Engaging young people in mental health care: The role of youth workers

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Young people are reluctant to seek professional mental health care

- Large US study – half of all mental disorders emerge by 14 years and three-quarters by 25 years of age (Kessler et al., 2005)
- NSMHWB2 undertaken in 2007:
  - 26% of 16-24 year olds had experienced a mental disorder in past 12 months (affective, anxiety or AOD disorder)
  - 23% of males and 30% of females
  - only 13% of these young men and 31% of these young women had used any professional services for their mental health problem
  - young men aged 16-24 with mental disorder had the lowest professional help-seeking of any group
Prefer to seek help informally from family and friends:

**During adolescence, girls:**
- Reduce their level of help-seeking from parents
- Increase their level of help-seeking from friends
- Do not increase professional help-seeking
- Increasingly turn to friends who can amplify each other’s distress

**During adolescence, boys:**
- Reduce level of seeking help from parents
- Do not increase their level of seeking help from friends
- Learn to avoid professional services
- Increasingly rely on no-one but themself
Barriers to professional help-seeking

• Don’t like talking to strangers
  - You don’t know them. Who wants to tell their personal problems to a stranger.
  - I don’t know them. It’d be creepy. I wouldn’t feel comfortable.
  - I only get help from people I am close to.
  - If my friends found out, I’d be ruined.
  - Even though they say they won’t, they usually tell other people.

• Confidentiality fears
  - I wouldn’t trust them. They all talk to each other - adults.
Barriers to professional help-seeking

• Stigma
  - I’d be scared I might find out I’m crazy.
  - People might see you go there and know you were going mad.
  - I wouldn’t want other people to find out I was having problems. They might think I was really crazy.
  - I wouldn’t know what to do or how to talk to them.
  - Too shy.

• Not knowing what to do or say (emotional competence)
  - I’d be embarrassed and not know what to say to them.
  - How would you even start. What would you say. You might lose it totally.
  - I wouldn’t know what to do or how to talk to them.
Barriers to professional help-seeking

• Rely on self
  
  You should work things out yourself.

  Most mental things will work out if you don’t worry about them.

  You talk to your family – they are the ones who can help – not some stranger who doesn’t care about you.

  I believe it is your family that should help you. You have to keep personal problems in the family.

• Rely on family and friends

  I think my friends can help me most – they understand and know about stuff that matters to me.

  Other people can’t help you with your problems. You can only help yourself.
Help-negation

- The most common mental health problems young people experience act against seeking help:
  - Suicidal ideation – particularly don’t like to tell parents
  - Depression – social withdrawal
  - Anxiety – fear, shyness, embarrassment
  - Substance use – illicit

- Past experience
  - Young people with negative past experiences do not think that professional help is helpful and resist help-seeking
Pathways to mental health care

• Bewildering array of pathways
• **Gatekeepers** – people who help identify a problem and guide youth to appropriate treatment
  – crisis gatekeepers (police, CATT)
  – formal gatekeepers (GP)
  – semi-formal gatekeepers (youth worker, teacher, coach)
  – informal gatekeepers (family, friend)
Major pathways to mental health care for young people

<table>
<thead>
<tr>
<th>Type of Pathway:</th>
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</thead>
<tbody>
<tr>
<td>Referral</td>
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<tr>
<td>Recommendation</td>
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<tr>
<td>Suggestion</td>
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</table>

**Informal Gatekeepers**
- Friends
- Family
- Teacher
- Youth Worker
- Coach

**Semi-formal Gatekeepers**
- Help-Seeker
  - Young Person

**Formal Gatekeepers**
- GP
- Paediatrician
- School Counsellor or Nurse
- Child Welfare
- Alcohol & Drug Worker

**Crisis Gatekeepers**
- Police Officer
- Emergency Department
- CATT

**Mental Health Professionals**
- Psychiatrist
- Clinical Psychologist
- Registered Allied Health Workers:
  - Psychologist
  - Mental Health Nurse
  - Occupational Therapist
  - Social Worker
Semi-formal gatekeepers

Youth workers, teachers, coaches

• Do not have a direct ‘referral’ role
• May notice problem and help YP to decide whether they need professional help
• Recommend source of help
• Encourage and facilitate access to help
• Support through mental health care process
Youth workers

• Settings – youth centres, outreach, schools, community events
• YP often at a time of vulnerability
• Openly act in YP best interest – strong, safe, trusting relationship
• Informal relationship, youth-centred
• Non-clinical, non-threatening
• Know the issues for YP
• Keys Young report revealed that young homeless people indicated they would rely exclusively on their youth worker to deal with problems
Youth worker study

- 92 ACT youth workers
- aged 19-61 years
- F=67% M=33%
- 3 months – 30 years in youth work
## Youth worker study

### Type of service worked in

<table>
<thead>
<tr>
<th>Service</th>
<th>Frequency</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Refuge</td>
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<tr>
<td>School</td>
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<td>12.0</td>
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<tr>
<td>Accommodation Service</td>
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<td>9.8</td>
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<td>Outreach</td>
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<td>7.6</td>
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<td>Family support program</td>
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<tr>
<td>Mental Health Service</td>
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<tr>
<td>Youth At-Risk Transition</td>
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<td>4.3</td>
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<tr>
<td>Youth Law Centre</td>
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<td>4.3</td>
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<tr>
<td>Youth Recreation</td>
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<td>AOD rehabilitation</td>
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<td>Policy</td>
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<td>Disability</td>
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<td>Training</td>
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<td>Youth Detention</td>
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<td><strong>Total</strong></td>
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### Education

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### Training
- 66% some mental health training
- 16% MHFA
- 17% Suicide training
Mental health care preferences

Participants rated how likely they would be to advise a YP experiencing depression (depicted in a vignette) to seek help from 14 different sources, including:

- self-help such as seeking information from the internet;
- informal help from family and friends;
- community services such as youth and social workers;
- work or school supports such as teachers or supervisors;
- mental health professionals;
- general practitioners; and
- help from noone.

