Adolescent Opinions About Reducing Help-Seeking Barriers and Increasing Appropriate Help Engagement

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Effective mental illness prevention programs are important for the safety of youth and adolescents. Research suggests that programs should facilitate appropriate help seeking by lowering help-seeking barriers. This study used focus groups to obtain high school student opinions about actual help-seeking behaviors, reducing adolescent help-seeking barriers, raising sensitive issues with adolescents, and increasing appropriate help-source engagement. Transcript analysis revealed several themes. Relationship and trust were key approach factors for current help seeking. Memories of successful prior helping episodes were also important. Education about appropriate help seeking, presented in ways consistent with those currently used by adolescents (e.g., through peer networks), might reduce help-seeking barriers. Education should include key adults who act as gatekeepers within adolescent networks (e.g., parents and teachers). Assertive outreach and follow-up might be important factors for continued help-source engagement. Themes provide a basis for suggestions about ways to facilitate adolescent help seeking and maintain appropriate help-source engagement.

Seeking appropriate help when experiencing a range of psychological problems can lead to a reduction in distress. Suicide is one such problem.

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that has received wide attention. It has been argued that appropriate help seeking provides generic protection at any point on a suicidal pathway (e.g., Kalafat, 1997; Resnick et al., 1997; Rubenstein, Halton, Kasten, Rubin, & Stechler, 1998; Rudd et al., 1996). These investigations suggest that seeking help for problems that are less distressing than suicidal ideation might have the dual effect of subsequently protecting against suicidal risk. Programs that facilitate appropriate help seeking by lowering barriers might bring troubled youth to treatment at more amenable stages of their problems (Kalafat, 1997; Silverman & Felner, 1995). Consistent with this view, a number of suicide prevention programs have focused on lowering barriers to self-referral and increasing appropriate help seeking by various forms of training and support (e.g., school gatekeeper training, community gatekeeper training, general suicide education, screening programs, peer support programs, crisis centers, and hotlines: see Centers for Disease Control [CDC], 1992; Kalafat, 1997; Patton & Burns, 1998, for reviews). Nevertheless, despite the obvious potential of these programs, there is little empirical evidence to suggest they actually offer effective protection against suicidal risk (Kalafat, 1997; Patton & Burns, 1998; Williams, 1997).

Although appropriate help seeking is considered protective, it has been reported consistently that few adolescents who experience distress, particularly suicidal thoughts, seek appropriate help (e.g., Dubow, Lovko, & Kausch, 1990; Offer, Howard, Schonert, & Ostrov, 1991; Rickwood & Braithwaite, 1994; Saunders, Resnick, Hoberman, & Blum, 1994; Whitaker et al., 1990). Providing the most concern are consistent findings of help negation in nonclinical youth populations. In these samples as suicidal ideation increases, willingness to seek help decreases, particularly help seeking from an appropriate source such as a mental health professional (Carlton & Deane, 2000; Deane, Wilson, & Ciarrochi, 2001).

These issues raise several questions: Are there barriers that exist, in addition to those we already know about? How can barriers be reduced? Moreover, how can actual help seeking be increased for all types of problems, including suicidal behaviors? In a recent study, we addressed the first of these questions. Using focus group discussion and questionnaires, we explored adolescent help-seeking barriers (Wilson & Deane, 2000a). More important, qualitative and quantitative self-reported data seemed consistent. For example, survey results (Barriers to Adolescents Seeking Help; Kuhl, Jackson-Horlick, & Morrissey, 1997) supported focus group themes that indicated that important young male help-seeking barriers were associated with aversive emotions and beliefs about the futility of help. In contrast, young females seemed more concerned about
the opinions of others (e.g., family). Transcript analysis also highlighted several help-seeking barriers that had not been previously reported. For example, young people described the way in which cognitive distortions (rumination and overgeneralization) act as barriers to appropriate help seeking. Although cognitive distortions have been identified as risk factors for psychological distress and suicidality (e.g., Weishaar, 1996), to our knowledge, this was the first time they have been identified as specific help-seeking barriers (see Kuhl et al., 1997, for a review of identified barriers). With regard to the second and third questions, few studies have either identified strategies for reducing help-seeking barriers or outlined how such strategies might be successfully implemented. These questions remain to be addressed.

