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Understanding and Promoting Help-Seeking Among Adolescents

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Abstract

Social emotional skills have been associated with fostering positive youth development. This research considered the association between a social emotional learning program, entitled The Healthy Relationships Plus Program (HRPP), and behavioural intentions to seek help; an integral component of positive youth development. Self-report surveys prior to and after program implementation were collected from participants and focus groups were conducted to explore youth intentions to seek help. Results from this analysis demonstrated that youth intentions to seek help were influenced by fear of stigmatization. Furthermore, the HRPP demonstrated through repeated measures ANOVA analyses that an association between program participation and knowledge of help-seeking strategies existed. Results were inconclusive as to whether program participation was associated with intentions to seek help. Findings from this report can advise educators and youth service providers on possible health related curriculum changes that promote and increase youth help-seeking behaviour and positive youth development.

Keywords: help-seeking, social emotional learning, adolescent, healthy relationships, stigmatization, Theory of Planned Behaviour, Multiple Risk and Protective Factor Model, Positive Youth Development Theory.

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List of Abbreviations and Acronyms

HRPP .... Healthy Relationships Plus Program

PYD ....Positive Youth Development

SEL .... Social Emotional Learning

CASEL ....Collaborative for Academic, Social and Emotional Learning

Five C's .... Competence, Confidence, Connection, Character, and Caring

EI ....Emotional Intelligence

Fast Track PATHS Program ....Promoting Alternative Thinking Strategies

Fourth R Program ....For Relationships

Introduction

Exposure to negative life experiences can predict the onset of adolescent mental illness and maladjustment as well as influence positive youth development, life satisfaction and/or academic achievement (Baynard & Cross, 2008; Jones, 2014; Kilpatrick et al., 2000; Klomek, Sourander, & Elonheimo, 2015; Leach & Rickwood, 2009). Unfortunately, youth typically struggle to seek help when experiencing negative life events (Wang, Berglund, Olfson, & Kessler, 2004). The relationship between negative youth experiences and detrimental wellbeing could be mitigated if youth sought help from friends, family, or helping professionals to process negative experiences (Boldero & Fallon, 1995; Ballon, Kirst, & Smith, 2004; Leach & Rickwood, 2009; Waddell, McEwan, Shepherd, Offord, & Hua, 2005; Zartaloudi & Madianos, 2010a). Research that promotes the use of initiatives that focus on teaching youth the strategies they require to respond and/or protect themselves against the effects of negative life events is required (Jones, 2014).

Background

Negative Youth Experiences

Promoting healthy behaviours in response to negative life events is an important initiative to supporting positive youth development. Research has suggested that one out of every two youth are the victim or perpetrator of bullying, and 20% experience dating violence (Banyard & Cross, 2008; Burns & Rapee, 2006; Farrington & Costanza, 2010; Wolfe, Wekerle, Scott, Straatman, Grasley, & Reitzel-Jaffe, 2003; World Health Organization, 2005). The chances of participating in unhealthy behaviours, like risky sexual behaviour, and substance misuse increase when negative life experiences are not managed adaptively (Banyard & Cross, 2008; Burns & Rapee, 2006; Kilpatrick, Acierno, Saunders, Resnick, Best, & Schnurr, 2000; Wolfe et al., 2003;

World Health Organization, 2005). Kilpatrick et al. (2000) explored the relationship between adolescent substance misuse and experiences with violence in the home. Results demonstrated that an association existed between familial discord, violence and substance misuse (Kilpatrick et al., 2000). Coping adaptively with these stressors is important to adolescent well-being. In the same research, when protective factors at school or within the community encouraged adaptive coping in instances of family violence, substance misuse was much less likely to be observed in the youth (Kilpatrick et al., 2000).

Coping Strategies. Literature has evidenced the existence of two types of adaptive coping strategies typically used by youth (Seiffge-Krenke, 2004). Active coping refers to when youth seek informal or formal help and internal coping refers to adaptive strategies used by youth to reflect and process experiences with life stressors (Seiffge-Krenke, 2004). A maladaptive coping approach termed "withdrawal" refers to an avoidant style of coping. When withdrawal coping emerges, the stressor is generally left unresolved (Seiffge-Krenke, 2004). The use of avoidant or withdrawal coping has been associated with youth participation in unhealthy behaviours. Rew, Young, Brown, and Rancour (2016) explored the association between negative life events, coping style, and suicidal ideation. Youth who participated in avoidant coping had an increased likelihood of experiencing suicidal ideation (Rew et al., 2016). Alternatively, youth who coped adaptively by seeking help were least likely to experience suicidal ideation (Rew et al., 2016). These results demonstrate the importance of supporting resiliency and encouraging adaptive coping within the adolescent population when negative life events are experienced.

