidal feelings. General subjective norm and control both had a significant, though lower correlation with suicidal intentions. The socio-demographic variables of age and educational level also had a moderate, positive relationship with intentions to seek help when suicidal. Whilst there was a significant correlation in the current study between emotional distress and intentions to seek help for a personal-emotional problem, there was no relationship between thoughts about suicide (suicidal ideation) and the intention to seek help for suicidal thoughts and feelings. Prior contact with a psychologist outside prison was not associated with intentions to seek help for suicidal thoughts and feelings. However, inmates who had prior contact with a psychologist *in prison* were less likely than other inmates to intend to seek future help for suicidal thoughts and feelings, $t(495) = 2.44$, $p < .05$. This finding was contrary to the typical finding that contact with a psychologist increases the likelihood of future psychological helpseeking (Fischer & Farina, 1995).

Suicidal thinking had a small and significant correlation with the general influence of others over helpseeking ($r, 384 = .13$, both at $p < .01$). There were also small, and negative significant correlations between prior contact with a psychologist (in or out of prison) and the frequency of suicidal thinking. Therefore, in terms of the bivariate data, the results suggested that inmates who have had prior contact with psychologists tend to report higher levels of thoughts about death and suicide. On average, inmates with more frequent suicidal thoughts were also more likely than other inmates to be influenced by what they perceived as others opinions (pro or anti) about helpseeking.

According to these results, prison inmates' intentions to seek help when suicidal was associated with their general attitude to seeking professional psychological help and by specific outcomes that would follow contact with a psychologist. Other people within the inmate's social network (inside and outside prison) also influenced the motivation to seek help if suicidal. The intention to seek help in response to suicidal feelings was also affected by the degree of perceived control over accessing a prison-based psychologist. The bivariate results further suggested that inmates' motivation to seek help when suicidal might vary according to age, and educational background. That is, older inmates and those with higher levels of education may have higher intentions to seek help. Prior contact with a prison-psychologist was associated with a lower willingness to seek help for suicidal feelings.

Multiple regression analyses

The study variables were entered into hierarchical regression equations in the same sequence (socio-demographic, TPB, prior contact and distress), to assess the determinants of intentions to seek help for suicidal feelings. As noted, the general emotional distress measure (HSCL-21) was replaced with the measure of suicidal thinking (SIQ-4) for these analyses.

For the regression involving the specific TPB measures (Table 13), each variable set contributed significantly to the explained variance in intentions to seek help for suicidal feelings.

Table 13. Results from hierarchical regression analyses of intentions on Specific TPB and other variables, n = 357

Variable	Step one β	Step two β	Step three β
Age	.12*	.05	.06
Education	.06	.08	.08
Maori vs other	-.09	-.05	-.05
Maori vs pakeha	.01	.02	.04
Attitude		.21***	.20***
Subjective norm		.36***	.38***
Perceived control		.01	.02
Prior contact (non-prison)			.06
Prior contact (prison)			.10*
Suicidal ideation			-.03
Change Statistics	R ² ch = .03 F ch = 2.50*	R ² ch = .23 F ch = 35.84*** Adj R ² (full model) = .25, F = 13.06***	R ² ch = .02 F ch = 2.76*

* $p < .05$, *** $p < .001$

At step one, the F change statistic (2.50, $p < .05$) indicated the socio-demographic variables were associated with intentions to seek help when suicidal. Age was a unique determinant of helpseeking intentions, with older inmates being more likely to intend to seek help for suicidal feelings. Almost all of the 25% explained variance in helpseeking intentions was due to the specific TPB measures, entered at step two (F change = 35.84, $p < .001$). As with helpseeking for a personal-emotional problem, the most important specific determinant of helpseeking when suicidal was the perceived social pressures of others to seek help (subjective norm beliefs), whilst the specific advantages and disadvantages of seeing a psychologist (i.e. specific attitude) also contributed to helpseeking intentions. However, control concerns were not an independent determinant of intentions to seek help when suicidal. Whilst there was a slight statistically significant increase in the explained variance when the extended TPB measures were entered into the regression equation, none of the measures independently determined helpseeking

intentions. At step three, the beta weights were very similar (and significant) for attitude and subjective norm. Age, which had predicted intentions at step one, become non-significant when entered with the other study variables at step three. In total, the study variables including specific TPB variables explained 25% of the variance in helpseeking intentions for suicidal feelings.

The results were similar for the regression equation incorporating the general TPB variables (Table 14).

Table 14. Results from hierarchical regression analyses of intentions on General TPB and other variables, n = 384

Variable	Step one β	Step two β	Step three β
Age	.11*	.07	.10*
Education	.10*	.07	.07
Maori vs other	-.07	-.06	-.07
Maori vs pakeha	-.02	-.06	-.06
Attitude		.31***	.30***
Subjective norm		.17**	.17***
Perceived control		.20***	.21***
Prior contact (non-prison)			.01
Prior contact (prison)			.15**
Suicidal ideation			.04
Change Statistics	R ² ch = .02 F ch = 2.46*	R ² ch = .26 F ch = 45.61***	R ² ch = .02 F ch = 4.08**
Adj R ² (full model) = .29, F = 16.61***			

* $p < .05$, ** $p < .01$, *** $p < .001$

Each variable set made a significant contribution to the overall explanation of inmate intentions to seek help when suicidal. Of the socio-demographic variables entered at step one, age and education were independent determinants of intentions. Older inmates, and those with higher levels of education, tended to have higher intentions to seek help when suicidal than other inmates. The general TPB measures, entered at step two, accounted for almost all of the variance in intentions explained by the study variables. The pattern of influence of the TPB variables mirrored that for helpseeking for a personal-emotional problem. According to the beta weights, general attitude made the most contribution to

helpseeking intentions, with a lower and similar contribution from general perceived behavioural control and general subjective norm. The inclusion of the extended TPB measures at step three resulted in a further significant increase in the explained variance in intentions. The beta weights were very similar for the three TPB variables at steps two and three, but educational level was not a significant determinant of intentions at step three. Of the three extended TPB measures, prior contact was uniquely associated with helpseeking intentions. Participants who had previously seen a prison psychologist had lower intentions to seek help for suicidal feelings than those without prior contact. The step three statistics indicated that 29% of the variance in helpseeking intentions was explained by the study variables including the general TPB variables.

The pattern of results for hierarchical multiple regression analyses for suicidal intentions was similar to that obtained for helpseeking intentions for a personal-emotional problem, although the overall explained variance was somewhat lower. There was minimal support for an extended TPB model (in terms of explained variance in intentions, and correlations among the predictor variables) with regards to helpseeking intentions for suicidal feelings. Prior contact with a psychologist in prison was the only unique predictor of helpseeking intentions. There were suggestions that psychologists are seen as unable, or inappropriate, to manage acute crises such as suicidal feelings for inmates. Hence, the relationship between prior contact with a psychologist and intentions to seek help for suicidal feelings was contrary to that hypothesised (hypothesis 5, p. 71). The issue of treatment avoidance, or help-negation (Clark & Fawcett, 1995), in response to suicidal feelings is discussed within Skogstad et al. (in press), and is elaborated further during the discussion chapter. Of the socio-demographic variables, education was weakly related to the intentions to seek help when suicidal. Ethnicity had been indirectly related to helpseeking intentions via attitudinal differences in the prior NZ prison-helpseeking study (Deane et al., 1999), though was not significantly associated with helpseeking in the current

study. Older inmates also appeared to be more willing to seek help were they suicidal, than their younger counterparts.

As with helpseeking intentions for a personal-emotional problem, there was strong support for the TPB model, in terms of the determinants of intentions to seek help for suicidal feelings. The results suggested that behavioural control, attitudes to seeking help and the opinion of others are all relevant when considering the intentions of suicidal inmates to seek professional psychological help. Therefore hypothesis 2 (p. 71) was supported, for intentions to seek help for suicidal feelings. The pattern of results was also very similar in terms of which TPB variables had the most influence on intentions - general attitude was the stronger *general* determinant of intentions, whereas specific referents or subjective norms featured most strongly among the *specific* TPB determinants of intentions.

DETERMINANTS OF HELPSEEKING BEHAVIOUR FOR SUICIDAL FEELINGS

Logistic regression analysis was used to test the prediction of helpseeking behaviour from the TPB (standard and extended models), including intentions to seek help for suicidal feelings. Relevant bivariate results are presented. Then the summaries of logistic regression analyses are presented. The SIQ-4, which was significantly correlated with the Hopkins-Symptom Checklist ($r = .51, p < .01$), was used as an indicator of ideation specific to death and suicide. The order of variable entry was the same as for a personal-emotional problem, except that the SIQ-4 replaced the HSCL-21 at step three, and helpseeking intentions for suicidal feelings replaced helpseeking intentions for a personal-emotional problem at step four.

Bivariate relationships

Correlations were completed (listwise deletion), for the specific TPB (below diagonal) or general TPB (above diagonal) variables and other study variables, including behaviour (Table 15).

Table 15. Simple correlations among determinants of helpseeking behaviour (specific TPB below diagonal, n = 302, general TPB above diagonal, n = 318)

Variables	1	2	3	4	5	6	7	8	9	10	11	12
1. Behav		.05	.23***	-.05	.00	.00	.12*	.01	.02	-.06	-.18**	.04
2. Int	.04		.10	.11	-.07	.03	.45***	.39***	.35***	.04	.10	.04
3. Age	.25***	.12*		-.06	-.05	.22***	.18**	.03	.00	-.07	-.17**	-.07
4. Edcn	-.08	.07	-.04		.08	.10	.08	.04	.11*	-.03	.04	-.08
5. M vs O	-.04	-.09	-.05	.03		-.29***	-.04	-.01	-.05	.01	.06	-.07
6. M vs P	.06	.07	.22***	.14*	-.29***		.11*	.02	.14**	-.22***	-.09	.11
7. Att	.07	.37***	.02	-.06	-.09	-.06		.37***	.32***	-.03	-.01	-.04
8. Con	-.05	-.02	.00	.02	-.04	.02	-.07		.35***	.01	-.08	-.05
9. Norm	.14*	.47***	.16**	-.01	-.06	.03	.41***	-.08		-.11*	-.02	.17**
10. PCNP	-.08	-.00	-.07	-.04	.03	-.22***	.01	-.09	-.19**		.23***	-.17**
11. PCP	-.16**	.04	-.19**	.04	.05	-.08	-.02	-.04	-.11	.19**		-.11
12. SIQ-4	.07	.01	-.07	-.04	-.08	.10	.02	.15**	.09	-.19**	-.07	

Note. Behav = helpseeking behaviour, Int = Intentions, Edcn = Education, M vs O = Maori versus Pakeha, M vs P = Maori vs Pakeha, Att = Attitude, Control = Perceived behavioural control, Norm = Subjective norm, PCNP = Prior contact non-prison, PCP = prior contact prison, SIQ-4 = Suicidal ideation

* $p < .05$, ** $p < .01$ *** $p < .001$

The pattern of results was very similar when considering the suicidal measures (intentions and SIQ-4) compared with helpseeking for a personal-emotional problem. Age and prior contact with a psychologist were significantly correlated with behaviour, within both sets of correlations. Of the specific TPB variables, specific subjective norm was positively correlated with behaviour, whereas attitude was the only general TPB variable that was significantly correlated with behaviour. The prior logistic regression results detailed possible differences between those were or were not referred to a psychologist during the follow-up study period across the full range of study variables (TPB and extended TPB measures, socio-demographic, offence data). Additionally, there was interest in whether the two groups differed on variables specific to suicide. There was no difference between the mean scores on the measure of suicidal ideation (SIQ-4) between non-help

seekers ($M = 7.80$, $SD = 5.68$) and help seekers ($M = 7.99$, $SD = 5.64$). Those who were referred to a prison psychologist during the follow-up study had slightly higher intentions ($M = 8.60$, $SD = 4.48$) to seek help for suicidal thoughts and feelings than non help-seekers, ($M = 8.06$, $SD = 4.27$, range = 2-14) though this difference was not statistically significant. The remaining correlations (in Table 15) were discussed prior to the hierarchical regression analyses, for intentions. It was again apparent that the reduced sample size for correlations involving helpseeking behaviour did not alter the pattern or magnitude of relationships among the study variables (see Table 12).

Logistic regression analyses

In the logistic regression equation incorporating the specific TPB measures (Table 16), the significant chi-square statistic at step-one indicated the socio-demographic variables predicted helpseeking behaviour.

Table 16. Results from hierarchical logistic regression of behaviour on Specific TPB and other variables (n = 302)

	Step one	Step two	Step three	Step four
Age	.05***	.05***	.05***	.05***
Education	.40	.40	.34	.32
Maori vs other	.16	.10	.04	.06
M. vs pakeha	-.02	-.07	.02	.02
Attitude		.00	.00	.00
Control		-.02	-.03	-.02
Norm		.00	.00	.00
SIQ-4			.03	.03
PC NP			.15	.13
PC Prison			.56	.55
Intentions				-.03
Change stats	C & S $R^2 = .06$ Nagel $R^2 = .10$ χ^2 ch = 19.84***	C & S $R^2 = .02$ Nagel $R^2 = .02$ χ^2 ch = 3.89	C & S $R^2 = .01$ Nagel $R^2 = .03$ χ^2 ch = 5.74	C & S $R^2 = .00$ Nagel $R^2 = .00$ χ^2 ch = .46 Model $\chi^2 = 29.93***$

Note. M = Maori, PC = Prior contact, NP = Non-prison, C & S = Cox & Snell, Nagel = Nagelkerke
* $p < .05$ ** $p < .01$ *** $p < .001$

According to the Cox and Snell and Nagelkerke figures, approximately 6 -10% of the variance in helpseeking behaviour was explained by these variables. Age was

an independent predictor of helpseeking, and remained significant once other variables were added to the regression model. The chi-square statistic suggested there was no significant improvement in the prediction of helpseeking behaviour at steps two and three, with the addition of the standard and extended TPB variables. The coefficient, and stepwise statistics, at step four were all non-significant, which again indicated that intentions did not mediate the effects of other variables on behaviour.

The final logistic regression equation included the general TPB measures. Age appeared as a significant predictor of helpseeking, among the set of socio-demographic variables (Table 17).

Table 17. Results from logistic regression of behaviour on General TPB and other variables (n = 318)

	Step one	Step two	Step three ²	Step four
Age	.05***	.04***	.04***	.04***
Education	.13	.17	.13	.14
Maori vs other	-.00	-.03	-.07	-.08
M. vs pakeha	.30	.33	.46	.45
Attitude		.05	.06*	.06
Control		-.01	-.02	-.02
Norm		.00	-.00	-.00
S. Ideation			.02	.02
PC NP			.07	.07
PC Prison			.84**	.85**
Intentions				.01
Change stats	C & S R ² = .05 Nagel R ² = .08 χ^2 ch = 16.46***	C & S R ² = .01 Nagel R ² = .01 χ^2 ch = 3.37	C & S R ² = .03 Nagel R ² = .05 χ^2 ch = 9.80*	C & S R ² = .03 Nagel R ² = .00 χ^2 ch = .04 Model χ^2 = 29.67***

Note. M = Maori, PC = Prior contact, NP = Non-prison, C & S = Cox & Snell, Nagel = Nagelkerke, Mo = Model * $p < .05$ ** $p < .01$ *** $p < .001$

At step one, the model was able to explain approximately 5 - 8% of the variance in helpseeking behaviour. There was no significant improvement in the predictive accuracy of the model at step two (when the general TPB measures were added). The significant chi-square change statistic at step three demonstrated that the variables of prior contact and suicidal ideation significantly improved the prediction of helpseeking behaviour. General attitude, at step three, was a significant

predictor of helpseeking behaviour and remained near significant ($p < .07$) at step four. As occurred with testing the model for a personal-emotional problem, prior contact was here associated with a higher likelihood of future helpseeking. There was no improvement to the model statistics at step four, following the addition of helpseeking intentions (for suicidal feelings).

The pattern of results for the logistic regression equations which included suicidal helpseeking intentions was very similar to that obtained with the measure of helpseeking intentions for a personal-emotional problem. The standard TPB model was unable to predict participants' helpseeking, for suicidal thoughts and feelings. This was reflected in the non-significant changes to the overall regression statistics after the entry of the TPB model variables at step two and step four. The only exception was for general attitude, which independently predicted helpseeking behaviour at step three of the logistic regression (i.e. in combination with socio-demographic and extended TPB model variables). The addition of suicidal intentions at step four did not result in an increased prediction of helpseeking, contrary to the expected mediating role of intentions within the TPB model. Hence hypothesis 3 (p. 71) was not supported.

The change in the model statistics occurred with the entry of either the socio-demographic, or extended TPB model variables. Age predicted helpseeking, in that older inmates in the cross-sectional study were more likely than others to get referred to a psychologist during the follow-up study. In one of the two regression equations, prior contact with a psychologist in prison acted as an approach factor for helpseeking - inmates who had previously seen a prison-psychologist were more likely to get referred again for psychological assistance. It was also evident that the overall prediction of helpseeking behaviour was very low, in terms of the estimated explained variance in helpseeking accounted for by the study variables.

CHAPTER 6: DISCUSSION

Theoretical, methodological and practical issues arising from the research are discussed in three sections as follows. Within the theoretical section, there is an overview of the main research results in terms of how well the TPB appeared to account for helpseeking. The results are then compared and contrasted with other applications of the Theory of Planned Behaviour (Ajzen, 1991; Armitage & Conner, 2001), to assess the performance of the TPB in terms of the strength and direction of the model relationships. There is particular focus on the absence of a relationship between inmates' intentions to seek help and their actual helpseeking behaviour. The discussion then addresses the merits of studying helpseeking within a social-cognitive framework. Some brief examples are presented of inmate helpseeking issues that were not captured using the Theory of Planned Behaviour. It is argued that the TPB offers a way forward for service utilisation and helpseeking research (cf. Pescosolido & Boyer, 1999), although the model may require some extension and modification. In the next section of the discussion, methodological issues central to the research are described. These issues include the representativeness of the study samples, the adequacy of the measurement strategy for the TPB variables, and whether the questionnaire length and format affected the results. In addition, suggestions are made to further develop the subjective norm component of the TPB, when applied to the study of helpseeking. In the final section of the discussion chapter, policy and practice issues arising from the research are discussed. The current research highlights possible barriers to inmate helpseeking, which may make prison inmates less responsive to assessment and treatment. Strategies to alter helpseeking barriers are discussed, with reference to the limited literature on inmates' helpseeking (Hobbs & Dear, 2000) and TPB-based attitude and behaviour-change interventions (Ajzen, 2002b; Sutton, 2002).

THEORETICAL ISSUES

Performance of the TPB in the present study

The major research hypotheses were outlined at the end of the introduction chapter. These hypotheses reflect the underlying causal pathways in the TPB, as illustrated in Figure 1 (Chapter 1, p. 12). In brief, intentions to seek psychological help should be determined by attitude, subjective norm and perceived behavioural control. Intentions should predict actual helpseeking behaviour (here, referral to a prison psychologist). The TPB predictor variables comprise specific or general measures – each set of measures should determine intentions and should impact upon behaviour either indirectly (attitude and norm), or both directly and indirectly (PBC). There should be strong, positive correlations between differing measures of the same construct.

Determinants of helpseeking intentions

On average, prison inmates who were more strongly motivated to seek psychological help had the following *general* characteristics. They had a more positive attitude to seeking help from a psychologist, were more responsive to pressures from others to seek psychological help, and perceived themselves to have more control over accessing psychologists in prison. Of the three possible sources of motivation to seek psychological help, it was attitudes toward helpseeking that had the strongest association with the intention to seek help. Social pressures and perceptions of control over helpseeking were also associated with the intention to seek help for a personal-emotional problem, though this association was less strong than for the general helpseeking attitude. Therefore, using only those variables in the Theory of Planned Behaviour, we were able to explain up to 44% of the variance in inmates' intention to seek help for a personal-emotional problem.

Prison inmates with higher helpseeking intentions also differed from other inmates according to *specific* beliefs about the helpseeking process. These beliefs involved others in their social network who might influence helpseeking. Inmates who believed that significant others such as their family and friends would want them to see a prison psychologist, and who complied with the wishes of others, had higher intentions to seek help for a personal-emotional problem. The beliefs also concerned specific consequences that could ensue from seeing a prison based psychologist. Inmates who intended to seek help from prison psychologists believed that psychologists could assist in specific ways such as relieving stress and tension. These inmate characteristics were reflected in the significant statistical relationships between intentions to seek help for a personal-emotional problem, and the belief-based TPB measures for attitude and subjective norm. In contrast, the strength of beliefs about control over seeing a psychologist was not associated with the intention to seek help for a personal-emotional problem. As expected, those inmates whose general attitude to helpseeking was favourable were more likely to believe that specific benefits would ensue from seeing a prison-based psychologist. Similarly, inmates who rated "most people" as generally supportive of helpseeking were more responsive to the helpseeking opinions of specific people in their social network, as indicated by the positive relationship between the general and specific subjective norm TPB measures. However, inmates who generally felt they had control over getting to see a psychologist did not report that they had control over the specific barriers to seeing prison-based psychologists, such as possible delays in getting help.

On average, prison inmates were as likely to intend to seek psychological help for suicidal feelings as they were to seek help for a personal-emotional problem. The characteristics of inmates who would seek help for suicidal feelings were also similar to inmates who would seek help for a personal-emotional problem. Potential help-seekers had a favourable general helpseeking attitude, generally perceived others as being supportive of helpseeking in prison, and regarded

psychologists as generally accessible and available in prison. Once again, the general helpseeking attitude had the stronger association with intentions to seek help for suicidal feelings than perceived control over getting help, or the general influence of others over helpseeking. Variables in the Theory of Planned Behaviour explained approximately 29% of the variance in inmates' intention to get help for suicidal feelings. There was also an association between the intention to seek help for suicidal feelings and specific beliefs. Inmates with a higher intention to seek help for suicidal feelings were more likely to believe significant others such as family, friends and medical staff would want them to seek professional psychological help for this problem. They were also more motivated to comply with others in their social network, with regard to helpseeking. The next most important specific aspect of prison associated with the intention to seek help for suicidal feelings was the belief that seeing a prison-based psychologist would result in positive outcomes. Helpseeking barriers such as waiting times were not seen as important in deciding to seek help for suicidal feelings, when considered in conjunction with others' influence and outcomes of psychological contact. Therefore, there was no association between specific control beliefs and helpseeking intentions for suicidal feelings.