Based on our ongoing investigation of links between help seeking and suicide (i.e., help negation), we were recently approached by representatives of a high school Student Representative Council (SRC). The SRC is a group of students elected by their student peers to represent them on school management committees with teachers and other school representatives. They typically take an active leadership role among students in their school. The SRC had been asked to participate in a suicide prevention program by the school administration. The impetus was that students had expressed their concern that distress and suicidal behaviors were too common in their school. We agreed to be involved and proposed the implementation of a general school help-seeking program that aimed to reduce barriers and encourage appropriate help-source engagement. We anticipated this approach would be the most effective way of addressing student distress and suicidal behaviors. However, before proceeding, we considered it prudent to extend our previous focus group findings and the findings of others. Following the suggestion of Offer and colleagues (1991), we wished to identify existing student help-seeking practices to delineate factors that motivate them to seek help. We also wished to extend Lindsey and Kalafat's (1995) identification of student perceptions of facilitators of help seeking to include student opinions about ways to reduce barriers and increase service engagement. With this purpose, this study sought student opinions about actual help seeking, barrier reduction, delicate issues identification, and appropriate help seeking encouragement. We anticipated that student opinions, once integrated with previous findings and theory, would allow us to identify salient components of existing help-seeking/prevention programs, modify components where necessary, and recommend ways to apply strategies to encourage appropriate help seeking, for all problem types.
METHOD

Participants

Eleven male students (ages 15–17 years) and 12 female students (ages 14–17 years) took part in the study. Ninety-one percent of the students described themselves as Australians of European descent, 4% as Aboriginal, and 4% as Pakistani. All attended an Australian high school situated in an industrial area.

Ethics approval was received from the University Human Ethics Committee. School approval was received from the school principal and the Department of Education and Training. Students from across the school were recruited during SRC meetings and compulsory study class. Students were informed of the study through presentations to each meeting or class group by the first author (CW) and an information sheet. If students indicated that they wanted to participate in the study, they were provided with a parental consent form that had to be signed by parents before the students could participate in focus group discussions. The information sheet gave details of the subject and the purpose of the discussion. It explained how the focus groups would operate and stressed the voluntary nature of participation. Individual consent forms were signed by all students before each group discussion.

Procedure

Six student focus groups were formed; however, only four focus groups were necessary for data saturation. Data saturation was determined using principles of grounded theory (Dey, 1999; Strauss, 1987; Strauss & Corbin, 1990, 1997). Sampling was guided by the explicit need for information to refine and define theory about current adolescent help seeking, barriers to appropriate help seeking, and ways to engage young people for continued help seeking. Data saturation was considered to have occurred when no new categories of response were elicited by the standard focus group questions (Table 1). To check this situation, the primary analyst (the first author) examined responses that seemed discrepant with the majority of responses. Data collection ceased once discrepancies could be linked meaningfully with the other responses to provide a comprehensive explanation of adolescent help-seeking behaviors, barriers, and opinions about engagement. Focus groups were run in no particular order. They were deliberately kept small because students in each group tended to be friends and seemed
TABLE 1

Questions Posed to Student Focus Groups

1. How do you feel about help seeking?
2. Who do you go to when you seek help?
3. How did you find out about the people you seek help from?
4. The things that can stop youth seeking help are called barriers. What are some ways you think these barriers can be broken down?
5. If youth seek help for personal or emotional problems, what is the best way for helpful adults and professional help givers to raise and discuss these problems?
6. What will keep youth going to services that can help them?

less inhibited when talking among themselves. All focus groups were conducted by the same moderator (CW) who was known to participants, as she had been an active member of the school community as a teacher for 8 months before the focus group discussions began.

