



Young people's perspectives on help seeking: Findings of a South West youth survey.

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Department for
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Executive Summary

Investing In Our Youth Inc is a not-for-profit organisation that works across agencies in the South West of Western Australia to support the healthy development of children and young people.

In 2007 Investing In Our Youth was involved with a consortium of service providers in the South West who united with the aim of sourcing project funds to identify and provide effective responses to young people with mental health and substance use disorders.

A survey was developed to gather young people's opinion on strategies that may influence prevention and early intervention approaches and encourage help seeking behaviour.

Two hundred and twenty seven young people across the South West Region completed questionnaires regarding perspectives on various prevention approaches and strategies that would encourage early help seeking.

The following key recommendations were offered by young people and are reported below *in their own words*:

Information:

- make sure they know it's ok to have a problem and make sure they know exactly where they can go if they need help.
- a school class talk given by someone who has really experienced problems during his/her youth and found the positives in seeking help
- TV advertisement saying a website or phone line they can use to get help
- getting younger people trained to educate and help peers or slightly younger people will help others get involved and give them courage to see health professionals
- educate everyone on how to act and recognise signs of anxiety, abuse etc and encourage them to speak out if they feel a friend has issues

Services:

- confidentiality and security when they need help and openness from people who want to help
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- it's a matter of having a counsellor in each town rather than travelling because for a young person to divulge info about themselves they need trust and consistency
 - having school counsellors available after hours would work because people may be too embarrassed to see a counsellor in work times around their friends so then they could go see the counsellor after hours
 - make it easy and confidential, internet forums and chat rooms
 - organising fun events that are drug and alcohol free is a good idea

Young people were asked to rate a range of actions suggested in the survey and offered their comments. Actions rated included:

- hearing from 'real' people who have experienced problems
- access to activities that are drug and alcohol free
- 24 hour phone line
- taxi vouchers to counselling destination
- internet chat line
- school counsellors available out of hours
- youth only medical centre
- drug and alcohol professionals invited to school
- posters and brochures
- police invited to school
- community education
- peer education
- youth mentors
- phone and text messages

The preferred media for communicating information was listed as TV advertisement, followed by Internet, followed by face to face discussion.

Young people offered their suggestions on media campaigns and promotions; issues of confidentiality and stigma; policing and legislation; and access barriers.

Young people who had sought help for problems reported that confidentiality and privacy and a respectful and non-judgemental approach were aspects that were most consistently appreciated.

It is hoped that the survey findings will help remove some of the uncertainty associated with planning interventions aimed at encouraging help seeking behaviour in young people.

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1. Background and Context

Investing In Our Youth Inc is a not-for-profit organisation that works across agencies in the South West of Western Australia to support the healthy development of children and young people.

In 2007, Investing In Our Youth was a member of a group of local service providers who formed a consortium. The aim of the consortium was to develop a model and source project funds to identify and provide effective responses to young people with mental health and substance use disorders.

In the course of developing a model, the consortium consulted with young people across the South West regarding their perspective on various prevention approaches and strategies that would encourage early help seeking.

A questionnaire was considered to be the preferred method for collecting information from young people, given that some material could be considered sensitive or confidential.

2. Survey Development

A literature search found no 'ready made' surveys that matched the information needs of the consortium. Steps taken to develop a tailored questionnaire included a review of the literature, followed by consultation with young people and members of the consortium.

2.1 Literature Review

Despite the high prevalence of mental health problems and disorders that develop in adolescence and early adulthood, young people tend to not seek professional help. Young men and young people from Indigenous and ethnic minority groups tend to be those most reluctant to seek help.¹

Help seeking is defined² as actively seeking out assistance for a problem or concern from anyone, including friends, family, and professionals (eg teacher, school counsellor, doctor).

Recent reviews of studies about help-seeking emphasise the importance of distinguishing between individual and structural determinants of young people's help-seeking behaviour.³ Individual determinants include factors

such as mental health literacy, attitudes, and perceived stigma. Structural determinants comprise family, school or community support systems, referral pathways, health system structures and payment systems. Individual and structural factors interact to determine when and how young people seek and access help for mental health problems.

There are certain individual and structural contexts that have particular relevance to rural and regional areas such as the South West. Factors reported in the literature⁴ include:

- transportation difficulties;
- lack of access to mental health professionals; and
- increased exposure to social stigma and gossip networks.

Wright et al report that young people most commonly turn to their families as a source of help.⁵ However parents often express confusion and a lack of confidence regarding what to say and do⁶. Early help seeking will only occur if young people and their 'supporters' know how to recognise mental health disorders, know what help is available and how to access this help (this knowledge is referred to in the literature as *mental health literacy*)⁷.

There have been many calls to provide more resources and alternative forms of service access for young people. According to a recent newspaper report⁸ quoting Kids Helpline General Manager Wendy Protherone, more than 500,000 young people tried to contact Kids Helpline counsellors in 2006, but counsellors were only able to respond to about half of those who called. Ms Protherone called for other options for young people to contact services such as internet programs and SMS as well as the traditional phone line.

Schools are the most universal natural setting for children and young people and there has been a recent growth in drug and alcohol education and mental health promotion approaches in schools^{9,10}.

Few mental health campaigns have specifically targeted young people so there is little information on what key messages would work and which various methods of communication would be most successful⁷.

In general, the literature indicates that the needs and help seeking behaviour of young people is generally poorly understood and often mediated through older people such as parents and teachers.¹¹

2.2 Consultation

The questionnaire aimed to collect young people's opinion on strategies that may influence prevention and early intervention approaches and encourage help seeking behaviour.

Service providers offered several ideas that they were interested in trialling with young people.

Ideas included:

- counselling via phone and text messaging;
- offering taxi vouchers to young people with transport barriers; and,
- offering trained mentors to accompany young people to appointments.