Onset of Adolescent Mental Illness. Help-seeking behaviour, and early intervention, have been associated with adaptive coping and positive outcomes upon exposure to negative life events (Kitzrow, 2009; Zartaloudi & Madianos, 2010b). Unfortunately, only 20% of youth seek

support or early intervention when experiencing life stressors (Wang et al., 2004). When

withdrawal coping does persist, youth may experience the onset of a mental illness.

The World Health Organization has identified mental illness as the second leading cause

of disability in the Western world (Endler, MaCrodimitris, & Kocovski, 2003; Cairns,

Massfeller, & Deeth, 2010). One in five youth will develop a mental health problem (Andrews,

Issakidis, & Carter, 2001; Wei, Hayden, Kutcher, Zygmunt, & McGrath, 2013; Bowers, Manion,

Papadopoulos, & Gauvreau, 2013). Just over fourteen percent of these youth will maintain severe

and debilitating symptoms throughout their lifespans, impacting school success, family, and

work related ability (Waddell, et al., 2005). The use of initiatives that focus on the promotion of

help-seeking may reduce the effect of negative youth experiences on the onset of mental health

related issues. Moreover, prevention initiatives may help youth develop important skills required

to adaptively cope with negative life events.

Multiple Risk and Protective Factor Model

Promoting in youth the use of adaptive coping strategies when experiencing negative life

events is important to positive youth development. The use of classroom-based initiatives to

support positive youth development has been discussed in the literature since the 1970's. There

are two theoretical frameworks typically used to describe the purpose of these initiatives. The

first of these theories is the Multiple Risk and Protective Factor Model (Bronfenbrenner, 1986;

Olson & Goddard, 2015).

The Multiple Risk and Protective Factor Model indicates that youth behaviour can be

predicted by environmental experiences and/or stressors (Bronfenbrenner, 1986; Olson &

Goddard, 2015). Negative experiences within the family, school or community setting, like

family unemployment, or unhealthy relationships, may increase adolescent risk to participate in

withdrawal coping, while protective factors can promote adaptive coping (Olson & Goddard, 2015). Olson and Goddard (2015) examined the association between adolescent depressive symptoms and risk/protective factors. Negative experiences in the family environment, including conflict, were associated with depression symptoms in adolescents. Positive experiences at school and within the community however, like school based behavioural reward systems, reduced the severity of depression in youth who had experienced negative life events in the home (Olson & Goddard, 2015).

Positive Youth Development Theory

A second theory used to plan and develop school-based wellness initiatives is the Positive Youth Development (PYD) Theory (Benson & Scales, 2009; Olson & Goddard, 2015). The PYD theory emphasizes the importance of teaching and supporting positive youth behaviour in contrast to preventing negative youth behaviour (Olson & Goddard, 2015). This perspective differs from the Multiple Risk and Protective Factor Model, as it does not attempt to explain the importance of safeguarding youth from risk factors. Instead, PYD is a strengths-based perspective that concentrates on promoting the idea that skills training initiatives support positive behaviour.

Promoting PYD in schools has often been accomplished in the literature through the use of social and emotional skills training. One approach to teaching social and emotional competencies to youth is the five C's (Competence, Confidence, Connection, Character, and Caring; Phelps, Zimmerman, Warren, Jeličić, von Eye, & Lerner, 2009). Phelps and colleagues (2009) explored the association between promoting the five C's and PYD. Results demonstrated that across grade 5 – 7 students, the five C's were associated with PYD (Phelps et al., 2009). A broader framework for understanding the skills required to promote PYD that integrates social

and emotional skills learning, as well as the Multiple Risk and Protective Factor Model (Benson

& Scales, 2009; Olson & Goddard, 2015) has been described by the Collaborative for Academic,

Social, and Emotional Learning (CASEL, 2015).

Social Emotional Learning

CASEL (2015) is an organization dedicated to disseminating findings regarding social

and emotional learning (SEL) initiatives to public stakeholders that remain involved in PYD

initiatives. CASEL (2015) has identified five social and emotional skills that remain essential to

the process of promoting PYD. These skills are outlined in figure 1 (CASEL, 2015; see Figure

1).

