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## Reasons for not providing initial support to a colleague, friend or family member experiencing a mental health problem or crisis

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### Abstract

#### Aim

To investigate reasons for not helping a person experiencing a mental health problem, and explore factors associated with not offering help.

#### Methods

Data were collected as part of a randomised controlled trial evaluating Mental Health First Aid (MHFA) in the workplace conducted with 608 Australian adults. Participants were asked if a colleague, friend, or family member had any mental health problem in the last 12 months, whether they had tried to help them, and reasons for not helping. These reasons were content analysed and predictors of not helping were explored with logistic regression.

#### Results

A minority of participants did not offer help, with reasons for not helping (n=107) related to the recipient already being helped, characteristics of the recipient such as perceived illness type, the type of relationship between helper and recipient, distance or time barriers, and a lack of skills or knowledge.

#### Conclusions

Some reasons for not helping cannot be modified but others could be used to inform the curricula of MHFA or other gatekeeper training.

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## Keywords

Mental disorders, social support, helping behaviour, workplace, mental health first aid

## Introduction

Mental disorders are highly prevalent and disabling (James et al., 2018; Rehm & Shield, 2019). Members of the public are therefore likely to know someone with a mental health problem, including those with diagnosed disorders or subclinical symptoms, and may be well placed to provide support (Reavley & Jorm, 2014, 2015; Rossetto, Potts, Reavley, & Henderson, 2020). This support, also termed “mental health first aid”, is defined as the help provided to a person experiencing a mental health problem or mental health crisis, given until appropriate professional treatment is received or until the crisis resolves (Kitchener, Jorm, & Kelly, 2015).

A small body of literature has examined the factors that influence the provision of mental health first aid. Few studies have explored the factors that prevent or limit offers of help to people with mental health problems. However, existing research suggests that the decision to provide help is affected by a complex array of factors, including the relationship between the individual and the person with mental health problems, the presence and severity of the person’s symptoms, the characteristics, circumstances and abilities of the individual offering help, and characteristics or behaviours of the person experiencing mental health problems (Owens et al., 2011; Rossetto, Jorm, & Reavley, 2018).

It is important to investigate why people may be reluctant to provide mental health first aid. Reasons for not offering help may be related to a perceived lack of knowledge or skills, which can be modified, for example, through increasing people’s awareness of the availability of Mental Health First Aid (MHFA) courses and other gatekeeper training (Jorm & Kitchener, 2011; Rodgers, 2010). Knowing some common reasons for not offering help could enable them to be addressed in the curricula of such training programs, and could also be used to inform the framing of public health messages aimed at increasing rates of helping in the community (Nicholas, Rossetto, Jorm, Pirkis, & Reavley, 2018; Owens et al., 2011). Lastly, informal supports, such as family, friends and colleagues, are often perceived as helpful when addressing mental health concerns (Reavley & Jorm, 2011; Riedel-Heller, Matschinger, & Angermeyer, 2005), and can positively influence rates of professional help-

seeking (Cusack, Deane, Wilson, & Ciarrochi, 2004; Downs & Eisenberg, 2012); not offering or providing help may miss opportunities for early intervention, and reduce the amount of social support available to people experiencing mental health problems.

This brief report aims to elucidate people's reasons for not helping a family member, friend or colleague experiencing a mental health problem, and explore factors associated with not offering help.

## Method

Data were collected as part of a randomised controlled trial evaluating MHFA in the workplace (Reavley et al., 2018). This compared the effectiveness of an online version of MHFA, blended MHFA (online plus face-to-face course delivery), and online physical first aid training up to 2 years after training. Participants were 608 Australian adults recruited through the Australian public service (Commonwealth and State government employees). At baseline, the mean age of participants was 41.2 years (SD=10.9), 74.1% were female, 66.1% were tertiary educated, 65.4% were married or in de facto relationships, 87.1% spoke only English at home, and 1.2% were Aboriginal or Torres Strait Islander. Data on help given to others with a mental health problem were collected at 3 timepoints: baseline and 1- and 2-year follow-up, and combined for this paper. Participants were asked "Over the last 12 months, has anyone that you work with had any sort of mental health problem<sup>1</sup>?". If they answered 'yes', they were asked "What do you think the mental health problem was?" and "Over the last 12 months, did you try to help the person?". If they responded 'no', they were then asked an open-ended question "Are there any reasons that you did not do anything to help the person with this problem?". Participants were then asked the same series of questions for family or friends outside of the workplace.

