Original Article

Early access and help seeking: practice implications and new initiatives

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Abstract

Aim: Seeking appropriate help for early signs and symptoms of psychological distress can reduce the long-term impact of many mental disorders. This article describes practice implications and new initiatives for promoting early access and help-seeking among young people.

Methods: Relevant help-seeking research is reviewed, and prominent help-seeking barriers are discussed.

Results: Prominent barriers for young people include: incomplete mental health and emotional literacy, beliefs about having little need for help versus having a need for autonomy, and the process of help-negation for different symptoms of psychological distress.

Conclusions: To improve early access to appropriate help and mental health services, barriers that can be reduced, and in particular, psychological distress symptoms that promote the help-negation process, must be reduced as soon as they can be. Strategies that can be used by clinicians, parents and others, including young people, to encourage appropriate help-seeking are provided. Examples of how these strategies are implemented in several innovative programs and approaches are discussed.

Key words: adolescent, early intervention (education), health service accessibility.

In Australia, approximately half of the burden of disease and injury among young people aged 15–24 years old is directly attributable to mental health problems.1 Across age groups, young Australians have the highest prevalence of mental health problems. Approximately one in four experiences a mental health problem at levels that are moderate to severe.2–4 These are mostly anxiety disorders (15.4%), substance use disorders (12.7%) and affective disorders (6.3%).2 Suicide is also a concern. Between 2004 and 2006, 20% of all Australian deaths in the 16–24 age group (n = 266) were by suicide.2 Suicidal thoughts are an independent risk factor for successful completion of a suicide attempt.5–7 Recent data suggest that as many as 1 in 10 young Australians may be currently experiencing moderate to critical levels of suicidal thinking. Three surveys of approximately 1300 young Australians have found that 10% of those aged 14–18 years2 and 8% of those aged 18–24 years have had suicidal thoughts that were moderate to critically severe in the past seven days, including today, and in need of professional investigation.4,8

Without treatment, mental disorders can cause distress and disability that lasts for decades.9,10 Receiving professional help early can reduce the long-term impact of many mental health problems and protect against the development of more severe forms of these disorders.11 Receiving professional mental health care can also reduce risk for suicide completion when suicidal thoughts are experienced or suicidal behaviours are exhibited.12,13 Yet consistent with international trends, preliminary results from 2007 National Survey of Mental Health and Wellbeing (NSMHWB) suggest there may be a general tendency for young people to avoid or withdraw from help when they experience symptoms of common mental disorders or suicidal thoughts. The 2007 NSMHWB suggests that among young Australians aged 16–24 years with a 12-month diagnosis of a common mental disorder, three-quarters did not seek or engage in professional help for their...
symptoms. Additional survey results suggest that approximately 23% of young Australians aged 14–18 years and 20% of young Australians aged 18–24 years with current moderate to critically severe symptoms of common mental disorders report they are unlikely to seek professional care for their mental health problem. The 2007 NSMHWB also suggests that two in five Australians in the general population with serious thoughts of suicide in the last 12 months did not seek help for their condition (age specific results are not available). Other survey results suggest that approximately 23% of young Australians aged 14–18 years and 20% of those aged 18–24 years with moderate to critically severe symptoms of common mental disorders in the last week report that they are unlikely to seek professional care for their mental health problem. Approximately 10% of young Australians aged 14–18 years and 20% of those aged 18–24 years with moderate to critically severe suicidal thoughts in the last 7 days, including today, also report they are unlikely to seek professional mental health care for their condition.

**PROGRESS BARRIERS TO EARLY ACCESS AND HELP SEEKING**

**Incomplete mental health and emotional literacy**

The literature on barriers to seeking and receiving mental health care is expansive, but several barriers appear to have a stronger influence on help-seeking intentions and behaviours than other barriers. The 2007 NSMHWB suggests that incomplete mental health literacy is an important barrier to service use. Mental health literacy refers to knowledge and beliefs about mental disorders that aid in their recognition, management or prevention. Incomplete emotional literacy also appears to be an important barrier to service use among young people, and is an adjunct to mental health literacy. Emotional literacy refers to language for identifying and describing emotions that aids in the recognition and management of one’s current affective state. The significance of accurate problem recognition is emphasised across all help-seeking models that focus on the cognitive processes leading to help-seeking behaviour. Across help-seeking models, problem recognition is cited as the first and most important step in the help-seeking process that is completed by seeking and engaging in help. This suggests that if young people have incomplete mental health or emotional literacy, and do not or cannot recognise that they are experiencing symptoms in need of treatment, it is unlikely that they will seek help for their symptoms, even when they would likely benefit from help.