Established ideas such as 24 hour help lines, TV promotions, community education, and participation in drug and alcohol free youth events were also listed in the survey.

Several young people volunteered ideas that they felt could be effective and their suggestions were added to the questionnaire. Young people's ideas included:

- utilisation of peer education;
- guest speakers in the class room, (particularly "real people" who had personal experience with mental health issues or alcohol and other drug use); and,
- availability of school counsellors/psychologists services outside of school hours.

The idea of a model of service delivery that featured a youth only centre with many services operating from the one building was also tested with young people.

The final page of the questionnaire invited comment from young people who had sought professional help in relation to anxiety, depression, eating disorders, or alcohol and drug use. They were asked what they liked, and did not like about the service they received.

The questionnaire was structured to give both quantitative and qualitative response options. Young people were asked to rank the usefulness of a range of strategies and given the opportunity to record their own comments and ideas.

The content of the draft questionnaire was circulated among consortium members for review, before being piloted with individuals and several groups of young people. Finally, several young people with graphic design skills were

asked to give specific input into the presentation and style of the survey prior to public release.

3. Survey Distribution

The total population of young people aged 12-17 in the region numbers 13,043 (ABS 2006).

Any young person was eligible to complete the survey providing they fitted the 12-17 age group criteria. Participation was voluntary and no identifying information (name address or phone number) was requested on the survey.

Survey collection took place over several months towards the end of 2007 and in early 2008. Several surveys were discarded due to doubts about the authenticity of the responses. Otherwise a high level of honesty and consideration was evident in the responses received.

Direct contact with groups became the predominant method used for survey distribution. This facilitated a high survey return rate. Links were made to various groups of both 'at-risk' young people and 'high achieving' young people so that a cross section of participants would be included in the survey. Various methods of connecting with young people were utilised including:

- contacting youth service providers who linked with a cross section of young people on our behalf
- liaison with Youth Advisory Councils
- links to young people through several training groups with the assistance of Jobs South West, TAFE, Mission Australia and the Greater Bunbury Division of General Practice
- placing copies of surveys at telecentres, libraries and recreation centres
- utilising contacts and networks through Investing In Our Youth's membership

The table over leaf lists population numbers of young people aged 12-17 in local Government Areas in the South West Region and numbers of surveys completed in each LGA.

Table 1: SURVEY DISTRIBUTION

| Local Government Area | 12-17 population (ABS 2006) | Number of surveys completed |
|------------------------|-----------------------------|-----------------------------|
| Augusta-Margaret River | 910 | 8 |
| Boyup Brook | 91 | 9 |
| Bridgetown-Greenbushes | 276 | 5 |
| Bunbury | 2624 | 56 |
| Busselton | 2343 | 34 |
| Capel | 1185 | 9 |
| Collie | 832 | 19 |
| Dardanup | 1066 | 21 |
| Donnybrook-Balingup | 451 | 11 |
| Harvey | 2236 | 21 |
| Nannup | 80 | 10 |
| Manjimup | 949 | 15 |
| Total | 13043 | 225* |

*two additional surveys were completed but had postcode data missing

Quantitative data was entered into the SPSS 15.0 software package for statistical analysis. Comments were recorded, coded and grouped in categories.

Slightly more females participated in the survey than males (53.1% female, 46.4% male). The average age of participants was 15 years.

4. Survey Findings

The findings of the survey will be discussed under the following headings:

- 4.1 quantitative and qualitative results
- 4.2 priority recommendations
- 4.3 opinions of young people attending services

4.1 Quantitative and Qualitative Results

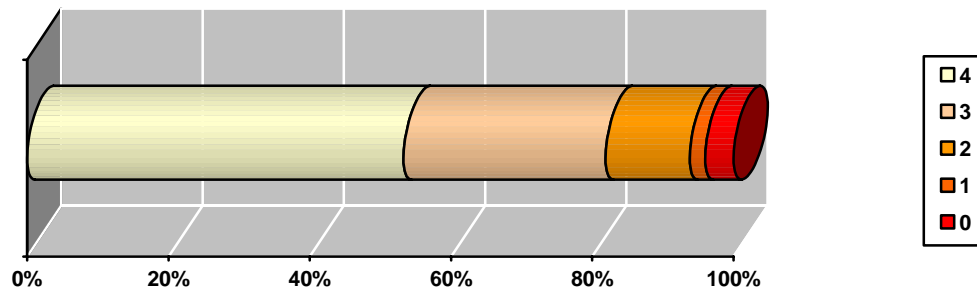
For ease of presentation of findings, survey items are listed in order with the most strongly supported listed first. 'Scoring' of each item is illustrated by a bar graph followed by a brief overview of accompanying comments from young people.

Respondents were encouraged to rate each concept on a score of 0 to 4.

0 – won't work; 1- not a very good idea; 2 – could be a good idea; 3 – good idea; 4 - great idea.

4.1.1 'Real' People Tell Their Story

Adolescents were asked to rate the idea of hearing 'real' people who have had mental health or drug and alcohol problems, tell their story. 53% of young people thought that this concept was a 'great idea'.



The benefits of hearing from 'real' people who had experienced problems were repeated time and again in various contexts but mainly in the school setting. It was recommended that *'people who have been through these situations come to school and explain to them what their life could turn out like!'*

Where this action had been used it was reported to be effective.

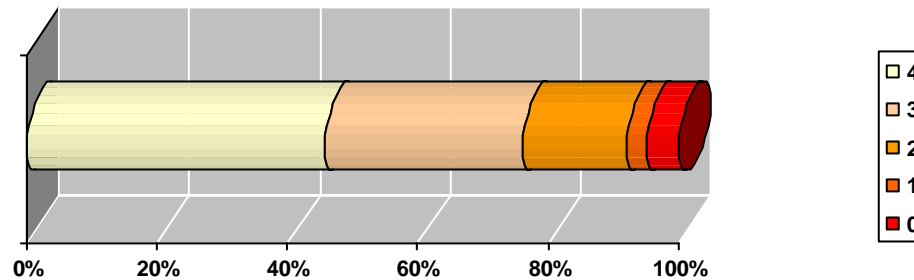
"I have found that my school has used *real* people as part of the health education programme. Their talks give a face to the problems, in some cases it has left a whole year group silenced by the story told."

