



Denise Charman
Craig Harms
Jacquie Myles-Pallister

Help and e-help

Young people's perspectives of mental healthcare

Background

This study aimed to explore young people's experiences and perspectives on seeking and accessing help for mental health using traditional as well as electronic means.

Method

Three focus groups of young people aged 13–26 years who were members of community groups, explored issues guided by a series of questions.

Results

Using interpretive phenomenological analysis of the transcripts, three themes emerged:

- Young people's perceptions of mental health problems in themselves and their peers
- Young people's experiences of help and the importance of trust
- Young people's perceptions of e-help and concerns about trust.

Discussion

Participants appeared to have a good sense of when help is needed and how they wanted to be helped for mental health problems. However, participants described many negative experiences, particularly restricted access to help and breaches of trust. There were concerns about privacy and confidentiality with e-help, as well as a general distrust and fear of harm in seeking help.

Keywords: adolescent; helping behaviour; mental health



Young people include those from 12–24 years of age.¹ While health and wellbeing reports often cover only part of this age range, it is very clear that young people have high rates of mental disorders. The child and adolescent component of a national health and welfare survey (2000)² found that 14% of adolescents (aged 13–17 years) had a mental health disorder (most common were anxiety and substance and alcohol misuse). Over one-quarter of adolescents with a mental health disorder also had a physical health problem.² In 2008, The Australian Institute of Health and Welfare reported that for the age range 15–24 years (constituting approximately 18% of the population), mental health disorders accounted for 61% of the nonfatal burden of disease.¹

The 2000 study found that only one in four adolescents with a mental health disorder had received professional help, mainly from family doctors, school based counsellors and paediatricians.² While a great deal is known about young people's help seeking patterns and surrounding issues,^{3,4} three in four adolescents did not seek help. The headspace National Youth Mental Health Foundation aims to utilise this knowledge to encourage young people to seek help,^{5,6} and internet self help sites such as MoodGym bode well for success in providing tailored services for young people.

Help seeking is a complex matter,⁴ and appreciating the contextual factors that impact on young people's distress and their health service utilisation is critical. Young people most at risk of developing mental health disorders are those who have been victims of interpersonal violence such as intimate partner violence, child sexual abuse, and/or violence associated with a lifestyle of alcohol and illicit drug taking.¹

These experiences may affect the way in which a young person interacts with mental health providers and can create fear of further abuse from 'the system'. The recent inclusion of consumers in healthcare policy and practice acknowledges the importance of the consumer perspective on how we might improve healthcare experiences and quality of care.⁷ This article aims to contribute to the understanding of young people's perspectives on help seeking, and particularly to find answers to two questions: What do young people say about their experiences and/or their perceptions of seeking help for mental healthcare? In what ways can electronic communication devices (ECDs) facilitate better engagement with help?

Electronic communication devices already engage young people in community, social, political, and economic spheres.⁸ For mental health help, ECDs include telephones (eg. Kids Helpline), computers, handheld devices, websites (eg. blogs, self help information, manualised treatments), text messaging, and face-to-face consultation via computer (eg. Skype, Windows Live Messenger). Electronic communication devices are likely to play an important role in healthcare beyond that of information seeking.⁹ For the purposes of this article, the use of ECDs for help seeking is referred to as 'e-help'.

Method

Participants

Focus groups consisting of 6–8 participants were recruited from local government youth advisory councils and a youth 'drop in' centre in the outer and inner urban areas of Perth, Western Australia. There were 20 participants (eight males and 12 females), ranging in age from 13–26 years (mean=17.7 years), with one male sibling aged 10 years also present.

Procedures

An interview schedule of open ended questions with prompts was used to guide discussions. Focus groups were audiotaped and the tapes transcribed. Researchers took field notes and kept reflexive accounts.

Ethics approval was obtained from Edith Cowan University's Human Research Ethics Committee.

Data analysis

Transcripts were analysed using interpretive phenomenological analysis.¹⁰ A directory of utterances was compiled to exemplify identified themes. This process was applied to each transcript by each researcher for triangulation purposes. Differences in themes were reconciled and a master list of themes composed.

Results

Participants drew on direct or vicarious experiences of getting help for mental health problems and the use of ECDs.

Theme one – mental health problems

This explores young people's perceptions of mental health problems in themselves and their peers. The following are sample comments on identifying when someone is psychologically distressed.

'Get pretty distant when they're upset... they're kinda like out of it.' (Female, 17 years)

'Starting to cut, or bruises around their neck, or trying to... [suicide or self harm].' (Female, 16 years)

'Writing death notes... like they write it out, like sorry can you read this at my funeral and all this and like I'm gonna do this now and I feel so free.' (Female, 17 years)

'No motivation to get yourself out of the ditch.' (Female, 15 years)

Participants stated that when someone needs help, they cannot function when performing everyday activities such as shopping, they 'blank out', 'get overloaded with crap', have no motivation, feel frightened, and/or they use prescribed or illicit drugs. Participants identified when professional help was needed:

'Like if it seems that they need to sort through things in their head, then you might as well leave them... but if it seems like they're on the borderline of like harming themselves they probably should do something.' (Female, 16 years)

One's own or another's death and dying came

up regularly: suicide was a focus of discussion in Group 3, there was talk of death notes and wanting to die in Group 1, as well as comments that sometimes people kill themselves in Group 2.