Focus group discussions were held at a school conference room that permitted privacy. The same interview schedule was used for each focus group although this operated as a flexible guide rather than a structured protocol (Vaughn, Shay Schumm, & Sinagub, 1996). The questions presented in Table 1 were used to guide discussions. Group discussions lasted approximately 90 min and with the permission of the students, all discussions were recorded onto audiotape. At the conclusion, a debriefing session was held, and students were supplied with a resource that listed health services in the district.

Following group discussions, audiotapes were fully transcribed. Data were interpreted using a theoretically focused Immersion/Crystallization (I/C) process (Borkan, 1999; Crabtree & Miller, 1992). I/C was chosen based on its recognition as one of the four idealized analytic styles (Crabtree & Miller, 1992). It is "solidly in the mainstream of qualitative research and is congruent with multiple other analytical techniques" (Borkan, 1999, p. 180). Consistent with I/C procedure, the primary analyst immersed herself into and experienced each transcript, emerging after concentrated reflection with intuitive crystallizations, until reportable interpretations were reached (Miller & Crabtree, 1992, 1994a, 1994b). Each transcript was systematically read and reread to become one with the language and participant mindset, and to become aware of emerging patterns. Potential themes emerged as crystallizations on each reading. Five readings were conducted. The first reading was general and completed without preconceptions but with a view to uncover key themes, emotions, and surprises. Crystallizations were tagged and color coded. The second reading was more in-depth and focused on each tagged crystallization. Evidence for
and against each crystallization was noted and also tagged. The third reading revisited the data with a view to identify important ideas that had been missed on previous readings (i.e., cognitions and emotions that did not refer to tagged crystallizations). The fourth reading required the generation of alternative understandings for each of the tagged crystallizations (i.e., would the analyst have a different perspective if she were a different person?). The fifth reading focused on linking discrepancies from the fourth reading together. Direct quotes providing evidence for crystallizations were clustered. An interpretation of each crystallization was written by the primary analyst. Interpretations and supporting evidence were then reviewed independently by the secondary analyst (the second author). Discrepancies between analyst interpretations were negotiated until agreement was met. Agreed-on interpretations were organized as themes under the four main aims of the study:

2. Ways to reduce adolescent barriers.
3. Ways to raise sensitive or distressing issues with adolescents.
4. Ways to continue adolescent engagement in mental health services.

Themes and supporting evidence are reported next.

RESULTS

Student opinions about help seeking revealed themes that are organized under the main aims of the study. Table 2 provides a summary of the themes and subthemes identified for each aim. Supporting evidence (i.e., direct quotes from focus group transcripts) is marked with Roman numerals and cross-referenced in Table 2.

Actual Help Seeking: Approach Factors

Attitudes and beliefs. Most students in the focus groups appeared to have positive attitudes toward seeking help and viewed it as "good." In their view, help seeking has a role in solving problems.

i. "When your emotions are really low ... one of the best things to do is get another person's perspective ... it puts it all back into it's place." ... "I feel that
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<thead>
<tr>
<th>Aim</th>
<th>Themes</th>
<th>Subthemes</th>
<th>Supporting Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Actual help-seeking:</td>
<td>Attitudes and beliefs</td>
<td>i, ii</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Relationship</td>
<td>iii</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trust</td>
<td>iv</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Knowledge</td>
<td>From prior help</td>
<td>v</td>
</tr>
<tr>
<td></td>
<td></td>
<td>From peer</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>discussion</td>
<td></td>
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<tr>
<td></td>
<td>Problem normalization</td>
<td>vi</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Successful prior</td>
<td>vii</td>
<td></td>
</tr>
<tr>
<td></td>
<td>help-seeking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Reducing adolescent barriers</td>
<td>Education</td>
<td>Content</td>
<td>i, ii, iii, iv, v, vi, vii, ix</td>
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<td>Delivery</td>
<td>x, xi, xii, xiii</td>
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<td>3. Raising sensitive or</td>
<td>Relationship</td>
<td>i</td>
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<td>distressing issues with</td>
<td></td>
<td>ii</td>
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<td>adolescents</td>
<td>Trust</td>
<td>iii, iv, v, vi, vii</td>
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<td>Developing a therapeutic relationship</td>
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<td>4. Continuing adolescent engagement in mental health services</td>
<td>Maintaining a therapeutic relationship</td>
<td>i, ii</td>
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<td></td>
<td>Efficacy</td>
<td>iii</td>
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<td></td>
<td>Choice</td>
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talking to someone you know has gone through the same sort of thing ... could help you a bit more ... tell how they solved the problem.”

