The Influence of Procedural Information and Expectancy Violation on Client's Help-Seeking Behaviour and Trust in the General Practitioner After First GP Appointment

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Abstract

Society currently faces the problem that the majority of individuals suffering from psychological distress do not seek help from mental health professionals. This study aims to determine which factors may have an influence on help-seeking in order to understand how help-seeking behaviour may be increased or decreased. The focus of this study lies on four specific factors, namely help-seeking, trust, procedural information, and an expectancy violation. The study expected to find a positive effect of procedural information on help-seeking and trust, and a negative effect of an expectancy violation on help-seeking and trust. To test the hypotheses of this study, online mimicked first GP appointments were conducted with the researcher functioning as a general practitioner. Participants were randomly allocated to one out of three groups (procedural information with an expectancy violation, procedural information, and control in which no procedural information was provided) and were asked to fill in questionnaires after the appointment. The results did not support the expected hypotheses, however, they did show a significant counterintuitive effect. It was found that the control group scored higher on the client's trust in the therapist than the expectancy violation group and the procedural information group. The findings from this research help to inform academia and health professionals about several factors that should be considered when using procedural information. For example, the level of detail that the procedural information provides and the age of the clients.

Keywords: help-seeking, trust, procedural information, expectancy violation, first GP appointment.

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Introduction

Psychological treatment is a useful way to help clients increase their quality of life and reduce their distress. Moreover, it has been applied extensively throughout the years. In today's society, the demand for psychological treatment and the severity of mental health issues is increasing to a great extent (Wasserman et al., 2020). In a similar vein, research shows that the general population, and especially millennials, appear to have more mental health issues than before (Docu, 2018). Additionally, the COVID-19 pandemic, including the prevention measures thereof, have been affecting the daily lives of individuals, resulting in negative psychological effects, such as loneliness, anxiety, fear and depression (Talevi et al., 2020). However, even when psychological treatment is performed frequently and the demand for it is high, seeking psychological treatment is often defined through stigma (Sibicky & Dovidio, 1986). Because of this, individuals may be less inclined to seek help, as stigma can elicit perceived barriers with regards to receiving mental health treatment in individuals (Owen et al., 2012). Similarly, high levels of social-stigma regarding help-seeking are linked to a lower likelihood to seek help, and a negative attitude towards help-seeking overall (Wade et al., 2011). Alarmingly, the majority of individuals experiencing psychological distress do not seek professional help (Radez et al., 2020; Lubman et al., 2016; Shahwan et al., 2020). In sum, the demand for psychological treatment is high, but the stigma around it may prevent individuals from seeking help. Furthermore, a lack of knowledge and awareness about mental health services may function as a barrier as well (Gulliver et al., 2010; Salaheddin & Mason, 2016).

Nevertheless, research, although limited, on facilitators of help-seeking argues that factors including trust and familiar sources, such as a general practitioner, increase help-seeking behaviours of individuals (Rickwood et al., 2007). In addition, research by Wilson and Deane (2001) supports that trust is an important facilitator with regards to help-seeking,

as an established trusting relationship between client and general practitioner influences help-seeking positively. Furthermore, a positive attitude towards help-seeking can act as a facilitator regarding help-seeking as well (Gulliver et al., 2010).

Nonetheless, as mentioned above, research on facilitators of help-seeking of individuals is limited (Gulliver et al., 2010). Therefore, this study aims to gain more insight into the help-seeking behaviours of individuals, including factors that may influence this behaviour. Specifically, this study focuses on two factors that may influence help-seeking behaviour, namely procedural information, and an expectancy violation. Procedural information is used to provide clients with information about the procedure they are going to undertake. It includes events that the client is likely to experience during the procedure (Inzana et al., 1996). Procedural information may contribute to help-seeking in a positive way (Rickwood et al., 2005). However, sometimes, it may go wrong with regards to the procedural information, for example, when experienced events during the procedure are not completely in line with the expected events initiated by the procedural information. Hereby, an expectancy violation may be elicited in the client, which entails the second factor this study is interested in. Additionally, an expectancy violation may influence help-seeking negatively (Noble et al., 2001; Tambling, 2012). Furthermore, next to help-seeking behaviour, this study is interested in trust, since, as aforementioned, trust may be related to help-seeking (Rickwood et al., 2007; Wilson & Deane, 2001). Specifically, this study focuses on the client's trust in the general practitioner, as they contain the initial access point to mental health services, thereby being the first person who can make a referral for further treatment (Foot et al., 2010; Thomas et al., 2019. Additionally, gaining more insight into these matters can help us understand how help-seeking behaviour and trust in the general practitioner may be increased or decreased. This knowledge can be valuable for future practices that aim to increase a

client's help-seeking behaviour and trust by making use of procedural information and either persist to that information or leave room for adjustments.

To summarise, this study aims to examine the effects of procedural information and an expectancy violation on help-seeking behaviour and trust. In the next paragraphs, information about help-seeking behaviour, trust, procedural information, and an expectancy violation is discussed, including the relationships they may have with each other.

Help-seeking behaviour.

According to Waltz et al. (2005), help-seeking can be defined as 'a multistage process that an individual undertakes for the purpose of securing needed assistance from another'. As mentioned above, help-seeking may be hindered by perceived barriers. Barriers include, for example, perceived stigma, negative attitudes towards help-seeking and a lack of knowledge and awareness about mental health services (Gulliver et al., 2010; Salaheddin & Mason, 2016). However, as previously mentioned, research has identified possible facilitators of help-seeking as well. Facilitators include, for example, a positive attitude towards professional help-seeking, knowledge about sources of help and mental health issues, and trusted relationships with general practitioners (Rickwood et al., 2007). Thus, trust may be an important facilitator regarding help-seeking (Wilson & Deane, 2001).