Figure 1: *CASEL Social Emotional Skills Required for Positive Youth Development*
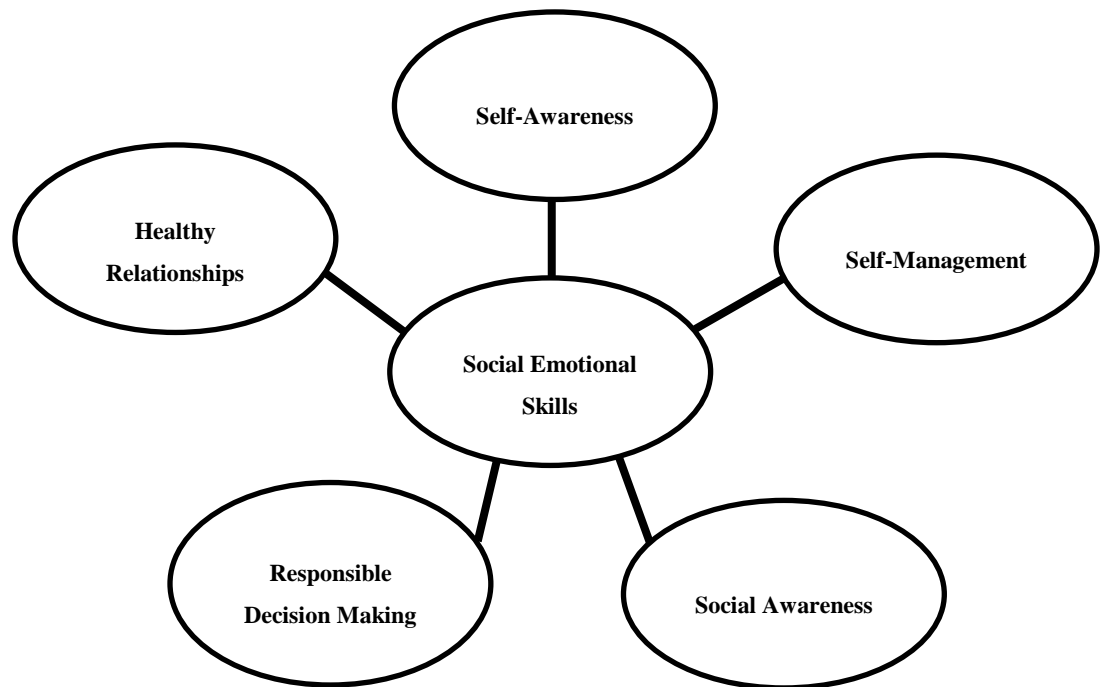
CASEL (2015) defined the first of the social emotional skills as self-awareness. *Self-*

awareness is, "The ability to accurately recognize one's emotions and thoughts and their

influence on behaviour" (CASEL, 2015, para 2). Emotional intelligence (EI) can increase when

self-awareness is taught. EI has been defined as the ability to recognize, interpret and manage

one's emotions (Cha & Nock, 2009). Cha and Nock (2009) explored the association between EI and suicidal behaviour. Results indicated that higher levels of EI were related to reductions in suicidal ideation and/or suicide attempts. Furthermore, youth who had experienced childhood sexual abuse with moderate levels of EI were less likely than youth with lower levels of EI to participate in self-injurious or suicidal behaviour (Cha & Nock, 2009). Results demonstrate that EI can act as a protective factor upon exposure to negative life events. Furthermore, EI can act as a skill that supports PYD.

Responsible decision-making, the second skill outlined by CASEL (2015) has also been associated with positive behavioural development initiatives for youth. Teaching youth how to make decisions with regard for ethical standards, where social norms and safety concerns are considered prior to their participation in the target behaviour is important for PYD (CASEL, 2015; Durlak et al., 2011). Responsible decision making in youth is related to lower levels of disruptive school, community and social behaviours, including substance misuse and dating violence (Jones, 2014).

The third and fourth skills outlined by CASEL (2015) are integral to the maintenance of supportive peer networks. These skills are essential to PYD as socially isolated teens remain at an increased risk of suffering from adjustment disorders, mental health issues, and school failure (McKown, Gumbiner, Russo & Lipton, 2009). *Self-management*, the third skill outlined by CASEL, is necessary for the regulation of behaviour (CASEL, 2015; Durlak et al., 2011). Youth that demonstrate unregulated behaviour have a harder time forming and maintaining supportive peer networks (McKown et al., 2009). *Social awareness*, the fourth skill outlined by CASEL (2015), is related to self-management and is also a skill that supports the maintenance of peer support networks (McKown et al., 2009). Social awareness has been defined as the ability to

interact appropriately in social situations. Youth that demonstrate an ability to empathize with peers are considered to be socially aware. The association of social awareness and self-regulation on adolescent peer acceptance was evaluated by McKown and colleagues (2009). Results indicated that the ability to self-regulate, empathize, and perspective take was associated with peer acceptance and supportive peer networks.