Some students expressed the view that help seeking is not always necessary. In their opinion, not all problems were serious enough to warrant seeking help.

ii. “The best thing to do if it’s something minor is to just pain it out.” ... “I’m not saying you don’t seek help, it’s not the first thing that you do.” ... “Maybe
the problem is too little to seek help for. "What kinds of problems would you seek help for?" "Nothing minor like getting hassled."

**Relationship.** Students associated the development of relationship with their help-seeking behaviors. They seemed more likely to seek help from a potential help giver with whom they have a strong and open relationship.

iii. "I think the relationship is pretty important ... you have to have a relationship, that’s why friends are good." ... "I could only go to people that I was on good ground with ... that I was friendly with, or I was on good terms with." ... "The person makes themselves open, they always let you know that you’ve got an open invitation."

**Trust.** Students suggested that seeking help from any source was primarily a matter of trust.

iv. "It’s a trust thing, you go to people who you know have an obligation to keep what you say to them ... you know you can trust your Mum." ... "I tend to trust myself more than people...keep the lot to myself, then only if it gets really bad, go to some of my friends who I trust." ... "I just talk to people I trust." ... "If you go to a Priest, they are under oath not to tell ... they’re pretty serious about it."

**Knowledge from prior help.** Much of the knowledge that students had about help seeking seemed to come from help seeking conducted on their behalf. Typical of many stories shared, one student explained that help seeking at school had been initiated by his mother after he was being beaten up by another student. Another student shared that seeking help from the school counselor had been initiated on her behalf by a teacher in response to behavioral problems. Another student shared that seeking help from a psychologist had been initiated by his grandmother in response to the student’s grief and depression.

**Knowledge from peer discussion.** A second way that students seemed to gain knowledge about help seeking was by word of mouth or interaction within their social network. Through this method, the students seemed to
identify helpful sources and match potential sources with their perceived problem.

\[v. \textit{How did you find out who could help you?} \text{ "I've heard she's quite good." ...} \]
\[\text{"He's good ... or people have said he's good you know." ... "I figured it out with being in his class." ... "Someone I know had a problem with a teacher ...and ... (the teacher) went to the person that had a problem ... so that's how I've found out she will help you."} \]

\textit{Problem normalization}. Students seemed likely to seek help if they thought their problem would be validated and normalized.

\[\text{vi. "You know that if you talk to a friend a bit about school work ... you know they have the same problem." ... "And if they're not worried about it, it makes me feel a little bit stupid because they're going through exactly the same thing."} \]

\textit{Successful prior help seeking}. Students seemed likely to seek help if they thought prior help-seeking episodes were successful.

\[\text{vii. "I was having a few problems at home ... the year advisor helped me out the most. ... \textit{What if you were having personal or emotional problems, who would you talk to? ... The year advisor ... the only person I could trust would be the year advisor." ... "I was wondering what to do in the future ... so I went to an Elder. ... \textit{Did you feel good about that solution? ... Yeah ... Who are the people in the community that you can seek help from? ... Leaders at Church."} \]

\textbf{Reducing Adolescent Barriers}

\textit{Education}. Students seemed to suggest that their knowledge about mental health services had been gained largely from experience, school exposure, and media promotion. Students agreed that help-seeking barriers might be reduced by education campaigns that target and promote various aspects of help seeking.