Trust.

According to Rousseau et al. (1998), trust can be defined as a psychological state in which one intends to accept vulnerability based upon the positive expectations of the behaviour or intentions of another. In addition, the capacity to trust another is necessary to form relationships (Erikson, 1993). As mentioned above, a trusting relationship with a general practitioner may function as a facilitator of help-seeking. In a similar vein, a trusting relationship between client and general practitioner can increase adherence to treatment recommendations, for example, adhering to referral advice for further treatment (Rodriguez,

2013). Correspondingly, research by Trachtenberg et al. (2005), argues that increased trust in a general practitioner is related to willingness to follow recommendations of the general practitioner and a grander willingness to seek help. Knowing what to expect during a procedure, by means of procedural information, may help to increase trust as well (Rickwood et al., 2005).

Procedural information.

According to Powell et al. (2016), procedural information can be defined as a psychological preparation technique which entails information about what, when, and how processes will occur. Hence, procedural information provides information about events that may occur during a procedure, prior to the procedure. With regards to help-seeking, procedural information is important, as knowledge about what to expect during an appointment may increase help-seeking (Rickwood et al., 2005). Research by Davidson (1997) supports this claim, as procedural information may influence the knowledge of an individual. As aforementioned, possessing knowledge about different aspects of mental health might increase help-seeking behaviour (Rickwood et al., 2007). In addition, providing procedural information regarding different aspects of mental health can increase help-seeking attitudes (Taylor-Rodgers & Batterham, 2014). In turn, positive attitudes towards help-seeking can act as a facilitator of help-seeking, as previously mentioned (Gulliver et al., 2010). Finally, research by Seidner and Kirschenbaum (1980) shows that information provided before treatment has a great impact on an individual's involvement in the treatment, for example, being willing to seek help and adhering to recommendations of the general practitioner.

With regards to trust, procedural information is important, as clients who are well-informed about treatment for example, show high levels of trust in their physician (Smets et al., 2013). Furthermore, research by Rainey (1985) shows that procedural information may

help to reduce an individual's psychological distress. According to Ahnquist et al. (2010), individuals who experience more distress have a lower trust in health care. As procedural information decreases psychological distress, one's trust in health care, and therefore the general practitioner, may be increased. Finally, procedural information ensures an individual's involvement in the treatment. Higher trust levels are related to the client's involvement in the treatment as well, which may indicate a link between procedural information and trust (Trachtenberg et al., 2005).

Therefore, two hypotheses can be stated. First, it is hypothesised that "*Providing the client with procedural information about the first GP appointment has a more positive effect on the client's help-seeking behaviour in comparison to not providing the client with presented procedural information about the first GP appointment."* Second, it is hypothesised that "*Providing the client with procedural information about the first GP appointment has a more positive effect on the client's trust in the general practitioner in comparison to not providing the client with presented procedural information about the first GP appointment."* Lastly, as discussed, it may go wrong with regards to the procedural information, thereby eliciting an expectancy violation in the client.

Expectancy violation.

According to Burgoon (1993), an expectation can be defined as a consistent pattern of predictable behaviour that is specific to an individual. When an expectation is unmet, it is regarded as an expectancy violation (Burgoon, 2015). An experienced expectancy violation by the client regarding the process of care is related to negative outcomes in psychotherapy, such as not seeking help any-longer and dropping out of therapy (Noble et al., 2001; Tambling, 2012). Hence, an expectancy violation can have a negative effect on help-seeking. Furthermore, one theory regarding expectancies of an individual is worth noting, namely the expectancy violation theory (EVT). The EVT explains how violations of social interactions

are perceived and interpreted by individuals (Burgoon, 1993), for example experiencing an expectancy violation during a procedure. In addition, the EVT argues that expectancy violations may lead to emotion intensification, arousal, and negative emotionality (Bobes et al., 1994; Clore et al., 1994; Olson et al., 1996). Thus, it is likely that a negative emotional response will result from an expectancy violation (Biernat et al., 1999). Furthermore, a negative emotional response can contribute to the level of negative emotions about help-seeking in general, which, in turn, can contribute to a negative attitude towards help-seeking (Israelashvili & Ishiyama, 2008). This study aims to investigate whether this applies to help-seeking in a therapeutic context as well. As aforementioned, negative attitudes towards help-seeking may function as a barrier of help-seeking (Gulliver et al., 2010).

With regards to trust, unmet expectations, in other words, expectancy violations, increase feelings of distrust (Burgoon, 2015; Poppleton et al., 2022). Hence, trust may diminish as a result of an expectancy violation. Additionally, when a client's expectations of therapy match the provided treatment, trust in the therapist can increase (Duncan et al., 2000). Thus, when the client's expectations are unmet regarding the provided treatment, trust in the therapist may decrease. In addition, research by Gabay (2015) and Thom (2002), argues that unmet expectations are predictive of low satisfaction, and consequently, decrease trust. Furthermore, when an expectancy violation in the form of deception occurs, for example by providing treatment that differs from expected treatment, this can damage the relationship between two individuals, such as the relationship of the client and the general practitioner (Jones & Burdette, 1994). In turn, damage to the relationship may influence the trust of the client in the general practitioner, as trust is a key component of a good client-mental health professional relationship (Thom, 2002). In a similar vein, research by Gillespie et al. (2024), argues that deception can decrease trust.