The idea was to *'somehow show the impact on others'*. *'Show young people the effects of drugs and alcohol rather than just telling them it's bad.'*

"If real people came to talk who have real problems, it would be extremely effective. I've had this at school before and it was awesome to witness real people."

4.1.2. Fun Events That Are Drug and Alcohol Free

Young people were asked to rate their approval of activities that did not involve drugs or alcohol. Young people (45.6%) rated this as a 'great idea'.



As might be expected, young people were enthusiastic about *'the community organising an activity or somewhere they can go after school or during the day.'* Some specific ideas were offered such as *'good bands'*, *'relevant shows'*, and *'skate park comps'*. Other comments were less specific suggesting *'youth hangouts or something'*, *'set up a youth group centre'*, *'something to keep them occupied.'*

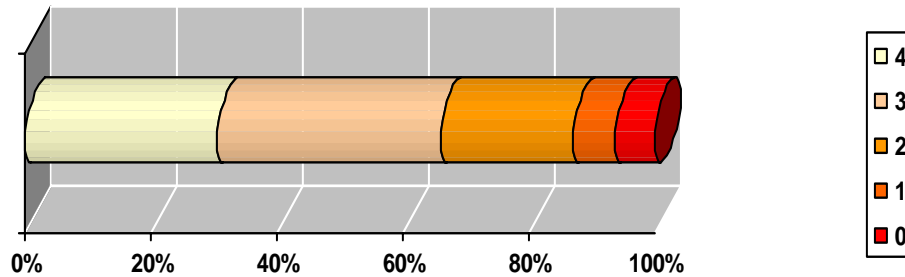
“Have like a day on the weekend where teens go fishing or to adventure world so that it gets them off the streets... More stuff in XXXXX (name of town obscured) like more bands, disco, festivals, alcohol free. There is nothing to do in XXXXX or small towns but drink or smoke.”

There were some cautions offered about drug and alcohol free events however.

'Although many events say they are alcohol and drug free, many teenagers manage to drink alcohol and do drugs.' *'If you make events drug and alcohol free still doesn't make it better because people will drink or take drugs before or after the event eg 'crank it up'. A lot of people come drunk.'*

4.1.3. Twenty Four Hour Phone Help Line

Young people were asked to rate the idea of promoting a 24 hour telephone help line.



The idea of a 24 hour telephone help line was well supported with most respondents (35.2%) rating the idea as a 'good idea', and 30.4% rating it as a 'great idea'.

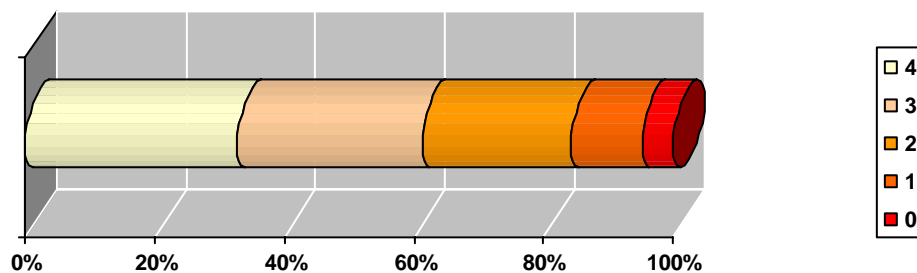
“Ring from any place, anytime and help that is useful”.

Comments came with a clear proviso that *'it would work well as long as it's advertised so people know about it.'* The preferred method of advertising was on the TV.

“Get people to ring a hotline by advertising it on TV.”

4.1.4 Taxi Vouchers

Young people were asked to rate the idea of providing taxi vouchers to people with transport difficulties. Responses to this idea were mixed but the most frequent response rating was great idea (32.6%) and good idea (28.6%).



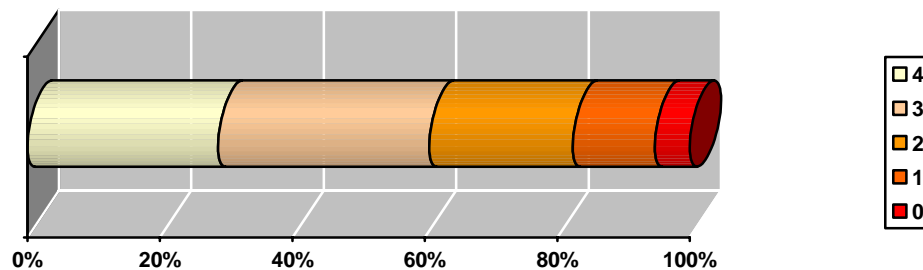
Comments regarding taxi vouchers were mostly cautionary. Young people were concerned about how taxi vouchers would be administered - *'the vouchers could be used for other places'* and *'might be abused and used just to go into town.'* There was a view that it would be *'better for counsellors to visit the kids as opposed to kids visiting the counsellors'* as *'kids don't wanna be seen out visiting the counsellor by their mates.'*

Another caution concerned the fact that *'taxi vouchers will only work if the towns have taxis!'*

“Taxi vouchers would be misused/not confidential.”

4.1.5 Internet Chat Line

Young people were asked to rate the idea of a confidential Internet chat line enabling contact to be made from home, school or a Telecentre.