Measures:
- Referral intentions
- Past referral behaviour
- Perceived helpfulness
- Own help-seeking intentions

Vignette

John is a 15 year old who has been feeling unusually sad and miserable for the last few weeks. He is tired all the time but has trouble sleeping at night. John doesn’t feel like eating and has lost weight. He can’t concentrate on things and puts off making decisions. John feels that everything is a great effort, and even day-to-day tasks seem too much for him. He feels worthless a lot of the time.
# Help Sources Preferred by Youth Workers

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<tr>
<th>Help-Source</th>
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<td>5.13 (1)</td>
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<tr>
<td>Informal</td>
<td>5.30 (4)</td>
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<td>5.42 (4)</td>
<td>5.04 (2)</td>
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<tr>
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<tr>
<td>Community services</td>
<td>6.20 (1)</td>
<td>5.15 (1)</td>
<td>6.03 (1)</td>
<td>4.03 (5)</td>
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<tr>
<td>GP</td>
<td>5.64 (2)</td>
<td>4.71 (3)</td>
<td>5.70 (2)</td>
<td>4.77 (3)</td>
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<tr>
<td>Mental health professional</td>
<td>4.81 (6)</td>
<td>3.91 (6)</td>
<td>5.32 (5)</td>
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<tr>
<td>Noone</td>
<td>1.82 (7)</td>
<td>1.72 (7)</td>
<td>3.20 (7)</td>
<td>2.07 (7)</td>
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<tr>
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Extremely Unlikely | Unlikely | Sort of Unlikely | Neither Unlikely Nor Likely | Sort of Likely | Likely | Extremely Likely
---|---|---|---|---|---|---
1 | 2 | 3 | 4 | 5 | 6 | 7
Attitude toward seeking professional help

Attitude Toward Seeking Professional Psychological Help Scale - Short Form (Fischer & Farina, 1995) - 10 items

<table>
<thead>
<tr>
<th></th>
<th>Disagree</th>
<th>Somewhat disagree</th>
<th>Somewhat agree</th>
<th>Agree</th>
</tr>
</thead>
</table>

![Bar chart showing frequency distribution of attitudes towards seeking professional help.](chart)
Subjective norms for seeking professional help

Whether 6 different sources (i.e., work supervisor, other youth workers) would approve or disapprove of the youth worker advising a young person who may be suffering from depression to see a mental health professional

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</tr>
</thead>
<tbody>
<tr>
<td>Strongly disapprove</td>
<td>Disapprove</td>
<td>Somewhat disapprove</td>
<td>Neither approve nor disapprove</td>
<td>Somewhat approve</td>
<td>Approve</td>
<td>Strongly approve</td>
</tr>
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</table>

![Bar graph showing the level of approval from strongly disapprove to strongly approve with a mean of 5.88 and a standard deviation of 0.756 based on N=31.](chart.png)
Ease of access

4 items assessing the youth worker’s sense of control over accessing help from mental health professionals for young people
Emotional intelligence

Trait Emotional Intelligence Questionnaire – Short Form (TEIQue-SF) (Petrides & Furnham, 2006)
30-item questionnaire measure of global trait emotional intelligence
Predictors of referral intentions

**Not associated:**
- Sex
- Age
- Years YW
- Training mental health
- Level of education

**Associated:**
- Belief helpful $r = .58$
- Own hs intentions $r = .56$
- Past advice $r = .48$
- Attitude $r = .47$
- Perceived access $r = .31$
- Subjective norms $r = .25$

If we wouldn’t seek help ourselves, would we encourage others to do so?
• Youth workers engage with YP
• Youth worker is the first point of contact and first visit
• Talk to the YP about what they want to achieve
• Do the holistic assessment
• In collaboration with clinicians, make a decision about what further needs are
• Will attend first visits with clinician
• Make follow-up phone contacts

• Compass – engagement and single point of connection to help guide young person
Working well:
• YP feel comfortable – informal, non-clinical, build relationship
• Trust, confidentiality, consent
• YW comfortable working with young person’s issues – problem solving, solution focussed, not assessment and diagnosis
• Much more comfortable than PP with AOD issues and working within a harm minimisation approach
• More junior clinicians (psychologists/interns) and YW working well together
• Outreach
• Strong advocate for YP control

Challenges:
• Sometime parents do not feel comfortable
• Younger YWs
• Coping with challenging parents
• YW can have negative expectations re family
• Clinicians (PP) expect youth worker to do all the chasing up
• Communication lapses
• Bit averse to paperwork – quite averse to diagnosis and measurement
• Lack of mental health knowledge and language of mental health system
• Strong advocate for YP control (occasional conflicts)
• Community agency & private practice combination model
Discussion

Should YW have a greater role in mental health care?

What are our attitudes and beliefs – if we won’t seek help, how can we encourage YP?

Do we need a YW-specific Mental Health First Aid?

Are YW the best first point of contact? Or is a GP?

Youth workers and clinicians – how can they work together?

What are our attitudes and beliefs – if we won’t seek help, how can we encourage YP?