\textit{Education content}. Students suggested that information should communicate that problems are a normal part of life for everyone (i), no problem is insignificant if it causes distress (ii), seeking help is a good start to
solving a problem (iii), the consequences of seeking appropriate or inappropriate help, and employing good or bad solutions for a problem (iv).

i. “On a group level, those who are having problems find out that there are other people with similar problems, they are not the only ones so they don’t feel isolated.” ... “I think that’s a very important part ... normalizing it.”

ii. “As small as (the problem) may seem to somebody else, it’s probably really big for you ... it doesn’t matter how small your problem is, there is always going to be somebody round who can help.”

iii. “You’ve got to press the fact that it’s OK to get help.” ... “It’s the breaking of the mindset.” ... “Give them the notion that it’s OK to have problems and it’s OK to talk to someone about them.” ... “It’s normal and there’s other people out there, professionals to help.” ... “Make it more socially acceptable” ... “Change perceptions in the community.”

iv. “We need to get over the fact no matter how small the problem is (help seeking) is a good idea because (the problem) could lead to something else.” ... “The smallest problem can lead to the biggest consequences (without help).”

Students thought that information should also describe different problem types (v), the most appropriate help sources for different problem types (vi), the role and expertise of different mental health professionals (vii), the location of each service and a schedule of service charges (viii), and the ethical boundaries of mental health professionals (ix).

v. “The ads are good ... they explain that mental illness doesn’t mean you’re mad, it doesn’t mean you suffer for the rest of your life necessarily.”

vi. “Education.” ... “Awareness.” ... “Knowing who to see ... knowing what they all do to help.” ... “Talk about all the possibilities.”

vii. “Knowing that they are a good counselor.” ... “I think first of all they have to understand your problem.”

viii. “A better knowledge of where to go specifically ... ‘cause I wouldn’t know where to go.” ... “If you want to promote going to a professional ... they’re going to have to either have good free services or really cheap ... (or kid’s will think) ‘my problem’s not worth fifty bucks to go and see him for an hour.’”
ix. “Knowing that they are good and honest and won’t tell would definitely make you go to them.”

_Education delivery._ Students gave opinions about how to present help-seeking information. All students recommended some form of training. However, students felt that training would be most effective if it was interactive rather than lecture style.

x. “Training ... showing kids ... by talks, well not actual talks, but something to tell them that help is there.” ... “Not so much commercial awareness, just people.” ... “Talking more about it...amongst yourselves.” ... “It’s a matter of people...becoming more open with their problems.”

Students suggested that training should include examples of appropriate help seeking (xi), practice seeking appropriate help, initially for small problems then for more serious problems as adolescent confidence and skills grow (xii), and help-seeking information for the adolescents’ wider social and community networks (xiii).

xi. “Give examples of people ... not specific, just I know someone who has this problem, what would she benefit from.” ... “Examples have to be little ones ... simple things.” ... “Cause...the conclusion is that everyone feels depressed and there is no way of getting them to help...a simple slogan like ‘Do you feel like such and such?’ ‘Do you feel there is a problem you can’t fix?’ ‘Do you feel that there’s no help for you?’ people are going to read it and think ‘Yeah,’ then read the next bit and think ‘Oh.’”

xii. “Building up would be better.” ... “Cause that would tell me my problem was big enough.” ... “We have to encourage (kids) to speak.” ... “They have to learn to express things.”

xiii. “Educate people to let you know (where to go).” ... “What to look for in kids.” ... “I think someone would talk me into (seeking help).” ... “There should always be a clinic for teenagers... you’d have to say it was for a lot of different things for teenagers as well as medical... when you go everyone’s like ‘Oh, you go here for that.’”

_Raising Sensitive or Distressing Issues With Adolescents_

_Relationship._ Students explained that their relationship with any potential help source was a very important influence in their decision to seek help from that source. They suggested that once a strong positive relation-
ship was established, then sensitive issues could be raised. Students suggested the relationship with a potential help giver needs to be friendly, individual, emotionally safe, genuine, and confidential.

i. "You have to have a good relationship with (the potential help giver)." What does a good relationship look like? "If they were friendly towards you and ... you felt comfortable around them ... that you were there and they were the counselor and you just sit there and talk about your problems ... not that they get emotionally involved with you, but you felt ... comfortable around them and able to comfortably discuss what's wrong." "It can't be fake ... you have to feel like they actually care, not that they are just there because they have to be." "It can't be textbook either, it has to be friendly ... natural." "Don't feel like they are asking the questions they ask everyone."