The majority of young people (31.7%) rated this as a 'good idea' and many (28.6%) rated it as a 'great idea'. Young people thought that an Internet chat line would be effective because it would be easily accessible and anonymous. They thought it would be less confronting than *'speaking person to person'*. As many young people are *'online at least three times a week'* they could access an anonymous chat site *'where teens can talk to other teens objectively and ask health professionals questions.'*

“Confidential chat line would be effective because lots of children use the Internet and have access to it. Also does not involve confrontation.”

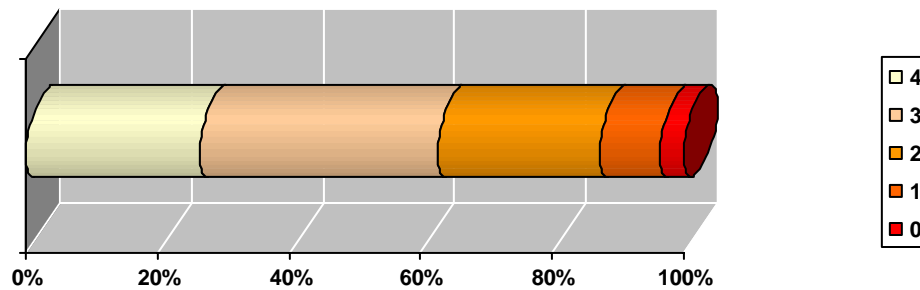
There is evidence that young people will search for help on the Internet.

“I recently used the FPWA (Family Planning WA) phone line and found it particularly helpful and good. It would be beneficial in my mind if more young people knew about this service, as I had to look it up on the Internet to see if such a service actually existed.”

There was only one cautionary comment offered and that was around concern that not everyone had access to the Internet.

4.1.6 School Counsellors Available Out of Hours

Adolescents were asked to rate the idea of having school counsellors available after hours. The most frequent response to this concept was ‘good idea’ (36.1%) and many (26.4%) thought it was a great idea.

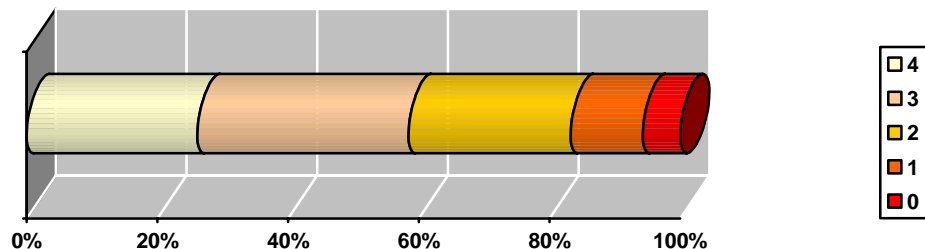


The idea of having school counsellors available after hours was supported because *‘people may be too embarrassed to see a counsellor in work times around their friends so then they could go see the counsellor after hours.’*

“It would be awesome if there was an after hours school counsellor because so many people would want it, and use it.”

4.1.7 Youth Only Medical Service

Young people were asked to rate the idea of a youth only medical service. The most frequent response (32.2%) rated this as a ‘good idea’ and 26% rated it as a ‘great idea.’



Young people supported the idea of a youth only medical centre. They thought this would work best *'if you had young doctors who are open, as often it is difficult for young people to relate to their older GP.'*

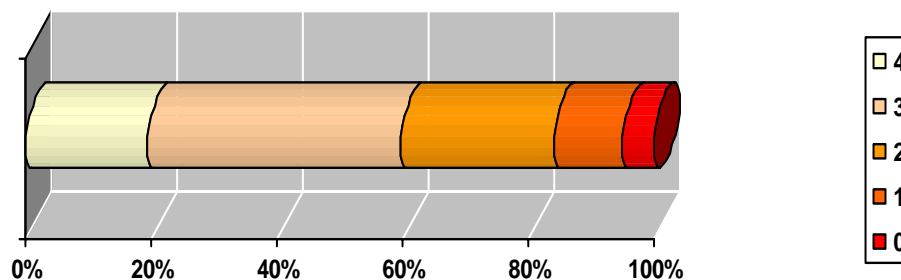
They thought that a clinic that deals with only young people would be useful because *'young people might open up more around people their own age'*.

They also commented that they would like to have *'everything available in the one place'*

“Have a youth centre that gives support to teens with problems whether it be from family to drugs – 24 hour service.”

4.1.8 Drug And Alcohol Professionals Invited to School

Adolescents were also asked to rate the idea of inviting drug and alcohol professionals to come and talk in school class rooms. The most frequently rated response was 'good idea' (40.3%), with 19.4% rating this as a 'great idea'.

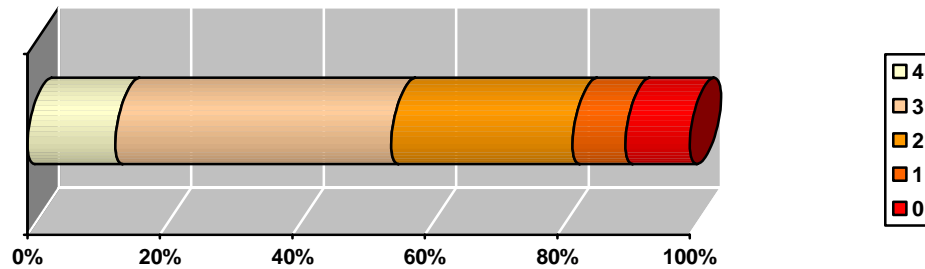


Young people thought that *'self esteem and drug awareness workshops'* would be useful. General presentation styles were recommended that used *'show, not tell'* methods. *'The interactive ideas are good, get the kids involved.'*

“If we did stuff like, last year in my health class the teacher did an experiment with a bottle and cotton wool and a cigarette, it has turned me off smoking for life.”

4.1.9. Posters and Brochures

Young people were asked to rate the idea of making information posters and brochures available where young people were likely to hang out.