The last skill required for fostering social and emotional competence as outlined by CASEL (2015) is *relationship building*. Relationship building has been defined as the "ability to establish and maintain healthy and rewarding relationships…this includes communicating clearly, listening actively, cooperating, resisting inappropriate social pressure, negotiating conflict constructively, and seeking and offering help when needed" (CASEL, 2015, para 5). There are several benefits to teaching youth how to maintain healthy relationships. The World Health Organization (2005) has reported that relationship skills training remains fundamental in reducing the link between exposure to adolescent bullying or dating violence and suicidal behaviour. Furthermore, as unhealthy relationships remain predictive of youth bullying, dating violence, and substance misuse, there is some evidence to suggest that increasing relationship skills may prevent these problematic youth behaviours from occurring in the first place (Wolfe et al., 2003).

Promoting PYD

Teens who demonstrate social and emotional competencies typically do better in school and demonstrate resiliency when experiencing negative life events. The Conduct Problems Prevention Research Group investigated the impact of an SEL program entitled the Fast Track PATHS Program (Promoting Alternative Thinking Strategies) on adolescent development. After program participation, youth demonstrated an increase in social competence, academic

achievement and a reduction in aggressive behaviour (The Conduct Problems Prevention

Research Group, 2010). Furthermore, a meta-analysis conducted by Durlak et al. (2011),

evidenced the effectiveness of 213 SEL programs on adolescent development. Results indicated

that youth who participated in SEL programming exhibited more confidence and connection to

school, displayed an improvement in academic achievement, demonstrated positive social

behaviour, and had a reduced level of emotional distress (Durlak et al., 2011). Promoting PYD

effectively reduced a number of maladjustment concerns that typically present themselves within

the adolescent population.

The Healthy Relationship Plus Program

The SEL program to be explored in this research is the Healthy Relationships Plus

Program (HRPP; Townsley, Hughes, Crooks, Wolfe, & Kirkham, 2012). HRPP is an evidence

informed intervention developed as an extension of a program entitled The Fourth R (see Wolfe,

Crooks, Chiodo, Hughes, & Ellis, 2012; Wolfe, Crooks, Jaffe, Chiodo, Hughes, Ellis et al.,

2009). The Fourth R consists of 21 lessons facilitated by physical education and health teachers

across Canada. The function of the program is to reduce teen dating violence and promote

healthy relationships. The Fourth R was evaluated in 20 grade 9 classrooms across Southwestern

Ontario between 2004 and 2007 (Wolfe et al., 2009). Two and a half years after program

implementation, youth involvement in the Fourth R was associated with reductions in the

perpetration of dating violence and increases in safe sex practices (Wolfe et al., 2009).

Furthermore, observational data has highlighted that youth participation in the Fourth R

increased peer resistance skills upon exposure to peer pressure (Wolfe, Crooks, Chiodo, Hughes,

& Ellis, 2012). Collectively, the results of these studies suggest that there is cause to investigate

further the role of SEL and its influence on adolescent resiliency and help-seeking behaviour.

The HRPP is not the Fourth R, but an addition of this programming and was developed to expand the range of social and emotional content of the program. The HRPP focuses on teaching adaptive coping strategies for various youth-related wellbeing issues, including healthy relationships, teen dating violence, substance abuse, suicidal behaviour and mental illness. The program consists of 15 one-hour sessions. There is a major focus on developing social and emotional competency, specifically in regards to the promotion of help-seeking. In the HRPP, the importance of forming and maintaining healthy relationships is taught. Furthermore, strategies are practiced to encourage youth to support their friends when help-seeking is required. This research goes beyond the scope of the existing literature on the HRPP, as the SEL program has not yet been systematically examined in relation to its association with help-seeking behaviour in adolescent populations.

Help-Seeking Behaviour in Youth

Help-seeking behaviour can be developed throughout childhood and adolescence. While help-seeking behaviour is an adaptive strategy for experiences like dating violence, bullying, peer pressure, or the onset of mental illness, youth typically struggle to seek help. Youth tend to seek informal sources of help before they ask for assistance from formal help sources (Rickwood, Deane, Wilson, & Ciarrochi, 2005). Formal help outlets serve a unique function for youth who have experienced negative life events and can often complement informal supports. Specifically, formal help supports can treat and prevent emotional, relational and mental health concerns through the use of psychotherapeutic and medical interventions. Informal supports, like friends, help with internal coping, but active coping is sometimes still a requirement for youth experiencing more severe life stressors, like family violence, or unhealthy dating relationships.