Based on the review of the TPB, and helpseeking literature, emotional distress and prior contact with a psychologist were also assessed as possible determinants of intentions to seek professional psychological help. There was some indication (in the regression equation which included the general TPB measures) that inmates who are more emotionally distressed may be more motivated to seek help for a personal-emotional problem. However, there was no association between thoughts about suicide and intentions to seek help for suicidal feelings. Prior contact with a psychologist outside prison was associated with higher intentions to seek help, for a personal-emotional problem. In contrast, inmates with previous experience of seeing a psychologist in prison were slightly less likely to want to seek help for a personal-emotional problem than those with

no prior contact. This effect was stronger for helpseeking for suicidal feelings. That is, inmates who had previously seen a psychologist in prison were less likely to want to seek help for suicidal feelings, than other inmates. Prior contact is usually associated with more favourable helpseeking attitudes and intentions (Deane et al., 1999; Fischer & Farina, 1995). Implications for the negative relationship between prior contact and helpseeking, particularly with regards to suicidal feelings, are elaborated later in the discussion.

To summarise, inmates who were more motivated to seek psychological help for a personal-emotional problem or suicidal feelings tended to: have more pro-helpseeking attitudes; be more responsive to those in their social network who would want them to see a prison psychologist and to regard prison psychologists as accessible and available. Inmates' emotional distress and prior contact with a psychologist outside prison were associated with a higher intention to seek help for a personal-emotional problem, whereas frequent suicidal ideation was not associated with the intention to seek help for suicidal feelings. For cross-sectional study participants, there was a negative association between past contact with a psychologist in prison and the willingness to seek psychological help for suicidal feelings and a personal-emotional problem.

The prediction of helpseeking behaviour

According to the Theory of Planned Behaviour (Ajzen, 1988, 1991), all the factors that influence the intention to seek help should also influence actual helpseeking behaviour. The effects of attitude, subjective norm and perceived behavioural control on helpseeking behaviour should be indirect, via intentions. That is, helpseeking intentions should mediate the impact of the predictor variables on behaviour. In the current study, intentions did not mediate the effects of the other TPB variables on behaviour. Only one TPB variable (general attitude) predicted helpseeking behaviour. This only occurred for one of the three steps in which the

variable entered the regression equation. Inmates referred during the follow-up study tended to have a slightly more favourable general helpseeking attitude. The other characteristics of referred-inmates were reflected in the non-TPB variables. The strongest predictor of helpseeking behaviour was age, in that inmates who were older were more likely to seek psychological help. Inmates who had previously seen a psychologist in prison were also more likely than other inmates to be referred to the psychologist during the one year follow-up study.

In summary, inmates who *intended* to seek psychological help and those who actually were referred to prison psychologists during the one year follow-up study tended to have a somewhat more favourable helpseeking attitude. The only other characteristics that distinguished those who did or did not seek help were the inmates' prior experience of psychological counselling, and their age. The overall prediction of actual helpseeking behaviour was low and intentions did not mediate the effects of attitude, norm and control on behaviour.

Comparison of TPB and helpseeking with other TPB applications

In this subsection, the current performance of the TPB is compared to other TPB applications. Reviews of the TPB suggest it is applicable to a wide range of behaviours (Ajzen, 1991, 2000b; Albarracin et al., 2001; Armitage & Conner, 2001; Godin & Kok, 1996; Hausenblas et al., 1997; Sutton, 1998). The recent Armitage and Conner (2001) meta-analysis of TPB studies incorporates results from prior TPB reviews such as those of Ajzen (1991) and Sutton (1998). For discussion purposes, the current results are compared in particular with those contained in the meta-analysis of Armitage and Conner (2001, see Table 19). The pattern of results of the current study were very similar for the TPB model testing for helpseeking intentions for a personal-emotional problem and for suicidal thoughts and feelings. Therefore, to save repetition the focus of the following review will be on helpseeking in relation to a personal-emotional problem.

Table 18 Comparison of current study TPB relationships with those from the Armitage & Conner (2001) meta-analysis

TPB relationships	Size of relationship	
	Armitage & Conner	Current study
Multiple R (BI + PBC) with behaviour	.52***	.03
BI-Behaviour Correlation	.47***	.10
PBC-Behaviour Correlation	.37***	.04
% Variance Added by PBC to Behaviour	.14***	.00
Multiple R (ATT+SN+PBC) with BI	.63***	.68***
ATT-BI Correlation	.49***	.54*
SN-BI Correlation	.34***	.44**
PBC-BI Correlation	.43***	.44**
% Variance Added by PBC to BI	.24***	.04***
Behavioural Belief-ATT Correlation	.50***	.35***
Normative Belief-SN Correlation	.50***	.54***
Control Belief-PBC Correlation	.52***	-.13**

Note. BI = behavioural intention; PBC = perceived behavioural control; ATT = attitude; SN = subjective norm

* $p < .05$, ** $p < .01$, *** $p < .001$

Intention-behaviour relationship

According to the TRA/TPB theorists (Ajzen & Fishbein, 1980; Ajzen, 1991), the intention-behaviour relationship should be strong and positive. Intentions are presumed to be an accurate predictor of actual behaviour, in that people will generally act upon their intentions. Much TRA/TPB research supports this hypothesis. Approximately 22 to 36% of the variance in behaviour is explained by intentions (Armitage & Conner, 2001; Sheppard et al., 1988), with the intention-behaviour relationship being higher when self-report behaviour measures are used (Armitage & Conner, 2001). For the current study, there appeared to be no relationship between intentions to seek help and actual helpseeking behaviour. Other TPB researchers (e.g., Sutton's 1998, TPB review) report what Cohen (1988, 1992) would estimate to be medium ($r = .30$) or large ($r = .50$) effect sizes for this relationship. Therefore, in the present study prison inmates did not act according to their intentions to seek psychological help for a personal-emotional problem or suicidal feelings. This issue is elaborated later in this section.

Determinants of helpseeking intentions

Just as intention should predict behaviour, a person's attitude, subjective norm and control perceptions should determine their intention to act (Ajzen, 1991). Using only the general measures of TPB constructs, the explained variance in intentions for the current study was 44%. This would meet Cohen's criterion for a large effect size, and is similar to other TPB research. Sutton (1998) reported 40 to 49% variance explained for the multiple correlations of attitude, norm and control. The comparative figure for the much larger Armitage and Conner (2001) TPB research sample (Table 19) was 40%. Therefore, there were strong, significant correlations between attitude, norm, control and the intentions to seek help for a personal-emotional problem. It is also important to note that testing a causal model within a cross-sectional study, as typically occurs with the TPB for intentions, does not account for possible reciprocal causation effects (cf. Liska, 1984). It is also possible that the use of the same method (self-report) to assess the predictor variables results in some inflation of the correlations between those measures. Nonetheless, the TPB in the current study performed well in terms of understanding and explaining prison inmates' intentions to seek help from a prison-based psychologist for both suicidal feelings, and a personal-emotional problem.

Relative magnitude of the predictor variables

The TPB theorists suggest the relative weighting or importance of the correlates of intention will vary, and that such variation is a function of the behaviour being studied (Ajzen, 1991, p.188). However, most TPB reviews indicate that attitude is the stronger determinant of intentions (e.g., Armitage & Conner, 2001, see Table 19), with subjective norm typically having a lower and similar influence on intentions to perceived control (Albarracín et al., 2001). This pattern occurred for

the current study, when the general measures of control, attitude and norm were used. However, when the belief-based measures were considered, it was the subjective norm beliefs that had the highest association ($r = .58, p < .001$) with intention compared to attitudinal beliefs ($r = .44, p < .001$). This finding occurred, despite the suggestion that measurement error may weaken the performance of the TPB subjective norm construct (Armitage & Conner, 2001). Thus, the social network appears to be an important source of motivation to act, with respect to seeking professional psychological help in a prison context.

Contribution of PBC to intention and behaviour

Intentions will vary according to the level of perceived control over the behaviour. Perceived control will also directly predict actual behaviour to the extent that control perceptions are realistic (Ajzen, 1991; Armitage & Conner, 2001). Prior TPB-based health research suggested a wide range of perceptions about controllability of behaviour, ranging from a control-intention correlation of $r = .20$ for condom use (Albarracin et al., 2001), to $r = .89$ for testicular self-examination (Godin & Kok, 1996).

For the current research, there was a moderate association between general control perceptions and the intention to seek help for a personal-emotional problem. The current research offered some support for Armitage and Conners' (2001) proposed distinction between self-efficacy (the extent to which individuals are confident they can perform a behaviour) and perceived control (the extent to which individuals have control over attaining a behaviour). In the current study, the two self-efficacy type items (ease of asking to see a psychologist...) had somewhat higher correlations with helpseeking intentions ($r = .47$ & $.44$) than the two perceived control type items (I could get to see a psychologist...when I needed to, $r = .20$ & $.33$). Prison inmates therefore felt more control over the initial phase of the helpseeking process (requesting to see a psychologist) than

ensuring that this request would be actioned (actually being referred to, and seeing, a psychologist). As noted in the prior section of the discussion, specific control beliefs such as the belief that there are not enough psychologists in prison were not associated with the intention to seek help for a personal-emotional problem. The general perceived behavioural control measure added 3% to the variance explained in helpseeking intentions in addition to attitude and subjective norm. Neither general nor specific perceptions of control were predictive of actual helpseeking behaviour when considered in conjunction with the other TPB predictor variables. At the bivariate level, one specific control belief item ("it takes too much time to see a psychologist") had a small, though significant negative association with helpseeking ($r(452) = -.09, p < .05$). To recap, perceived control was added to the Theory of Reasoned Action (Ajzen & Fishbein, 1980) to account for behaviour not entirely under an individual's voluntary control (TPB, Ajzen, 1991). As noted previously, inmates' general sense of control over helpseeking differed from their perceptions that specific barriers could impede helpseeking. The results of the current study were inconclusive regarding the role of control and helpseeking – control perceptions affected the intention to seek help, but had no relationship with actual helpseeking behaviour.

Relationships between the specific and general TPB measures

There should be some correlation between the differing measures of the major TPB constructs of subjective norm, attitude and perceived behaviour control. Two of the three TPB predictor variables showed evidence of convergent validity in the current research (Table 19). The general and specific attitude measures correlated at $r(417) = .35 (p < .001)$, compared with $r = .50$ for the Armitage and Conner (2001) meta-analysis sample. The correlation between the general and specific measures of social influence, at $r = .54 (p < .001)$, was slightly higher than that reported by Armitage and Conner ($r = .50$) based on 34 TPB study results. As noted previously, this suggests some consistency between prison inmates'

general helpseeking attitude and specific expectations regarding prison-based psychological help; and between their general views about social pressures to seek psychological help and perceived pressures of specific others in prison regarding helpseeking. However, whereas other research (Armitage & Conner, 2001) has reported moderate correlations between general and specific control measures, this did not occur in the current study. The low, though significant *negative* correlation between the control measures was unexpected. This may reflect differences between a general sense of ability to perform behaviour (self-efficacy) and perceived control over non-personal factors affecting behaviour (controllability, Ajzen, 2002a). Thus, in the current study it appeared that inmates may generally feel control over helpseeking (e.g., asking to see a psychologist) yet also believe that specific barriers such as waiting lists and referral procedures would limit access to psychologists. The relationship between the specific and general TPB measures is very relevant to possible TPB-based interventions. The specific beliefs that are presumed to underpin general attitude, control and subjective norm may be the most appropriate intervention targets (Ajzen, 2002b; Sutton, 2002).

To summarise, the overall performance of the TPB in the current study was quite similar to that reported in other TPB studies, in terms of the correlations among the TPB predictor variables, and with helpseeking intentions. Subjective norm was a stronger determinant of intentions here than in prior applications of the TPB (cf. Armitage & Conner, 2001). Perceptions of control over helpseeking had some influence over intentions to seek help from a prison psychologist. The most striking difference between the current study and other TPB research was the non-significant relationship between intentions and behaviour. Thus, the stated intention of prison inmates to seek psychological help was not reflected in actual helpseeking behaviour (referral to a prison psychologist). In addition, intentions did not mediate the effects of helpseeking attitude, perceived control and subjective norm on helpseeking.

Helpseeking intentions and behaviour

The strong support for the TPB with respect to helpseeking intentions suggests it may be a suitable basis for further helpseeking research. However, the model and/or research strategy would need to be altered to improve the prediction of actual helpseeking behaviour. As noted earlier, the most striking finding in the study was that intentions (the pivotal TPB construct) did not predict helpseeking behaviour. As discussed earlier, TPB studies of care-seeking behaviour suggest the intention-behaviour relationship is weaker than for other types of behaviour. Godin and Kok (1996) in their review of TPB health-studies reported that the prediction of “clinical-screening” behaviour (average R^2 of .16) tended to be lower than the prediction of all health behaviours (average of .34). The current study findings suggest two broad possibilities – that the absence of a relationship between intentions and behavior was correctly detected and can be accounted for by the prison context, or that the measurement strategies failed to detect the relationship that is actually present.

The intention-behaviour relationship is weak or non-existent for prison-based helpseeking

Facets of the prison environment may distort the helpseeking process, and therefore lower the relationship between helpseeking intentions and behaviour. In particular, it was possible that those who wanted to see a prison psychologist (i.e. had high intentions) did not get referred for assistance. Inmates who intended to seek psychological help may have been transferred to another prison during the follow-up study period. The long-wait lists for psychologists (the estimated waiting time varied between a few weeks to several months, from prison to prison and according to prioritisation by psychologists) may have lessened the likelihood that an inmate was referred, particularly if they were within a few months of release

from prison. Additionally, at the time the study was conducted, self-referrals to psychologists were discouraged, therefore referrals required the involvement of prison staff. All these factors may have lessened the chance that those who had high intentions to seek help did get referred to a prison psychologist. In contrast, some inmates may have been referred for assistance due to the nature of their offending (e.g., sexual offending) or for administrative purposes (for the preparation of a psychological report for the local or national parole board) rather than through personal motivation to deal with personal problems. It was possible to check for the possible influence of some of these factors. For example, the prediction of helpseeking behaviour did not improve when participants who had committed sexual offences were excluded from data analyses. However, it was likely that the prison environment and processes did weaken the intention-behaviour relationship for prison inmates.

The measurement strategy failed to detect an intention-behaviour relationship

As noted in the introduction and method chapters, the choice of behaviour measure was influenced by potential problems in tracking cross-sectional participants throughout their prison sentence. Therefore, an indirect measure of helpseeking behaviour (referral to a psychologist) was used for the current study. This approach was based on two assumptions. First, that referral to a psychologist was initiated by the inmate and was therefore an example of helpseeking behaviour. Second, problems that generated actual helpseeking were similar to the problems captured by the intention statements (i.e. a personal-emotional problem or suicidal thoughts and feelings). It was evident that these assumptions were either not met in the current study, or were difficult to evaluate. For example, the psychologist-generated “reasons for referral” for study participants clearly indicated that their contact with psychologists was not limited to a “personal-emotional problem” or “suicidal feelings” (the latter were not mentioned by

psychologists as reasons for inmate referral). It was also possible that attempts by inmates to initiate helpseeking from psychologists were disguised, through inmates not being referred due to waiting lists, or because prison staff regarded the inmate concerns as trivial. Whilst Correctional psychologists in New Zealand assess inmates on a voluntary basis, it was possible that inmates were referred due to others' concerns about, for example, their offending. Sex offenders are an example of inmates whose referral to a psychologist may be prompted by others. However, removing this group from analyses involving behaviour resulted in no improvement in the prediction of helpseeking behaviour.

To summarise, the behaviour measure used (referral to a psychologist during the one-year follow-up period) did not discriminate between inmate-initiated helpseeking and referral generated by others such as prison staff; nor did the measure retain the focus of the intentions measure on personal problems and suicidal feelings. This strongly limits any interpretation of study results that involve the behaviour measure.

The following changes are suggested for any future TPB helpseeking studies, to improve the measurement of the links between what people may intend to do and what they actually do (i.e. the intention-behaviour link) The first requirement of future TPB helpseeking studies would be to use compatible intention-behaviour measures, as recommended by Ajzen and Fishbein (1980). The study findings *suggested* that helpseekers experience more problems than non-helpseekers, given the positive correlation of the emotional distress measure (HSCL-21) and referral to a psychologist ($r(398) = .13, p < .05$). This could be further clarified by using the same language for the intentions and behaviour measures. The relevant behaviour measure would be "sought help from a psychologist for a personal-emotional problem" (or for "suicidal thoughts and feelings"). This would determine the extent to which experiencing those specific problems prompts actual helpseeking from a psychologist, though may further restrict the numbers of

eligible helpseekers for the follow-up study period. Second, the intention and behaviour measures could be broadened to include informal sources of help (e.g., family and friends). This would clarify whether inmates seek help from non-psychologists for personal problems, but also whether helpseeking from psychologists is restricted to serious problems, as occurs in other settings (Wills & DePaulo, 1991). It is assumed that the intention-behaviour relationship is stronger when intentions do not change (Ajzen & Fishbein, 1980). Therefore, a third change to the intention-behaviour measurement strategy would be the reassessment of intentions at a second point in a longitudinal study. This would clarify whether the passage of time weakens the intention-behaviour relationship for helpseeking (cf. Conner, Sheeran, Norman & Armitage, 2000; Randall & Wolf, 1994; Sheeran & Orbell 1998). Finally, it is proposed that cognitive planning ("implementation intentions") may strengthen the intention-behaviour relationship (Abraham, 1999; Gollwitzer & Brandstatter, 1997). Re-assessment of helpseeking intentions at time-two of a longitudinal study could focus on the role of specific plans to seek psychological help and whether such plans increase helpseeking behaviour. For example, those inmates who had a more defined plan and strategy to seek psychological help may be more likely to act on their intentions and see a prison psychologist.

To summarise, it was difficult to determine the extent to which the absence of an intention-behaviour relationship in the current study correctly reflected what occurs within a prison environment, or whether it was partly due to measurement problems. It is recommended that future TPB-based helpseeking studies use compatible intention-behaviour measures to clarify the extent to which intentions predict behaviour. It is further recommended that more detailed intention measures (e.g., incorporating more than one target of help, and planning or implementation intentions) may be required to study helpseeking, and that these measures should be administered at follow-up as well as during the cross-sectional study. These recommendations are a function of the complexity of

helpseeking, the infrequent use of professional services by those with significant personal problems, and the often long time-frames between assessing intentions for a hypothetical problem, actual problem occurrence and helpseeking responses.

Integration of findings with prior research on inmates' helpseeking

Theory-based research “facilitates a better understanding of the attitudinal and behavioral factors that influence a particular behavior, allows researchers to propose and test causal models of the behavior, and ultimately facilitates effective design and implementation of programs that aim to promote the behavior” (Fazekas, Senn & Ledgerwood, 2001, p. 104). This section considers what these results, in conjunction with earlier TPB research, suggest about prison inmates' helpseeking behaviour.

Does inmates' helpseeking vary for different problems?

The helpseeking literature indicates that people's willingness to seek help alters according to the type and severity of their problems. Mental health professionals are more likely to be consulted for serious problems that are deemed to fall within the practitioner's area of competence (Wills & DePaulo, 1991). Prior NZ helpseeking research (Deane et al., 1999), indicated that inmates were less willing to seek help for suicidal feelings than for a general personal-emotional problem. This issue was further explored as part of the pilot study and elaborated in Skogstad et al. (in press). The pilot study participants were less likely to seek help for suicidal feelings, than for a generic personal-emotional problem. As noted in the article, pilot study participants also identified specific barriers to helpseeking when suicidal. The pilot study suggests that male inmate reluctance to seek help for suicidal feelings results from organisational barriers, attitudinal barriers, adherence to male role characteristics which are reinforced within the prison

environment, and the general perception that the costs of admitting to feeling suicidal could outweigh the benefits of seeking psychological help. The difference in inmate helpseeking intentions (suicidal feeling versus personal-emotional problems) was not found for those who participated in the cross-sectional study.

The extended TPB and helpseeking

The TPB, as with any social cognitive model of health behaviour (Conner & Norman, 1996), is at best only able to account for approximately half of the variance in the behaviour of interest. Whilst this result is partly due to the less than perfect reliability of the measures of the model constructs (Sutton, 1998), it also suggests that factors other than attitude, subjective norm and perceived behavioural control determine people's intentions to act, and actual behaviour. Armitage and Conner (2001) suggest two strategies to address the issue of unexplained variance. First, to include additional variables of theoretical interest referred to as theory broadening (Perugini & Bagozzi, 2001); and second to determine whether TPB relationships are moderated by other variables, referred to as theory deepening (Perugini & Bagozzi, 2001). For example, Conner and McMillan (1999), found several interaction effects, such as attitude moderating the impact of PBC on intentions to use cannabis. The strategy undertaken here was theory broadening, through the addition of the variables of prior contact with a psychologist and emotional distress to the standard TPB model. As noted in the introduction, prior contact was added due to attitude-behaviour research highlighting the potential importance of past-future behaviour links (Ouellette & Wood, 1998; Fischer & Farina, 1995 for helpseeking). Emotional distress was added to the model due to the centrality of need as a predictor of mental health service utilisation (Pescosolido & Boyer, 1999).

Prison inmates' experience of seeing a psychologist impacted directly upon their future helpseeking efforts. Prior contact was a unique predictor of seeking help from a prison-based psychologist during the follow-up study, for helpseeking for a

personal-emotional problem and suicidal feelings. The study findings supported the view that past behaviour may have direct effects on future behaviour, bypassing attitude and intention (Bentler & Speckart, 1979). It also appeared that prior contact with a psychologist could affect future helpseeking, via helpseeking attitudes (hypothesis 6, p. 71). Prison inmates who had prior contact with a psychologist outside prison had somewhat more favourable attitudes than those with no prior contact ($t(443) = 1.89, p = .06$). As expected, helpseeking attitudes were more favourable when prior contact was viewed as helpful. There was a significant positive correlation between general helpseeking attitude and perceived helpfulness of prior psychological contact ($r(305) = .38, p < .001$). This offered some support for the hypothesis that “contact (with a psychologist) leads to positive attitudinal change and...favourable attitudes lead to overt help-seeking” (Fischer & Farina, 1995, p. 372, words in brackets added). In preliminary multiple regression analyses which included the helpfulness of prior contact, there was slightly more explained variance in intentions. However, helpfulness of prior contact was not an independent determinant of intentions. The variable was not included in subsequent multiple regression analyses, given that this would have reduced the available sample size for multivariate data analyses. Contrary to expectations, (hypothesis 6, p. 71), prior contact with a psychologist (either within or outside prison) was not associated with increased feelings of control over getting to see a psychologist in prison.