Therefore, two hypotheses can be stated. First, it is hypothesised that *"Being provided with procedural information and experiencing an expectancy violation in the first GP appointment has a more negative effect on the client's help-seeking behaviour in comparison to being provided with procedural information and not experiencing an expectancy violation in the first GP appointment."* Second, it is hypothesised that *"Being provided with procedural information and experiencing an expectancy violation in the first GP appointment has a more negative effect on the client's trust in the general practitioner in comparison to being provided with procedural information and not experiencing an expectancy violation in the first GP appointment."*

Method

Design

The design consisted of a one factorial between-subjects design including three groups, namely the procedural information group, the expectancy violation group, and the control group. The dependent variables contained the client's help-seeking behaviour and trust in the general practitioner. In addition, this study was part of a larger study that included the client's fear towards therapy, the client's uncertainty avoidance, including specific uncertainty regarding the general practitioner, and rapport between the client and the general practitioner as dependent variables as well. Nonetheless, these dependent variables were beyond the scope of this paper.

Participants

To participate in this study, individuals above the age of 18 were eligible. Furthermore, mastery of the English language was required, as both the first GP appointment and measurement scales were provided in English. This study initially consisted of 111 participants who participated voluntarily, and were acquired by means of convenience- and voluntary response sampling. However, 12 participants were excluded from the sample, as

five participants did not complete the whole study, and seven participants did not mention the manipulation of the study. The manipulation was examined by means of a manipulation check, through investigating if the participants answered a specific question regarding a blood test referral correctly. As a result, the final sample consisted of 99 participants. In addition, the mean age of the participants was 24.52 years, with a standard deviation of 7.06. Moreover, 42.4% of the participants were male, 53.3% were female, and 4.0% were non-binary/ third gender. The research was approved by the BMS ethics committee of the University of Twente, and each participant gave informed consent prior to participation. Lastly, participants were randomly divided among the three groups, to avoid any biases.

Materials and measures

This study required several materials in order to be executed effectively. First, a laptop including the programme "Zoom" was needed to conduct the first GP appointments, as the appointments were performed online. Furthermore, to fill in the provided scales and several additional questions, the programme "Qualtrics" was needed to provide these questions and to store the answers. Lastly, the program "SPSS" was used to analyse the collected data. The scales that were used consisted of the Mental Help Seeking Attitudes Scale (MHSAS) and the Dyadic Trust Scale (DTS).

MHSAS

The MHSAS was developed by Hammer et al. (2018), with its aim to measure the client's evaluation of their help-seeking from a mental health professional. The introductory sentence of the scale was changed, to fit the current setting. The scale consisted of nine items. Examples of the items contained 'Useless-Useful', 'Good-Bad', and 'Ineffective-Effective' (see Appendix A). Participants were asked to rate on a seven-point semantic differential scale, ranging from 3 to 3 (to illustrate: 3,2,1,0,1,2,3). For the analysis, the scale was recoded from 1 to 7, and an average score of the seven items was calculated. Furthermore, a high score

indicated a more favourable attitude towards help-seeking (Hammer et al., 2018). Additionally, the reliability of the scale was determined as excellent, as the Cronbach's alpha of the scale was .90 (George et al., 2003).

DTS

The DTS was developed by Larzelere & Huston (1980), with its aim to measure trust in close relationships. Subsequently, the DTS was used by other authors as well, who modified the scale to measure trust in a client-mental health professional relationship (Peschken & Johnson, 1997). One aspect was changed regarding the scale, namely the word 'partner', which was replaced by 'GP'. The scale consisted of eight items. Examples of the items contained 'I feel that I can trust my GP completely', 'There are times when my GP cannot be trusted', and 'My GP treats me fairly and justly' (see Appendix B). Participants were asked to rate on a seven-point Likert scale, ranging from 1= "very strongly disagree" to 7= "very strongly agree". Furthermore, a high score on the scale indicated a higher level of trust in the general practitioner (Peschken & Johnson, 1997). Additionally, the reliability of the scale was perceived as good, as Cronbach's alpha was 0.89 (George et al., 2003).

Next to MHSAS and DTS, a manipulation check was used in order to examine if the manipulation worked successfully. The manipulation check was realised by means of asking a specific question regarding a blood test referral made by the general practitioner. The participants were asked to answer either 'yes', 'no', or 'I do not remember' to the manipulation question. The answer 'no' indicated that the manipulation worked, the answers 'yes' or 'I do not remember' indicated that the manipulation failed.

Procedure

First, participants were recruited by means of convenience sampling and voluntary response sampling (through SONA). Second, the participants were sent an e-mail between 24-48 hours before the study began. The e-mail included information regarding the study and a

cover story. The cover story entailed that the study aimed to investigate if there was a difference between having contact with one or two general practitioners during a first GP appointment. This cover story was created to avoid any biases, as it ensured that the participants were unaware of the actual purpose of the study. Additionally, the e-mail contained preparatory instructions with regards to the study, an informed consent, a case vignette, and a leaflet. The case vignette provided instructions about how the participant had to feel and in which situation they were in. Moreover, it described several symptoms which indicated signs of depression. It was stressed that the participant should imagine that they were in this particular state of mind during the study (see Appendix C). In addition, the leaflet that was provided depended on the group the participant was allocated to. Two different procedural information leaflets were used in this study. The first procedural information leaflet consisted of several slides, in which information was provided about when one needs to see a general practitioner, how one can prepare for an appointment with a general practitioner, and about the appointment itself, including the processes that may occur during it. In addition, the first procedural information leaflet specifically stated that the general practitioner would schedule a blood test (see Appendix D). The second procedural information leaflet contained information irrelevant to the first GP appointment, namely information about the top five movies of all time (see Appendix E). This distinction in procedural information was made to create a control group. Furthermore, participants had to enter a Qualtrics survey link that was provided by the e-mail as well, right before the study took place. The survey again provided the preparatory information and procedural information that fitted to the group which the participants were allocated to. The participants were allocated to one of the three groups. Namely, the first group including the first procedural information leaflet and an expectancy violation, the second group including the first procedural information leaflet, and the third (control) group, which included information