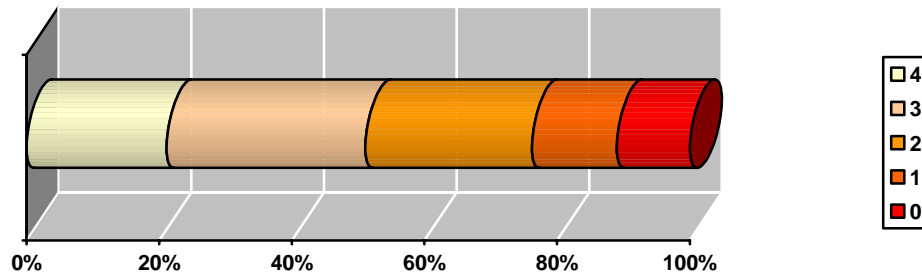
The most frequent response rating to posters and brochures was 'good idea' (41.4%).

However, individuals expressly cautioned against the use of brochures saying they usually ended up in the bin. Brochures were *'not cool'*. Posters could be effective depending on where they were placed. *'No one paid attention to posters around school because they were with their friends.'* However strategic use of posters could be effective.

"Posters in the toilets of night clubs showing girls who have obviously been taken advantage of...makes you think twice while you're drinking, also on the back of the toilet doors."

4.1.10 Police Invited to School

Adolescents were asked to rate the idea of inviting the police to come and talk to school kids about accidents caused by drugs or alcohol. Most frequent responses were in the 'good idea' (30%) category, with 21.1% scoring this as a 'great idea'.

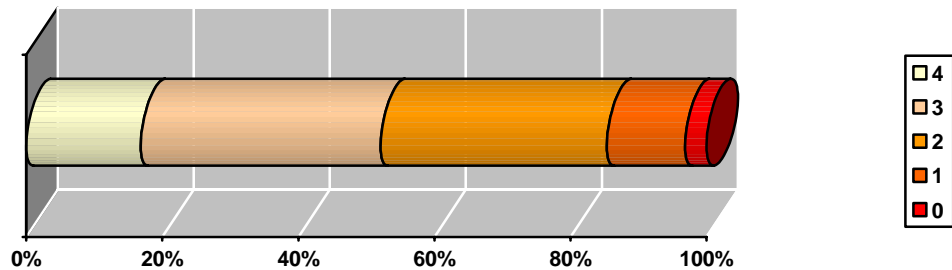


The idea of police coming to school was supported but not much additional comment was offered apart from the quote below.

“I think police should go to schools and tell about accidents caused by drugs and alcohol because it would show the children what they can do and how they can destroy your life.”

4.1.11 Community Education

Young people were asked to rate the idea of information sessions that help people recognise when other people need help. Most young people (35.2%) rated this type of community education as a good idea, with 16.8% rating it as a great idea.



There were many supportive comments for community education. Suggestions included a booklet mail out and classes for parents and friends of teens. Young people expressed the view that families needed more information ‘so that they can get help for young people – so that they can get help.’

The peer support aspect was also recognised with ‘an emphasis on teaching about helping your friends and of course where you can get help’.

As well as education about recognising when help was needed, young people thought that education could break down stigma by showing that:

“...the help is a good thing and not scary – reassurance that the help will actually work and no one will judge them.”

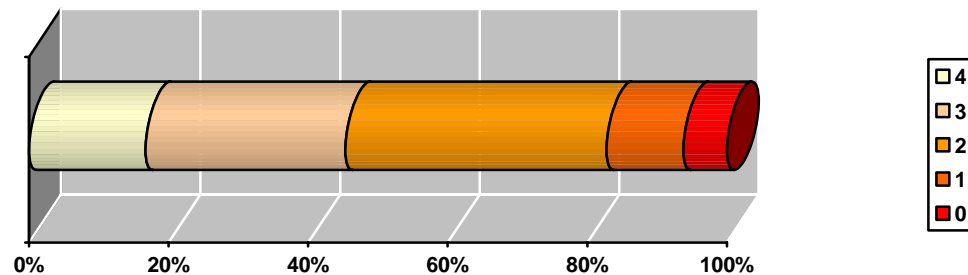
“Educate everyone on how to act and recognise signs of anxiety, abuse, etc and encourage them to speak out if they feel a friend has issues.”

Young people thought that parents, friends and teachers could benefit from education and awareness-raising. It was suggested that teachers could have additional education and were potentially a good source of help.

“Put a psychology component in secondary teacher’s courses and let the kids go to their most ‘trusted’ teachers.”

4.1.12 Peer Education

Adolescents were asked to give their opinion on involving young people in educating other young people. An example given was using year 12 students to talk to year 8 students.



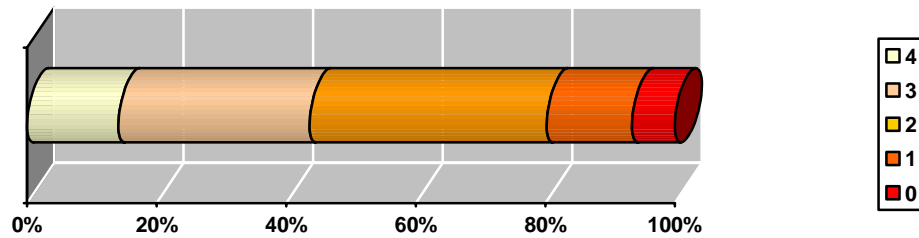
The most frequent response option for the concept of peer education was ‘could be a good idea’ (37.4%). Comments were positive with young people reporting that it would be easier to relate to other young people than to ‘*superior*’ parents, teachers or doctors. It was also suggested that they could ‘*learn better*’ through people their own age.

They felt that peer education could be used ‘*to encourage other kids*’ because they had been through the same situation. ‘*That kids that have had help should talk to other kids about getting help*’.