The helpseeking literature indicates that need promotes service utilisation (Pescosolido & Boyer, 1999). In the current study, there was a small, significant correlation between emotional distress and helpseeking intentions. Inmates who reported higher levels of emotional distress were more likely to intend to seek psychological help. There was also a small, positive association between inmates' emotional distress and referral to a psychologist (helpseeking behaviour), although this effect was not present in the multivariate analyses. It is possible that the relationship between emotional distress and helpseeking is stronger at higher

levels of distress. As noted in the introduction, the intention-behaviour link was examined using a behavioural measure that was methodologically different to the intentions measure, which weakened that aspect of the overall research design. It was therefore deemed inappropriate to test for moderating effects involving relationships between levels of distress and actual helpseeking behaviour. Future helpseeking research could take a theory deepening approach, to examine the influence of need and helpseeking. This would identify whether distress moderates the intention-behaviour relationship (cf. Barron & Kenny, 1986).

To summarise, there was some support for the addition of prior contact to a TPB helpseeking model in terms of the overall study aims of understanding and predicting prison inmates' helpseeking. The support was weaker for the inclusion of emotional distress, although further investigation is warranted of the relationship between distress levels, intentions, and helpseeking behaviour.

Other helpseeking variables in the research

The standard TPB model, and to a lesser extent the extended TPB model, were able to explain prison inmates' intentions to seek psychological help. Each model was poor at predicting inmates' subsequent helpseeking behaviour. The current study also included variables of interest from helpseeking research and other theories, which were not formally incorporated in the TPB model. Findings involving these variables are briefly discussed.

Inmates' ethnicity, education and age

The results for ethnicity were consistent with prior New Zealand (Deane et al., 1999) and international research (Fischer & Farina, 1995), in that the ethnic minority (Maori in New Zealand) had less favourable general helpseeking attitudes than other inmates. However, these attitudinal differences according to ethnicity were not apparent within the regression analyses - that is, helpseeking intentions of Maori were similar to those of non-Maori inmates. Consistent with other helpseeking research, (Gourash, 1978; Pescosolido & Boyer, 1999), those with higher levels of formal education were somewhat more likely (i.e. had higher intentions) to seek psychological help. This finding occurred for helpseeking intentions for suicidal feelings, though not for a personal-emotional problem.

Age has been described as one of the four most important socio-demographic determinants of mental health service utilisation (Pescosolido & Boyer, 1999) and this was also apparent for the current study. The study findings provide some guidance as to why older inmates were more likely to actually seek psychological help. Older inmates scored differently on the TPB predictor variables of attitude, norm and control. They tended to have more favourable helpseeking attitudes, felt better able to access prison psychologists, and were more responsive to the helpseeking opinions of others than younger inmates. Re-offending statistics suggest a maturational effect for inmates, in that the rate and severity of offending decreases with age (Lash, 1998). The current study also indicates that older inmates are more likely to access treatment services that deal directly with re-offending issues. Thus, the age-helpseeking relationship may be a function of the maturation effects, and a greater willingness to accept the help of others rather than externalise the source of their problems and blame others. Practical sentencing considerations (i.e. older inmates may on average be closer to release and require a parole board report) may have also contributed to the positive association of inmate age and seeking help from a prison psychologist.

Psychologists' gender and cultural knowledge

Therapist characteristics such as their general competence and ability to work with clients of a different cultural background, alter the propensity of clients to seek psychological help and remain in therapy (Garfield, 1994; Raviv et al., 1992; Tinsley et al., 1982). Interview responses and ratings in the pilot study pointed to psychologists' gender and cultural-competence as important characteristics for some inmates, were they to seek professional psychological help. Pilot study participants rated the therapist-gender as moderately important in their decision to seek psychological help. Perceived advantages of seeing a female psychologist included greater ease in discussing personal matters, to gain the "female perspective" on problems, and avoidance of negative evaluation by another male. In contrast, some inmates preferred seeing a male psychologist due to greater perceived empathy, ease of discussion, less distraction, and ability to discuss sensitive topics such as sexual offending (3 participants). As with gender, cultural factors are recognised as having a strong influence on helpseeking orientation or attitude and actual service utilisation (introduction, p. 55). As expected, Maori inmates attached significantly more importance to the psychologist having cultural knowledge ($M = 5.39$, $SD = 3.43$) than European/Pakeha inmates ($M = 2.12$, $SD = 2.54$, $t(40) = 3.54$, $p < .01$). Participants' comments indicated general support for culture-specific counselling being available, although some thought that this should be the responsibility of Maori healers (tohunga) and elders (kaumatua) rather than the psychologist.

In summary, inmates' educational level and ethnic identity, and therapist-gender and cultural-expertise may be associated with inmate helpseeking attitudes and behaviour. Some of these effects were only apparent in the bivariate data (ethnicity and helpseeking attitudes), whereas age was the strongest predictor of helpseeking behaviour in the multivariate analyses. The current study involved a broad application of the TPB to prison-based helpseeking, and did not focus on all

the issues that were investigated in the pilot study. For example, therapist-gender and cultural-expertise did not form part of the intention measure (the helpseeking target was “a psychologist”). It would be possible to incorporate this detail into future TPB-based helpseeking research, to determine whether factors such as therapist-characteristics have an impact upon helpseeking behaviour via attitudes and intentions.

METHODOLOGICAL ISSUES

The Theory of Reasoned Action, which forms the basis for the TPB has been referred to as having paradigm-like status in social psychology (Bagozzi, 1985), yet there are still many unresolved methodological issues highlighted in critiques and reviews (Ajzen, 1991; Armitage & Conner, 2001; Liska, 1984; Sheppard et al., 1988). This section focuses on methodological issues that had particular relevance to the current study beyond the intention-behaviour relationship (which was reviewed within the theoretical section). The issues can be grouped according to those that are specific to the current study, issues generally related to the TPB, and issues relevant to future helpseeking studies that use the TPB model. Issues discussed are the generalisability of the results (sample representativeness), reliability of the questionnaire format, and the best practice for measurement of the TPB variables. In addition, there are suggestions for expanding and developing the subjective norm construct when applied to helpseeking.

Current study issues

General sampling issues

The pilot study and cross-sectional study participants need to be representative of the population of interest, in this context, prison inmates. The cross-sectional study involved a large convenience sample ($N = 527$) whose demographic

characteristics were similar to the New Zealand prison population (see Method chapter). The overall ratio (over 10%) of the cross-sectional sample to the total inmate population offered some assurance that the sample was likely to be generally representative of prison inmates. However, it was not possible to determine how representative the sample was in terms of helpseeking characteristics. As noted in the method chapter, anecdotal participant feedback indicated that those with negative helpseeking or psychologist attitudes were not necessarily reluctant to participate in the research. The overall helpseeking attitudes of New Zealand prison inmates in the current study were more positive than negative (for example, mean scores were between the Fischer and Farina (1995) male and female college student scores). Similarly, intentions to seek help tended to be slightly above the theoretical scale midpoint. If the cross-sectional sample was biased toward favourable attitudes and higher intentions, the restricted range in intention scores may have contributed to a low intention-behaviour relationship (Sutton, 1998), and there may have been less information gained about those who actively avoid seeking psychological help.

Many applications of the TPB forego a pilot study (Hausenblas et al., 1997), but when one is included there is an assumption that belief items generated from the pilot sample are valid for the larger cross-sectional study sample. The size of the pilot sample (50) and proportion of the pilot-study prison population who chose to participate (approximately 50%) gave some assurance that the sample was reasonably representative of other New Zealand prison inmates. The sample appeared to be representative on general demographic and educational dimensions, although there was an over-representation of those convicted of sexual offences and lower representation of other violent offenders. An important issue was whether the pilot sample adequately represented the range of opinions regarding psychologists and psychological helpseeking. There was consistency between the pilot and cross-sectional study participants with regards to the intention to seek help for a personal-emotional problem (pilot sample $M = 18.13$,

cross-sectional sample $M = 16.12$, range 4 to 28). The mean general attitude measure score for the pilot study sample ($M = 16.05$, $SD = 4.79$) was slightly higher than for the cross-sectional sample ($M = 13.82$, $SD = 5.49$, range 0 to 24). By comparison, the specific attitude score was slightly lower for the pilot sample ($M = 21.69$) than that of the cross-sectional sample ($M = 25.37$). In general, the pilot and cross-sectional samples were similar on some key variables such as attitude and helpseeking intentions. Scores on those variables for each sample were within one standard deviation of each other. This again suggests the pilot sample was broadly representative of prison inmates. However, random sampling would be required to ensure that the participants reflected the full range of possible attitudes to seeking psychological help.

Impact of unique sample characteristics on study findings

As outlined in the introduction, prison may distort the usual helpseeking process (e.g., by limiting timely access to appropriate sources of help), and prison inmates comprise a unique sample due to their socio-demographic, psychiatric and psychological characteristics. It was expected that these characteristics may contribute to helpseeking avoidance by prison inmates. Some of the study findings supported the view that inmate characteristics such as distrust for authority could impact upon their helpseeking. For example, inmates who regarded psychologists as “part of the system” were concerned that personal information (obtained via psychological assessment) could then be incorporated in a report that would hinder their release from prison. Similarly, inmates sometimes had negative expectations of staff such as prison officers, regarding helpseeking. For example, inmates believed that officers may not forward a request for assistance from a psychologist, and sometimes expected officers to be unsympathetic in dealing with suicidal inmates.

For the current study, the TPB did not predict inmate helpseeking behaviour, although some non-model variables (age, prior counselling history) were

associated with helpseeking behaviour. In addition to the methodological and conceptual issues outlined, it is possible that factors not included in the study impact upon inmate helpseeking behaviour. Future TPB studies in settings such as prison could directly examine relationships between the TPB predictors and types of personality disorder such as anti-social and paranoid personality. This could further clarify treatment-avoidance issues, such as whether inmates higher on anti-social and paranoid personality traits are less likely to intend to seek help and/or less likely to actually seek help from prison psychologists. This would also have implications for the targeting of interventions to alter helpseeking attitudes and behaviour. The participants' unique characteristics (in terms of psychological and psychiatric problems) and the setting (prison) for the current study also limit the generalisability of the study findings. The findings are only directly comparable with studies of helpseeking in similar settings such as penal institutions, or forensic-care units.

TPB and study methodological issues

Questionnaire development, length and format

The typical main-study questionnaire derived from a TRA/TPB pilot study has been criticised. Mullen et al. (1987) found that the TRA rated well in terms of questionnaire length compared with the health-belief model and other models. However, participants complained about repetition within the belief-based measures given that a similar prompt is used for the strength and evaluation component of each item. Armitage and Conner (1999b) also addressed the issue of questionnaire format, though from a different perspective. They compared randomising all questionnaire items including TPB items, with the usual structured format when items are grouped for each TPB construct, and the strength and evaluation component stem for belief items are adjacent to each other. Their overall aim was to determine the extent to which the questionnaire itself acts as a

context, affecting response style and content, or is simply a neutral stimulus independent of item order. Armitage and Conner concluded that questionnaire format, and social desirability which was also assessed, had minimal impact upon the theory relationships.

These issues were relevant to the current research. Prison inmates were assumed to have limited tolerance for completing lengthy and complex measures. The main study questionnaire included the various TPB measures, and (as is typical of TPB studies) general socio-demographic items and measures of constructs relevant to the study, such as emotional distress. Questionnaire format was not manipulated for the current study, however there were indications that the questionnaire was generally acceptable to participants. Verbal feedback from part two of the pilot study (helpseeking questionnaire trial) suggested that inmates could cope with the length and content of the questionnaire. There were no negative comments about the repetition within the TPB specific measures. For the large cross-sectional study, the high rate of completed questionnaires (98% or 515 of 527) confirmed that most participants could cope with the task. As noted in the method section, participant fatigue and/or disinterest may have accounted for the higher number of missed responses near the end of the questionnaire. There was also the suggestion that inmates were less prepared to complete items that inquired about suicidal ideation (SIQ-4), as those items had the highest missing data rate of the questionnaire. Therefore, the rate and quality of responding suggested that the helpseeking questionnaire could be understood and completed by study participants.

Scaling used for belief-based measures

The belief-based TPB measures follow the expectancy-value format (Ajzen, 1991). That is, the strength of belief in expected outcomes from helpseeking (attitude) or thoughts about how significant others view helpseeking (subjective

norm) is combined with the evaluation (like or dislike for expected outcomes of seeking help for attitude; motivation to comply with others' opinion for subjective norm), to form measures of specific attitude and subjective norm respectively. The introduction and method chapters referred to Evans (1991) who argued that the correlations of such multiplicative composites with direct measures were unstable. Evans suggested the use of hierarchical regression analysis to determine the relative contribution of the two measure components in additive form only, compared with the contribution of the summed products of the expectancy-value items. Analyses for the current research (Appendix I) confirmed that the variance explained by predictors may alter according to whether composite or simple additive scores are used. In the present study, explained variance increased when multiplicative composite was used for attitude, but there was no difference for subjective norm.

Gagne and Godin (2000) note that the variability in such results is also due to the type of scaling used, that is, whether the measures use a bipolar (-3 to +3) or unipolar (1-7) format. They re-analysed data from 16 health studies. It was possible to compare a unipolar and bipolar scoring procedure for belief-based measures in 12 of the studies reviewed. Gagne and Godin, using the criterion of the strength of relationship between the specific and general TPB measures, found support for the following TPB scaling of attitude beliefs: a bipolar scale ranging from "highly unlikely" to "highly likely" for behaviour-outcomes, and attitude evaluation using a bipolar scale ranging from "highly negative" to "highly positive" for each outcome. In 11 of these 12 studies, the highest general-specific attitude measure correlations were obtained using this scaling format. The usual subjective norm scaling format (bipolar for others' opinion, unipolar for compliance with that opinion) was not clearly superior to the use of bipolar scaling for both arms of the subjective norm measure. Gagne and Godin suggest this reflected the small number of studies available to make the relevant comparisons.

The current study followed the scaling recommended by Ajzen (1991) and Godin and Kok (1996). Future TPB studies of helpseeking could retain this format, although the *wording* of the motivation to comply arm of subjective norms should allow for agreement and disagreement with referents, as suggested by Gagne and Godin (2000). Thus, prison inmates could indicate disagreement with the perceived direction of others influence (pro or anti-helpseeking) rather than just indicating lower levels of agreement as implied with the unipolar scaling. This option would account for some inmates' tendency to be strongly motivated to *not comply* with the wishes of others (note that a fifth of pilot study participants could not identify others who might want them to see a psychologist in prison)

Form of expectancy-value measure used

In addition to the effects of scaling on the correlation between the general-specific measure correlations, Gagne and Godin (2000) investigated the merits of using one versus both components of the belief-based measures. They found that one arm of the belief measure typically had similar or higher correlations with the general measures, than using both belief-item components. Based on these findings, Gagne and Godin suggest that it may not be necessary to use both components of the expectancy-value measures of attitude and subjective norm. Similar findings occurred in the current research. For example, correlation of the the behaviour-outcome component of the belief-attitude measure with the general attitude measure ($r(433) = .35, p < .0001$) was the same as the full attitude-belief measure (summed total of outcome and evaluation items) with the general attitude measure ($r(417) = .35, p < .001$). The respective figures for subjective norm were $r = .58$ (general norm correlated with others' opinions) and $r = .54$ (general norm correlated with the summed total of others' opinion and motivation to comply with those opinions).

Gagne and Godin (2000) suggest the main advantage of using only one part of the belief-based measures would be a reduction in the length of the questionnaire, and less participant resistance, especially to completing the two very similar parts to belief-based items. However, they also acknowledge that there could be a loss of important information, if one part of the belief-based measures was excluded. For example, their analysis of the motivation-to-comply component of subjective norm highlighted that many participants are unwilling to comply with others' opinion regarding specific behaviour. Similarly, the present study had negative mean scores on two of the motivation to comply items ("inmates who have had a bad experience with psychologists" and "other inmates"). This suggests that inmates resist pressure from other inmates regarding helpseeking decisions, or are motivated to *not* comply with other inmates. Therefore, any strategy to reduce items needs to be weighed against the loss of relevant information.

Whilst there is reasonable consensus regarding the scaling of the belief-based TPB items, different strategies have been used for dealing with the sums of the item components. The Gagne and Godin review suggests that the measures may be reduced to the expectancy or evaluation component only. Furthermore, Evans (1991) and others (Armitage, Conner, Loach & Willetts, 1999) present arguments for and against the multiplicative composite approach to belief-based TPB measures. Armitage et al. (1999), in a study of substance abuse, reported that the contribution of the multiplicative component of belief measures varied according to TPB predictor (norm, attitude, control) and behaviour type (cannabis versus alcohol use). They suggest that future TPB research include hierarchical regression results on the belief-item measures, to determine what is the best strategy for belief-based item measurement for the specific behaviour of interest.

Further TPB-based helpseeking research

Readministration of helpseeking questionnaire items

It was argued previously that re-administering the helpseeking intention measures would clarify whether intentions to seek help alter over time. In addition it would clarify whether the weak intention-behaviour relationship was a function of the temporal proximity to the behaviour. Despite the practical difficulties involved, it would be preferable to also re-administer some of the general TPB and helpseeking measures in future longitudinal helpseeking studies. The current study fully assessed inmates' helpseeking potential at time-one (the cross-sectional study). However, it was not possible to determine what the more *immediate* precursors to helpseeking were for those who sought referral to a prison-based psychologist. Aside from changes in intentions over time, it was possible for example that those inmates who sought help experienced an increase in emotional distress that prompted their helpseeking. Therefore, readministration of intention and other helpseeking measures at time two (point of referral) should further explain how and why inmates seek professional psychological help by incorporating possible changes that occur over time. Cauce et al. (2002), with reference to helpseeking of ethnic minority youth, suggest "most ambitious would be a study that actually follows a sample...from the earliest stage of problem identification, tracking their progress to the point of service utilization or truncation of the help-seeking pathway" (p. 51). Similarly, studying a subgroup of prison inmates over time (rather than just at two time points) would further clarify issues such as the types of problems that prompt inmates to seek help, who they approach for help, and the extent to which psychologists are regarded by inmates as a possible source of help. Additionally, a detailed study of inmate helpseeking over time may clarify the extent to which being referred to a psychologist is a form of "helpseeking"

Development of the subjective norm construct

Findings from the current study supported the view that helpseeking is a social behaviour, partially under the influence of others in the immediate environment. This influence may be positive, in the form of encouragement to seek professional help, or negative via concerns that helpseeking is negatively evaluated (“stigma concerns”). Stigma experiences are typically seen as one of the costs of seeking help, and are particularly relevant to any mental health setting. The qualitative responses from the pilot study of the current research suggest that stigma fears and concerns are a key issue for prison inmates, and may be heightened for inmates who are suicidal. For example, other inmates appear to judge whether any self-harm attempt or suicidal statement is genuine, and publicly deride inmates deemed to be “attention-seeking” (Skogstad et al., in press).

These findings are consistent with other helpseeking research, which indicates that males are prone to stigma concerns, and that these stigma concerns may be somewhat reality-based (Komiya, Good & Sherrod, 2000). In the current research, items relevant to stigma concerns overlapped the subjective norm and attitude measures. For example, the specific attitude scale included the outcome item “make others think I am mentally ill”. This was deemed to be a negative outcome of seeking help. However, the people who might hold negative views of helpseeking (other inmates and perhaps staff) were included within the normative beliefs, as negative influences on helpseeking. Future TPB-based helpseeking research could incorporate stigma concerns within the subjective norm belief-based measure. This would still retain the conceptual distinction between social and personal/attitudinal influences, but also allow for more detail about the sources and content of stigma concerns. Komiya et al. (2000) devised a “Stigma Scale for Receiving Psychological Help”. For example, an item states “people will see a person in a less favourable way if they come to know that she/he has seen a psychologist”. It may be useful to extend this type of measure, using the TPB

framework, by eliciting: the situation-specific content of stigma concerns and the source of stigma statements.

Summary of methodological issues

In summary, there were relatively high participation rates and completion rates for the TPB helpseeking questionnaire. This provided support for some of the methodological decisions, such as the questionnaire content and format, scaling of TPB-belief items and sampling strategy. Other issues, such as the relative merits of multiplicative composite TPB belief measures versus additive composites were explored and did not appear to affect the substantive findings in the study. The issue of best practice regarding multiplicative composites for TPB research remains unresolved within the general TPB literature. It is suggested that for future TPB-based helpseeking research, some measures are re-administered (for longitudinal research) and the subjective norm construct is more detailed given the potential impact of the social environment on helpseeking. It is also recommended that future helpseeking research tests the intention-behaviour relationship with a measure of behaviour which more clearly relates to intention measures, for example self-motivated helpseeking for specific problems.

POLICY AND PRACTICE ISSUES

The current research aimed to assess the applicability of the TPB to helpseeking, and to better understand New Zealand prison inmates' helpseeking. In this, one of the first studies to include a measure of prospective helpseeking behaviour, the relationship of the TPB and other study variables to helpseeking behaviour was weak. However, it was also encouraging that the bivariate relationship between general attitudes and behaviour was statistically significant, albeit small. This indicates that aspects of the TPB warrant further investigation as targets for change to increase helpseeking. In this section, the practical ramifications of the

research are assessed. Two major strategies for altering helpseeking and service utilisation are to target individual attitudes and beliefs, and to make environmental changes that improve access to services. Reference is made to the limited TPB literature on theory-based interventions (Ajzen, 2002b; Sutton, 2002), as well as the limited research regarding attitude change in the context of professional psychological helpseeking. Additionally, the practical aspects of the prison environment that could enhance prison inmates' helpseeking are discussed.