about the top five movies. Furthermore, the participants were unaware of the random allocation. When the participants finished the Qualtrics survey, the study could start. The study entailed a first GP appointment regarding mental health issues in which the researcher functioned as a general practitioner. The GP appointment took place online, via a laptop, by using "Zoom". During the GP appointment, the general practitioner asked several questions and made remarks based on a standardised script. The standardised script began with asking about how the participant was feeling, moved to the symptoms of the participant, and ended with a referral. However, the questions that were asked and remarks that were made depended on which group the participants were allocated to. Participants allocated to either the second group, which included the first procedural information leaflet, or the third (control) group, were asked questions from a standardised script in line with the prior provided procedural information. The standardised script included questions and remarks such as 'For how long have you been noticing your symptoms?' and 'Okay, then I would say, we schedule a blood test and I will refer you to a psychologist' (see Appendix F). Participants allocated to the first group, which included the first procedural information leaflet and an expectancy violation, were given a slightly different remark which was incongruent to the prior provided procedural information, such as not scheduling a blood test (see Appendix G). In order to create these differences between the questions and remarks that the general practitioner mentioned, two standardised scripts were used. The first script mentioned scheduling a blood test, but the second script did not. Being informed by the first procedural information leaflet and receiving a remark from the second script could initiate an expectancy violation, as the blood test was not mentioned by the general practitioner. After the GP appointment, participants had to fill in the scales that measured the help-seeking behaviour and trust in the general practitioner, which were provided by the Qualtrics survey. In addition, other scales were provided as well, however, they were beyond the scope of this paper. Lastly, the participants had to fill in their

demographics, such as their gender, age, nationality, occupation and if they had any previous experiences with mental healthcare professionals. At the end of the GP appointment, the participant was debriefed and thanked for their participation.

Results

Manipulation check and descriptive statistics

First, a manipulation check was performed in order to check if the expectancy violation was noticed by the participants. It was investigated how many participants from the expectancy violation group answered the question regarding a blood test referral by the general practitioner correctly, by answering ‘no’. This was executed by looking at a particular survey question, namely ‘Did your GP refer you for a blood test?’, and by looking at the answer the participant provided to that question. From the 30 participants, 23 participants answered that the general practitioner did not refer them for a blood test, and seven participants either answered that the general practitioner did make a referral or answered that they did not remember. Therefore, the seven participants were removed from the sample, as the manipulation did not work on them. As a result, the following analyses were performed without the seven participants.

Second, a correlation table including the means, standard deviations, and correlations of the dependent variables and age was created. The correlation table showed that there was a correlation between the client’s help-seeking behaviour and trust in the therapist, however, this concerned a weak correlation (Schober et al., 2018). This was not expected, as trust was expected to influence help-seeking. Similarly, a weak correlation was found between age and the client’s help-seeking behaviour and trust in the therapist. The results are shown in table 1.

Table 1

Means, standard deviations and correlations (Pearson) of dependent variables and age (N = 99)

	M	SD	1	2	3
1. Help-seeking	5.71	0.83	-		
2. Trust in GP	5.15	1.03	0.18	-	
3. Age	24.52	7.06	0.02	0.05	-

*Note: * p < .01; ** <.05*

Testing hypotheses

Procedural information and help-seeking behaviour

To test H1: "*Providing the client with procedural information about the first GP appointment has a more positive effect on the client's help-seeking behaviour in comparison to not providing the client with presented procedural information about the first GP appointment."*

and H3: *"Being provided with procedural information and experiencing an expectancy violation in the first GP appointment has a more negative effect on the client's help-seeking behaviour in comparison to being provided with procedural information and not experiencing an expectancy violation in the first GP appointment."*

A one-way ANOVA was performed with procedural information (the procedural information group, the expectancy violation group, and the control group) as independent variable and help-seeking behaviour as dependent variable. The one-way ANOVA showed a non-significant difference between the procedural information group, the expectancy violation group, and the control group, as $F(2, 96) = 0.02$, $p = .99$. The results are shown in table 2. This indicated that the three groups did not differ significantly from each other with regards to the client's help-seeking behaviour.

Therefore, H1 and H3 were not accepted, as no difference was found between the three groups regarding the effect of procedural information about the first GP appointment on the client's help-seeking behaviour compared to no procedural information about the first GP appointment. In a similar vein, no difference was found between the three groups regarding the effect of an expectancy violation on the client's help-seeking behaviour compared to no expectancy violation.

Procedural information and trust in the general practitioner

To test H2: "*Providing the client with procedural information about the first GP appointment has a more positive effect on the client's trust in the general practitioner in comparison to not providing the client with presented procedural information about the first GP appointment.*"

and H4: *"Being provided with procedural information and experiencing an expectancy violation in the first GP appointment has a more negative effect on the client's trust in the general practitioner in comparison to being provided with procedural information and not experiencing an expectancy violation in the first GP appointment."*

A one-way ANOVA was performed with procedural information (the procedural information group, the expectancy violation group, and the control group) as independent variable and trust in the therapist as dependent variable. The one-way ANOVA showed a significant difference between the procedural information group, the expectancy violation group, and the control group, as $F(2,96) = 4.31$, $p = .02$. The results are shown in table 2. This indicated that the three groups differed significantly from each other regarding the client's trust in the general practitioner.

Second, a Tukey post hoc test was performed to examine how the groups differed from each other. The results from the Tukey post hoc test showed that the control group had a significantly higher score on trust than the procedural information group ($p = .02$). There was

no significant difference found between the control group and the expectancy violation group (p = .80) or the procedural information group and the expectancy violation group (p = .08). This indicated that procedural information about the first GP appointment did not have a more positive effect on the client's trust in the general practitioner compared to no procedural information about the first GP appointment. Additionally, the results indicated that experiencing an expectancy violation did not have a more negative effect on the client's trust in the therapist.