“Getting younger people trained to educate and help peers or slightly younger people will help others get involved and give them courage to see health professionals.”

4.1.13 Youth Mentor

Adolescents were asked to rate the concept of having a trained young person available to accompany young people when they need to go to a counsellor or see a doctor.



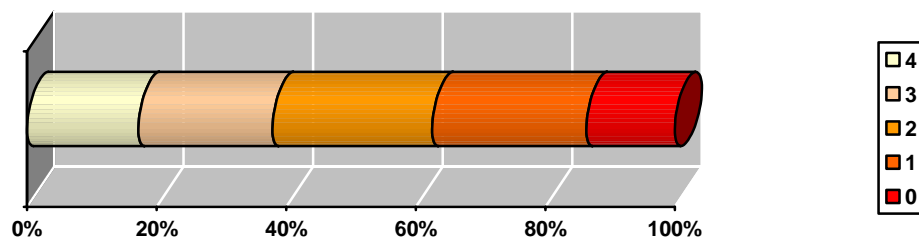
The most frequent response option for this concept was “could be a good idea’ (36.6%).

‘Young people helping young people’ was thought to be a good idea. Comments were made around the perception that youth *‘don’t listen to older people’* and *‘young people communicate better with others their own age’*. A youth mentor could provide a link between a young person and health professionals. A health professional *‘could make younger people talk to younger people and understand what’s going on.’*

“They need someone there with them and like a buddy system where they help each other. Have constant phone help and let them talk to someone who they are familiar with.”

4.1.14 Phone and Text Messages

Young people were asked how they felt about the option of phoning or using text messages to communicate with health professionals.



Responses to the idea of phone and text messages as a form of communication between young people and health professionals were mixed. The most common response option (30.4%) was 'could be a good idea'.

The issue of cost came up and also confidentiality. Young people were concerned about the phone number coming up on the phone bill and they were concerned about the cost.

Regarding text messaging, young people liked the idea of using a '*modern youth language*'. However others thought that the non-contact aspect of text messaging could be unproductive.

“Phoning young people creates a better relationship and offers better support than the informal text message.”

4.1.15 Preferred Media

Young people were asked the following question. “In your experience, which media have you found is the most effective to educate and communicate with young people about health and wellbeing?”

Respondents were asked to nominate their **top three preferred choices** from the following list.

- | | |
|---|--|
| <input type="checkbox"/> Poster | <input type="checkbox"/> Printed book, pamphlet, etc |
| <input type="checkbox"/> Television advertisement | <input type="checkbox"/> Television program |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Audio tape, CD |
| <input type="checkbox"/> iPod, Mpeg | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Magazine | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Video tape | <input type="checkbox"/> DVD |
| <input type="checkbox"/> Telephone hotline | <input type="checkbox"/> Theatre |
| <input type="checkbox"/> Lecture / class | <input type="checkbox"/> Face-to-face discussion |

The top three media options chosen were TV advertisement (104 'votes'), followed by Internet (76 'votes'), followed by face to face discussion (62 'votes').

4.2 Additional Comments

Young people offered additional views to those actions they were prompted to rate in the survey. Sample comments have been grouped under the following four headings.

- ***Media campaigns and promotions***
- ***Confidentiality and stigma***
- ***Policing and legislation***
- ***Reducing access barriers***

4.2.1 Media Campaigns and Promotions

Young people were keen to offer their opinion on media campaigns. The key message was that *there should be more promotion about where to get help*.

The idea of a TV advertisement that promoted a website or phone line was strongly supported.

“More promotion of what is out there to help these young people eg know where to find counsellors”.

Suggestions were offered about the content, method and design of media messages:

Content:

- Promotion on how others have the same problems they do so they can speak out and find help, and also some way to alleviate the embarrassment will help.
 - Advertisements with people explaining how getting help has made them better off.
 - Some how let them know or show young people that they are not the only people in the world that are having that problem and make it known that there is help out there if they need it.
 - Ads that relate to youngens – more realistic situations played out – friends drink driving – crashing – losing mates etc
 - Examples of consequence of not getting help like an ad showing someone dead or overdosed and their boyfriend and friends crying.
 - People who have had personal experiences is a great idea – will get interest. Also a celebrity spokesperson? Local or all Australian known.
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- Have responsible elders that may be a musician, celebrity or sport star point out the risks of taking drugs and drinking alcohol.
- Don't tell people not to do it, but tell them the risks and consequences of these things.

Method:

- I think TV promos on drugs and alcohol and its consequences and providing a free help line would work as most youth watch the TV.
- Signs around popular areas such as pubs, night clubs, and liquor stores on info on where you can find help.
- Perhaps at the age of 14/15 there could be a seminar at school – compulsory – with pictures and stories – things that are real and not just seen on TV. Because this is an age when drinking and drugs are around and also an age when they are maturing.
- Produce awareness bands with a helpline number on saying for everyone to wear and be a part of awareness.
- A group of people get together and make a slide show about the affects of drugs and alcohol not only to them but to people they care about. It needs to be modern and the kids need to be able to relate to what's being said. People that have had past experience with drugs and alcohol talk to kids.
- Travelling group of individuals who can share their stories (provided it has affected them in their lives).
- Advertising on packaging of alcohol for services.

Design:

- Young people take in messages if they can relate to them or if they are in a form which is effective to memorise eg slang saying, word representing a sentence – serious but not demanding (light).
- Someone needs to think of a new approach that is really different...and catchy!
- I think you should have the promotions designed by young people for young people because they would understand.

4.2.2 Confidentiality and Reducing Stigma

Confidentiality and the issue of stigma appeared to be interconnected issues. Young people stated that they were fearful that others would consider them weak if it was known that they had asked for help.