**Beliefs**

Specific beliefs about the need for professional help appear to be particularly strong barriers to seeking mental health care. Until recently, help-seeking fears were thought to be the most likely reason for low service use among young people. However, preliminary results from the 2007 NSMHWB suggest that in the general population, 86% of those who did not seek professional help for their symptoms in the last 12 months did not believe they needed any type of mental health care. This is consistent with data from the 1980s’ Epidemiologic Catchment Area studies in the United States and in New Zealand, which established that among people in the general population with a diagnosable mental disorder, 80% did not seek help because they thought it was ‘something they should be strong enough to handle alone’. Focus group research suggests that a similar statistic might also be found among young people. There are many reasons why young people might believe they do not need mental health care. One is that they may believe they need to be autonomous and not seek professional help. Consistent with focus group research, a recent survey of 1032 young Australians, aged 14–25 years, found that believing ‘I should and/or could solve my problems alone’ was a stronger barrier to seeking mental health care for psychologically distressing problems than commonly held help-seeking fears. Among young people in the general population aged 16–25 years who had a diagnosable common mental disorder in the last 12 months, three quarters had not accessed formal mental health services for their condition. However, half had tried to self-manage their symptoms. Self-management strategies included accessing alternative support services, such as Internet chatrooms to talk about their symptoms, and increased exercise and physical activity to suppress symptoms. Another reason is that young people might believe professional mental health care is not helpful. Focus group and survey research also supports this possibility. Among young people who had previously had mental health care, the belief that treatment was unhelpful was a strong barrier to seeking future mental health care, of equal weight to the belief in the need for autonomy. In terms of the cognitive process leading to help-seeking...
behaviour, these results suggest that if young people recognize their symptoms but believe their symptoms do not warrant treatment, or conversely, that professional help would not be helpful, or mental health problems should be managed alone, it seems unlikely that young people will seek formal mental health care.8

Current symptoms of psychological distress
Symptoms of common mental disorders can themselves act as important barriers to young people seeking mental health care.8 The help-negation process refers to the help withdrawal or avoidance that has been found in samples of young people with clinical and sub-clinical levels of suicidal ideation, depression, anxiety and general psychological distress.33 Consistent with large international studies,34–37 Australian studies have repeatedly found that young people with higher symptom levels are most often those with higher intentions to ‘not seek help from anyone’.4,19,38–42 Young people with higher symptom levels are also most often those with lower intentions to seek help from mental health professionals, including family doctors (General Practitioners), and family and friends.3,8,38–42 Evidence of the help-negation process suggests that many young people who are at the highest risk for developing long-term mental disorders or completing suicide are also those who are likely to avoid or withdraw from all forms of help and support for their current symptoms.

Finding that the help-negation process occurs for friends, family and GPs is particularly concerning. In many cases, these help sources have a significant role in assisting young people to recognise their symptoms and in supporting or facilitating access to specialist mental health care services.11,43,44 The help-negation process related to friends, family and GPs means that young people who are at risk for developing severe mental disorders or completing suicide may not receive the support they need to facilitate early access to specialist mental health treatment.

IMPLICATIONS FOR PRACTICE, PREVENTION AND EARLY INTERVENTION
These results raise a number of implications for prevention and early intervention. At a minimum, they reinforce the fact that among young people, early access and use of mental health services is influenced by a complex network of important individual, interpersonal, sociocultural, psychological and cognitive factors that must be considered and directly addressed if we are serious about increasing early and appropriate help-seeking among young people.8 To get young people into mental health care early, before symptoms become severe and entrenched, these results suggest that prominent help-seeking barriers must be addressed, and help-seeking must be promoted simultaneously across interpersonal and individual domains. Key domains are: families and friends, health-care professionals (GPs and mental health specialists), and young people themselves.

Family and friends
Strategies for early intervention must focus on increasing the quality of relationships that exist within the young person’s social network. Because family and friends can have an important role in helping young people to recognise their symptoms and need for help, family and friends – parents and caregivers in particular – need to be clear about the behaviours, thoughts and emotions that are normal for young people, as well as the behaviours (including social engagement and withdrawal), thoughts and emotions that might indicate mental health problems are developing. Families and friends need to know about the help-negation process and what to do to intervene when young people are demonstrating signs and symptoms of psychological distress.

There are numerous resources that focus on raising public mental health literacy that can assist – in Australia, beyondblue46 and the Compass Strategy47 are examples. Friends and family also need to know how to approach and talk to young people when they suspect mental health problems might exist, how to address prominent barriers to help-seeking, and how to support young people to appropriate services when professional care is warranted. Resources that promote individual skills training can assist. These include mental health first aid training,48 and training in specific skills for specific disorders or symptoms.49 Services to support the mental health of family and friends and to reduce the impact of transference from young people with mental disorders are also warranted.