Therefore, H2 and H4 were not accepted, as procedural information about the first GP appointment did not have a more positive effect on the client's trust in the general practitioner compared to no procedural information about the first GP appointment. Furthermore, experiencing an expectancy violation did not have a more negative effect on the client's trust in the therapist compared to not experiencing an expectancy violation.

Table 2

Means and standard deviations of the independent variable (procedural information) regarding the dependent variables help-seeking and trust (N = 99)

	Procedural information (n = 35)		Expectancy violation (n = 30)		Control (n = 34)	
	M	SD	M	SD	M	SD
1. Help-seeking	5.73	0.54	5.71	1.18	5.70	0.61
2. Trust	4.72[a]	0.91	5.26	1.17	5.42	0.87

[a]Differs significantly from control, $p < .05$.

Discussion

This study aimed to investigate which factors may influence help-seeking behaviour of individuals in a positive, and in a negative way, in order to improve the process of help-seeking in the future.

With regards to help-seeking, this study investigated the effect of procedural information and an expectancy violation on the client's help-seeking behaviour. It was expected that procedural information about the first GP appointment would have a more positive effect on the client's help-seeking behaviour compared to no procedural information about the first GP appointment. However, the results did not confirm this expectation, as they indicated that procedural information about the first GP appointment had no effect on the client's help-seeking behaviour compared to no procedural information about the first GP appointment. The results contradict the claims of Davison (1997), Rickwood et al. (2005), Rickwood et al., (2007) and Seidner and Kirschenbaum (1980), which argue that procedural information influences help-seeking positively, by providing knowledge about treatment processes and different aspects of mental health. In contrast to these findings, the results of this study do not indicate this. A reason for these incongruent results may be that the procedural information used in this study was not detailed enough, to ensure sufficient knowledge in the client. Research by Seidner and Kirschenbaum (1980) used procedural information which included precise statements of outcome expectancies and treatment plans of the experimenter. The design of the research by Seidner and Kirschenbaum (1980) differed from the current study since no experimenter's outcome expectancies and less detailed treatment plans were used in this study. Additionally, the study by Seidner and Kirschenbaum used video recorded procedural information. The current study differed from the study by Seidner and Kirschenbaum, as this study used written procedural information. According to

Luck et al. (1999), video recorded procedural information may improve a client's knowledge to a greater extent compared to written procedural information.

Furthermore, it was expected that an experienced expectancy violation during the first GP appointment would have a more negative effect on the client's help-seeking behaviour compared to not experiencing an expectancy violation. Nevertheless, the results did not confirm this expectation, as they indicated that experiencing an expectancy violation did not have a more negative effect on the client's help-seeking behaviour compared to not experiencing an expectancy violation. These results do not support the claims of Noble et al. (2001) and Tambling (2012), which state that an expectancy violation can result in negative outcomes in psychotherapy, such as a decrease in help-seeking and dropping out of therapy. Similarly, the results contradict the findings of Biernat et al. (1999), Gulliver et al. (2010) and Israelashvili and Ishiyama (2008), who argue that an expectancy violation leads to a negative emotional response, and in turn, leads to negative attitudes towards help-seeking, which function as a barrier towards help-seeking. A reason for these incongruent results may be that clients value an expert's opinion, such as the opinion of their general practitioner, more than the provided procedural information. According to Betsch and Haberstroh (2013), client's decisions are greatly influenced by the expert's advice regarding treatment, in this case, not referring the client for a blood test. Therefore, recommendations made by the general practitioner may be of greater value to the client than the provided procedural information. Hence, the manipulation used in this study, namely the expectancy violation, may not have worked as intended. Nonetheless, another reason for these incongruent findings may be that the expectancy violation was not noticeable enough. The results showed that out of the expectancy violation group, a noteworthy number of participants did not mention the expectancy violation. Again, this could indicate that the expectancy violation may not have

worked as intended, as it was not noticed sufficiently. Therefore, it could be recommended to use a more outstanding expectancy violation in the future.

With regards to trust, this study investigated the effect of procedural information and an expectancy violation on the client's trust in the general practitioner. It was expected that procedural information about the first GP appointment had a more positive effect on the client's trust in the general practitioner compared to no procedural information about the first GP appointment. However, the results did not confirm this expectation, as they indicated that procedural information about the first GP appointment had no effect on the client's trust in the general practitioner compared to no procedural information about the first GP appointment. Contrary to the argumentation that procedural information may increase the client's trust in their physician by informing them about treatment (Smets et al., 2013), the results of this study did not find such an effect. However, the results showed that the control group, which did not receive information that was fitted to the first GP appointment, scored significantly higher on trust than the procedural information group, which indicated a significant effect in the opposite direction. A reason for these incongruent findings may be that procedural information about treatment might increase a client's anxiety in some cases. Research by Flowers and Birnie (2015), indicates that some youth may prefer less procedural information, as too much information causes them to experience anxiety. According to Kaplan et al. (2015), anxiety has a negative relationship with trust. Additionally, the mean age of the sample used in this study was around the age of 24, which falls under the category 'youth' according to the World Health Organization (2019). Therefore, this may indicate that the participants in this study preferred less information than the procedural information that was given in this study, as they might have experienced anxiety as a result of the provided procedural information. This argumentation may also have accounted for the fact that the

control group scored higher on trust compared to the other two groups, as the control group was not provided with information that was fitted to the first GP appointment.