TPB-based interventions for helpseeking

The emphasis within TPB research has been on the explanation and prediction of behaviour (Sutton, 1998), but there have been some attempts to use the model as a basis for attitude-change interventions (Ajzen, 2002a; Sutton, 2002). The presumed causal chain within the TPB extends from specific beliefs through general attitude, norm and control to intentions and behaviour. Additional specificity is achieved by focusing on beliefs that are most salient for individuals rather than modal or group beliefs (Elliot et al., 1995; van der Pligt & de Vries, 1998). Ajzen and Fishbein (2000) recently altered "salient", to "accessible" with reference to beliefs, although such beliefs are still "considered to be the prevailing determinants of a person's attitude" (p. 5). TPB-based interventions would broadly involve changing attitudes and beliefs of the individual and environmental changes to improve control over the behaviour of interest. Prior New Zealand research indicated that inmate helpseeking attitudes predicted the intention to seek help from a psychologist for a personal-emotional problem, and for suicidal feelings (Deane et al., 1999). The current study confirmed that the general attitude to seeking help determines intentions (and helpseeking behaviour). In addition, specific beliefs about seeing a prison-based psychologist were also associated with helpseeking intentions. Thus, psychologists were seen as able to treat general mental health concerns such as stress, but also to affect an inmate's progress due to their assessment of an inmate's attitude to their offending. Sutton

(2002, p. 194) recommends the following broad strategies for any attitude-behaviour change intervention:

- 1) change existing salient beliefs
- 2) make existing non-salient beliefs salient
- 3) create new salient beliefs

Whilst Ajzen and Fishbein (2000) state, “any change in the set of accessible beliefs...can lead to a change in attitude” (p. 6), the TPB is still largely untested in terms of providing the basis for the “effective design and implementation of programs that aim to promote the behavior” (Fazekas et al., 2001). A belief-based educational intervention did increase target-behaviour (testicular self-examination) in one study, although the effect of the intervention was no stronger than a “general information” session (Brubaker & Fowler, 1990). Any intervention also needs to recognise the correlation between TPB measures such as attitude and subjective norm, and the writer would concur with Sutton’s suggestion that “from a practical viewpoint the best strategy is always to target both” (2002, p.11). It is also unclear how non-salient beliefs become salient. The major attitude-change procedures suggest that messages have most impact when they are deemed to be “personally important” (Rosen, 2000), in that more cognitive effort and attention is devoted to important rather than peripheral information. Therefore, any attitude and behaviour change intervention must aim to make the information relevant to prison inmates. As Ajzen notes, “this is where the investigator’s experience and creativity come into play” (2002b, p. 2). The following would be appropriate targets for any TPB-based intervention for prison inmate helpseeking.

General attitude

It would be appropriate to implement strategies to improve inmates’ general attitudes toward seeking psychological help. Those with higher general attitude

scores had higher helpseeking intentions but were also more likely to actually seek help than other inmates . Of interest, two of the three items that differentiated those who were or were not referred to a Department of Corrections psychologist (the behavioural measure) were similar to standard intention items ('I might want to have psychological counselling in the future' and 'I would want to get psychological help if I were worried or upset for a long period of time').

The other item was again suggestive of treatment avoidance by non-help seekers, who were more likely to agree with the statement, "personal and emotional problems, like many things, tend to work out by themselves". This belief could be modified by focussing on positive outcomes of seeing a psychologist (e.g., clarification of problems, overcoming significant personal problems) but also through emphasising the negative outcomes of not dealing with problems. It could be stressed that mental health problems, akin to physical health problems, can intensify and cause increased emotional distress if untreated.

Beliefs: help-seekers and non-help seekers

In addition to a focus on inmates' general attitudes, it would be worth considering specific beliefs that underlie attitudes, subjective norm and perceived behavioural control. As noted above, these beliefs can also be an appropriate target for a TPB-based behaviour change intervention. In the current study, there were few specific measure items that differentiated inmates who were or were not referred to a psychologist, for the current study. However, help seekers were:

- less likely to believe that "it takes too much time to see a psychologist" (control-belief item)
- more likely to believe that "other staff such as the social worker, A & D counsellor and chaplain would want me to... see a psychologist in prison if I had personal problems" (and comply with these people)

- more likely to agree that seeing a psychologist would help them cope with prison
- more likely to agree that seeing a psychologist would generally help with personal problems
- more likely to agree that seeing a psychologist in prison would “help to understand myself in general”

Sutton (2002) also notes that “a widely used procedure” is to divide the main study (here cross-sectional study) participants into low and high intenders. This was conducted by comparing those who were at least one standard deviation above or below the mean general intention score on the summed-product attitude-belief items. Participants differed on (seven) positive outcome items. Prison inmates with higher intentions to seek psychological help were more likely to agree that prison psychologists could:

- help the inmate cope with prison
- help get inmates through bad times
- help the inmate release stress and tension
- generally help with personal problems
- help inmates understand themselves in general
- help with family and close relationships
- help to understand the offending.

These results are of particular interest given the advantages-disadvantages format of some of the belief measures, which mirrors the cost-benefit (Pescosolido & Boyer, 1999), or approach-avoidance (Kushner & Sher, 1989, 1991) analysis, said to influence decisions to seek psychological help. In brief, it suggests that prison inmates with higher intentions to seek help had higher ratings on the positive outcomes associated with seeing a prison psychologist, than low intenders. This also suggests that some inmates (low intenders) do not believe that psychologists

can assist them to deal with significant personal problems or to deal with offending issues. Of course, intentions did not predict behaviour for the current inmate sample. The behavioural data also indicated that positive outcome beliefs were stronger (that is, more salient or accessible) for those who actually did seek psychological help.

Sutton (2002) lists several possible targets for belief-based TPB interventions. Generally, these involve decreasing the salience of negative beliefs (e.g., making it seem less likely that negative outcomes result from seeing a psychologist in prison) or rating possible outcomes less negatively. For example, it may be useful to place less emphasis on the report that follows contact with a psychologist, given inmate perceptions that reports will often be negative and will have a high degree of influence with any parole board. The other emphasis would be on strengthening the salience of positive beliefs. As noted above, high intenders tended to believe that positive outcomes would ensue from psychology contact (e.g., problem resolution), or rated the outcomes of contact positively (e.g., rated it as positive that a psychologist could help to lessen the risk of further offending). Therefore, the other focus of a TPB intervention would be to highlight and emphasise positive outcomes that are likely to occur were a person to receive psychological assistance in prison.

With regards to the extended TPB tested in the current study, it was evident that prior contact with a psychologist could promote future helpseeking behaviour, especially when that contact is deemed to be "helpful". As has been suggested earlier, contact with a psychologist may help to dispel some of the negative stereotypes about psychologists but also strengthen positive beliefs (e.g., that psychologists can effectively treat significant personal problems). Therefore, a further intervention might involve increasing inmates' knowledge of the work of psychologists. This could be achieved through direct contact (e.g., psychologist involvement in inmate screening at intake), or through indirect means such as

information brochures or brief video presentations regarding psychologists (cf. Deane, Spicer & Leathem, 1992).

Helpseeking-literature based interventions

The helpseeking literature provides some guidance as to appropriate targets of intervention. For example, treatment fears (Kushner & Sher, 1989; 1991) and gender specific treatment concerns (Komiya et al., 2000) have been targeted. Komiya et al. reported that male college students tended to be emotionally restricted, were more concerned about stigma associated with therapy, and had lower reported levels of psychological distress than females. Similarly, Cramer (1999) found that college students who tended to conceal personal information, had more negative helpseeking attitudes, impaired social networks and higher levels of emotional distress than others. These studies suggest that a reluctance to express emotions could simultaneously promote treatment approach (e.g., due to increased distress) and avoidance (e.g., stigma concerns) tendencies, and that males are more prone to restrict appropriate emotional expression. Men have been found to not only be more emotionally restricted but also to have generally negative attitudes toward mental illness that could impact on helpseeking. Leong and Zachar (1999), using an undergraduate student sample, found that males rated higher on the "opinion about mental illness" scale, on the "social restrictiveness" factor (which "embodies the attitude that the mentally ill are dangerous to society") and were less "benevolent" in their attitude to the mentally ill than females.

With regards to the current study, concerns about expressing emotions and mental illness were evident in the pilot study interview responses and the TPB specific attitude items. For example, inmates were concerned that seeing a psychologist signalled to others (staff and inmates) that they were mentally ill. They also felt inhibited in expressing feelings such as sadness within prison, thus

the concern about appearing to be upset after seeing a psychologist. Inmates could benefit from educational and information strategies that accurately describe what psychologists do, and details of psychological treatment, similar to interventions in community settings. For example, Deane et al. (1992) showed a short video clip to clients who were about to have their first appointment with a psychologist in a community outpatient setting. The video provided basic information about what to expect in psychotherapy. This intervention resulted in a reduction in: the clients' anxiety levels, their negative beliefs about psychotherapy, and improved therapy outcomes. This suggests that client treatment beliefs are able to be changed, even when clients are about to undertake psychological assessment. A prison-based video would need to emphasise that the advantages of seeing a prison psychologist (e.g., confidentiality, privacy, full assessment of problems, strategies for dealing with risks of further offending) outweigh possible disadvantages (e.g., personal disclosure, experiencing unpleasant or uncomfortable feelings, others in the prison being aware an inmate is seeing the psychologist). This information would be especially relevant to new inmates entering the system, and could be evaluated with regards to inmates' willingness (intentions) to seek help.

The helpseeking literature also indicated that others in one's social network may actively encourage or discourage one from seeking psychological help. The current study findings, using the subjective norm construct, further emphasised the important role that others have regarding helpseeking. Therefore, any educational approaches (e.g., video, brochure) need to strengthen the influence of significant others in supporting inmates' helpseeking. Cramer suggests that attitude change could be achieved through "persuasion" strategies such as "same-sex appeals, emotional appeals, extreme vs. moderate arguments, and one-sided vs. two-sided arguments" (1999, p. 386). The current study findings suggest that such messages be delivered by a range of people, including prison staff (nurses, prison officers), psychologists, family and friends of inmates who have

successfully sought psychological help. It would also be useful for inmates who have had “helpful” contact with psychologists to provide an account of this via brochures or videos.

To summarise, the helpseeking literature as with the TPB literature has few studies to form the basis for intervening to alter prison inmates’ helpseeking behaviour. However, the centrality of the attitude construct in the helpseeking literature suggests that interventions should target helpseeking attitudes. Any attitude-change intervention needs to occur at several points during the incarceration process, and use language appropriate to the prison environment. Whilst there are likely to be some variations in approaches for such interventions dependent on the model being used (e.g., TPB versus HBM) there appear to be more similarities than differences. Any information targeted at inmates should aim to emphasise realistically positive outcomes regarding engaging in psychological help in prison, but also to de-emphasise or dispel common myths or negative beliefs about seeing a prison psychologist.

Changes to prison and procedures

The TPB model variables of attitude and subjective norm were strong determinants of prison inmate intentions to seek help for a personal-emotional problem, or suicidal feelings. Therefore a major focus of interventions to improve inmate helpseeking would be attitude change, to strengthen and increase helpseeking intentions. It was suggested in the methodological review of the current study that aspects of the prison environment may have weakened the intention-behaviour relationship. Therefore, prison procedures could be a target of intervention to further improve inmate helpseeking. A recent Australian study supports the view that it is difficult to confront and deal with emotional problems in prison (Hobbs & Dear, 2000). A sample of 209 prison inmates at a maximum secure prison unit completed a questionnaire that included typical problems that

inmates experience, such as “stress related to routine”. Inmates indicated they were unlikely to approach their case officer for emotional concerns, including thoughts of self-harm, but they would approach prison staff for assistance with practical problems such as unit-placement issues. This suggests that prison staff need to become more adept at raising non-practical concerns with inmates when there is an appropriate opportunity, or that there is ready access to staff such as psychologists who are perceived as able to deal with inmates’ personal concerns and offending issues.

A recent New Zealand Department of Corrections initiative may assist with the process of inmates receiving appropriate and prompt assistance with personal problems and offending issues. The Integrated Offender Management programme (IOM, NZ Department of Corrections, 2000) aims to support the overall Departmental goal of “reducing re-offending”, and to target high-risk groups such as those who are unmotivated to address offending issues. Initially, all inmates will undertake a more in-depth, structured assessment to fully identify their treatment and rehabilitation needs. This would provide an excellent opportunity to introduce some of the information regarding not only the work of prison psychologists, but also other “treatment” activities that are available to inmates. This is important, given that inmates may seek help from a variety of sources in addition to psychologists. Furthermore, prison based psychologists are placing more emphasis on providing professional support to prison staff who facilitate treatment groups, rather than in the provision of direct treatment services to clients. The current study highlighted some negative beliefs that inmates may hold about psychological treatment. These negative beliefs could also lessen their motivation to attend psychologically-based programmes that are facilitated by non-psychologists. It is interesting to note that some of the programmes incorporated in the IOM programme are described in non-technical terms. For example, a group which aims to alter cognitions (thoughts, attitudes, beliefs) about offending is described as “straight thinking”. This approach is consistent with the

recommendations of Komiya et al. (2000), with regard to using terminology that is acceptable to potential clients, jargon-free and has the potential to minimise stigma attached to other terms.

With regard to more general changes to prison procedures and practices, the following arise from the current study. First, referral procedures may need to be simplified and streamlined. Inmates may not approach officers with their concerns, due to the perception that referrals are not forwarded or due to a reluctance to disclose personal information to staff, as was reported in the Hobbs and Dear, (2000) study. Currently, the Department of Corrections Psychological Service discourages client self-referrals, however it is essential that inmates have minimal barriers when accessing psychological help, so that their difficulties can be fully assessed. The IOM programme may help to circumvent some of these referral difficulties, because assessment occurs at the start of an offender's contact with the Justice system, which can be a particularly stressful time due to family separation and starting a term of imprisonment. As noted in the introduction the need for psychological assistance may occur at any point throughout an inmates' sentence, depending on the stressors they experience and therefore inmates need to have ready access to appropriate mental health services. A second broad change to service provision in prison is to attempt to offer psychological assistance consistent with inmates' specific needs. For example, it is important that inmates' specific cultural needs are considered when they are referred for psychological help. Currently, the Corrections Psychological Service is implementing a "Bicultural Therapy Model" in which Maori inmates can get help from: a psychologist, a Maori health worker, or a psychologist and Maori health worker conjointly. Inmates may find the first contact with treatment staff less daunting, especially if culturally skilled workers are present at the first point of contact (Skogstad & Daniels, 2002). The pilot study participant feedback supports the provision of culturally specific choices, as does the international literature on psychotherapy with minority cultures (Sue, Zane & Young, 1994).

In addition to general changes to referral, assessment and access to psychologists and other treatment staff, there needs to be a shift in emphasis for the management of suicidal inmates. Detailed inmate feedback particularly from the pilot study (see Appendix G) suggests they expect many negative consequences from disclosure of suicidal feelings. These consequences include removal to an 'observation' cell, the loss of their own clothing and privileges, as well as negative comments from other inmates and staff. These consequences may partially explain the apparently high number of inmates who do not seek help for thoughts of self-harm and suicide (Brinded et al., 1999; 2001). Suicidal inmates are more likely to seek help if they perceive positive or neutral consequences of doing so, such as symptom relief, access to counsellors and psychologists, and access to family and friends. The main focus of work with suicidal inmates should be on early identification and intervention strategies (Biggar & Neal, 1996; Cox & Morschauser, 1997). Again, the provision of culturally appropriate staff at the first point of contact may increase the likelihood that Maori inmates undertake assessment, but also that they openly discuss sensitive topics such as thoughts and feelings about suicide (Skogstad & Daniels, 2002).

A final target for change for prison and prison staff is the "prison culture" (Deane et al., 1999). The issue of attitude change for inmates was addressed in prior sections. Negative attitudes may also occur among prison staff, given that prison remains a predominantly male setting. The IOM programme includes the strategy of "active management (in which) skilled and knowledgeable staff use every contact with each offender to have a positive influence on that offender's specific risks and needs" (IOM, Department of Corrections, 2000). The pilot study responses indicated that prison inmates could approach a wide range of people including staff to discuss their problems. With respect to helpseeking, this has several implications for prison staff training. Staff would benefit from basic education about the positive benefits of inmates managing stress using appropriate forms of emotional expression (e.g., sadness rather than anger and

acting-out). Staff also need to be aware of appropriate reasons for referring inmates to a prison psychologist. This requires them to have some knowledge of the work of prison psychologists, so that they can inform inmates of the possible benefits of psychological assistance. Finally, professional staff such as prison psychologists should reinforce inmates' helpseeking efforts and address their own negative beliefs about helpseeking. For example, in a recent study (Farber, 2000) trainee psychologists were averse to seeking psychological help due to beliefs that "I would worry about perceived weakness by colleagues" and "I might feel a huge stigma attached to it".

Summary of policy and procedure issues

The brief review of the practical implications of the current research suggested changes be made to the helpseeking context (prison), service providers and clients to improve inmate helpseeking. The extant literature on helpseeking and the Theory of Planned Behaviour does not yet allow highly focused attitude-change interventions to be implemented. The current study suggests that possible targets for change should be attitudinal barriers to helpseeking (stigma, reluctance to express painful emotional feelings, confidentiality concerns). It would also be worthwhile to provide a strong focus on positive outcomes associated with seeing a prison-based psychologist. It is timely that the integrated offender management strategy is being implemented, to provide better assessment and treatment of offenders. The current research is relevant to one of the three IOM principles, which is responsivity, or the match between client characteristics such as motivation, and treatment programmes (Andrews & Bonta, 1994). Enhancing inmates' helpseeking efforts will likely assist them to achieve goals such as the reduction of personal distress or improved family relationships as well as reducing the risk of further offending.

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APPENDIX A: PILOT STUDY INFORMATION AND CONSENT FORMS

INFORMATION SHEET

Purpose of the study:

The study is being done by Philip Skogstad, Senior Psychologist, Department of Corrections and Frank Deane, of the Psychology Department of Massey University. We are interested in finding out how your attitudes towards psychologists, especially getting help from them while you are in prison.

What you will be asked to do:

Most people are unsure about going to see a professional person such as a psychologist to get help. We will be asking you a few questions about possible benefits and risks in going to see a psychologist in prison. Your answers will help with a larger study that we are about to do about people seeing psychologists in prison.

Your rights:

You have the right to:

- withdraw from the study at any time
- refuse to answer any particular question
- ask any further questions about the study

Confidentiality:

Please do not give us your name. What you tell us will **only** be used for the study.

Information about the study:

We will be giving you some written information about the study, after you have finished.

If you have any other questions about the study, please contact Philip Skogstad, Senior Psychologist, Psychological Services, Department of Corrections , PO Box 2020, Palmerston North; Telephone: (06) 356 1118.



DEPARTMENT
OF CORRECTIONS



MASSEY
UNIVERSITY

CONSENT FORM – HELPSEEKING PILOT STUDY

I have read the Information Sheet and had the details of the helpseeking pilot study explained to me. My questions have been answered to my satisfaction, and I know that I can ask further questions at any time.

I understand that I have the right to withdraw from the study at any time, and to decline to answer any particular questions.

I agree to provide information to the researchers on the understanding that this will only be used for this research and publications arising from this project.

I agree to take part in the survey.

(Print name).....

Date.....

Signed.....

APPENDIX B: PILOT STUDY HELPSEEKING INTERVIEW

Intro: I would like us to start by looking at what could happen if you saw a psychologist in prison.

Q9 WHAT DO YOU THINK ARE THE ADVANTAGES OF SEEING A PSYCHOLOGIST IN PRISON (IF UNSURE ABOUT 'ADVANTAGES', SAY 'THE GOOD THINGS ABOUT SEEING A...')

NB (p)=advantages for self; (g) = for inmates generally
Q=ask for more information, please explain further comments in brackets = interviewers summary of point made/point of clarification

1)

2)

3)

4)

5)

6)

7)

Q10 WHAT DO YOU THINK ARE THE DISADVANTAGES OF/THE BAD THINGS ABOUT/ SEEING A PSYCHOLOGIST IN PRISON?

1)

2)

3)

4)

5)

6)
7)
Q11 ARE THERE ANY OTHER GOOD OR BAD THINGS ABOUT SEEING A PSYCHOLOGIST IN PRISON?
1)
2)
3)
4)
5)
6)
Intro: Now I want you to imagine that you had a serious personal problem. I am interested in how people around you would react to that.
Q12 IF YOU HAD A SERIOUS PERSONAL PROBLEM, WHO WOULD WANT YOU TO SEE A PSYCHOLOGIST IN PRISON?
NB if general category given, such as "mates"- try and specify if this is mates in general or specific mates/best friend
1)
2)
3)
4)
5)
6)
Q13 IF YOU HAD A PERSONAL PROBLEM, WHO WOULD NOT WANT YOU TO SEE A PSYCHOLOGIST IN PRISON?
1)
2)
3)

4)
5)
6)
<p>if same referent mentioned as positive and negative (eg officer). check out the following:</p> <p>i) would you be able to say how much this type of person would <i>generally</i> want you to see a psychologist (1 2 3 4 5 6 7 8 9), and</p> <p>ii) whether you would <i>generally</i> comply with them (1 2 3 4 5 6 7 8 9)</p> <p>iii) check for particular circumstances when they would/would not comply with that type of person</p>
<p>Q14 IS THERE ANYONE ELSE WHO WOULD WANT YOU TO SEE, OR NOT SEE, A PSYCHOLOGIST IN PRISON IF YOU HAD A PERSONAL PROBLEM?</p>
<p>OK, now I would like to ask you about psychologists.</p> <p>Q15 HOW MUCH DO YOU GENERALLY KNOW ABOUT PSYCHOLOGISTS IN PRISON? (CARD 1 2 3 4 5 6 7 8 9)</p>

Intro: Not everyone who has serious problems goes along to see a psychologist. Lets talk about things that could get in the way of seeing a psychologist. These might be to do with how you feel, and to do with things around you.