Grief, loss and trauma; and exposure to violence constituted the two main categories of problems experienced by participants. Grief and loss were related to broken relationships, family breakups and peers who had died. One participant shared, 'Three of my mates have already died.' (Female, 17 years)

Bullying and intense feelings of being unsafe at home and outside of home were also experienced.

Theme two – help and trust

Experiences and perceptions of help and the importance of trust were covered. Participants were very clear about what they wanted from counselling:

'You could know that you are going to be forgiven.' (Female, 17 years)

'You want somebody to take some of the burden away from you.' (Female, 23 years)

'A lot of things get fixed if you just say it... you just gotta get it out.' (Female, 17 years)

'When you feel down or like got anger or depressed or something built inside you and want to release it.' (Male, 17 years)

For those who did need a mental health service, participants were asked what would make for a good experience. All three focus groups avoided defining good help and instead told stories of adults who coerced or bullied them. They cited examples of behaviours of which they disapproved. The following demonstrates one participant's feeling that the helper was not fully engaged in listening to her.

'And they take notes while I'm talking to you, what you are writing about me? I find that really rude.' (Female, 22 years)

'Our counsellor was considered... um... a bit of a pervert, I suppose, at the girls who came in there, so I guess that is how he got his name... but like, I think, he does it even when I went there... he was outdated... like he couldn't connect with us... he probably did not have proper youth training.' (Female, 16 years)

Participants expressed concern that their health professional's notes would be seen by parents and the concern was acute if the professional knew the parents outside the counselling situation. Parents were likely to be the ones with whom young people were having problems and this can create obstacles

to help seeking as parents are often the gatekeepers for young people getting help.

Participants also felt they would be stigmatised if family knew they were seeking help, and they expressed fear that family can 'accuse you', that 'bad things can happen' and that help seeking means possibly being 'blamed for wrongdoing'. For participants who felt most vulnerable and in need, their concern appeared to be greatest regarding their privacy and confidentiality.

There was only one mention of doctors in all three focus groups although the participants were given the opportunity to volunteer any sources of help.

Theme three – e-help and trust

In discussing e-help, participants initially expressed positive feelings, with a number of participants advocating the use of messaging, as this can even work for someone who has 'shut themselves in their room'. However, they also cited negative experiences of using ECDs:

'If you like email and you get hackers... they could hack into your MySpace... and go through it.' (Male, 17 years).

One participant had experienced an employer accessing her Facebook site and she was upset by what she considered an invasion of her privacy.

'If you leave your Bluetooth on, people can hack into your phone and corrupt it.' (Female, 22 years)

'It was like I was trying to apply for something on the internet... I don't trust it... I'm always worried that it is not the correct site... and there will be someone looking at the other end... and it will not even be a real person on the other end.' (Female, 17 years)

Participants expressed concern that they might be overheard by friends or family members on the telephone and that parents could check their phone bills and computer history. Furthermore, access to ECDs and mental health websites were often denied by adults, school staff or parents.

Discussion

As well as recognising that peer support was critical, young people were able to recognise when someone needed professional help. They described what they wanted from help, and identified the most common reasons for help seeking (eg. grief and loss and/or a lack of safety due to violence at home and/or at school). This is consistent with previous findings.¹¹ It is well known that

a high proportion of young people with mental disorders have experienced social disadvantage and abuse¹² and that family violence contributes to the disease burden two times more than alcohol and drugs.¹³ Rather than as a social support, participants described parents and school personnel as gatekeepers to help and e-help, and often the source of their fear and anxiety. This supports one of the findings by Cohen et al.⁶

This sample of young people had experienced, either directly or vicariously, poor quality professional help. The most frequent concerns were lack of privacy and confidentiality, and the integrity of the helper. Privacy was important as participants often felt they had little privacy in their own lives. Participants also felt they would be exploited or punished for seeking help. Such views have been linked to poor uptake of mental health counselling.¹⁴

Almost all of the participants knew how to access e-help via telephone and internet. However, the factors that impacted on access and use of e-help were similar to those for seeking face-to-face help. These related to breaches of trust consistent with the finding that almost one-quarter of respondents reported ‘unsafe’ experiences online.¹¹

The lack of any reference by participants to seeking help from a general practitioner indicated that GPs, for this group of participants at least, were not perceived as a source of help for psychological health concerns. This omission is not consistent with the national survey² where the family doctor

was found to be one of the important sources of professional help. However, initiatives such as MindMatters may improve referral pathways over time.⁴ *Table 1* provides some suggestions for GPs to assist in engaging young people.