Health-care professionals
Young people have repeatedly explained that they are more likely to use and engage in mental health care – from GPs and specialist providers – when they believe they are active collaborators in their consultations, and when they believe past help was
useful. This raises several implications. First, health-care professionals who work with young people must be ‘youth friendly’. This means knowing the developmental stages of young people and having the skills to develop rapport across stages, having the skills to communicate effectively with young people and work with them to motivate change, knowing the major health issues that exist for young people and the usual and unusual ways that young people indicate each issue, and knowing about the barriers, including the help-negation process, that young people experience when coming to a consultation, during a consultation and when faced with referral. It also means having the skills to overcome these barriers.

The second implication relates to health-care professionals’ ability to accurately assess and treat mental health problems in young people in a way that young people can recognize as helpful. Young people have explained that they are often ambiguous about describing their symptoms to ‘test’ whether the clinician understands them and is truly interested in their problem. It is also common for young people to ‘doctor shop’, meaning that health professionals often have only one session – only one chance – to demonstrate their insight into the young person’s problem, and often only one chance to impart a message of hope and support that allows the young person to see value in the help provided. The onus is on health-care professionals to become effective ‘one-session doctors’, and to structure their treatment and case management as a series of stand-alone but interrelated sessions that, together, still have direction and momentum when young people do come back for multiple consultations. The Collaborative Recovery Model provides a useful resource that can be adapted to guide a collaborative approach for working with young people. The guiding principles of the model are: (i) recognize that recovery is a personal journey, and (ii) recognize the importance of collaboration and autonomous support between the person and those individuals assisting him or her.

Young people’s cognitive help-seeking processes

Universal and targeted strategies must continue to focus on increasing young people’s mental health literacy. Strategies to increase young people’s emotional literacy are also needed, along with strategies to address prominent beliefs that impede help-seeking – particularly beliefs that frame professional mental health care as unhelpful and help-seeking as a process that reduces autonomy rather than a process that can help develop autonomy. Young people need to know about the help-negation process, and that for many, a normal reaction to experiencing symptoms of psychological distress is a desire to withdraw from others. Young people need to know that early signs of help-negation signal now as the time to seek support and connection. Rehearsing help-seeking skills when young people are not distressed might make the process of seeking help and support for elevated levels of psychological distress more likely.

NEW INITIATIVES

headspace PASS! is an interactive high school outreach program that directly addresses each of the needs outlined above. The central aim of the program is to build collaborative relationships between young people and health-care providers through activities that rehearse help-seeking skills and use different cognitive-behavioural and experiential techniques to directly address each barrier. A number of school-based outreach programs such as PASS! are currently implemented across Australia, but are not isolated to Australia, and fit within broader service provision frameworks that go beyond school-based and specialist mental health services (e.g. Tier 1 of child and adolescent mental health services provided in the United Kingdom). PASS! differs from most in that it draws on a strong help-seeking research base, along with content from the ‘Building Bridges’ programs and the ‘Do It Together Kit’. These were the first known Australian and international help-seeking promotion initiatives to apply known models of behaviour change to specific program content, delivery and evaluation.

headspace PASS! is a multi-layered initiative that can supplement existing school-based mental health interventions, such as MindMatters – the Australian National Mental Health in Schools Project. PASS! combines individual help-seeking promotion and skills training with: (i) school-wide preparation for improved access to within-school help; (ii) professional development of mental health professionals and service providers, along with teachers and school staff; and (iii) broader community help-seeking promotion, particularly for parents.

Preliminary evidence suggests that adopting the content and delivery strategies that are implemented in headspace PASS! can significantly improve help-seeking among young people. Three controlled trials of the Building Bridges programs suggest that among high school students in regional and rural
Early access and help seeking

locations, the strategies for help-seeking promotion that are implemented in PASS! can significantly improve help-seeking intentions and actual help-seeking behaviours for mental and physical health problems up to 10 weeks later.\textsuperscript{54,55,57} Building Bridges results also suggest that the strategies used in PASS! can significantly reduce belief-based barriers to engaging in treatment for mental and physical problems over time.\textsuperscript{55,57} Research is currently needed to examine whether the implementation of headspace PASS! has similarly positive results.

FUTURE DIRECTIONS

Given the current state of mental health among young people in Australia and around the world, finding effective ways to encourage young people to access appropriate help or support for early signs and symptoms of common mental disorders and mental illness must be at the top of our prevention and early intervention agenda. The last decade has seen a flurry of productive help-seeking research and program development, but we are a long way from ‘being there yet’. We must continue to conduct rigorous help-seeking research that aims to better understand the science of help-seeking.

REFERENCES

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