Reasons for not helping another person with a mental health problem were content analysed into themes, with multiple reasons possible per response. Predictors of not helping were explored with logistic regression, with alpha set at  $p < .05$ . Potential predictors were sociodemographics of the helper (age, gender, marital status, English language, tertiary education), person needing help (age, gender), their perceived mental health problem, the

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<sup>1</sup> A mental health problem was defined as "a cluster of symptoms that affects a person's thinking, emotional state and behaviour, and disrupts the person's ability to work or carry out other daily activities and engage in satisfying personal relationships. The problem lasts for a period of weeks or more."

relationship between the two people, and stigmatising attitudes of the helper (described in Reavley et al., 2018). In the workplace relationships were co-worker, supervisor, subordinate, or other; outside the workplace relationships were family member, friend, acquaintance, neighbour, other. The study was approved by the University of Melbourne Human Ethics Sub-Committee (Ethics ID 1341345.2).

## Results

A majority of participants reported knowing a colleague or a friend or family member with a mental health problem at each time point, and only a minority did not offer help (see Table 1). Combining across timepoints, there were 110 responses on the reasons for not helping a colleague (n=47) or a family member/friend (n=63) with a mental health problem. Removing three vague/incomprehensible responses that could not be coded left 107 codable responses (n=46 for not helping a colleague and n=61 for not helping a family member or friend).

Table 2 summarises reasons given for not providing help to someone with a mental health problem. These reasons, and their frequencies, were similar regardless of whether the person was a colleague or family member/friend. Family members or friends more often mentioned not spending time together, or not knowing what to say or how to approach, as reasons for not helping. Only two reasons were unique to one relationship or setting: the respondent becoming aware of their colleague's mental health problem after they left, took leave or disclosed, was only mentioned in relation to colleagues; and the person dying was only mentioned in relation to family members or friends.

Colleagues were less likely to be helped if they were a superior (OR=0.24, 95% CI 0.09-0.65, p=.005) or they were thought to have a personality disorder (OR=0.07, 95% CI 0.01-0.41, p=.004). People outside the workplace were less likely to be helped if they were an acquaintance (OR=0.21, 95% CI 0.07-0.64, p=.006), were thought to be experiencing psychosis (OR=0.29, 95% CI 0.11-0.77, p=.013), or the helper was younger in age (OR=0.97, 95% CI 0.94-1.00, p=.049) or scored higher on stigmatising attitudes (OR=0.48, 95% CI 0.26-0.90, p=.021).

## Discussion

The findings indicate that reasons for not helping someone with a mental health problem were similar across personal and professional settings. Of the three most common reasons for not helping, two involved the person already being helped (by professionals, other people, or through self-management). Other common reasons or predictors of not helping were related to the characteristics of the recipient or their circumstances, such as being perceived as difficult to approach or having a severe mental illness. The type of relationship was particularly important, as having a less close relationship (e.g. an acquaintance) or not knowing the person well were key reasons or predictors for not helping. Barriers such as physical distance and time were also frequently mentioned, while a lack of skills or knowledge was cited comparatively less often. Many of these findings are consistent with existing research that highlights how the relationship between the helper and recipient can inhibit or facilitate helping, as can situation-specific factors (e.g. already seeking help or being helped by someone else), and recipient-specific factors (e.g. refusing help or being a private person; Owens et al., 2011; Rossetto et al., 2018).

The aim of this research was to gain a deeper understanding of the barriers to offering help and whether these can potentially be mitigated or overcome. The findings suggest that some reasons for not helping would not be amenable to change (e.g., when the person is effectively managing their mental health problems without additional support), but others may be (e.g., not knowing what to do or say, how to support someone at a distance or help an acquaintance or superior). Courses such as MHFA and other gatekeeper training may help address these latter barriers in a way that does not force support on people who do not want it. These could include more discussion and practice around the interpersonal factors that influence help giving. For example, MHFA Refresher training, which extends accreditation after 3 years, revises key skills and includes some information on overcoming barriers to giving help. Given the findings of this research, it could also cover how to navigate more complex help-giving situations, such as approaching a person who may not be open to a conversation about their mental health, supporting someone when separated by distance, and working through perceived costs of helping (e.g. fear of overstepping the boundaries of a workplace relationship by discussing personal issues).

This study adds to the limited research on reasons for not providing mental health first aid. As the sample comprised predominantly female, middle-aged and tertiary educated Australians who took part in a study evaluating courses on helping others with a health problem, findings may not generalise to the broader Australian working population or those without an interest in first aid training. For instance, due to social desirability, some participants may have avoided admitting to not providing help, though this proportion was similar to a nationally representative survey on helping someone distressed or suicidal (Nicholas, Pirkis, Jorm, Spittal, & Reavley, 2019). Further, the questions reported on in this work were not the focus of the original study and were therefore limited in scope. Given that responses were sometimes vague, and potentially subject to recall bias, future survey-based studies may benefit from additional questions to contextualise and clarify participants' responses. Future research could build on this work by employing qualitative methods to investigate situations in which reasons for not helping someone with a mental health problem were managed or overcome. This information could then be used to inform the curricula of MHFA or other gatekeeper training to improve the likelihood of participants offering help where possible, thereby increasing rates of early intervention and levels of support for people experiencing mental health problems.