The findings in this study are limited to the participants who made up the three focus groups, however, the themes that emerged enhance earlier findings. The age range was wide and it is possible that more age restricted focus groups might highlight other issues and concerns. Future research could examine the views of young people about the role of GPs in the mental healthcare system.

Conclusion

Participants appeared to have a good sense of when to seek help, where to get it from, and how they wanted to be helped for psychological distress. While they were not specific about who they wanted to help them, they did refer to school counsellors rather than to medical professionals. Participants had experience and familiarity with negative help, especially restricted access to help and breaches of trust. Participants identified a number of benefits to e-help but also identified concerns. General practitioners have the capacity to include ECDs, and create an environment of trust in their practice to keep young people engaged in mental healthcare.

Authors

Denise Charman PhD, is Professor of Counselling and Psychotherapy, Department of Psychology, The

Cairnmillar Institute, Camberwell, Victoria
 Craig Harms BPe, BSc, MEd, is a PhD candidate, Department of Psychology and Social Science, Edith Cowan University, Perth, Western Australia
 Jacquie Myles-Pallister PGDipPsych, BA(Hons), is research assistant, Department of Psychology and Social Science, Edith Cowan University, Perth, Western Australia.

Conflict of interest: none declared.

Acknowledgment

This work was supported by a small grant from the Faculty of Computing, Health and Science, Edith Cowan University. We would like to acknowledge the initiative of The Samaritans who asked the original question: ‘What are young people’s perspectives on e-help?’

References

1. Australian Institute of Health and Welfare. Young Australians: their health and wellbeing, 2007. Canberra: AIHW, 2008.
2. Sawyer MG, Arney FM, Baghurst PA, et al. The mental health of young people in Australia. Canberra: Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, 2000.
3. Biddle L, Donovan J, Sharp D, et al. Explaining non-help seeking amongst young adults with mental distress: a dynamic interpretive model of illness behaviour. *Social Health Illn* 2007;29:983–1002.
4. Rickwood DJ, Deane FP, Wilson CJ. When and how do young people seek professional help for mental health problems. *Med J Aust* 2007;187:S35–9.
5. McGorry PD. The specialist youth mental health model: strengthening the weakest link in the public mental health system. *Med J Aust* 2007;187:S53–6.
6. Cohen A, Mellow S, Kelk N, et al. Young people’s experiences of mental health care: implications for the Headspace National Youth Mental Health Foundation. *Youth Studies Australia* 2009;28:13–20.
7. James AM. Principles of youth participation in mental health services. *Med J Aust* 2007;187:S57–60.
8. Webb M, Burns J, Collin P. Providing online support for young people with mental health difficulties: challenges and opportunities explored. *Early Interv Psychiatry* 2008;2:108–13.
9. Powell J, Clarke A. Internet information-seeking: a population survey. *Br J Psychiatry* 2006;189:273–7.
10. Smith JA, Osborn M. Interpretative phenomenological analysis. In: Smith JA, editor. *Qualitative psychology: a practical guide to research methods*. Thousand Oaks, CA: Sage Publications, 2003;51–80.
11. Stahl C, Fritz N. Internet safety: adolescents’ self-reports. *J Adolesc Health* 2002;31:7–10.
12. Carr A. *The Handbook of child and adolescent clinical psychology: a contextual approach*. 2nd edn. London: Routledge, 2006.
13. Vos T, Astbury J, Piers LS, et al. Measuring the impact of intimate partner violence on the health of women in Victoria, Australia. *Bull World Health Organ* 2006;84:739–44.
14. Yu JW, Adams SH, Burns J, et al. Use of mental health counselling as adolescents become young adults. *J Adolesc Health* 2008;43:268–76.

Issues related to help seeking	Recommendations for GPs
Of young people who have mental disorders 40% also have a physical health problem	<ul style="list-style-type: none"> • All young people could be asked about anxiety and depression even if they have a physical health presentation
Sense of shame	<ul style="list-style-type: none"> • Provide medical information • Normalise developmental transitions • Refer to websites and telephone helplines • Affirm efforts to seek help
Breaches of trust	<ul style="list-style-type: none"> • Always ask for informed consent before discussing the young person with their parents (even if the parents are known to you) • Inform the young person of your plans for their treatment
Experience with ECDs	<ul style="list-style-type: none"> • Use text messaging for appointment reminders • Refer young people to nationally available e-help (eg. MoodGym, Ybblue [Youthbeyondblue], Reachout) • Locate blogs or case studies with positive outcomes as models for the young person
Young people may experience frequent and high levels of abuse and harassment	<ul style="list-style-type: none"> • Be attentive, respectful and nonauthoritarian

correspondence afp@racgp.org.au