**Q16 IF YOU HAD A SERIOUS PERSONAL PROBLEM, HOW WOULD YOU FEEL ABOUT GOING TO SEE A PSYCHOLOGIST?. FOR YOU, WOULD THIS BE EASY OR DIFFICULT TO DO?
(CARD 1 2 3 4 5 6 7 8 9)**

**Q17 CARD - IF I WANTED TO I COULD GET TO SEE A PSYCHOLOGIST IN PRISON
(1 2 3 4 5 6 7 8 9)**

Q18 If you did make up your mind to see a psychologist, are there any things about the prison and how it works, the prison system, that would get in the way of this?

1)

2)

3)

4)

5)

6)

<p>Now I would like to look at possible ways that a psychologist could help someone.</p> <p>Q19 WHAT DO YOU THINK ARE THE MAIN PROBLEMS OR CONCERNS THAT A PSYCHOLOGIST IN PRISON COULD HELP SOMEONE WITH? (LIST IN ORDER GIVEN)</p>	
1)	
2)	
3)	
4)	
<p>Q20 IF NOT STATED, WHAT ABOUT DEALING WITH OFFENDING CONCERNS? (Comments)</p>	
<p>Q21 Ok, I now just want to check out about suicidal thoughts and feelings</p>	
1)	Have you ever attempted to take your own life Y N
	<ul style="list-style-type: none"> i) if multiple attempts, estimated number (), and rate the most serious attempt that did not occur within the last year ii) method iii) rate seriousness (1 - cry for help/minimal risk of injury; 2 - strong possibility of failure 3 - small probability of failure)
2)	Has this happened within the last year? Y N
	<ul style="list-style-type: none"> i) if several attempts, just rate most serious attempt ii) seriousness (1 2 3)

Intro: Sometimes people would like to have some choice about who they see to get help. We are just going to look at choices now if you saw a psychologist.

Q23 (FOR MAORI) - HOW IMPORTANT WOULD IT BE FOR YOU TO SEE A PSYCHOLOGIST WHO HAS A KNOWLEDGE OF TAHA AND TIKANGA MAORI?/MAORI VALUES AND CULTURE

(CARD 1 2 3 4 5 6 7 8 9

(Comments)

Q 24 GENERAL - FOR YOU, HOW MUCH DOES IT MATTER WHETHER YOU WERE SEEN BY A MALE OR FEMALE PSYCHOLOGIST?

(CARD 1 2 3 4 5 6 7 8 9)

Comments

Q25 IF YOU HAD A SERIOUS PERSONAL PROBLEM OR EMOTIONAL PROBLEM OVER THE NEXT FEW WEEKS, DO YOU EXPECT TO SEEK HELP FROM A PSYCHOLOGIST?

(CARD 1 2 3 4 5 6 7 8 9)

Q26 People may prefer talk to someone else if they were having personal problems. For you, if you did not go to see a psychologist for your problems, who else would you turn to while you were doing your lag? (term of imprisonment) - record in order of preference

1)

2)

3)

4)

5)

6)

Now I would like you to fill out this questionnaire - it asks about how you have been feeling lately - over the last week Administer Hopkins Symptom Checklist (21 item) - read aloud/underline any difficult words and/or phrases

These questions ask about thoughts you may have had over the last month. Just decide whether you had this thought, then how often it happened.
Administer SIQ items, check for comprehension of instructions, items, and attitude to completing these items - note on record form.

Finally, I'd like you to have a go at doing this short questionnaire - once again, it looks at someone's attitude about going along to a psychologist for help.
Administer Fischer & Farina Helpseeking questionnaire scale (short form 10 item) - underline any difficult words and/or phrases

Kia ora/thanks for helping me today. As I said at the start, your answers will help to design a questionnaire for a big study I am going to do. This will be at lots of different prisons. I am also going to come back here in about two to three weeks. I want to just check out some of the questions that will go in the main study. It will take less time than today. Would be interested in helping with that part of the study?

Yes () No ()



DIRECTIONS: Think of how you have been feeling over the past seven days, including today. Below is a list of things you may have been feeling over this time. Please circle the appropriate number to describe how distressing you have found these things over this time.

	Not at all	A little	Quite a bit	Extremely
Difficulty in speaking when you are excited	1	2	3	4
Trouble remembering things	1	2	3	4
Worried about sloppiness or carelessness.....	1	2	3	4
Blaming yourself for things.....	1	2	3	4
Pains in the lower part of your back.....	1	2	3	4
Feeling lonely.....	1	2	3	4
Feeling blue	1	2	3	4
Your feelings being easily hurt.....	1	2	3	4
Feeling others do not understand you or are unsympathetic	1	2	3	4
Feeling that people are unfriendly or dislike you.....	1	2	3	4
Having to do things very slowly in order to be sure you are doing them right	1	2	3	4
Feeling inferior to others	1	2	3	4
Soreness of your muscles.....	1	2	3	4
Having to check and double check what you do	1	2	3	4
Hot or cold spells	1	2	3	4
Your mind going blank.....	1	2	3	4
Numbness or tingling in parts of your body.....	1	2	3	4
A lump in your throat.....	1	2	3	4
Trouble concentrating	1	2	3	4
Weakness in parts of your body.....	1	2	3	4
Heavy feelings in your arms and legs	1	2	3	4

Directions

Listed below are a number of statements about thoughts that people sometimes have.

Please indicate which of these thoughts you have had in the last month. Tick the box under the answer that best describes your own thoughts. Remember, there are no right or wrong answers.

This thought was in my mind:	<i>Almost every day</i>	<i>Couple of times a week</i>	<i>About once a week</i>	<i>Couple of times a month</i>	<i>About once a month</i>	<i>I had this thought before but not in the past month</i>	<i>I never had this thought</i>
I thought about how I would kill myself							
I thought about death							
I thought that killing myself would solve my problems							
I wished I had the nerve to kill myself							

DIRECTIONS: Below are a number of statements relating to psychology and mental health issues. Read each statement carefully and indicate the extent to which you agree or disagree with each statement. Please express your honest opinion in rating the statements. There are no wrong answers. The only right answers are whatever you honestly feel or believe. Please answer by circling the appropriate number for each item.

	Agree	Partly agree	Partly disagree	Disagree
1. If I believed I was having a mental breakdown, my first thought would be to get professional attention.....	0	1	2	3
2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts..	0	1	2	3
3. If I were experiencing a serious emotional crisis at this point in my life, I am confident that I could find relief in counselling.....	0	1	2	3
4. There is something good in the attitude of a person who is willing to cope with his or her conflicts and fears <i>without</i> resorting to professional help.....	0	1	2	3
5. I would want to get psychological help if I were worried or upset for a long period of time.....	0	1	2	3
6. I might want to have psychological counselling in the future.....	0	1	2	3
7. A person with an emotional problem is not likely to solve it alone; he or she <i>is</i> likely to solve it with professional help.....	0	1	2	3
8. Considering the time and expense involved in counselling, it would have doubtful value for a person like me.....	0	1	2	3
9. A person should work out his or her own problems; getting psychological counselling would be a last resort....	0	1	2	3
10. Personal and emotional problems, like many things, tend to work out by themselves.....	0	1	2	3

**APPENDIX C PILOT STUDY TRIAL VERSION - HELPSEEKING
QUESTIONNAIRE**

HELPSEEKING QUESTIONNAIRE GENERAL INSTRUCTIONS

This questionnaire asks you about seeing a psychologist in prison. You are asked about whether you generally would want to see a psychologist, and some of the things that may make it easy or difficult to see a psychologist. These include what other people say, and good and bad things that could come from seeing a psychologist. You are also asked about dealing with suicidal feelings in prison.

Answering questions: Most questions or statements ask you to circle a number on a line, from 1 to 7, depending on how likely something would be. The scale that is used is shown below.

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

- If the statement said "I could learn more about myself", and you thought this was *extremely unlikely*, you would circle the 1.
- If you thought it was *quite unlikely* you would circle the 2.
- If you thought it was *extremely likely* you circle the 7.
- If you were *unsure* you would circle the 4.

THERE ARE NO RIGHT OR WRONG ANSWERS - DON'T TAKE TOO MUCH TIME ON ANY QUESTION. PLEASE ASK IF YOU NEED HELP WITH ANY QUESTION.

Name.....

Have you ever seen a psychologist in prison before? (circle) YES/NO

Have you ever seen a psychologist outside prison before? (circle) YES/NO

The last time you saw a psychologist, about how many times did you go?

.....

How helpful was it for you to see the psychologist then? (Circle a number)

Very unhelpful	1	2	3	4	5	Very helpful
-------------------	---	---	---	---	---	-----------------

If you had a personal or emotional problem over the next few months, how likely is it that you would ask to see a psychologist in prison? (Please circle a number)

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

*What would it be like **for you** to ask to see a psychologist in prison, if you needed to? Please circle your choice.*

It would feel easy to ask to see a psychologist in prison

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

I could get to see a psychologist in prison when I needed to

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

I usually do what others who are important to me would want

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

people who are important to me would want me to see the psychologist if I was having personal problems

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

Listed below are some reasons that could make it difficult to see a psychologist in prison. Please decide for each reason **whether it would make you more or less likely to ask to see psychologist**

It takes too much time to see a psychologist

Would make it more or less likely that I would ask to see a psychologist if I needed to

1	2	3	4	5	6	7
much less likely			neither		much more likely	

There are not enough psychologists

Would make it more or less likely that I would ask to see a psychologist if I needed to

1	2	3	4	5	6	7
much less likely			neither		much more likely	

The officers won't pass on my request to see the psychologist

Would make it more or less likely that I would ask to see a psychologist if I needed to

1	2	3	4	5	6	7
much less likely			neither		much more likely	

There is too much paperwork to do to see the psychologist

Would make it more or less likely that I would ask to see a psychologist if I needed to

1	2	3	4	5	6	7
much less likely			neither		much more likely	

Please answer the following: **I would aim to see a psychologist in prison if I were having personal and emotional problems**

1	2	3	4	5	6	7
extremely unlikely			neither		extremely likely	

Now, could you please think about how other people might react to you going to see a psychologist.

For each group of people you are asked to decide whether they would or would not want you to see a psychologist in prison. You are also asked how much you would follow the advice of each group.

SEE A PSYCHOLOGIST IN PRISON IF I HAD PERSONAL PROBLEMS

My friends would want me to

1	2	3	4	5	6	7
extremely Unlikely			neither			extremel y likely

I would follow my friends advice

1	2	3	4	5	6	7
extremely Unlikely			neither			extremely likely

Inmates who have had a bad experience with a psychologist would want me to

1	2	3	4	5	6	7
extremely Unlikely			neither			extremely likely

I would follow these inmates advice

1	2	3	4	5	6	7
extremely Unlikely			neither			extremely likely

My family/partner would want me to

1	2	3	4	5	6	7
extremely Unlikely			neither			extremely likely

I would follow the advice of my family/partner

1	2	3	4	5	6	7
extremely Unlikely			neither			extremely likely

SEE A PSYCHOLOGIST IN PRISON IF I HAD PERSONAL PROBLEMS

The medical staff (nurses and doctor) would want me to

1	2	3	4	5	6	7
extremely Unlikely			neither			extremely likely

I would follow the advice of the medical staff

1	2	3	4	5	6	7
extremely Unlikely			neither			extremely likely

My case officer or unit manager would want me to

1	2	3	4	5	6	7
extremely Unlikely			neither			extremely likely

I would follow the advice of my case officer or unit manager

1	2	3	4	5	6	7
extremely Unlikely			neither			extremely likely

Other staff such as the social worker, A&D counsellor and chaplain would want me to

1	2	3	4	5	6	7
extremely Unlikely			neither			extremely likely

I would follow the advice of these staff

1	2	3	4	5	6	7
extremely Unlikely			neither			extremely likely

Other inmates would want me to

1	2	3	4	5	6	7
extremely Unlikely			neither			extremely likely

I would follow other inmates advice

1	2	3	4	5	6	7
extremely Unlikely			neither			extremely likely

The next statements look at some things that might happen if you were to see a psychologist in prison.

For each statement please decide how likely this would be and whether this would be good or bad for you. Circle a number for each of the following.

SEEING A PSYCHOLOGIST IN PRISON WOULD
help me cope with prison

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

and this would be

1	2	3	4	5	6	7
extremely bad			neither			extremely good

help me get through bad times

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

and this would be

1	2	3	4	5	6	7
extremely bad			neither			extremely good

let me release stress and tension

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

and this would be

1	2	3	4	5	6	7
extremely bad			neither			extremely good

make me upset

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

and this would be

1	2	3	4	5	6	7
extremely bad			neither			extremely good

**SEEING A PSYCHOLOGIST IN PRISON WOULD
make me feel misunderstood and put down**

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

and this would be

1	2	3	4	5	6	7
extremely bad			neither			extremely good

generally help with personal problems

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

and this would be

1	2	3	4	5	6	7
extremely bad			neither			extremely good

help to understand myself in general

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

and this would be

1	2	3	4	5	6	7
extremely bad			neither			extremely good

help with family and other close relationships

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

and that would be

1	2	3	4	5	6	7
extremely bad			neither			extremely good

SEEING A PSYCHOLOGIST IN PRISON WOULD

help me to understand my offending

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

and this would be

1	2	3	4	5	6	7
extremely bad			neither			extremely good

affect my release date if the psychologist gave me a bad report

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

and this would be

1	2	3	4	5	6	7
extremely bad			neither			extremely good

make others think I am mentally ill

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

and this would be

1	2	3	4	5	6	7
extremely bad			neither			extremely good

make others think that I am a weak person

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

and this would be

1	2	3	4	5	6	7
extremely bad			neither			extremely good

**SEEING A PSYCHOLOGIST IN PRISON WOULD
result in others being told about my private stuff**

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

and this would be

1	2	3	4	5	6	7
extremely bad			neither			extremely good

In general, how likely would it be that you would ask to see a psychologist in prison if you had serious personal problems over the next few months?

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

Generally speaking, would people who are important to you want you to see a psychologist in prison if you were having serious personal problems?

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

Generally, I do what people who are important to me think I should do

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

It would be easy for me to ask to see a psychologist in prison

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

I could get to see the psychologist when I needed help with personal problems

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

I would try to see the prison psychologist if I was having personal problems

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

Sometimes people can become suicidal when they are in prison. If you were thinking of harming yourself, how likely is it that you would ask to see a psychologist for help?

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

The next statements are things that inmates have said would be helpful or unhelpful if they were feeling suicidal. **If you were feeling suicidal, would this be helpful or unhelpful?** (please circle a number)

	very unhelpful		neither			very helpful	
talk to an officer about how I am feeling.....	1	2	3	4	5	6	7
put under observation in own cell.....	1	2	3	4	5	6	7
talk to professional from outside prison.....	1	2	3	4	5	6	7
taken off privileges.....	1	2	3	4	5	6	7
put in contact with family and friends...	1	2	3	4	5	6	7
talk with trusted inmates.....	1	2	3	4	5	6	7
have others laugh and give me a hard time.....	1	2	3	4	5	6	7
talk to the prison nurse.....	1	2	3	4	5	6	7
keep to myself, not talk to others.....	1	2	3	4	5	6	7
get placed into safety cell.....	1	2	3	4	5	6	7

Directions

Listed below are a number of statements about thoughts that people sometimes have. *Please indicate which of these thoughts you have had in the last month.* Tick the box under the answer that best describes your own thoughts. Remember, *there are no right or wrong answers.*

This thought was in my mind:	<i>Almost every day</i>	<i>Couple of times a week</i>	<i>About once a week</i>	<i>Couple of times a month</i>	<i>About once a month</i>	<i>I had this thought before but not in the past month</i>	<i>I never had this thought</i>
I thought about how I would kill myself							
I thought about death							
I thought that killing myself would solve my problems							
I wished I had the nerve to kill myself							

DIRECTIONS: Below are a number of statements relating to psychology and mental health issues. Read each statement carefully and indicate the extent to which you agree or disagree with each statement. Please express your honest opinion in rating the statements. There are no wrong answers. The only right answers are whatever you honestly feel or believe. Please answer by circling the appropriate number for each item.

	Agree	Partly agree	Partly disagree	Disagree
1. If I believed I was having a mental breakdown, my first thought would be to get professional attention.....	0	1	2	3
2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts..	0	1	2	3
3. If I were experiencing a serious emotional crisis at this point in my life, I am confident that I could find relief in counselling.....	0	1	2	3
4. There is something good in the attitude of a person who is willing to cope with his or her conflicts and fears <i>without</i> resorting to professional help.....	0	1	2	3
5. I would want to get psychological help if I were worried or upset for a long period of time.....	0	1	2	3
6. I might want to have psychological counselling in the future.....	0	1	2	3
7. A person with an emotional problem is not likely to solve it alone; he or she <i>is</i> likely to solve it with professional help.....	0	1	2	3
8. Considering the time and expense involved in counselling, it would have doubtful value for a person like me.....	0	1	2	3
9. A person should work out his or her own problems; getting psychological counselling would be a last resort....	0	1	2	3
10. Personal and emotional problems, like many things, tend to work out by themselves.....	0	1	2	3

DIRECTIONS: Think of how you have been feeling over the past seven days, including today. Below is a list of things you may have been feeling over this time. Please circle the appropriate number to describe how distressing you have found these things over this time.

	Not at all	A little	Quite a bit	Extremely
Difficulty in speaking when you are excited	1	2	3	4
Trouble remembering things	1	2	3	4
Worried about messiness or carelessness.....	1	2	3	4
Blaming yourself for things.....	1	2	3	4
Pains in the lower part of your back	1	2	3	4
Feeling lonely.....	1	2	3	4
Feeling sad	1	2	3	4
Your feelings being easily hurt	1	2	3	4
Feeling others do not understand you or do not care about you	1	2	3	4
Feeling that people are unfriendly or dislike you.....	1	2	3	4
Having to do things very slowly in order to be sure you are doing them right	1	2	3	4
Feeling not as good as others.....	1	2	3	4
Soreness of your muscles.....	1	2	3	4
Having to check and double check what you do	1	2	3	4
Hot or cold spells	1	2	3	4
Your mind going blank	1	2	3	4
Numbness or tingling in parts of your body.....	1	2	3	4
A lump in your throat.....	1	2	3	4
Trouble concentrating	1	2	3	4
Weakness in parts of your body.....	1	2	3	4
Heavy feelings in your arms and legs	1	2	3	4

**APPENDIX D: CROSS-SECTIONAL STUDY INFORMATION AND CONSENT
FORMS**

INFORMATION SHEET - HELPSEEKING STUDY

Purpose of the Survey:

The aim of the research is to find out ways that Psychologists can improve their Service for inmates. The survey is being done by Philip Skogstad, Senior Psychologist, Department of Corrections towards a PhD, and supervised by Dr Frank Deane, Senior Lecturer in the Psychology Department at Massey University. We are interested in your attitudes toward psychologists and seeking psychological help. In this survey we would like you to answer some questions about how you have been feeling lately, and reasons you may or may not want to see a psychologist while you are in prison.

The questionnaire should take about 20 minutes to do.

You have the right to:

- ***withdraw from the study at any time***
- ***refuse to answer any particular question***
- ***ask any further questions about the study***

Confidentiality:

Psychologists work to a Code of Ethics which means that they must keep information confidential. The information you provide will **only** be used for this survey. It will **not** be passed on to anyone else at the prison or anywhere else. Participation in this study will not affect any Psychological Services you might receive.

You have been asked to put your name on the questionnaire. This is to see whether you later decide to see a psychologist. It will help to understand why people end up seeing a psychologist in prison. No names will be used in any reports about the research.

Feedback:

We will provide feedback of the survey results. This information will be placed on your unit notice board.

If you have any other questions about the survey, you can also contact Philip Skogstad, Senior Psychologist, Psychological Service, Department of Corrections, at PO Box 2020, Palmerston North; Telephone: (06) 356 1118, or Dr Frank Deane, Massey University Psychology Department; Telephone (06) 3569099.



CONSENT FORM - HELPSEEKING STUDY

I have read the Information Sheet and had the details of the helpseeking study explained to me. My questions have been answered to my satisfaction, and I know that I can ask further questions at any time.

I understand that I have the right to withdraw from the study at any time, and to decline to answer any particular questions. I also understand that the researchers will check during the next year to see whether I am seen by Psychological Services.

I agree to provide information to the researchers on the understanding that this will only be used for this research and publications arising from this project.

I agree to take part in the survey.

(Print full name).....

Date.....

Signed.....

APPENDIX E. CROSS-SECTIONAL STUDY HELPSEEKING QUESTIONNAIRE

HELPSEEKING QUESTIONNAIRE

GENERAL INSTRUCTIONS

Answering questions: Most questions or statements ask you to circle a number on a line, from 1 to 7, depending on how likely something would be. The scale that is used is shown below.

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

EXAMPLE

- If the statement said "I could learn more about myself", and you thought this was *extremely unlikely*, you would circle the 1.
- If you thought it was *quite unlikely* you would circle the 2.
- If you thought it was *extremely likely* you circle the 7.
- If you were *unsure* you would circle the 4.

THERE ARE NO RIGHT OR WRONG ANSWERS - DON'T TAKE TOO MUCH TIME ON ANY QUESTION. PLEASE ASK IF YOU NEED HELP WITH ANY QUESTION.

FOR
OFFICE
USE ONLY

How old are you?.....

--	--

What is the main ethnic group that you belong to? (Circle the number)

- 1 Maori
- 2 Pakeha/European
- 3 Pacific Island
- 4 Other

--

How far did you go with your schooling? (Circle the number)

- 1 Left before high school
- 2 Went to form 3 or 4
- 3 Went to form 5 or higher
- 4 University or Polytech

--

What is the main offence you are in prison for? (that is, the one with the longest sentence)

--	--

.....

What is the total length of your prison sentence?.....

--	--	--	--

(13)

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Have you ever seen a psychologist in prison before? (circle)
1. YES 2. NO

Have you ever seen a psychologist outside prison before? (circle)
1. YES 2. NO

The last time you saw a psychologist, about how many times
did you go?.....