- Make sure young people know that it is ok to ask for help when it's needed and that everyone has flaws. That it is ok to talk about your flaws and get help for them.
 - Changing attitudes to encourage asking for help – current perception is that asking for help means weakness, lack of social acceptance, lack of
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ability to solve own problems etc. They need to know that asking for help is ok.

It was important to young people that they felt secure about confidentiality when they sought help.

- Um mostly kids don't talk because they are worried about getting in trouble so do something about that.
- Some young people won't go see a doctor about a drug related issue because they may think that if they tell a doctor then they will tell the police.
- Make it not scary, completely anonymous and without the parents knowledge.

One young person made the suggestion to 'get everyone to have a yearly check up'. Presumably this was offered as a way to get help if needed, without being singled out for attention.

4.2.3 Policing and Legislation

Young people were supportive of policing efforts and legislation regarding sale of alcohol.

- If more people are caught and punished it becomes more of a realistic thing. That it doesn't always just happen to other people. Support the police and have more out.
- Make buying alcohol harder for young people to do.
- Make the fine for selling alcohol to underage children higher, as a 15 year old that looks older, I can be served.
- Offer incentives for younger drivers to stay off alcohol eg cheaper fees if no convictions in __ years.
- Make it less accessible for youth to come into contact with drugs and alcohol.
- They should not sell alcohol to people for cheap. Make it dear for them to buy then they might go off alcohol.

4.2.4 Reducing Access Barriers

Actual physical access to health professionals was noted as a concern by young people:

- Well, have more health professionals.
 - More counsellors in rural areas. Permanently.
 - Rural towns often feel neglected so this is a very important issue!
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- It's a matter of having a counsellor in each town rather than travelling, because for a young person to divulge info about themselves, they need trust and consistency.
 - Help with transport to get there.
 - An every now and then bus.

Young people would like counsellors to be proactive in arranging meetings and in providing outreach.

- Someone organising people to come to talk to you. Not yourself organising a meeting. Lack of confidence sometimes etc.
- Have counsellors that are happy to visit the teens instead of teens having to find them.
- Get a counsellor to come to their school or to their house.

From the following comments it seems that communication with young people requires special skills. Young people are particularly sensitive to factors such as age and gender.

- Someone trained to talk to teenagers only would be good.
- It's easier to talk to a health professional when they are the same gender as the person seeking help/advice.
- Doctors are scary.
- Health professionals can make children feel intimidated and talk to them in a childish manner not like an adult.
- Have younger counsellors who relate to the generations they are talking to. Similar experiences.

4.3 Priority Recommendations

A concluding question in the survey asked that survey participants nominate one idea that they thought would be most effective in encouraging young people to get help when they needed it. Responses were coded and grouped into categories.

Generally speaking, young people thought that it was important to raise awareness and reduce the stigma associated with help seeking. People 'shouldn't feel they were the only one', and 'know that it is ok to ask for help'.

The use of 'real people' was the strategy that was most supported (to be featured both in schools and throughout media campaigns). Testimonials from people who had been through these situations were thought to have a 'greater impact on youth' and would 'get interest'. This strategy was also thought to have influence on reducing stigma as young people would learn 'that it is not abnormal to have issues'.

Not surprisingly, young people were supportive of the idea of accessing fun activities and offered a range of suggestions, including 'throwing games after school' and 'more skate comps'. Young people thought that having something to do could prevent hanging around the streets 'smoking and drinking'.

Young people strongly supported the idea of both a 24 hour helpline and use of the Internet.

The following key comments were selected to represent young people's opinions on the most effective ways to influence prevention and early intervention approaches and to encourage help seeking *in their own words*:

Information:

- make sure they know its ok to have a problem and make sure they know exactly where they can go if they need help.
- a school class talk given by someone who has really experienced problems during his/her youth and found the positives in seeking help
- TV advertisement saying a website or phone line they can use to get help
- getting younger people trained to educate and help peers or slightly younger people will help others get involved and give them courage to see health professionals
- educate everyone on how to act and recognise signs of anxiety, abuse etc and encourage them to speak out if they feel a friend has issues

Services:

- confidentiality and security when they need help and openness from people who want to help
 - it's a matter of having a counsellor in each town rather than travelling because for a young person to divulge info about themselves they need trust and consistency
 - having school counsellors available after hours would work because people may be too embarrassed to see a councillor in work times around their friends so then they could go see the councillor after hours
 - make it easy and confidential, internet forums and chat rooms
 - organising fun events that are drug and alcohol free is a good idea
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4.4 Opinions of Young People Attending Services

The last page of the survey asked young people if they had made contact with a professional regarding issues such as anxiety, depression, eating disorders, or alcohol and drug use. In total, 21 respondents indicated that they had seen a GP, social worker, counsellor, psychologist, mental health worker, or alcohol and drug counsellor. In most cases more than one service was accessed.

Young people were asked to respond to the following questions:

- ***What did you like most about the service you received?***
- ***What did you like least about the service you received?***
- ***What one thing would you like to see changed?***

There was a significant amount of incomplete information in this section with many young people electing not to answer all three questions.

1. What did you like most about the service you received?

Confidentiality and privacy and a respectful and non-judgemental approach were aspects that were most consistently appreciated by youth attending services.

- They treated you like you were an adult and didn't disregard your opinion, after all you're the one that needs help.
 - The social worker provided alternative activities I could attend that were safe and fun. I always was made comfortable speaking with them, they didn't judge me at all.
 - I like it because they don't push you to talk about your problem until you feel you can trust them
 - The people were very nice and listened and took consideration for what I was saying. They also gave me many different hotline numbers to call.
 - Allowed a forum to let out issues.
 - Confidentiality
 - Non judgemental
 - That they want you to talk about it
 - I liked how it was confidential and you didn't feel stupid when asking questions
 - They were confidential and there was understanding
 - Private and can be reached during school
 - She knew what I wanted and got me help
 - Didn't pry, let me talk when I was ready
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- Confidentiality and generally just good to get some help
 - I didn't like it at all, I only went once. I didn't find it helpful to any problems that needed sorted. I didn't get to pick whether I wanted female or male.
 - They talk to you about your issues and how it can be prevented. Give you some advice.
 - I could say what ever I wanted without getting in trouble.
 - It's alright and its good because you can talk to people.
 - Therapists who shared comments and past experiences that help to put things in perspective.
 - That I got along with the counsellor.
 - I got along with the person.

