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Recent research has revealed individual differences in the extent to which people base their intentions on affect and cognition. Two studies are presented that assess whether such differences predict the strengths of individuals' intention-behaviour relationships. Participants completed measures of affect, cognition, intention, and behaviour regarding a wide range of health behaviours. Two studies ( $N=300$ ;  $N=343$ ) found that the strength of the intention-behaviour relationship was related to the extent individuals based their intentions on affect, but not to the extent they based them on cognition. In addition, study 2 revealed that the degree individuals base their intentions on affect is related to the stability of their intentions. Individuals who strongly (*vs.* weakly) base their intentions on affect tend to have more stable intentions. These results emphasise the importance of affect as a key variable in the likelihood that intentions are translated into behaviour.

### **Look who is talking: the relationship between help-seeking in young people and mental health outcomes**

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**Background:** This cross-sectional study examined help-seeking and psychological functioning in adolescents. **Methods:** Participants were 15,218 Irish adolescents (59% female), aged 12–25 ( $M=18.24$ ,  $SD=3.24$ ). Participants completed the My World Survey which contained a battery of psychometrically sound instruments. **Findings:** Friends, parents and the internet were the most likely sources of support for mental health problems. Younger adolescents (12–18 years) were more likely to use parents whereas older adolescents (18–25 years) were more likely to use the internet and professional sources. Of adolescents who reported serious problems ( $N=8881$ ), 56% felt they did not need professional help (Stage 1). 25% felt they needed professional help but did not seek it (Stage 2) and 19% had sought professional help (Stage 3). Stage 2 adolescents exhibited higher levels of alcohol misuse, psychological distress and avoidant coping and lower levels of self-esteem, optimism and social support. Stage 3 adolescents displayed similarly negative profiles. **Discussion:** Implications for the evaluation of adolescent mental health services will be explored.

### **Cultural identity and mental health: Australian Aboriginal and Torres Strait Islander health and wellbeing**

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**Background:** Identity has been argued to be a 'pre-requisite' for mental health. The aim of this study was to explore factors affecting mental health and cultural identity of urban Australian Aboriginal and Torres Strait Islander people in North Queensland, Australia. **Methods:** A qualitative research design was conducted with a sample of 19 Australian Aboriginal and Torres Strait Islander participants. Data was collected via individual semi-structured

interviews and focus groups. Qualitative analysis was conducted using a grounded theory method. **Findings:** Four themes emerged as reflecting health and wellbeing – coping skills, knowledge social support, and connectedness. The overarching theme of connectedness – to country, family and kinship, knowledge and social networks, emerged as reflecting a unique contribution to both mental health and cultural identity. **Discussion:** This information has implications for cross-cultural clinical practice, through developing culturally safe health and wellbeing programs that sustain and nurture the cultural identity and mental health of Indigenous people.

### **Patients and providers cognitions regarding genomic risk assessments for prostate cancer susceptibility and cancer prevention**

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**Background:** Direct-to-consumer DNA sequence variation testing for prostate cancer (PC) susceptibility may influence patients' behaviors and allow providers to personalize risk communications and clinical recommendations, but there are uncertainties about the accuracy of this method of risk assessment and optimal clinical implementation. **Method:** In this cross-sectional study, mixed methods (quantitative surveys/focus group analysis guided by grounded theory) were used to assess cognitions and behavioral intentions in 23 relatives of PC patients and 24 physicians. **Findings:** Patients indicated they would not likely make better diet/exercise choices even if their risk was increased, but would likely increase screening practices and consider taking a drug to prevent PC. Physicians were skeptical that genomic PC testing would motivate patients to make healthier diet/exercise decisions, but would offer more intensive screenings to patients at increased genomic risk. **Discussion:** Genetic risk notification may promote some preventive behaviors in patients and may influence physicians' cancer screening recommendations.

### **What kind of leadership behavior is related to sickness presenteeism?**

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The aim of the study was to examine the relationship between leadership behavior and self-reported sickness presenteeism among Finnish employees. Altogether 557 employees (85% female, average age 48 years) working in the public sector took part in this cross-sectional questionnaire study. Leadership behavior was measured using several well-known leadership (transformational, authentic, abusive and fair) scales and sickness presenteeism was asked using one question. Almost a half of the employees reported of having worked while ill at least twice during the previous six months. Sickness presenteeism was less likely among highly educated, under 36 years old, living alone, and among those with a good health status. After controlling for these effects, authentic and abusive leadership were related to sickness presenteeism. Those perceiving their leaders as authentic and not abusive had less