Trust. Students thought that issues should be raised gently and slowly as adolescents build trust and confidence in their help givers.

ii. "Start a conversation with the person then start asking them little questions about small things and slowly build up to it." "Start with general conversation ... 'hey, how you going?' then move to other stuff." "More of a conversation than a question answer thing." "Like a little chat." "Just talk about everyday things." "Talk to them and not at them." "Warm up, not just straight into it."

Developing a therapeutic relationship. Students suggested that help givers should listen for ambiguous comments and explore them.

iii. "Probe and ask ... the right questions to find out how serious it is." "I would feel embarrassed telling my problems straight out ... they could just start from scratch and ask lots of questions." "So it's like a guessing game?" "Yeah." "Subtly get into it ... by asking general questions ... and gradually work out what's wrong, what their problem is." "So it's cryptic?" "Yes." "Are there any codes that professionals need to know?" "Double meanings." "Hints ... some people have trouble with certain words ... maybe they feel embarrassed about it ... so they keep coming onto the subject of suicide ... bringing it back to suicide ... just trying to let them know without actually saying 'I'm suicidal'."

Students offered other advice for their potential help-givers:

iv. "Stop saying things like ... 'back in my day.'" "(We want) people that we feel we can relate to."
v. “Let us tell you and basically listen.” ... “Don’t ask us to explain everything.”

vi. “Don’t use jargon.” ... “Use terms we’re familiar with ... simplified.”

vii. “If I’m talking, I want to make sure you’ve got it straight.” ... “I want you to feed back so I make sure you understand what I am going through ... so it feels like I actually mean something if I tell you my problems.”

Continuing Adolescent Engagement in Mental Health Services

*Maintaining a therapeutic relationship.* Students also explained that rapport with the help giver (i) and contact outside appointment times (ii) might be important influences on continued service engagement.

i. “If it was a good experience, you’ll go back.” ... “You have to feel comfortable.” ... “Welcome.” ... “Put in the right mood.” ... “You can see that they are caring and sincere.” ... “Friendly.” ... “You can relate.” ii. “If the (mental health professional) says ‘you should really come back’ ... they encourage you to come back.” ... “Just ask for their number and say I’ll give you a call and see how you’re going.” ... “Not like a doctor ... ‘kay, see you next week’ ... into the diary, it’s more ... (friendly).” ... “Ring up and remind them of their appointment and ... just be friendly, just rang up to see how you’re going ... still coming (back)?”

*Efficacy.* Students agreed that adolescent perceptions of efficacy might influence their continued engagement in helping services.

iii. “The feeling of getting results.” ... “You feel like you’ve progressed.” ... “The help they have given you is working out.” ... “Especially if you feel better about yourself.”

*Choice.* Students explained that being able to make choices might be important for continued service engagement. They explained that making decisions might allow adolescents to feel that they are in some way directing their own help.

iv. “The (mental health professional) should say ‘Were you happy with what we did today? If not, I can refer you to somebody else, you can try them’ ...
say, 'Don't worry, you're not going to hurt my feelings, if you're not happy with me you can see somebody else, I'll sort it out for you'... so (the teenager) gets their choice."