Furthermore, it was expected that an experienced expectancy violation during the first GP appointment would have a more negative effect on the client's trust in the general practitioner compared to not experiencing an expectancy violation during the first GP appointment. The results did not confirm this expectation, as they indicated that experiencing an expectancy violation during the first GP appointment did not have a more negative effect on the client's trust in the general practitioner compared to not experiencing an expectancy violation during the first GP appointment. These results contradict the claims of Duncan et al., (2000), Burgoon (2015) and Poppleton et al. (2022), which argue that an expectancy violation increases feelings of distrust. A reason for these inconsistent findings may be similar to the aforementioned research by Betsch and Haberstroh (2013), which argues that recommendations made by the general practitioner may be of greater value to the client than provided procedural information. Hence, the manipulation used in this study, namely the expectancy violation, may not have worked as intended. Nevertheless, another reason for why the manipulation did not work as intended contains that the expectancy violation might not have been noticed sufficiently, as mentioned before.

Limitations

Finally, three limitations of this study could be identified. Firstly, after the first GP appointment, participants mentioned that they found the response of the general practitioner somewhat triggering sometimes, that is, the general practitioner asked about aspects which were already mentioned by the participant, specifically their symptoms. This could have caused frustration within the participants, which, in turn, might have influenced the results. This finding could have overruled the findings of this study, as the experience during the first appointment with the general practitioner was of great importance in this study. Furthermore,

all participants included in the three groups could have experienced this frustration, as all were asked the same questions regarding their symptoms by means of a standardised script. Nevertheless, the standardised script functioned as a strength of this study as well. The standardised script was used to ensure minimal difference between the responses made by the general practitioner during the first GP appointments, which could have contributed to the reliability. However, a recommendation for future research could be to adjust the standardised script of the general practitioner, to make the responses more natural.

Secondly, participants used in this study did not suffer from mental health issues to a great extent. This could have influenced the results, as the participants could have experienced some difficulties with regards to experiencing the mental health issues that were provided by this study, and imagining the situation they were in. In addition, when participants do not experience mental health issues in reality, they might not feel the need to seek help after the first GP appointment and may be less involved and motivated in the study. Again, this argumentation could have overruled the other results, as experiencing mental health issues was of great importance in this study. Therefore, it could be recommended to use participants who are experiencing mental health issues in reality. This may ensure better involvement and motivation in the treatment, and greater knowledge about aspects of mental health (Principe et al., 2006). This might contribute to different findings, as these factors may influence help-seeking to a greater extent compared to participants who do not experience mental health issues in reality (Rickwood et al., 2007; Seidner & Kirschenbaum, 1980).

Thirdly, this study focused on one specific mental health issue, namely depression. Therefore, it is unknown how procedural information might have influenced a client's help-seeking behaviour and trust in the general practitioner when the client experienced mental health issues other than solely depression. Nonetheless, the procedural information functioned as a strength of this study as well. The procedural information used in this study was tailored

to one specific mental health issue, which ensured a good fit between the procedural information and the client's mental health issues. However, a recommendation for future research may be to focus on other mental health issues next to depression, as procedural information might influence clients with other mental health issues differently.

Conclusion

To conclude, this study aimed to investigate which factors could influence the client's help-seeking behaviour and trust in the general practitioner. Based on quantitative analyses of factors such as procedural information, expectancy violation, help-seeking, and trust, it could be concluded that both procedural information and an expectancy violation did not have an effect on the client's help-seeking behaviour and trust in the general practitioner. However, a significant effect in the opposite direction was found, as the control group scored higher on trust than the procedural information group and the expectancy violation group. Although the results did not support any of the expected effects, this study could still entail valuable information regarding the use of procedural information and an expectancy violation in academia and practice. Regarding both academic and practical relevance of this research, attention should be given to the level of detail that the procedural information provides, as different levels of detail may provide different outcomes regarding the client's trust. Furthermore, taking into account an individual's age when designing or providing procedural information might be of use, as individuals of different ages may prefer different amounts of information. Lastly, with regards to research specifically, attention should be directed on the manner in which an expectation violation can be implemented effectively, based on this study and other research discussed.

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Appendix A

Mental Help Seeking Attitudes Scale (MHSAS)

Considering your current symptoms (e.g., inability to concentrate, weight loss, loneliness), seeking help from a psychologist would be...

	3	2	1	0	1	2	3	
Useless	○	○	○	○	○	○	○	Useful
Unimportant	○	○	○	○	○	○	○	Important
Unhealthy	○	○	○	○	○	○	○	Healthy
Ineffective	○	○	○	○	○	○	○	Effective
Bad	○	○	○	○	○	○	○	Good
Hurting	○	○	○	○	○	○	○	Healing
Disempowering	○	○	○	○	○	○	○	Empowering
Unsatisfying	○	○	○	○	○	○	○	Satisfying
Undesirable	○	○	○	○	○	○	○	Desirable

Appendix B

Dyadic Trust Scale

Indicate the degree to which you agree or disagree with each statement below, on a scale from 1 = 'very strongly disagree' to 7 = 'very strongly agree'.