How helpful was it for you to see the psychologist then? (Circle a number)

Very unhelpful	1	2	3	4	5	Very helpful
-------------------	---	---	---	---	---	-----------------

Are you seeing a psychologist in prison now? (circle)
1. YES 2. NO

**If you had a personal or emotional problem over the next few
months, how likely is it that you would ask to see a psychologist
in prison? (Please circle a number)**

1 2 3 4 5 6 7
extremely neither extremely
unlikely none likely

*What would it be like for you to ask to see a psychologist in prison, if you
needed to? Please circle your choice.*

It would feel easy to ask to see a psychologist in prison

1 2 3 4 5 6 7
extremely neither extremely
unlikely none likely

I could get to see a psychologist in prison when I needed to

1 2 3 4 5 6 7
extremely neither extremely
unlikely none likely

**People who are important to me would want me to see a
psychologist in prison if I was having serious personal problems**

1 2 3 4 5 6 7
extremely neither extremely
unlikely none likely

(24)

Now, could you please think about how other people might react to you going to see a psychologist.

For each group of people you are asked to decide whether they would or would not want you to see a psychologist in prison. You are also asked how much you would follow the advice of each group.

SEE A PSYCHOLOGIST IN PRISON IF I HAD PERSONAL PROBLEMS

My friends would want me to

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

I would follow my friends advice

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

Inmates who have had a bad experience with a psychologist would want me to

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

I would follow these inmates advice

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

My family/partner would want me to

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

I would follow the advice of my family/partner

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

(36)

SEE A PSYCHOLOGIST IN PRISON IF I HAD PERSONAL PROBLEMS

The medical staff (nurses and doctor) would want me to

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

I would follow the advice of the medical staff

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

My case officer or unit manager would want me to

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

I would follow the advice of my case officer or unit manager

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

**Other staff such as the social worker, A&D counsellor
and chaplain would want me to**

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

I would follow the advice of these staff

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

Other inmates would want me to

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

I would follow other inmates advice

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

These are some things that might happen if you were to see a psychologist in prison

For each statement please decide how likely this would be and whether this would be good or bad for you. Circle a number for each of the following

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WOULD SEEING A PSYCHOLOGIST IN PRISON

help me cope with prison?

1	2	3	4	5	6	7	<input type="checkbox"/>
extremely unlikely			neither			extremely likely	

for me to cope with prison would be

1	2	3	4	5	6	7	<input type="checkbox"/>
extremely bad			neither			extremely good	

help me get through bad times?

1	2	3	4	5	6	7	<input type="checkbox"/>
extremely unlikely			neither			extremely likely	

getting help during bad times would be

1	2	3	4	5	6	7	<input type="checkbox"/>
extremely bad			neither			extremely good	

let me release stress and tension?

1	2	3	4	5	6	7	<input type="checkbox"/>
extremely unlikely			neither			extremely likely	

to release stress and tension would be

1	2	3	4	5	6	7	<input type="checkbox"/>
extremely bad			neither			extremely good	

make me upset?

1	2	3	4	5	6	7	
extremely unlikely			neither			extremely likely	

getting upset would be

1	2	3	4	5	6	7	<input type="checkbox"/>
extremely bad			neither			extremely good	

(52)

WOULD SEEING A PSYCHOLOGIST IN PRISON

make me feel misunderstood and put down?

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

feeling misunderstood and put down would be

1	2	3	4	5	6	7
extremely bad			neither			extremely good

generally help with personal problems?

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

getting help with personal problems would be

1	2	3	4	5	6	7
extremely bad			neither			extremely good

help to understand myself in general?

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

understanding myself more would be

1	2	3	4	5	6	7
extremely bad			neither			extremely good

help with family and other close relationships?

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

getting help with family and other close relationships would be

1	2	3	4	5	6	7
extremely bad			neither			extremely good



WOULD SEEING A PSYCHOLOGIST IN PRISON

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help me to understand the offending?

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

understanding the offending would be

1	2	3	4	5	6	7
extremely bad			neither			extremely good

affect my release date if the psychologist gave me a bad report?

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

having my release date affected would be

1	2	3	4	5	6	7
extremely bad			neither			extremely good

make others think I am mentally ill?

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

having others think I was mentally ill would be

1	2	3	4	5	6	7
extremely bad			neither			extremely good

make others think that I am a weak person?

1	2	3	4	5	6	7
extremely unlikely			neither			extremely likely

if others thought I was weak, it would be

1	2	3	4	5	6	7
extremely bad			neither			extremely good

DIRECTIONS: Below are a number of statements relating to psychology and mental health issues. Read each statement carefully and indicate the extent to which you agree or disagree with each statement. Please express your honest opinion in rating the statements. There are no wrong answers. The only right answers are whatever you honestly feel or believe. Please answer by circling the appropriate number for each item.

	Agree	Partly agree	Partly disagree	Disagree
1. If I believed I was having a mental breakdown, my first thought would be to get professional attention.....	0	1	2	3
2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.....	0	1	2	3
3. If I were experiencing a serious emotional crisis at this point in my life, I am confident that I could find relief in counselling...	0	1	2	3
4. There is something good in the attitude of a person who is willing to cope with his or her conflicts and fears <i>without</i> resorting to professional help.....	0	1	2	3
5. I would want to get psychological help if I were worried or upset for a long period of time.....	0	1	2	3
6. I might want to have psychological counselling in the future.....	0	1	2	3
7. A person with an emotional problem is not likely to solve it alone; he or she <i>is</i> likely to solve it with professional help.....	0	1	2	3
8. Considering the time and expense involved in counselling, it would have doubtful value for a person like me.....	0	1	2	3
9. A person should work out his or her own problems; getting psychological counselling would be a last resort.....	0	1	2	3
10. Personal and emotional problems, like many things, tend to work out by themselves.....	0	1	2	3

(2/1)

(2/10)

**APPENDIX F: CROSS-SECTIONAL STUDY PARTICIPANTS' RESULTS
FEEDBACK**

HELP SEEKING STUDY - RESULTS

In November and December of last year, inmates from 6 prisons (Manawatu, Kaitoke, Rimutaka, Hawkes Bay Regional, Prison Camps, Ohura) took part in a study looking at reasons they may seek help from a psychologist in prison.

Those who took part in the study:

- * 515 inmates, with an average age of 30 years (the youngest was 16 years, the oldest was 72 years)
- * Over half (54%) were Maori, a third were European/Pakeha and about 10% were Pacific Island
- * Although only 1 in 8 (12%) were seeing a psychologist in prison at the time of the study, almost half (47%) had seen a psychologist in prison before and a third had been to a psychologist out of prison. Those who had been to a psychologist had attended for about 5 to 10 sessions

Of four possible barriers to seeing a psychologist in prison, the two rated as being the biggest problems were:

- * there are not enough psychologists,
- * it takes too much time to see a psychologist

Who would inmates *most* listen to about going to see a psychologist?

- * family including partner
- * unit manager or case officer

Of several groups of other people, inmates would be *least likely* to listen to the advice of

- * other inmates, especially those who had a bad experience with a psychologist, when considering whether to go and see a psychologist

The *3 most positive things* that participants thought could come from seeing a psychologist in prison were:

- * help to understand myself in general
- * let me release stress and tension
- * generally help with personal problems

The *3 most negative things* that participants thought could come from seeing a psychologist in prison were:

- * make me feel misunderstood and put down
- * make me upset
- * affect my release date if the psychologist gave me a bad report

In summary, although there were lots of different opinions from inmates, generally inmates had positive attitudes about getting help from a psychologist in prison if they had serious personal problems. However, they also believed that there could be some difficulty in getting to see a psychologist. This has helped to point out some possible changes that need to be made to the psychological services in prisons, including the need to lessen the waiting time involved. The last part of the study, which will look at the reasons that inmates give for actually seeing a psychologist in prison, will also help work out ways to improve the psychological service in prison.

Thank you again to all those who participated in the study. Please contact Philip Skogstad (c/- PO BOX 2020, Palmerston North) if you want further information about your own results from the study.

APPENDIX G: PILOT STUDY QUALITATIVE RESPONSES

Summary of pilot study responses (interview)

Q9. – What do you think are the advantages of seeing psychologist in prison?

Nb – the responses were grouped according to general themes or categories, which are listed in brackets

(general advantages)

you've got the time, make the most of it
important part of rehabilitating a person
get some good things out of it
good for stress
gives you a new outlook on life in general
gives you new confidence...can deal with problems early
different perspective...unbiased reaction
better self mentally
more positive for my kids
can talk confidentially

(deal with the system, early release)

to help with the board
for possible early release
help solve problems with management
does things for the parole board, link with the system
get help with parole...help with how you present
an advocate

(liaison with other agency)

making contact with other organisations
help to put me in the forensic unit

(general problem solving)

gets you help and counselling (2 participants)
hear yourself speaking/assessment of self, know what has to change
understanding what the problem is, sort out the basics
personal problems, things that have gone wrong
if had lot of problems, yes
helps you with your head/steers you in the right direction/guidance in dealing with life
brings problems into the open, ways to overcome (2 participants)
extremely important, gives you another viewpoint on your problem
identifying problems, pinpoint things, then deal with it
be able to make choices, decide
insight into myself, runs down different scenarios, helps identify problems and potential problems
someone outside the situation but has useful tools and insight into what's going on

(deal with offending)

what it is and how I did it
understanding my offending, know high risk situations
what sort of things triggered me off
why I did not ask for help when first noticed these things
offending (2 participants)

kleptomania

help with why I ended up in here, good for not doing my offence again
enlightened me about my offending, made me talk about it, feels good
help you relate to what you have done to others (victims), how you have destroyed their lives

(self awareness – general)

get more in-depth with myself
get help with my own person, a “fucked person”
a good level of understanding of yourself
good for self-esteem/confidence

(self awareness/background including childhood)

dealing with what you need to deal with, right back to childhood
going through my past, childhood to now, things will come out
helping face some past problems (2 participants)

(release tension)

get a weight off shoulders, due to discussing past
talk...set own mind at rest, progress toward coping and settling
helps to get a lot out of your head, bring out years of bottling it up, feel more at ease
once (problems) released
not good to keep problems inside all the time

(deal with prison)

help with day to day things, adjust to yourself and prison (2 participants)
calms you down
how to deal with myself when I get outside
helps cope in the wing

(crisis/suicidal)

I felt like killing myself
if person totally confused, psychologist can help them
feel lost & suicidal
if feeling suicidal

(someone to listen/talk to)

seeing someone on a regular basis
talking through with someone
someone to talk to, going to listen
a “shouting board”, sounding board
able to talk through any personal problems, someone to talk to
someone you trust and get help from
confidential
someone to bounce ideas off, better chance to then see positives and negatives
someone who listens....understands...could provide help
being able to speak out whats on your mind

(change thought/feelings/behaviour)

emotional issues
deal with serious matters/alternatives to violence
got a temper/violent streak, help with

learn about bad habits, unhealthy habits
learn how to arrange my thoughts
learn how to say no
learn to turn negative into positive

(help/relationships including family)
help with domestic problems/partner
family problems (4 participants)
helped with family meeting
relationships & families
achieve things for tamariki (children), so they can decide whether they like what I was doing

(Alcohol & Drugs)
drinking habits
A&D

Q10. – What do you think are the disadvantages of seeing psychologist in prison?

(general disadvantages)
workload, too many inmates, few inmates
some good and bad psychologists
hard to shift from one psychologist to another
no, because I am in control and make the decisions
being asked questions (that I) don't want to answer
lot of staff don't understand and see the need for one
the title psychologist, feel uneasy and intimidated by the title, considered a weakness
hard to shift from one psychologist to another
not really trendy to see a psychologist, macho, psychologist not part of being in prison
prison environment does not support gains you may achieve in working with a psychologist

(psychologist/part of the system)
hard to be truthful with person within in the system (2 participants)
prefer psychologist from outside, no strings attached, employed by the system,
lumped in with the system
psychologist on outside, expensive

(trust and confidentiality concerns)
no trust (3 participants)
lack of trust in psychologist, lack of commitment from them
worry in respect to privilege and confidentiality
general confidentiality concerns (12 participants)
needs to gain confidence of psychologist
psychologist is "backfeeding all the time"
if psychologist went off blabbing
psychologist has to write a report, seen by other staff
talk about case, others might hear about my offending
psychologist could put a mark on your record, never get out

(anxiety-general)

fear of not knowing what it is about
fear for Maoris, family member not being present
being asked questions...don't want to answer
some things you say could get others into trouble

(negative comments from the psychologist about your character)
think you've got a screw loose
going off the rails

(negative comments from the psychologist or inmates about your offending)
other guys get to know what the psychologist deals with, imagine you see psych for
child sex offending, verbal and physically at risk (3 participants)
no help if you are saying not guilty
too much focus on offending

(negative effects of seeing psychologist on inmate's prison sentence)
if think you're crazy, release from prison held up
psych has lot of say, parole board, in their hands, inmate has no control
assessed (wrongly), put on medication, bad side effects
sometimes they get the wrong idea from you, report to parole board, judge holds
back release date (3 participants)
affects classification, adds more points (2 participants)
way you act with psychologist, could be different to the real you, could end up in the
loony bin

(negative effects, emotional)
you're left hanging, talk emotional things for hours up - back to the wing, suicidal,
violence, shut self right up
discussing personal matters, feels uncomfortable
made me feel very small (talking to psychologist)
sometimes facing up to the problem can be harder, not just getting good news, may
be worse in the short term
seen as weak if seeing the psychologist

Q12. If you had a serious personal problem, who would want you to see a
psychologist in prison?

case officer, case management (6 participants)
management (2 participants)
unit manager (2 participants)
close friend/s (2 participants)
padre
school teacher, reading teacher
family (5 participants)
friends (5 participants)
social worker (2 participants)
nurse (6 participants)
medical
staff (4 participants)
officers (2 participants)
cell mate, trusted inmate (2 participants)
other inmates(4 participants)

the older generation
probation officer
A&D counsellor

Q13. If you had a serious personal problem, who would not want you to see a psychologist in prison?

myself
some of the inmates
those (inmates) with a negative view (3 participants)
inmates who have had a bad experience (4 participants)
mates & friends (3 participants)
officers
sometimes nurse and doctor think should not go
girlfriend
other inmates, guys who haven't confronted their offending
(inmates) in denial, scared of someone getting into their head, mentally intimidated

(other comments about others' influence on helpseeking)

inmates leave it up to you
don't listen to anyone else
make up own mind about most things
in here I think for myself

Q18 If you did make up your mind to see a psychologist, are there any things about the prison and how it works, the prison system, that would get in the way of this?

(conflicting activities)
overlap with programmes (2 participants)
got a job

(time delays, low numbers of psychologists)
time delay (17 participants)
took 3 months
shortage of psychologists (4 participants)
available limited time (of the day, 3 participants)
busy
not a resident fulltime psychologist
know several guys waited months, should've been seen immediately, 2 guys ended up hanging themselves because of the lag

(psychologist/lack of access)
can't have direct contact with psychologist
get access to psychologist
should have a psychologist available all the time

(delay in referral processing, prison officers)
getting the message through
officers delaying (7 participants)
need to keep asking (5 participants)
screws fuck you around...too lazy
officer may delay because of the type of offending

paperwork involved
politics of prison, red tape, files, forms to fill out
officer has to be convinced, need strong reason, something is too small
start at the bottom of each ladder, and through several people instead of 1 officer
dealing with the psychologist, we'll get back to you... (frustration)
old guys don't like filling in the form
administration
attitudes of staff, at their mercy, if not good day, you get nothing, hard to approach
staff because they oppress you

(psychologist prioritising)
having to deal with more urgent matters
psychologist does not want to see you
psychologist's attitude to type of offence
apathy on the floor, go to the staff, get range from complete disinterest to "I'll get
around to it"

(inmate characteristics)
bottom of list if constantly moan and groan
get lazy, forgetful and unmotivated
we're inmates, common criminals, expendable
as individuals we don't really matter, way society sees us, we don't have rights

(practical barriers)
being in the yard, unable to remind officers
lockdowns (for staff meetings) getting in the way (2 participants)

(psychologist characteristics)
psychologist employed by the system
the psychologist themselves
psychologists break confidentiality

Q19. What do you think are the main problems or concerns that a psychologist in
prison could help someone with?

(Nb several responses were similar to the perceived advantages of seeing a
psychologist in prison)

(offending-related)
offending, taking responsibility for your actions
keep away from prison
alcohol & drugs, that leads to offending (3 participants)

(anger, violence)
anger management
alternatives to violence

(family, relationships)
family problems, sorting out what's happening with the kids, relationships, loved ones
(2 participants)
marriage breakdown, family
if someone died (2 participants)

(past events)

understanding and trying to think what has happened in the past (2 participants)

what will happen if I don't change

problems that are deep seated

direct them, strengths and weaknesses

(prison issues)

help inmate to accept prison

dealing with emotions inside prison, prison adjustment, (2 participants)

if depressed

standovers and suicidal (3 participants)

stressed out (2 participants)

standovers

ready for prison release

struggling against the system

stressed out with the jail environment, long hours locked up, living so close, have to fit in

(general coping)

emotional problems

day to day, everything

teaching them coping skills, looking at the big picture, cognitive skills, conflict resolution

can refer you to a programme

their way of thinking, personal problems

self-esteem

ideally, everyone should see one

to deal with psychology of the mind

stabilise his moods and way of thinking if he's willing to, but macho image, makes us stubborn

Q20. If not stated, what about dealing with offending concerns?

yes (4 participants)

if one to one

tell me what I don't know about offending

depends on the offence, was framed

can't be seen if say not guilty

yes, not want to dwell on

help person from hearing other experiences, getting person to understand offending

yes through their experience and knowledge in dealing with cases like that before

need to do more in sex offending area

provide safety plans/backups

anything involved in your offending

little help generally for that here

if use conflict resolution won't reoffend anyway

keep on track (Q) keep me out of places like this

yes, problems with scientific viewpoint, psychologists not experienced, e.g. wanting to kill

yes of course, could think it out so as to not redo what they did to get in here

yes, try to get thinking on track, keep me out of places like this

can only advise and direct to change, then up to you
after the first offence, that's pretty much your life over, because you can't get jobs,
accommodation
can address why I'm doing it (fraud), break the habit

Q21. Ok, I now just want to check out about suicidal thoughts and feelings
7) Are there any reasons that you, or other inmates, would not go to a psychologist
for help if you were feeling suicidal?

(general comments)

tried to hang self, accused of being a kf (kid fucker), talked to deceased grandfather
some people when facing a long sentence
feel that yourself and the system has failed
rather see one than take my own life
would want to see someone straight away
once sentenced, put into observation cell, most help not available whilst on remand,
difficult time, awaiting sentencing
most happen after hours, difficult to talk to someone then, most staff not available,
hangings happen during lockup
occasionally, talked to psychologist and nurse
would encourage others to go to the psychologist

(trust, confidentiality concerns)

lack of trust in other people
can't confide in strangers
lost all hope and trust in others
trust with the department, /information on file used by others
no trust, confidentiality, they have to report it (2 participants)

(prison procedures)

end up in the safety cell
thrown into ob cell, checked every half hour
if speak, could get moved, prefer to keep (suicidal thoughts and feelings) to myself
risk of being charged
(negative reactions from others)
other inmates would not care
alienation, no-one would understand or give a shit
would look like a wuss
people might laugh, think you're stupid, send you to a looney bin, think you're a cry
baby

(inmate's distinction – real feelings versus attention-seeking and others reactions to
suicidal inmate)

if advertise it, just want sympathy
if want to do it, keep quiet
broken arse, lot want pity, not really do it – actual, don't want to talk, will avoid
not the man thing to open up
I told one inmate to do it, if you've got the bottle to talk about it, do it, respect
someone who does, otherwise an idiot
treated like a lunatic, other inmates joke, ridicule and make fun

(depression, hopelessness)

depression will keep you quiet
could feel no hope, he can't help
would feel ashamed
shame about doing it
you want to be alone, don't want to let someone else know that you're down
if in that state of mind, would not be thinking "I need help", would just been thinking
of ways and means to do it
they are out of their mind, depressed
come to the stage where everybody has rejected them... and the psychologist will too
if hell bent on doing it, would not tell anyone
their head's fucked up if they're contemplating that
that feeling of hopelessness also will work against coming forward in the first place

(suggested alternative strategies)

has referred people to the nurse
obs in own cell
let the wing committee, buddy system, peer support (help)
inmates help each other, though worry about narking

Q22. If not stated, what about cultural concerns, to do with taha maori/things maori?
Do you think a psychologist could help with these concerns? (Comments)

Nb Ethnicity of participants M = Maori participant, P = Pakeha, O = Other

culture should be put aside, dealing with man's emotions, treaty of waitangi is living
in the past, live for today (M)
depending on their knowledge of Maori culture (M, P)
they could with proper training and understanding (O)
going back to find tikanga, find out more about yourself, try and get in touch with
Maori side, its a positive thing (M)
not part of a psychologist's territory, racism issue, bad in prison, not relevant, know
who I am (M)
deal with racism (P)
could, through family meetings though can't expect psychs to be culturally aware of
all thats going on (P)
yes, you have to otherwise you make no progress whatsoever (8)
hard to understand someone elses culture if not been through it yourself (P)
yes they could (P)
in prison should have more things like Maori doctors, tohunga, koroua (M)
leave for the kaumatuas (Maori elders, M)

Q23 (for maori) - how important would it be for you to see a psychologist who has a
knowledge of taha and tikanga maori?, maori values and culture?

he needs to outline why (is interested), good to discuss with someone who has a
background in Maori (M)
comments about how he is getting into it, tracked down family etc (M)
you've got to live with them in here (P)

would help lot to open up
attitude is that psychology is a white man's profession (10)
need trust first before open up (23)

Q 24 How much does it matter whether you were seen by a male or female psychologist?