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### Conflict of Interest

AR is employed by Mental Health First Aid Australia.

### Data availability statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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## Tables

Table 1. Participants who knew a colleague or a family member/friend with a mental health problem and did not offer help

	<b>Baseline</b>		<b>1-year follow-up</b>		<b>2-year follow-up</b>	
	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>
Colleague with mental health problem in past 12 months	320	52.6	140	53.6	115	49.8
Did not try to help	27/272	9.9	6/121	5.0	12/104	11.5
Friend/family with mental health problem in past 12 months	467	76.8	168	65.1	149	64.5
Did not try to help	42/436	9.6	8/155	5.2	11/140	7.9

Table 2. Reasons for not providing mental health first aid to a colleague or family member/friend with a mental health problem.

Reason (n)	Example	N (%) of codable responses for colleague (n=46)	N (%) of codable responses for family member/friend (n=61)
Person sought appropriate medical help themselves (37)	<p>“They are already linked into a good GP [general practitioner] and psychologist.” (Colleague)</p> <p>“Currently being treated by GP.” (Family/friend)</p>	16 (34.8)	21 (34.4)
Person is a private person, difficult to approach or does not want help (26)	<p>“The person in question is a very private man. He doesn’t talk about this issue though it presents often throughout his interactions with coworkers. He would be offended and probably consider it to be harassment if not bullying were I to mention it.” (Colleague)</p> <p>“I have tried in the past and they are extremely committed to not facing their issues and alienating everyone in their life if they have to in order not to change.” (Family/friend)</p>	11 (23.9)	15 (24.6)

<p>Person is managing the mental health problem by themselves or with the help of other family/friends (17)</p>	<p>“This person already has coping strategies that they initiate (such as meditation and exercise) to self-manage their anxiety.” (Colleague)</p> <p>“Other family members more appropriate to help and were doing so. Instead provided support to those family members.” (Family/friend)</p>	<p>8 (17.4)</p>	<p>9 (14.8)</p>
<p>Respondent became aware of their colleague’s mental health problem after they left the organisation, took leave or disclosed (7)</p>	<p>“The person took time off work and it was only after they had left that I became [aware] of the reason they were away.”</p>	<p>7 (15.2)</p>	<p>-</p>
<p>Respondent does not have close relationship with the person (10)</p>	<p>“Didn’t know them well enough.” (Colleague)</p> <p>“The person is not a close friend and has a good relationship with others better equipped than me to assist. I offered that if they require anything to let me know.” (Family/friend)</p>	<p>5 (10.9)</p>	<p>5 (8.2)</p>
<p>Respondent and person do not spend time together, or are separated by distance (17)</p>	<p>“I helped him when he was first diagnosed around 3 years ago. He no longer works in my direct team, so I do not see him as much, but I do always make an effort to talk to him when I see him.” (Colleague)</p>	<p>5 (10.9)</p>	<p>12 (19.7)</p>

	<p>“They live in another state so I have almost no contact with them.” (Family/friend)</p>		
<p>Respondent did not know what to do, what to say, or how to approach the person (10)</p>	<p>“I really didn't know what I could do. I suggested he talk with someone and I tried to talk more about him and what was happening and try to provide some reassurance that things may get better. He tends to withdraw and shut down.” (Colleague)</p> <p>“Wasn't sure what to say and was nervous to bring up the subject.” (Family/friend)</p>	<p>3 (6.5)</p>	<p>7 (11.5)</p>
<p>Person died (4)</p>	<p>“They took their own life before knowing they had a mental illness.” (Family/friend)</p>	<p>-</p>	<p>4 (6.6)</p>
<p>Other</p>	<p>“I did not have an opportunity to offer help as I was dealing with mental health issues myself at the time.” (Colleague)</p> <p>“Because they did not disclose it, and they appeared to be well controlled.” (Colleague)</p> <p>“He hid the condition very well.” (Family/friend)</p> <p>“Her parents did not want anyone to discuss it with her.” (Family/friend)</p>	<p>4 (8.7)</p>	<p>4 (6.6)</p>

Note. 47 responses were recorded for not helping a colleague and 63 responses were recorded for not helping a family member or friend. Three responses could not be coded (n=1 from not helping a colleague and n=2 from not helping a family member or friend) leaving a total of n=107 responses that could be coded. Percentages sum to greater than 100% as one response could be coded into multiple categories.