**DISCUSSION**

This study obtained student opinions about actual help-seeking behaviors, reducing adolescent help-seeking barriers, raising sensitive issues with adolescents, and increasing appropriate help-source engagement by adolescents. There is optimism from the finding that most students seemed to have positive attitudes toward help-seeking. Theory suggests that attitudes relate indirectly to behavior (Ajzen, 1985, 1988, 1991; Deane & Todd, 1996). Most students agreed that getting some kind of help was good. This finding is somewhat at odds with prior studies that suggest that many students have negative attitudinal barriers toward help seeking that might be reflected in the poor rates of actual help seeking (e.g., Dubow et al., 1990; Kuhl et al., 1997). This contradiction may in part be explained by the selection and composition of our sample. It is possible that those students who agreed to participate in the study had higher levels of emotional competency than their peers (i.e., more confidence disclosing personal feelings in the focus group context) and more willingness to seek appropriate help. Ciarrochi, Deane, Wilson, and Rickwood (in press), for example, found that adolescents who have trouble identifying, describing, and managing their emotions are least willing to seek help and most willing to not seek help from anyone for emotional problems. It seems unlikely that the students who are least willing to seek help would choose to participate in a help-seeking study. Future help-seeking studies might benefit from the inclusion of questions or surveys to assess participants levels of emotional competence.

The study appeared to provide confirmation of a number of attitudes and beliefs that other studies have found young people hold regarding help seeking. However, in addition, students provided new insights into both what to address and how to address these issues. Consistent with previous research, students repeatedly suggested that strong positive relationships with potential help-givers are very important for their current help seeking (Lindsey & Kalafat, 1998; Westcott & Davies, 1995; Wilson & Deane, 2000a, 2000b; Wright & Martin, 1998). When describing these relationships, students shared sentiments suggesting that they felt heard, valued, accepted, and treated with dignity. They felt their opinions, thoughts, and feelings were important. In addition, they felt encouraged and em-
powered to express themselves. A context of trust and confidentiality was very important. Consistent with previous findings, students explained they were more likely to seek help if they trusted a potential help source to understand their problem and to offer useful help (Lindsey & Kalafat, 1998; Wilson & Deane, 2000b). Findings from this study extend this information by suggesting adolescents would be more amenable to help from a help source perceived to have “gone through the same sort of thing” so that the help source could describe how they went about resolving the problem. In our view, all strategies to promote appropriate help seeking must be implemented within a context of relationship and trust. This finding is reinforced by Lindsey and Kalafat (1998) who state that “students will turn to any adult who has shown some concern and willingness to listen” (p. 188). Future studies need to identify the specific processes and order of processes involved in building relationships and trust with adolescents.

Focus group data suggest that help providers need to reinforce to young people that they are not “alone” with their problem and that no problem is too small to talk about. There also seemed to be particular difficulty around identifying when a problem is sufficiently “big” that students should seek help from someone else. This difficulty ranged from not being able to recognize when students have a problem to more frequently viewing the problem as too trivial to bother people. This latter view was exacerbated by concerns about feeling foolish because other students might have similar problems but may not be worried about them. At the same time, the students appeared to recognize that by talking with other people they are provided with the opportunity to see that others have similar troubles and there is likely some relief in feeling less “isolated” and in “normalizing” the problem.

As highlighted in other studies, students explained that prior help has an important influence on current help seeking (Deane, Skogstad, & Williams, 1999; Deane & Todd, 1996; Deane, Wilson, & Ciarrochi, 2001; Wilson & Deane 2000a, 2000b). If students could recall memories of successful prior help-seeking episodes, they seemed more likely to seek help from that source again. This information about prior help seeking has implications for strategies that aim to promote help seeking. That is, to focus on successful prior help-seeking experiences. These need not be specific to psychological difficulties but could start with help-seeking examples like fixing a flat bike tire or from teachers for academic support. We also suggest that prevention programs include exploration of prior unsuccessful help-seeking attempts. It is important that students have realistic expectations about the help that different sources can provide. It is also important that students become
aware of the positive aspects of their help-seeking attempts. We concur with Lindsey and Kalafat's (1998) suggestion that school personnel should "be trained to provide supportive initial response to any student" (p. 190). Most of the suggestions provided by students about how to make these approaches were consistent with commonly used counseling strategies (e.g., reflective listening). Students in this study suggested that they would be more receptive to these offers of support if the helper is friendly, genuine and "natural." Starting with everyday conversation that does not focus too quickly on potential problems was considered important in the process and for allowing adolescents to "warm up." Avoiding jargon, and listening and providing "feedback so I make sure you understand." Some of these insights also serve as reminders to busy consultants and clinicians that might feel pressure to collect information quickly due to time and work pressures. In addition, they are consistent with the views of Lindsey and Kalafat (1998) who pointed out that "help-seeking in schools is affected by the ongoing interactions between adults and students" (p. 188). They found that the specific ways adults make themselves available, their general comportment and their behaviors "such as rudeness, making fun of students, and flirting with students" can "turn students off" (Lindsey & Kalafat, 1998, p. 188).