(general comments)

freedom of choice, basic right, in prison not many choices
generally comfortable talking to female
talking to a female is better
a man can swear, on the same level
prefer to talk to a male
some may relate better to females, though generally depends on the person
maybe see things from a female point of view
don't mind who, as long as they get to see me
would like to see 2 together - then get male and female viewpoint (2 participants)
get on better with females sometimes
women good listeners, men go on facts, could release anything, men better at putting themselves in your shoes (empathy)
not very important at all, if they do the job, that's what matters
would want to see a male, ain't no faggot though, with female keep on perving, uncomfortable

(specific issues/concerns)

talk to male about offence, sexual offending (3 participants)
male better, tend to play games with a female
easier to talk to a female, in front of a male, think me a poofter, a wimp

Q26. People may prefer talk to someone else if they were having personal problems. For you, if you did not go to see a psychologist for your problems, who else would you turn to while you were doing your lag? (term of imprisonment)

Nb – number of participants in brackets

padre, clergy, god, bible group (9)
friend (2)
another inmate, trusted inmate (7)
case manager, unit manager, officer, trusted officer (12)
family, my mother, partner (6)
medical staff, nursing (3)
social worker, a & d counsellors, probation officer (7)
cultural person, e.g. kaumatua (Maori elder), Samoan man (2)
just handle it – no one to talk to (1)
other, e.g. visitors, programmes lady, the American Embassy

APPENDIX H: SPECIFIC ATTITUDE MEASURE ITEMS

1) help me cope with prison

This item was to do with generally dealing with prison or prison adjustment issues (6 responses). Several responses (11) under the question about problems that a psychologist in prison could assist with, also indicated that prison adjustment issues could be the focus of assistance.

2) help me get through bad times

Several participants commented that psychologists could help with more immediate crises such as dealing with problem feelings such as suicidality (4 responses), or dealing with immediate crises outside prison such as bereavement (2) and family breakdown (1).

3) let me release stress and tension

Many participants regarded the process of talking to a professional person on a regular basis, and being listened to, as generally helpful (18). The outcomes of such a process were seen as being able to more clearly identify possible problems by having another person's viewpoint, but also to release immediate feelings of stress and tension (9).

4) make me upset

this item refers to general negative feelings that could occur at the time of seeing a psychologist, but also within a prison situation, the difficulty in then returning to the prison wing, particularly if looking or feeling emotionally upset. Based on comments re negative emotional effects (4) and fear of feeling uneasy when with a psychologist (1)

5) make me feel misunderstood and put down

Although fear of psychologists was only mentioned by a few participants (4), several other responses indicated uncertainty about what might happen, and the concern that psychologists would ask too many questions (1), take away personal control (1), focus too much on areas such as offending (1), unduly categorise people (1), or not understand because they would not have experienced crime and imprisonment (1).

6) generally help with personal problems

The most common perceived advantage of seeing a psychologist in prison (24) was help with problem solving. This again involved the interaction with the psychologist, gaining the psychologists view ("a different perspective, an unbiased reaction") on problems, clarifying what were problems for the inmate, and general guidance with a person's life. Therefore, this general problem solving process appeared to be separate to, and underlying more specific ways that a psychologist could help inmates.

7) help to understand myself in general

Participants (11) believed that the psychologist would generally increase their understanding of themselves through discussion. This included those (5) who expected the psychologist to delve into background and childhood events to gain a better understanding of current problems.

8) help with family and close relationships

Family problems were mentioned by some participants as a possible precipitant to suicidal thoughts and feelings, especially when inmates received news that their partner had left them. Psychologists were seen as being able to assist with such problems (9).

9) help me to understand my offending

Several responses (14) indicated that talking to a psychologist would both help understand how offending occurred, but also give inmates guidance about not reoffending. A related question in the study that asked participants whether a psychologist could help them with their offending elicited many positive responses (34) despite some participants adding that although they were not responsible for what occurred, they believed that the psychologist could help with offending issues.

10) affect my release date if the psychologist gave me a bad report

This was related to the perception that, because the psychologist was employed by the Corrections Service, they had power within the system which could have negative effects for the inmate. The responses in this area (10) were to do with the psychologist perhaps falsely categorising a person as dangerous or mentally unstable, reporting this back to the prison, thus jeopardising release from prison. Others were concerned that their view that they were not responsible for the offending would be interpreted and reported in a negative manner by the psychologist.

11) make others think that I am mentally ill

Stigma concerns are common to those contemplating consulting with a mental health professional (Kushner & Sher, 1989, 1991). This was also evident in some responses to the query about disadvantages of seeing a psychologist in prison ("think you've got a screw loose", "going off the rails"), and to related queries (others think..."you're a fruit cake for seeing a psychologist"), ("send you to a looney bin" -regarding admitting to suicidal thoughts and feelings).

12) make others think that I am a weak person

Some responses reflected a concern that others would regard asking for help as being a general sign of personal weakness, either generally or in relation to specific problems such as feeling suicidal. The term commonly used in New Zealand prisons for an inmate seen to be experiencing emotional difficulties is "broken arse", which implies an inability to cope with problems. Two inmates reported general concerns about weakness, others reported

that it was not “macho” to see a psychologist, or that to seek help would make you “look a woos”. One inmate commented that anyone who admitted to suicidal feelings was “just wanting sympathy”.

13) result in others being told about my private stuff

The most frequently mentioned concern about seeing a psychologist in prison was some general or specific breach of confidentiality (28). These concerns ranged from a general unease about whether the psychologist would pass on information (“do you repeat what we are saying?”) to the view that information gained through contact with the psychologist would be seen by many non-professional staff. Participants appeared to understand that the psychologist may have to disclose information regarding harm to self or others, but also felt that other personal information such as prior offending would not remain confidential. One participant believed that a visiting psychologist from another service would be a safer option regarding confidentiality.

**APPENDIX I: TPB MEASUREMENT ISSUES - MULTIPLICATIVE
COMPOSITES, BIPOLAR VERSUS UNIPOLAR SCALING**

The issues of scaling method for the TPB measures (bipolar versus unipolar) and multiplicative composites were briefly discussed in the introduction. Evans (1991) highlighted some potential difficulties in correlating a composite measure (the summed product of two separate measures) with a measure based on a single scale. Whilst Evans focused on empirical problems with multiplicative composite measures, his suggestion to consider using alternatives such as additive measures is similar to Bagozzi's (1981) critique of the current applications of expectancy-value models. These concerns are relevant to two of the six TPB predictor measures in the current research, the specific attitude-belief and normative-belief scales. In the present study, the researcher compared all analyses using the standard TPB strategy for specific scales (that is, multiplying belief and strength item components, then summing these products to form a scale) with Evans' suggested strategy to assess the unique effects of the interaction term (that is, belief by strength) versus the 'main effects' of belief and strength only.

For the test of the additive effects of multiplicative composites, at step one of the hierarchical regression analyses, the relevant specific scale items were included. Each component consisted of the summed totals only, for expected outcomes and for evaluation of outcomes (specific attitude), and for expected direction of others opinion and motivation to comply with these opinions (for specific norms). For the specific attitude measure, there was an increase in the explained variance in helpseeking intentions, from 33 to 43 percent, resulting from the inclusion of the multiplicative composite (outcomes by evaluations) at step two. For the specific subjective norm measure, there was also a modest gain of three percent in explained variance when the multiplicative composite measure was included at step two. Thus, these results confirmed Evans' suggestion that the simple correlation of multiplicative composites and variables such as intentions may *underestimate* the magnitude of the relationship, compared with the strategy of including both the additive and multiplicative terms in the hierarchical regression analysis. The standard TPB approach was used for the current research, to retain compatibility with other studies although it is acknowledged that this could have resulted in some attenuation of the relationships between specific-TPB measures and intentions.

Lauver and Knapp (1993) focused on the issue of the type of scaling that is appropriate for expectancy-value measures and noted the different opinions

regarding bipolar and unipolar scales. They advised the researcher to consider the theoretical rationale for the type of scale, and practical issues such as the compatibility of scaling used versus other applications of the theory being tested. Bipolar scaling was compared with unipolar scaling, for the specific attitudes and subjective norms measures.

In the first regression equation in which unipolar scaling was used (standard TPB model, helpseeking intentions for a personal-emotional problem as dependent variable, specific attitude and specific subjective norm as independent variables), the adjusted R^2 was .52, with similar Beta values for specific attitudes and norms. When bipolar scaling was used for attitudes and norms, the R^2 was somewhat lower at .39 with normative beliefs assuming greater influence than attitudes on the intention to seek help for a personal-emotional problem. This confirmed Lauver and Knapps' observation that correlations will fluctuate, depending on the type of scaling used. The emphasis in using belief-based measures is on explanation rather than prediction. Therefore the amount of explained variance is important though not critical. Bipolar scaling was retained for the specific belief-based attitude measure to maintain consistency with other TPB applications and to reflect both negative and positive attitudes toward helpseeking. The specific norm measure, as with other TPB applications, combined bipolar scaling in order to clarify the possible direction of others influence. Thus, the influence of others could be for or against helpseeking. The motivation to comply with others' influence was rated as low through to high (uni-polar, 7 point scale), rather than negative through zero to positive. This was also consistent with other applications of the TPB (e.g. Ajzen, 1991; Armitage & Conner, in press).

In summary, although the issues of multiplicative composites and scaling do not threaten the validity of the TPB, these preliminary analyses suggest that the results will differ when alternative measurement strategies are used. The strategy adopted for the present study was to use the prevailing TPB approaches to the measurement of the belief-based attitude and subjective norm scales. As noted, this allowed for a direct comparison of the performance of the TPB in the explanation and prediction of professional psychological helpseeking, and other health-behaviour TPB applications.

**APPENDIX J: BARRIERS TO HELPSEEKING AMONG PRISON INMATES
(IN PRESS, JOURNAL OF OFFENDER REHABILITATION)**

Barriers to help-seeking among prison inmates

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Abstract

Treatment avoidance or help-negation has been described in clinical and non-clinical samples, in response to real or imagined suicidal scenarios (Carlton & Deane, 2000; Rudd, Joiner & Rajab, 1995). The aims of the present study were to describe the process of seeking psychological help in prison based on inmate interviews and to assess the impact of several psychological and systemic factors on the intention to seek help in prison. Male prison inmates ($N = 52$) were less likely to seek help for suicidal feelings than for a general personal-emotional problem. Thoughts about death and suicide were associated with help-negation for prison inmates. Additionally, participants identified negative reactions from staff and other inmates, lack of trust in prison-psychologists, and aversive prison procedures for managing suicidal inmates as barriers to the expression of suicidal concerns. Suggestions are made to improve appropriate professional psychological help seeking by prison inmates. Future help seeking research in prison populations should incorporate longitudinal designs (e.g. the Theory of Planned Behaviour, Ajzen, 1991) to clarify the attitude-behaviour relationship.

KEYWORDS helpseeking barriers, suicidal ideation, help-negation, inmate attitudes

Thoughts and feelings of self-harm and suicide present unique demands to those afflicted, and to mental health service providers when suicidal individuals don't access appropriate treatment. Clark and Fawcett (1992) described "help-negation" among patients, whereby core features associated with the acutely suicidal state such as cynicism, lack of self-regard and hopelessness impact negatively upon service utilisation. Suicidal individuals may reject offers of assistance, and withdraw or be prematurely discharged from treatment, especially "if the patient's hopelessness is sufficiently contagious to infect the treating clinician " (Clark & Fawcett, 1992, p.41). Rudd, Joiner and Rajab (1995) found that those who did not follow through from assessment to treatment (24% of a young adult sample, aged 18 to 26 years) had more chronic levels of distress and were more likely to evidence poor adaptive coping personality styles, such as being avoidant and negativistic, than those who completed treatment. Research has also identified help-negation among non-clinical subjects such as adolescent high school students and university students, with a significant negative relationship between their intentions to seek psychological help and frequent suicidal thinking (Carlton & Deane, 2000; Deane, Wilson & Ciarrochi, in press). Deane et al. (in press) found that help-negation was not simply an expression of the immediate feelings of hopelessness that accompany the suicidal state, but may also result from specific thinking errors such as "cognitive distortion...(and)...cognitive rigidity" (p. 9) which interfere with problem-solving when suicidal.

The failure of suicidal individuals to access treatment has potentially severe and fatal consequences, particularly in settings such as prisons. A recent epidemiological study of psychiatric disorder in New Zealand prisons reported that 20.5% of inmates experienced frequent suicidal thoughts (Brinded, Simpson, Laidlaw, Malcolm & Fairley, 1999); compared with five percent of Australian adult males (Goldney, Wilson, Dal Grande, Fisher, & McFarlane, 2000). The rate of completed suicide in New Zealand prisons is also estimated to be four to six times that of the general community. Indigenous Maori comprise about 12% of the general population yet make up 45% of the prison population. Maori and younger inmates are at the highest risk of suicide in prisons (Maori Suicide Review Group, 1995). Despite the high risk of suicide for New Zealand prison inmates, they appear reluctant to seek help from prison staff when suicidal. Less than a third of the

suicidal inmates in the Brinded et al. study had discussed their thoughts of death and suicide with medical staff. These figures are consistent with the general trend within prisons, for where there is a gap between the incidence of significant mental health problems such as suicidality, and the utilisation of mental health services by inmates (e.g. Steadman, Holohean & Dubovskin, 1991).

Attitude-based research has also identified that New Zealand prison inmates may have difficulty seeking professional help, were they suicidal. Deane, Williams and Skogstad (1999) reported that inmates' intentions to seek help from a psychologist in prison could be predicted from their general help seeking attitudes (Attitude Toward Seeking Professional Psychological Help Scale, ATSPPHS, Fischer & Turner, 1970). However, the likelihood of help seeking varied according to the type of problem, with inmates reporting a significantly lower intention to seek help in response to "suicidal feelings" than in response to a "personal-emotional problem." The apparent reluctance of inmates to seek help when suicidal contrasts with other groups such as adolescents and university students, who are more likely to seek professional help for suicidal ideation than for other types of mental health problems (Carlton & Deane, 2000; Deane & Todd, 1995; Deane et al, in press).

Service utilisation data and attitudinal research suggest that inmates may avoid treatment when suicidal. Deane et al. (1999) argued that the prison environment has a direct and negative effect on inmates' help seeking attitudes and their intentions to seek psychological help. They suggest that the predominantly male setting of a prison would reinforce traditional male characteristics "such as competition, aggression, and limited emotional expression" (p. 66). Adherence to these characteristics has been found to restrict help seeking by males (Nadler, 1983), and may result in males having less favourable attitudes to seeking professional psychological help than females (Fischer & Farina, 1995; Fischer, Winer & Abramowitz, 1983; Surgenor, 1985; Tata & Leong, 1994). It was recommended by Deane et al. (1999) that further prison-based research "identify the unique cultural characteristics of prisons which potentially influence attitudes and other factors associated with professional psychological help seeking" (p. 66).

The current study aimed to further identify issues and concerns that affect help seeking by prison inmates, particularly help seeking for suicidal feelings. This

aim was primarily addressed by focusing on the inmate's perspective of the help seeking process in prison, given that the vast majority of mental service provision in prison relies on the voluntary participation of prison inmates. Participants were asked to describe what would happen should suicidal inmates seek psychological help, and to elaborate on reasons that suicidal inmates might avoid treatment. We were particularly interested in whether treatment avoidance or help-negation is a function of the suicidal state and associated personal characteristics (e.g. negativism) or whether it is also due other factors that have been shown to influence mental health help seeking in other settings (e.g. accessibility and visibility of professional staff), (Kuhl, Jarkon-Horlick, & Morrissey, 1997; Pescosolido & Boyer, 1999). It was expected that inmates' qualitative responses would provide some guide to the specific beliefs that influence their decisions about seeking help from a prison-based psychologist.

A secondary focus of the study was on the intentions of prison inmates to seek help from a prison-based psychologist for suicidal feeling and for a more general "personal-emotional problem." The study examined six factors that could influence the help seeking intentions of inmates: problem-type, general feelings of psychological distress, suicidal ideation, history of suicide attempts, prior contact with psychologists and general attitudes to professional help seeking. A prior prison-based study indicated that general attitudes to seeking psychological help and previous counselling experiences, would act to increase help seeking intentions (Deane et al., 1999). The study also suggested that inmates might be less inclined to seek help for a suicide-related problem than for a general personal-emotional problem. The current study aimed to replicate these findings and to examine the role of suicidal thinking and suicide attempts, in influencing decisions about getting professional help in the future. Reynolds (1988, 1991) reported that individuals who have previously attempted suicide had more frequent thoughts about death and suicide, than those who had not attempted suicide. Prior research has indicated that generalised psychological distress may promote help seeking efforts (Deane & Chamberlain, 1994), although the Rudd et al. study (1995) suggested that distress related to suicide might activate treatment avoidance tendencies. Therefore, the current study aimed to examine the relationships between suicidal thoughts, prior suicide attempts and help seeking intentions. The study is predominantly descriptive, first identifying whether the help negation process is present in male inmates such that as their suicidal ideation increases their intentions to seek professional

psychological help decrease. We then ask inmates to describe what they perceive as the advantages and disadvantages and barriers toward seeking help in the prison context in order to explore the potential to increase appropriate help seeking.

Method

Participants and procedure

The research was conducted at a small prison in Wellington, New Zealand that housed 110 minimum or medium security inmates. The prison population had a wide range of prison experiences, offence types and security-ratings, and the sample included many inmates who had been rated maximum-security classifications earlier in their prison sentence. All inmates were asked to participate in the study. The first part of the study involved a structured interview aimed at generating information related to the perceived reasons for seeking professional psychological help for suicide and other emotional problems. This included perceived advantages and disadvantages and barriers associated with seeking help. In addition, a brief questionnaire was administered. Fifty-two inmates agreed to participate in this stage of the research. Whilst all 52 completed the structured interview two were not able to complete the questionnaire due to inadequate English. Four weeks later the second part of the research involved administration of a questionnaire based on part one interview responses and re-test administration of standard questionnaire items administered previously. Forty-two inmates agreed to participate in the 4-week follow-up. The researcher was sensitive to ethical issues for prison-based research such as coercion (Arboleda-Florez, 1991), and inmates were provided with a written and verbal explanation of the research. It was emphasised that the decision to participate would not affect their prison sentence.

The socio-demographic characteristics of the 52 participants were similar to those reported for the NZ prison population in the most recent prison census (Lash, 1998). The average age of participants was 34.5 years and was consistent with the national trend of an older prison population with two-thirds of the census inmates aged over 25 years. The ratio of ethnic identities amongst the study participants was also similar to the census data, with 35% NZ Maori, 46% European, and 15% Pacific Island. Most (87%) had completed at least the first year of secondary school. The participants' offending was somewhat different from the general prison population,

with a greater representation of those with sexual offending, and a lower proportion of those convicted of violent and property offences (36%), than the prison census inmates (60%). The average length of the participants prison sentence was 57.6 months. Two-thirds were serving prison terms of less than 60 months, compared with 85% of the total NZ prison population.

Measures

Interview schedule

The general help seeking questions asked inmates' to identify potential barriers to seeking psychological help in prison, problems a psychologist in prison could help with and preferred psychologist-characteristics such as gender and ethnicity. They were also asked to list the advantages and disadvantages of seeking help from a psychologist in prison. Participants were then asked about help seeking when suicidal including their history of suicide attempts, their preferred sources of help if suicidal, and their views about possible barriers to seeking help from a psychologist. The first author (PS) conducted all interviews and recorded the inmates' verbatim responses to all of the open-ended questions. With regards to help seeking for suicide in prison, major themes were identified from the inmates interview responses. This was consistent with a qualitative approach to data analysis that emphasises the subjective experiences of participants (Tesch, 1990). The themes were grouped according to possible sources of perceived barriers to help seeking, such as the individual's mental state or the organisational/systemic responses to the suicidal inmate. The themes were based on the interview information, although the help seeking literature provided a guide as to possible response groupings (e.g. Amato & Bradshaw, 1985; Kuhl, Jarkon-Horlick & Morrissey, 1997; Pescosolido & Boyer, 1999).

Help seeking behaviour

Participants were asked whether they had sought help from a psychologist before, whether this was inside or outside prison, and how helpful prior psychological counselling had been. The attitude-behaviour research (e.g. Kim, Min-Sun & Hunter, 1993) suggests that intentions are predictive of actual behaviour, especially over shorter time periods of several days or weeks (Ajzen, 1991; Randall & Wolf, 1994). Consistent with other studies (Deane et al., 1999; Halgin, Weaver, Edell & Spencer, 1987; Bayer & Peay, 1997), intentions to seek psychological help in the future was

assessed by asking participants to respond to the following three items: "If you had a serious personal problem or emotional problem over the next few weeks, do you expect to seek help from a psychologist?" "Imagine that you were having a serious personal or emotional problem - how likely is it that you would see a psychologist in prison over the next few months?" and "In the future, if you felt suicidal, how likely is it that you would try and get help from a psychologist?" Participants responded to each item on a Likert-type scale ranging from (1) "extremely unlikely" to (9) "extremely likely."

These items were almost identical to intentions items used in other studies (e.g. Deane & Todd, 1995; Deane & Chamberlain, 1994; Kelly & Achter, 1995). The correlation between the two intentions items for a generic personal-emotional problem at $r = .78$ ($p < .01$), was higher than the correlation between the suicide item and either of the personal-emotional items ($r = .50$ & $.37$, $p < .05$). Therefore the two generic personal-emotional items were combined to form one general intention measure.

General attitudes toward seeking psychological help.

Inmates' general attitudes to seeking psychological help were assessed using the brief, 10-item version of the Attitude Toward Seeking Professional Psychological Help Scale (ATSPPHS, Fischer & Farina, 1995). The original 29-item questionnaire had adequate internal consistency (Cronbach alpha = $.86$), adequate stability over time ($r = .82$ at four weeks), and was free from social desirability effects. Due to the uncertain underlying factor structure the scale is regarded as reflecting a general orientation toward seeking psychological assistance (Fischer & Farina, 1995; Surgenor, 1985). The original measure reliably discriminated between the attitudes of males and females, and within gender roles (Good, Dell & Mintz, 1989; Johnson, 1998), between ethnic groups (Delphin & Rollock, 1995; Sue, 1994), and within minority ethnic groups according to the identification with the traditional versus mainstream culture (Price & McNeill, 1992).

Fischer and Farina (1995) recommended the brief form of the ATSPPHS for research purposes, which is much shorter than the original questionnaire yet still correlated highly with the longer measure ($r = .87$). Slight adjustments were made to some items to simplify the language for the current study. These were item 1 - "my

first inclination" changed to "my first thought"; item 4 - "something admirable" changed to "something good", and for two other items, "psychotherapy" was replaced with "counselling." The measure has a four-point Likert-type response format, from strongly agree (1) to strongly disagree (4). Scoring is reversed for some items, with higher scores reflecting more favourable attitudes to seeking professional psychological help. For the current study, the internal consistency of the ATSPPHS (short form) was adequate ($n = 50$, Cronbach alpha = .79), as was the test-retest reliability at four weeks ($n = 42$, $r = .69$, $p < .01$), although it was somewhat lower than that reported by Fischer and Farina ($n = 32$, $r = .82$).

