



## Supporting young people to seek professional help for mental health problems

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**By Associate Professor Debra Rickwood MAPS School of Health Sciences, University of Canberra; Dr Coralie Wilson MAPS School of Psychology, University of Western Sydney and Illawarra Institute for Mental Health, University of Wollongong; and Professor Frank Deane MAPS Illawarra Institute for Mental Health and School of Psychology, University of Wollongong**

Media reports describing the great escape of the Beaconsfield miners, and indeed the focus of the Prime Minister, have been on the stoicism and bravery shown by these 'accidental heroes'. To some extent this became a case study in defining the best of what makes us proud to be Australian; as a society we greatly admire those who tolerate hardship without complaint and these characteristics are embedded in terms such as the 'Aussie battler'.

While these stoic attitudes are held in high regard, they may also prevent people from seeking emotional and psychological help when it is needed. Young people-particularly boys and young men-tend not to seek professional help when they are in psychological distress or having suicidal thoughts. Rather, young people more commonly try to sort out their problems on their own or suffer in silence.

### Help-seeking trends

Encouraging appropriate and effective early help-seeking behaviour for mental health problems has been recognised as essential for prevention and early intervention. Yet, a major challenge is the well-established reluctance of young people to seek professional help. Psychologists, and other service providers, need an enhanced understanding of the factors that inhibit and facilitate help-seeking for young people to assist in overcoming this reluctance.

Several help-seeking trends are well established (Rickwood, Deane, Wilson, & Ciarrochi, 2005). Firstly, young people are more likely to seek help from informal supports than professional services. They prefer to talk to their friends and family about most mental health problems. As they progress through adolescence, friends tend to take precedence. Friends and family are often consulted before accessing professional services, and can have a significant role in encouraging professional help-seeking by becoming informed advocates of appropriate services.

Secondly, boys and young men are much less likely than girls and young women to seek help for mental health problems. This reluctance, which increases during adolescence, is of particular concern partly as a

result of the higher rate of completed suicides for males. Framing help-seeking as one of life's tools, and a sign of strength rather of weakness, is essential, along with more actively reaching out to target males.

Thirdly, some types of problems are more likely to prompt seeking help than others, and different problems are deemed more appropriate for particular sources of help. For example, personal-emotional problems are more likely to prompt young people to seek help from friends and family than from mental health professionals or teachers (Rickwood et al., 2005).

### **Help-negation**

Of special relevance is the help-negating effect of some of the most common mental health problems for young people. Rather than prompting help-seeking, as might be expected, these problems actively reduce it. A large US study found that one third of adolescents with serious suicidal ideation, depression, or problems related to substance use felt that people should be able to handle their own problems without outside help, and many reported that they would rather keep their distressed thinking to themselves (Gould, Velting, Kleinman, Lucas, Thomas, & Chung, 2004).

Help-negation for suicidal thoughts is particularly worrying, as it is at this time that help is most needed. In two Australian studies using nonclinical samples of university students (Deane, Wilson, & Ciarrochi, 2001) and adolescents (Wilson, Deane, & Ciarrochi, 2005), young people's intentions to seek help for suicidal thoughts decreased as their level of suicidal ideation increased. In both studies, as levels of suicidal ideation increased, young people indicated they were more likely to seek help from no-one.

The belief that you should handle problems yourself is one of several beliefs that negate help-seeking for adolescents (Wilson et al., 2005). Improving beliefs and attitudes toward seeking professional psychological help, along with making young people aware of help-negation processes, may be important steps toward suicide prevention.

Other major barriers to professional help-seeking include:

- prior negative experiences of professional help;
- beliefs that effective help is not available;
- negative attitudes toward sources of help, particularly fears about confidentiality;
- lack of emotional competence to recognise feelings and put them into words; and
- lack of established relationships with sources of professional help.

### **Role of schools**

For young people still at school, the school setting is vital as it provides an opportunistic setting to identify and respond to emerging mental health problems (Rickwood, 2005). The MindMatters initiatives have greatly increased the capacity of secondary schools to support mental health, and the APS is now a partner in the development of a related approach for primary schools.

Fundamentally, schools must have processes in place whereby young people with mental health problems are identified and appropriate interventions provided. This means supporting teachers to recognise signs that something might be wrong, along with developing protocols for support and referral within the school to the school counsellor and other welfare services.

Ways to easily access support services outside the school in the community must also be established, and the services available and their access requirements need to be identified. However, maintaining current information is a challenge, because both the services and school staff often change. Some schools have made updating information about local community services a learning exercise for students in a relevant subject.

### **Primary health care networks**

Primary health care networks are vital collaborations to support the mental health of all young people. These comprise youth services, general practice, mental health services and community supports. Importantly, some professionals in the community, such as youth workers and sport and recreation leaders, act as 'gatekeepers' and need to be educated and encouraged to facilitate appropriate help-seeking.

While the Better Outcomes in Mental Health Care initiative, which targeted the role of general practice, has improved our understanding of the role of some parts of the primary health care network, it is hoped that the newly formed National Youth Mental Health Foundation will significantly add to our understanding of the types of service networks that best support young people's mental health.

### **Youth-friendly services**

Current knowledge of ways to make professional services more attractive to young people is summed up by the 3-C's: communication, confidentiality, and consent (Wilson, Fogarty, & Deane, 2002).

Foremost, communicating with young people requires special skills, and practitioners should be aware that they may have only one chance to engage a young person; if not done the first time, young people often will not come back. Young people prefer talking with people they know and trust, and time must be taken to build such a relationship.

Confidentiality is essential to building trust, and fears regarding breaches in confidentiality are a common reason that young people avoid the school counsellor or family doctor as a source of help. The input of a young person's parents or guardians should be sought whenever possible, but when this is contrary to the young person's wishes or counterproductive to their wellbeing, this should be respected. The limits to confidentiality, related to safety, must be clearly explained at the first presentation, and then confidentiality must be closely observed.

The issue of confidentiality is closely related to that of consent. Throughout Australia, consent to medical treatment by minors is governed by common law and although there are guidelines there is no lower age limit (Wade & Worswick, 2004). Being open and transparent

about consent and confidentiality is central to working successfully with young people.

### **Family and friends**

Professional services must acknowledge and engage family and friends in supporting young people's mental health. It is frequently through the intervention of these people that professional mental health care is sought, and the information, beliefs and access barriers experienced by family and friends must also be addressed. Very often the barriers experienced by informal supports are similar to those experienced by the young people themselves.

### **Creating caring communities for young people**

It is a challenge to create communities where young people are noticed and cared for, but don't feel spied upon and controlled. Increasing independence and choice are essential to growing up, and there is a balance to find between appropriate vigilance and intervention on the one hand and privacy and freedom on the other.

Many argue that the pendulum in our communities has swung too far toward the individual and economic and away from the community and social-cultural (Eckersley, 2005). Again, these tensions are reflected in recent media reports-this time of climbers on Mt Everest, who were so focused on attaining their own personal goals, they did not take sufficient time and care to stop and help a dying fellow traveller.

We not only need to make help-seeking for mental health problems more acceptable (if not admired) for young people, but also be prepared to reach out with appropriate help when the signs are there. Continuing to promote positive attitudes toward seeking help and strengthening communities and service networks should help prevent our young people being left to struggle with mental health problems on their own. After all, we know it takes a village to raise a child, and professional psychological services are part of that community effort.

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