Consistent with Kalafat's (1997) view that education is a key feature of comprehensive school-based prevention programs, students suggested that help-seeking barriers might be reduced by education about help-seeking. In the students view, education needs to promote the importance and benefit of appropriate help seeking, describe different problems, match appropriate help sources to different problem types, teach about different help sources, teach how to go about seeking appropriate help to solve a problem, and include help-seeking practice. In our view, these suggestions can be integrated into existing social problem-solving programs currently in place in many schools. For example, we have had students complete an assignment that involved visiting professional counseling services in the local area. Students were asked to provide a review of their experience and their resulting help-seeking views for their peers. Most of the students who completed the assignment reported promising comments such as "I felt a bit nervous at first but ... I would go back."

Consistent with previous research, students suggested that people in adolescents social networks have important influences on current help-seeking processes (Lessard & Moretti, 1998; Pescosolido, 1992; Pescosolido & Boyer, 1999; Rogler & Cortes, 1993; Srebnik, Cauce, & Baydar, 1996). They explained that most of their help-seeking knowledge had been gained by observing others, from word of mouth and by help seeking carried out on their behalf. Thus, social networks are not
only direct sources of help but also appear to be involved in supporting students to access more specialist services. The implications are twofold.

First, programs need to educate in ways currently used by adolescents (e.g., through peer networks). Consideration should be given to training peers to present and coordinate help-seeking education programs. The experiences of others as sources of information and reassurance featured prominently in the focus group transcripts. Having peers present information and experiences with help seeking may provide a source that is more accepted and credible. For example, one high school with which we collaborate has developed a peer-support program that trains older students to teach younger students (i.e., those entering high school) about appropriate help seeking. Through this program, the older students become mentors and support providers for the younger students.

Second, prevention programs need to be “holistic.” They need to encourage appropriate help seeking in as many different aspects of school and community life as possible. They also need to prepare key adults who may be seen as role models and who can refer young people to appropriate help (e.g., teachers and parents; i.e., “gatekeepers”) (Kalafat, 1997; Popenhagen & Qualley, 1998). Such preparation will undoubtedly need to directly address some of the negative attitudes toward help seeking that gatekeepers themselves appear to hold. For example, a recent study with teachers revealed they held negative attitudes and a reluctance to seek help for personal-emotional problems and suicidal thinking (Wilson & Deane, 2000b). Given that students in this study said they relied on such sources for guidance in seeking more specialized professional help, failure to provide a program that addresses gatekeepers’ attitudes may mean they are less likely to refer on.

When discussing ways to encourage continued professional psychological help engagement, students described approaches consistent with assertive outreach and follow-up. For example, they encouraged follow-up telephone calls and reminders. Once again, students articulated that strong relationships with help givers are important for maintaining engagement. This view is consistent with evidence suggesting that therapeutic alliance and the quality of help giver–seeker relationships are important aspects of ongoing engagement (e.g., Luborsky, McLeod, Woody, O’Brien, & Auertbach, 1985; Wright & Martin, 1998). However, students also explained that obtaining the impression help is efficacious and that they are free to make choices are other important aspects of continued engagement. They wanted clinicians and therapists to explicitly check with them that the treatment was “working.”
In sum, this study replicates some findings from previous studies but extends prior research by detailing specific approaches for key adults and gatekeepers to address previously identified barriers to help seeking. The extent to which the implementation of the presented suggestions will facilitate appropriate adolescent help seeking and the utility of some of these approaches need to be evaluated in future research.

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