General psychological distress

General psychological distress was assessed with the Hopkins Symptom Checklist-21 (HSCL-21, Green, Walkey, McCormick & Taylor, 1988). The HSCL-21 is a shortened form of the Hopkins Symptom Checklist (Derogatis, Lipman, Rickels, Uhlenhuth & Covi, 1974), with items being rated on a four point Likert-type scale, from "not at all" (1) to "extremely" (4). The HSCL-21 has been reported to be an effective brief measure of current psychological distress among prison inmates, in terms of reliability, and relationships with constructs such as treatment fearfulness (Deane et al., 1999). Minor modifications were made to some items to make them more easily understood by a New Zealand sample. "Blue" was changed to "sad", feeling "inferior" to others was altered to feeling "not as good" as others, and "sloppiness" was altered to "messiness." For the current study, the test-retest reliability of the HSCL-21 at four weeks was $r = .71$, $p < .01$. The Cronbach alpha ($n = 49$) was $r = .88$.

Suicidal ideation

Suicidal ideation was assessed using items from the Suicidal Ideation Questionnaire (SIQ, Reynolds, 1988, 1991). The original SIQ had norms based on large samples (1100 College students, 500 Community adults), had satisfactory internal consistency and test-retest reliability, and correlated with measures of anxiety, depression and hopelessness (Reynolds, 1988). Pinto, McCoy, and Whisman, (1997) reported that half of the "critical", high-suicide potential items identified by Reynolds (1988), discriminated suicidal from non-suicidal adolescents. These items were: "I thought about how I would kill myself", "I thought about death", "I thought that killing myself would solve my problems" and "I wish I had the nerve to

kill myself." These items were scored on a seven-point scale ranging from (1) "I never had this thought" to (7) "almost every day." Potential scores on the four item scale ranged from 0-28, with higher scores indicating higher levels of suicidal ideation. The internal consistency of the resulting measure was satisfactory (Cronbach alpha = .86); as was the 4-week test-retest reliability ($n = 42$, $r = .73$, $p < .01$).

Results

Interview responses

Responses from the structured interview were analysed descriptively and grouped into perceived advantages and disadvantages about seeking help from a psychologist in prison. These groupings were regarded as equivalent to the "approach" or "avoidance" factors that others have described, as influencing individuals help seeking efforts (Kushner & Sher, 1989; 1991).

Perceived advantages of seeking help

The themes for positive expectations were that psychologists could directly and effectively deal with a wide range of personal and mental health issues, and that the psychologist had high influence on the decision-making processes within the Corrections system. Psychologists were seen as able to deal effectively with issues such as negative childhood experiences and low self-esteem and to provide guidance about managing and changing problematic behaviours such as a lack of self-control and "unhealthy habits." The process of talking over problems was also viewed as inherently useful, as indicated by some of the participants' verbatim comments: "someone who listens...could provide help," "a shouting board," "hear yourself speaking...know what has to change," "helps to get a lot out of your head...bring out years of bottling it up." Psychologists were also regarded as being able to influence the prison-system in a positive way, such as the ability to expedite an inmate's progress by providing favourable reports to the local District Prisons Board.

Perceived disadvantages of seeking help

Negative expectations regarding contact with a prison-based psychologist included concerns that others (staff and inmates) may interpret this contact in a negative way and that the psychologist had conflicting loyalties to the inmate and

"the system." For example, some participants were concerned that other inmates would see help seeking from a psychologist as a sign of being "crazy." Inmates recognised that contact with mental health professionals such as a psychologist may increase their security rating by adding security classification points. Thus, these informal and formal responses to the inmate seeking help from a mental health professional (psychologist) were seen as possible disincentives to help seeking. Psychologists, due to their links to "the system", were expected to breach confidentiality by passing on inmates' personal information to other staff. Inmates had concerns that a negative psychological report would slow their progress through the system (e.g. prevent possible early release), which was therefore seen as a further disincentive to seeing the psychologist. Participants also expected organisational barriers to accessing psychologists due to; low numbers of psychologists in prison, long waiting lists and waiting times and, referral processes. Referral processes were viewed as a barrier because inmates were unable to self-refer and had to rely on others particularly prison officers to relay the referral in writing to the psychologist.

Help seeking when suicidal

The interview data specific to suicide were examined to identify positive and negative expectations about seeking help from a psychologist when suicidal. The majority of inmate comments were negative and suggestive a number of factors that would decrease the probability that inmates would seek help when suicidal. The few positive comments (e.g. "rather they (staff) see me than take my own life") were from inmates who also had higher intentions to seek help. The quality of the responses did not appear to vary according to whether a person had a history of suicide attempts, however participants with low intentions to seek help for suicidal feelings and/or with high levels of suicidal ideation tended to be most negative in their comments. Some themes were very similar to those expressed for general help seeking issues, such as concerns regarding accessibility. For example, a few participants thought that a prison-based psychologist would have the expertise to deal with issues of self-harm and suicide, but the psychologist was not expected to be available at high-risk times such as during the evening. Participants also expected less psychological help to be available for inmates who were on remand, yet suggested that this was when many inmates felt suicidal, due to separation from family and "awaiting sentencing...facing up to a long sentence."

There were additional barriers to help seeking when suicidal and these are listed in Table 1.

Insert Table 1 about here

Suicidal state of mind

Participants assumed that if they, or another inmate, were feeling suicidal, the tendency would be to isolate themselves from others in response to feelings of depression. They also expressed the view that if a person really wants to kill themselves, it will happen and cannot (and should not) be stopped. Thus, they had an all or nothing view of the suicidal state where a person was either suicidal (and is liable to kill themselves) or isn't suicidal.

Concerns about others reactions or opinions

The inmates' view of the suicidal state was reflected in their views about those who might be suicidal. Some participants divided those who were suicidal into two groups - those who were serious and genuinely suicidal versus those who were "attention-seeking." The serious group was seen as being "staunch", deserving of respect and of at least passive support to act on their intentions. Attention seekers were regarded as wanting pity from others, and in the prison vernacular, as a "broken arse" or "wuss." Participants also believed that those who were genuine would "keep quiet", rather than "advertise it" (being suicidal). There was an expectation that telling other inmates about suicidal feelings would be fruitless, as they "would not care." This was not surprising, given participants' own views about those who complained of feeling suicidal.

Lack of trust in others

Participants expected Correctional staff who were told about suicidal issues to pass on this information. They therefore viewed a lack of trust in others as a significant barrier to reporting suicidal thoughts and feelings. Some participants stated that the "Department" (of Corrections) could not be trusted with such information, and would use it against the inmate during their sentence.

Prison suicide management procedures

Participants were concerned about other consequences of prison staff being informed that they were suicidal. In particular, they did not want to be placed in a "safety cell" alone, without their own clothing, and under constant observation or camera surveillance.

The responses from this section of the interview were used to generate items that asked inmates about potential responses when they were suicidal. Each item was rated on a scale ranging from (1) "extremely unhelpful" to (7) "extremely helpful." The items were administered to the inmates four weeks after the initial interview. The ratings are summarised in Table 2 and ordered from most to least helpful.

Insert Table 2 about here

Intentions to seek help

We also explored inmate's general help seeking intentions and their relationship with other variables. General attitudes to seeking psychological help was the only variable that had a significant correlation with help seeking intentions for a personal-emotional problem ($r = .59$, $p < .001$, see Table 3 for correlations). Inmates who viewed psychological counselling positively appeared more willing to approach psychologists for help if necessary. Contrary to prior help seeking research, neither general psychological distress (HSCL-21) nor prior contact significantly correlated with future help seeking intentions. However, those inmates who had previously been seen by a psychologist in prison did have more positive -help seeking attitudes than inmates without psychological contact (ATSPPHS short-form, $M_1 = 22.6$, $SD = 5.1$, $M_2 = 15.3$, $SD = 6.8$, $t(48) = 4.1$, $p < .001$). The cross-sectional design did not allow us to determine whether contact with psychologists lead to more favourable attitudes or whether those with more favourable attitudes were more likely to seek help. The correlation between the different help seeking intention measures ($r = .46$, $p < .01$) indicated that inmates who are prepared to seek help for a personal-emotional problem are also likely to seek help for suicidal feelings. However, consistent with prior prison-based research (Deane et al., 1999) inmates indicated that they would be significantly less willing to seek help for suicidal feelings ($M = 4.8$, $SD = 2.7$) than for a general "personal-emotional" problem ($M = 5.9$, $SD = 2.7$, $t(46) = 2.83$, $p < .01$). This is consistent with the help negation for suicide described in other samples, but more notable was the finding that as inmates suicidal ideation

increased their help seeking intentions for suicidal feelings decreased ($r = -.32, p < .05$). There was an inverse relationship between suicidal ideation and help seeking intentions.

General attitudes toward seeking psychological help were significantly and positively correlated with help seeking intentions for suicidal feelings ($r = .64, p < .001$). There was a positive correlation between psychological distress (HSCL-21) and suicidal ideation (SIQ-critical items, $r = .44, p < .01$) suggesting those experiencing suicidal ideation are also more psychologically distressed. However, psychological distress was not associated with intentions to seek help when suicidal.

Insert Table 3 about here

Inmates with a suicide attempt history – a higher risk group?

The suicide literature indicates that a history of suicide attempts increases the risk of further attempts (Patterson, Dohn, Bird & Patterson, 1983). Fifteen inmates, 33% of those interviewed had a lifetime incidence of at least one suicide attempt, and two inmates had attempted suicide within the previous year. Seven of the suicide attempts met the criterion of “serious” according to Reynolds (1988), that is they were “life threatening with a small probability of failure” and involved methods such as attempted hanging.

Participants with an attempt-history did not differ from other inmates in terms of their overall attitudes toward seeking psychological help (see Table 4 for comparisons). There were also no significant differences between those with and without prior suicide attempts on future help seeking intentions for suicidal feelings ($t(45) = 1.3, p > .05$) and a “personal-emotional problem” ($t(47) = 1.9, p > .05$). However, there were indications that those with an attempt history had higher levels of general emotional distress and suicidal ideation. Participants who had made prior suicide attempts had higher levels of current psychological distress than other participants ($t(47) = 2.5, p < .05$), and reported a higher frequency of current thoughts about suicide on the four critical SIQ items ($t(48) = 3.5, p < .01$). As noted previously, frequent thinking about suicide was associated with a lower likelihood of seeking help for suicidal feelings.

Insert Table 4 about here

Discussion

The interview responses for general help seeking issues supported Kushner and Shers' (1989, 1991) conceptualization of help seeking as a conflict between approach and avoidance pressures, which may occur simultaneously. There appeared to be many perceived risks associated with receiving assessment and treatment from a prison-based psychologist. Thus, psychological reports could possibly shorten, or extend the length of the prison sentence. Ventilation of feelings was seen as providing immediate relief from problems and stresses, but could also lead to taunts by staff and other inmates upon returning to their prison unit. The discussion of personal details, as part of the positive experience of ventilating feelings and solving problems, could also activate concerns about such information being passed on to other staff. For those who experienced more severe mental health problems, a frank disclosure of mental health concerns to the psychologist was viewed as appropriate given the psychologists expertise and training, but such disclosure could also lead to stigmatisation by others and increase the inmate's security classification. Therefore, it is likely that many of these specific expectations and concerns would form part of the cost-benefit analysis said to proceed actual help seeking (Pescosolido & Boyer, 1999), in addition to the influence of prison inmates' general help seeking attitudes.

There were two indicators that prison inmates may avoid help seeking when suicidal. First, participants in the current study as with the prior NZ prison-study, rated their help seeking intentions "suicidal feelings" lower than for a "personal-emotional problem." Second, more frequent thoughts about death and suicide were associated with a lower likelihood to seek psychological help. Whilst this "help-negation" effect has been found in other non-clinical samples of high school students (Carlton & Deane, 2000) and university students (Deane et al., in press) this is the first time it has been established in a prison sample. It appears to suggest that suicidal ideation even at non-clinical levels provide a substantial barrier to appropriate help seeking.

Prison inmates share characteristics of those who may avoid treatment for suicidal feelings in other settings. For example, inmates demonstrated some of the cognitive rigidity and inflexibility that Deane et al. (in press) argue may occur before the suicidal crisis, and be exacerbated by the suicidal state. Inmates viewed being suicidal as an all-or-nothing experience with no gradations between. Similarly they viewed those who experienced suicidal feelings as either genuine (and deserving of at least tacit support) or as mentally weak ("broken arse"), attention-seekers. Adherence to these specific beliefs could restrict inmates' help seeking options. For example, inmates would need to consider whether any personal thoughts and feelings about self-harm and suicide were serious and genuine. Even if they rated their own thoughts and feelings as genuine, the public admission of these feelings in the form of help seeking placed them at risk of being labelled as mentally weak. Those who demonstrated help-negation in the Rudd et al. study (1995) had higher levels of chronic psychological distress than mental health clients who completed treatment. In this study, thoughts about death and suicide are the forms of emotional distress that may restrict help seeking even when there is an immediate suicidal crisis. It is therefore possible that thinking style (cognitive inflexibility, rigidity) and content (death and suicide) combine to produce the fatalistic views about suicide, expressed by many participants.

The prison setting appeared to exacerbate treatment avoidance tendencies through prison culture and the procedures for dealing with suicidal inmates. The prison culture continues to reinforce traditional male role stereotypical behaviours and inmates reported feeling pressured to conform to these social norms, including the ways to cope with emotional distress. Participants wanted to restrict the expression of emotions such as sadness and fear, to private situations such as within the confines of a consultation session with a psychologist. The open expression of these feelings was seen as unmanly, or not being "staunch", and would result in negative comments and labeling by other inmates and prison staff. The expression of emotional distress as anger and violence was viewed as more acceptable, even if it resulted in the inmate being secluded in "the pound." The restriction or distortion of emotional expression suggested by inmates' qualitative responses is consistent with findings among male College students (e.g. Blazina & Watkins, 1996; Good, Dell & Mintz, 1989; Leong & Zachar, 1999), whereby "gender role conflict" impedes help seeking. For prison inmates, gender role conflict

("elements of the male role...(that)...result in negative consequences for men," Good et al., p.295) is perhaps most apparent for those who are suicidal. Sadness, depression and anxiety, which are common concomitants to suicidal tendencies, may be the most difficult feelings to express and cope with in prison.

There appeared to be a discrepancy between what the inmates expected to happen for suicidal inmates, and what they would prefer to occur. Participants preferred to be kept in contact with familiar surroundings (e.g. their own cell), and with familiar support people such as friends and family when suicidal. Mistrust of prison psychologists as a function of their dual roles in the correctional system was evidenced by some participants' preference for professional assistance to be available from a non-Corrections mental health professional. The least preferred responses were those risked publicly identifying a person as suicidal. Some of the risks included writing the names of suicidal inmates on the unit notice-board in a different colour, removal of the inmate to a special camera/secure cell, and removal of privileges. These approaches activated stigma concerns for inmates (c.f. Deane & Chamberlain, 1994; Kushner & Sher, 1991), and associated feelings such as "shame" (Maori Suicide Review Group, 1996). These concerns matched participants' negative attitudes toward those who went public with their suicidal feelings. Attitudes and prison suicide procedures are barriers that show some potential for change to facilitate more appropriate help seeking in prisons.

Attitudes about help seeking and suicide

It is possible to alter attitudes toward mental illness and to improve treatment compliance through educational approaches (Deane, Spicer & Leathem, 1992, Farina, Fisher, Getter & Fischer, 1978). The current study suggests that inmates may not act on their intentions to seek psychological help due to the influence of situation-specific concerns. It is therefore recommended that inmates are provided with information about seeking help for problems in prison and information targeting specific faulty beliefs, such as the belief that seeking help is incompatible with maleness (Ritter & Cole, 1992). With regard to suicidality, inmates need to be provided with information that outlines normal reactions to imprisonment such as feelings of sadness, depression and thoughts of self-harm. The information should accurately describe the range of possible suicidal concerns from fleeting negative

thoughts and feelings in response to daily stressors, to more constant negative thoughts, through to actions based on suicidal thinking and feelings.

Procedures for the management of suicidal inmates

Reviews of suicide in prisons (e.g. Biggar & Neal, 1996; Cox & Morschauser, 1997; Dexter & Towl, 1995; Liebling, 1993; Towl, 1996) recommend there is an overall strategy beyond identification of suicidal inmates. The strategy needs to deal with stressors such as family problems, release concerns (Dexter & Towl, 1995); problems with other inmates, segregation and facing a long sentence (Liebling, 1993); but also to combat prison overcrowding and the inappropriate placement of those with severe mental illness in prison (Lester, 1990). The educational emphasis on suicidality as a continuum needs to be mirrored in the organisational response to the suicidal inmate. Inmates should be able to self-refer to psychologists, when suicidal. The initial responses to the suicidal inmate should be non-aversive or restrictive in nature, emphasising appropriate care and monitoring within their existing situation. These strategies would encourage the earlier expression of suicidal thoughts and feeling by inmates.

Since this study was undertaken, a separate Designated Care Unit has been developed at a New Zealand penal institution, for inmates with self-harm, suicidal, or related mental health problems. The unit de-emphasises the aversive consequences of seeking help, and emphasises a medical/treatment approach rather than a preoccupation with containment (McDougall, 1996). The inmate preference for increased family contact when suicidal is similar to the recommendation that the medical model is replaced with a "community care model" (Biggar & Neal, 1996). The latter emphasises "a better quality of care through supportive relationships at all levels" for those at risk of suicide in prison. Prison officers will most often be the first source of help to suicidal inmates, and their approach is critical in either encouraging or dissuading the inmate to seek further help. It is important that prison staff do not display aspects of help-negation themselves, such as viewing help seeking in negative terms (e.g. "attention seeking") or viewing psychological treatment as ineffective. Staff training must extend beyond assessment skills, to include an understanding of possible barriers to help seeking, as identified in this study.

Conclusions

Participants in the current study were less willing to seek help when suicidal, compared with help seeking for a personal-emotional problem. Reluctance to seek help when suicidal stemmed from several sources including personal attitudes, frequency of thoughts about death and suicide, perceived negative attitudes of staff and other inmates, and perceived negative responses to suicidal inmates such as placement in a camera cell. Help-negation for prison inmates involves systemic factors, as well as the previously identified factors of the suicidal state and problematic personality traits (Rudd et al., 1995). Prison authorities need to incorporate the inmates' viewpoints to increase early identification of those who could be at risk of suicide, and to improve service provision to suicidal inmates (e.g. Maori Suicide Review Group, 1995; NZ Department of Justice, 1996).

The current study was exploratory in nature with a small sample and limited quantitative analyses. Further research on inmate help seeking could use existing social-psychological models such as the Theory of Planned Behaviour (Ajzen, 1991) to determine the relative impact of situation-specific beliefs and significant others on decisions to seek psychological help, in addition to global attitudes. A longitudinal research design would clarify the relationship between attitudes and behaviour (Fischer & Farina, 1995), and the extent to which inmates act on their intentions to seek psychological help when faced with actual problems.

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Table 1
Barriers to help seeking when suicidal

1) Suicidal state of mind.	<p>“depression will keep you quiet”, “you want to be alone...don't want to let someone else know that you're down”</p> <p>“they are out of their mind...depressed”, “in that state of mind...would just be thinking of ways and means to do it”</p> <p>“could feel no hope, he (the psychologist) can't help”, “would feel ashamed, shame about doing it”</p>
2) Concerns about others reactions or opinions	<p>“other inmates would not care”, “ would look like a wus”</p> <p>“no-one would understand or give a shit”, “if advertise it, just want sympathy”</p> <p>“broken arse, a lot want pity...if want to do it, don't want to talk, will avoid others”</p>
3) Lack of trust in others	<p>“information on file used by others”, “no trust...they have to report it”</p> <p>“lost all hope and trust in others”, “lack of trust in other people”</p>
4) Prison suicide management procedures	<p>“end up in the safety cell”,</p> <p>“thrown into the ob (servation) cell and checked every half hour”</p> <p>“could get moved...prefer to keep (suicidal thoughts and feelings) to myself”</p>

Table 2

Preferred responses if participants felt suicidal

Item	Mean Score
put in contact with family and friends	5.7
talk with professional from outside prison	5.4
talk with trusted inmates	4.5
talk to an officer about how I am feeling	4.3
talk to the prison nurse	4.2
put under observation in own cell	3.4
keep to myself, not talk to others	3.1
get placed into safety cell	2.8
taken off privileges	1.9
have others laugh and give me a hard time	1.8

Note: Item stem - ` the next statements are things that inmates have would be helpful or unhelpful if they were feeling suicidal. If you were feeling suicidal, would this be helpful or unhelpful (from 1 "extremely unhelpful" to 7 "extremely helpful")

Table 3

Intercorrelations (2-tailed), means and standard deviations of factors associated with help seeking for a personal-emotional problem, or suicidal feelings

Variable	2	3	4	5	6	M	SD
1. Personal-emotional problem	.46**	.59**	.03	.02	.27	5.87	2.69
2. Suicidal feelings	-	.64**	-.04	-.32*	.19	4.78	2.76
3. Attitudes toward help seeking		-	-.10	-.18	.17	20.72	6.37
4. Psychological distress			-	.44**	-.34*	37.88	10.50
5. Suicidal thoughts				-	-.46**	7.46	4.32
6. Prior suicide attempts					-	-	-

* $p < .05$, ** $p < .01$

Table 4

Means, standard deviations and *t*-values for comparisons between inmates who did or did not have a history of suicide attempts

Variable	Prior suicide attempt		No prior suicide attempt		t
	M	SD	M	SD	
Helpseeking intentions					
personal-emotional	4.73	2.84	6.28	2.51	1.91
suicidal feelings	4.00	2.59	5.10	2.82	1.27
Helpseeking attitudes	19.00	6.57	21.29	6.26	1.16
Psychological distress	43.33	11.37	35.47	9.44	2.52*
Suicidal thoughts	10.33	5.89	6.09	2.63	3.51*

* $p < .05$