	Very strongly disagree	Strongly disagree	Mildly disagree	Neutral	Mildly agree	Strongly agree	Very strongly agree
My GP is primarily interested in his or her own welfare.	○	○	○	○	○	○	○
There are times when my GP cannot be trusted.	○	○	○	○	○	○	○
My GP is perfectly honest and truthful with me.	○	○	○	○	○	○	○
I feel that I can trust my GP completely.	○	○	○	○	○	○	○
My GP is truly sincere in his or her promises.	○	○	○	○	○	○	○
I feel that my GP does not show me enough consideration.	○	○	○	○	○	○	○
My GP treats me fairly and justly.	○	○	○	○	○	○	○
I feel that my GP can be counted on to help me.	○	○	○	○	○	○	○

Appendix C

Case Vignette

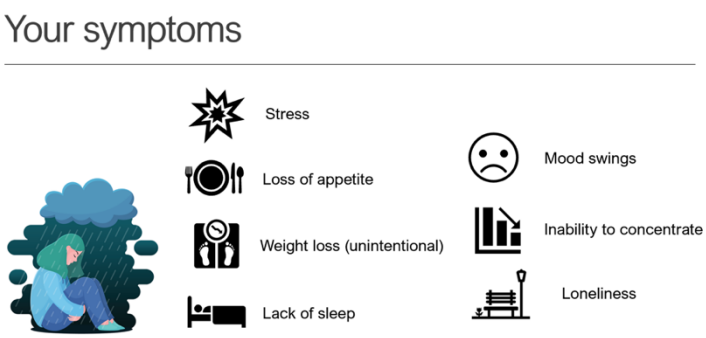
Imagine the following scenario:

For a few months now, you feel like you do not have your life in order. Specifically, you feel like you are having **too many tasks to do**. At the same time, you have high expectations to complete all your tasks perfectly. You start to feel overwhelmed and cannot get yourself to start or complete the tasks ahead of you. You have already missed some important deadlines, at home, the dishes start piling up, and you cannot get yourself to do the laundry.

You realise that your mental health has worsened extremely during the last month. You feel like every day is a burden and that there is nothing you can do about it. You are becoming more and more **stressed.** The stress is tearing you down and most of the day you feel extremely sad and exhausted. This has also affected your appetite. You realise that you **lost your appetite**, do not feel any desire to eat and leave out meals. This **unintentional** dieting also **reduced your weight** by 6kg over the past month. You **don't seem to be able to concentrate** on the tasks you are carrying out anymore. Consequently, your performance has decreased dramatically. Even though you were generally sociable before, you started to **cancel meetings** with friends and stopped enjoying doing any sports. Things that brought you joy before, you don't seem to care about anymore. However, this increased time at home makes you feel even more **lonely**. You experience **mood swings** and can get frustrated over minor things. Your mood and worries also impact you during the night. You keep ruminating about all the activities you did not do, and expectations towards work you have yourself or feel like there will never be an opportunity to get better or to start enjoying life again. Hence, you have **trouble falling asleep**, needing more than an hour every night, even though you feel mentally and physically exhausted. During the night you only sleep 4-5 hours. These factors are making feel very fatigued throughout the day, to the point that your muscles ache.

You realised that you need help in dealing with your problems as you are unable to increase your circumstances yourself. Your friend urges you to make an appointment with a general practitioner, so you decide to **schedule a first appointment** with a general practitioner to find out how to proceed and get better.

A quick overview of all your main symptoms again:



Appendix D

GP Appointment Leaflet

Content

- Do you need to see a GP?
- How to prepare for an appointment
- During your appointment

Do you need to see a GP?

Some of the most frequently experienced symptoms of poor mental wellbeing include:

- Loss of appetite.
- Feeling low or constantly anxious or worrying.
- Thinking negative thoughts about yourself.
- Irritability or moodiness.
- Finding it harder than usual to concentrate.
- Not enjoying life as much as you once did.
- Finding day-to-day life difficult (not feeling up to washing or eating, for example).
- Trouble sleeping or sleeping too much.

How to prepare for an appointment

Before the appointment it might be helpful to think about what you'd like to talk about to make sure that you don't forget anything. Take a few minutes before the appointment to maybe write up a list of things you might want to bring up:

- Think about any symptoms of how you're feeling and how your mood might be affecting your day-to-day life.
- Think about key personal information, including upsetting events in your past and any current major stressful events.

During your appointment

A typical GP appointment is around five minutes long, which many GPs and patients feel is not enough time to communicate everything they need.

During your appointment it is important to be as open and honest with the GP as possible.

They will **ask you questions** to gauge a full picture of your health, so be sure to share all the details about how you're **feeling** or how the **symptoms** are affecting you. Additionally, they will ask you **about any changes to your body** that happened **unintentionally** (such as **weight loss**).

During your appointment

- Opening up about your feelings can be challenging, particularly to someone you don't know. However, GPs are trained to deal with sensitive issues in a professional and supportive way, so there is no need to be embarrassed. Everything you tell them is legally confidential, unless they are worried that you may be a danger to yourself or others.

At the end of the appointment:

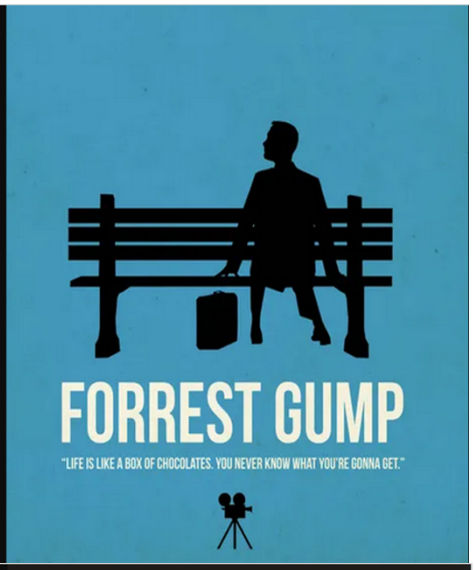
- **In the case of weight loss without dieting:** to determine that no illness is causing your symptoms, your GP will refer you for a **blood test.** He will **additionally** refer you to a **psychologist.**

Appendix E

Top Five Movies of All Time Leaflet

#4 Forrest Gump

Forrest Gump depicts a story of an American Army officer called 'Forrest Gump'. The movie covers all aspects of his life, including a rollercoaster ride of emotions. The best part of the movie is the central character, which is played by Tom Hanks.