2. What did you like least about the service you received?

Young people again raised concerns about confidentiality and reported feeling uncomfortable and ill at ease.

- Having to admit to someone that there was a problem in my life and I have no control over it.
- One of the counsellors I was seeing went back and told my teachers, parents, and school nurse what I had told her which made things weird at school.
- They don't know what it is like to have a problem that you are seeing them about.
- The doctor took a while to fully understand my situation
- Negative social stigma about using the service
- Too faceless and daunting upon first interaction.
- They were too technical.
- Felt uncomfortable because they were old
- Asking for help
- I don't like talking to a person that doesn't know me.
- It was a male, I didn't get to pick the gender. He was old and hadn't experienced what I had.
- When they ask personal questions too much sometimes you don't want to talk about some of the things until you're ready.
- Distance between counsellor and student.
- Talking about all the problems

3. What one thing would you like to see changed?

Feeling secure about confidentiality and feeling that their counsellor related to them were issues that were important to young people.

- Talk like they know you.
 - More young people that have been through the same experience as you have been or been through something traumatic.
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- More consequences when things happen to children.
 - More awareness.
 - More confidence in what I tell them.
 - Less drugs and alcohol.
 - The age of some people you have to talk to.
 - I would like to see more young people (20s to 30s) work as councillors and all that as mine was young and I felt she understood better.
 - Price.
 - More younger people used.
 - More people who understand what you go through.
 - XXXXX Health Service confidentiality. I have heard many things that have leaked.
 - The hours they are available.
 - Social attitudes and stereotypes.
 - I would want it to be a fairly young person who had experienced something along the same lines.
 - That they can have more understanding and not to ask too many questions.
 - All the drinking in the town – young kids.
 - Lack of sensitivity to people's feelings and issues (mostly be teachers and counsellors).
 - The school chaplain and psyche should give more interest.
 - That kids are more aware of what goes on and the life long conditions it has.
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5. Discussion

Rickwood, Deane, Wilson and Ciarrochi¹¹ have undertaken a range of studies with young people in New South Wales, Queensland and the ACT in relation to help-seeking for mental health problems. Their findings have relevance to the recommendations made by young people from the South West. Key points are listed below.

- parents and friends need to have accurate information that enables them to recognise early signs of mental health disorder, and know where help is available and how to access it.
- professional help seeking needs to be taken to young people, and needs to be easy to access.
- the more anonymous forms of help-seeking that rely least on active social engagement, such as phone help-lines and help-seeking using the internet, may be services that are particularly effective for young people.
- fear of the stigma of mental health problems is high in young people...and also relates to fears regarding the confidentiality of professional services.
- knowing where and how to go about seeking professional help, facilitates help seeking.
- young people will only open up to people with whom they feel secure, who they are not shy around, who they are not scared of, and who they feel will relate to them empathetically.

An Australian study by Nicholas, Oliver, Lee and O'Brien, 2004¹² evaluated the use of a web site (www.reachout.com.au) as a help-seeking source and concluded that young people will seek help using the Internet once they are aware of relevant web-based services.

It is relevant to note that a new web site has recently been launched by Australia's National Youth Mental Health Foundation. This site features videos of young people talking about their experience in getting help and how it has made a difference to their lives www.headspace.org.au . The headspace site also links to a free online alcohol and drug counselling service that provides support for alcohol and other drug users, and others affected by alcohol and drug use in the community, including family members, relatives and friends - www.counsellingonline.org.au .

6. Conclusion

Two hundred and twenty seven young people across the South West aged 12 to 17 years were surveyed regarding their perspective on various prevention approaches and strategies that would encourage early help seeking.

A range of actions were identified by service providers and young people, formatted into a questionnaire, and then rated by young people to determine their perceived effectiveness.

Young people were asked to rate the actions using a 0-4 rating system. The following list appears in descending order with most highly rated suggestions listed first:

- hearing from 'real' people who have experienced problems
- access to activities that are drug and alcohol free
- 24 hour phone line
- taxi vouchers to counselling destination
- internet chat line
- school counsellors available out of hours
- youth only medical centre
- drug and alcohol professionals invited to school
- posters and brochures
- police invited to school
- community education
- peer education
- youth mentors
- phone and text messages

Survey respondents were encouraged to offer their own opinions on effective strategies to encourage help seeking. Additional ideas offered by young people were reported under the following themes:

- Media campaigns and promotions
- Confidentiality and stigma
- Policing and legislation
- Reducing access barriers

Young people recommended that education in school and media campaigns feature 'real' people who had personal experience with mental health or substance issues, and had benefited from seeking help.

Young people were very supportive of 24 hour help lines and Internet interface opportunities. They were also supportive of strategies such as participation in fun activities that were drug and alcohol free; peer education; youth mentors; availability of school counsellors after hours; community education; visits to

school from police, and alcohol and other drug professionals. Posters could be effective if they were strategically located. There were some concerns about the use of text messaging and the administration of taxi vouchers.

Young people attending services placed high importance on confidentiality and appreciated a non-judgemental approach.

Although there is limited research on young people's perspective on encouraging help seeking, the studies available add validity to the findings of this survey.

It is hoped that the information in this report will help remove some of the uncertainty associated with planning interventions aimed at encouraging help seeking behaviour in young people.

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