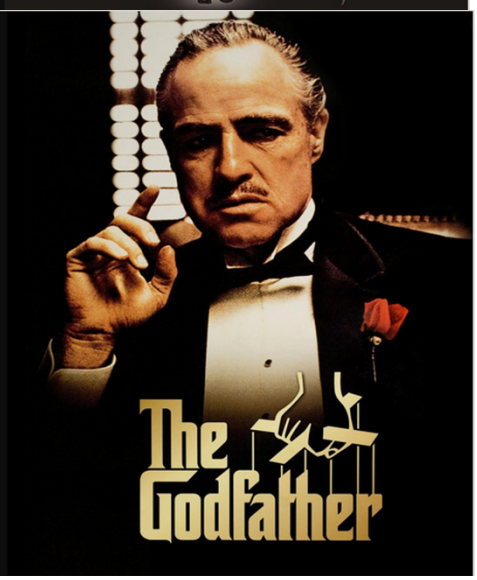


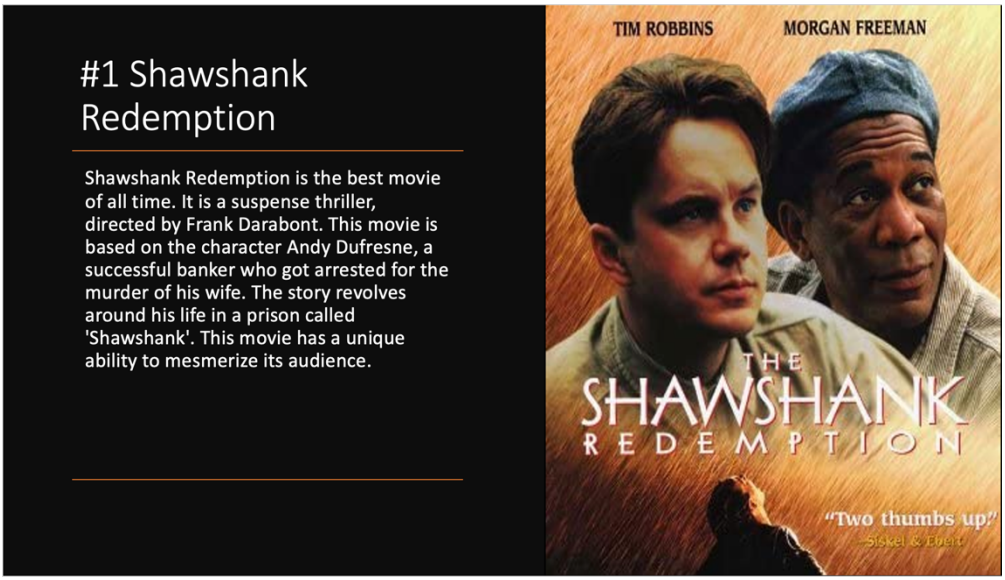
#3 Schindler's List

Schindler's List is a wartime movie directed by Steven Spielberg. This movie is about Poland, which was occupied by Germany during World War II. Mr. Schindler, an officer in the German army, is the central character of the movie. He becomes very concerned about the Jewish people living in Poland. This movie will surely elicit your emotional side with its grand ending.

#2 Godfather

Godfather is one of the best movies of all time. This movie is based on a story of an American mafia family, whose head is Don Vito Corleone. Don decided to hand over his throne to his youngest son Michael. This movie displays a very realistic narrative of the mafia gangs of America with its equally realistic story line-up.




#1 Shawshank Redemption
Shawshank Redemption is the best movie of all time. It is a suspense thriller, directed by Frank Darabont. This movie is based on the character Andy Dufresne, a successful banker who got arrested for the murder of his wife. The story revolves around his life in a prison called 'Shawshank'. This movie has a unique ability to mesmerize its audience.
TIM ROBBINS
MORGAN FREEMAN
THE SHAWSHANK REDEMPTION
"Two thumbs up!"
-Siskel & Ebert

Appendix F

Script Congruent with Procedural Information

- Hello, I am Alex, your general practitioner. What can I help you with?
- How have you been feeling lately?
- What are your symptoms?
- For how long have you been noticing your symptoms?
- Have you unintentionally lost weight during the last month?
    - *Or if they already mentioned it:* So, you have lost weight unintentionally during the last month?
- Okay. Could you describe your symptoms in more detail to me? How are your symptoms impacting on your life?
- Okay, thank you for sharing this with me. I see that you have severe struggles with managing your life and that it impacts your mental health. As you said that you lost weight unintentionally, I would like to schedule a blood test to rule out any physical explanations for your weight loss. I will also refer you to a psychologist. They will diagnose you during the intake interview and if needed, you can get treatment there.
- Is that clear? Do you still want to mention anything you haven't said before?
- Okay, then I would say, we schedule a blood test, and I will refer you to a psychologist and then I wish you a nice day! > *short break, then say:*
- You can now go back to the survey again that you have started before this interview. You will need to type in a password to continue. The password is 1234. Goodbye!

Appendix G

Script Incongruent to Procedural Information

- Hello, I am Alex, your general practitioner. What can I help you with?
- How have you been feeling lately?
- What are your symptoms?
- For how long have you been noticing your symptoms?
- Okay. Could you describe your symptoms in more detail to me? How are your symptoms impacting on your life?
- Okay, thank you for sharing this with me. I see that you have severe struggles with managing your life and that it impacts your mental health. As you said that you lost weight unintentionally, I will refer you to a psychologist. They will diagnose you during the intake interview and if needed, you can get treatment there.
- Is that clear? Do you still want to mention anything you haven't said before?
- Okay, then I would say, I will refer you to a psychologist and then I wish you a nice day! > *short break, then say:*
- You can now go back to the survey again that you have started before this interview. You will need to type in a password to continue. The password is 1234. Goodbye!