Many barriers to accessing formal and informal help resources exist for youth (Rickwood et al., 2005). Some youth do not seek help even when they know it may be necessary for their emotional wellbeing because of the barriers that prevent them from accessing professional services. Understanding the extent to which these barriers influence youth in their ability to initiate help-seeking intentions is important to ensure appropriate programming is developed to mitigate lack of help-seeking behaviour.

Barriers to Help-Seeking

Sylwestrzak, Overholt, Ristau, and Coker (2015) asked youth to report on barriers to help-seeking in a sample of approximately 10 000 participants. The results of the survey indicated that 63% of youth had sought help for a social and/or emotional problem in the past. Many barriers to seeking help deterred immediate help-seeking and/or accelerated termination of help-seeking resources. The most frequently reported barrier to help-seeking was concern regarding the effectiveness of help-seeking; 48% of the sample indicated that they would rather not seek help than receive ineffective help. Stigmatization was also commonly reported as a barrier to help-seeking with 28.4% of the youth remaining worried about what others would think if they found out they needed to or had sought help in the past (Sylwestrzak et al., 2015). Several environmental barriers influenced youth in their decisions to seek help as well, including the availability of transportation to and from the help resource, cost of the help-seeking resource, time management, as well as the availability and flexibility of the help-seeking resource to accommodate the schedule of a high school student (Sylwestrzak et al., 2015). Research has investigated the role of these barriers and recommendations for the development of SEL initiatives are presented.

Behavioural Control. For youth that require access to counselling for help with the management of their social and emotional health, finances, transportation and waitlists can act as barriers to treatment (Burns & Rapee, 2006; Smith & Sochet, 2011; Waddel et al., 2005). As many adolescents do not manage their own finances, it is often out of their control as to whether they can access pay for service counselling which offers the least amount of environmental barriers for access to help-seeking resources. The socialization process also influences perceived behavioural control over access to help-seeking sources.

Product of Socialization. There are several barriers to help-seeking that result from socialization processes (Sylwestrzak et al., 2015). Autonomous and independent lifestyles are often taught and desired by youth (Sylwestrzak et al., 2015). Consequently, the removal of their autonomy when seeking help, including the various limits to confidentiality placed upon the relationship between the helper and the teen, often prevent an adolescent from securing assistance (Del Mauro & Williams, 2013). Furthermore, for boys, gender role socialization is a barrier to help-seeking. Boys are typically socialized to view help-seeking as a weakness. As a result, many male students report they are unlikely to participate in the behaviour (Addis & Mahalik, 2003). Educating youth on the effect that socialization has on their cultural, gendered and age-related concerns is of importance to reducing perceptions of othering and increasing help-seeking behaviour for the future.

Availability of Resources and Psychoeducation. Some adolescents do not know how to recognize situations that require help and/or remain unknowledgeable of the available resources to them when distressing and problematic situations arise (Kuhl et al., 1997; Del Mauro & Williams, 2013). Sylwestrzak et al. (2015) reported that one in four participants remained unaware of resources available to help them with a social or emotional problem. Research

indicates that youth who are educated regarding the range of negative life events that could impact them, and are knowledgeable of the available resources that could help them, are more likely to seek help. Furthermore, they are less likely to develop attitudes that might prevent them from seeking help in the future (Sharp, Hargrove, Johnson, & Deal, 2006; Smith & Sochet, 2011; Wei et al., 2013).

   Stigmatization. Although the adolescent population tends to be quite resourceful, the average teen typically describes stigmatization as a barrier to help-seeking (Bowers et al., 2007; Boldero & Fallon, 1995; Corrigan, 2004). Stigmatization is a multifaceted concept perpetrated through either public or self-discriminating attitudes (Corrigan, Powell, & Al-Khouja, 2015; Owen, Thomas, & Rodolfa, 2013; Vogel & Wade, 2009; Yap, Wright, & Jorm, 2011). Public stigmatization occurs when discriminating attitudes are held about a group of similar people. Self-stigmatization is an internalized process whereby the individual believes that discriminating attitudes exhibited by the group would manifest in their own behaviour if they were to be associated with the group (Owen et al., 2011; Yap et al., 2011). When stigmatizing attitudes are held, many people react by participating in social distancing. Social distancing is the act of ensuring distance between a stigmatized group member and self is maintained (Yap et al., 2011). Youth participation in public and self-stigmatization, as well as social distancing, has been associated with barriers to help-seeking (Yap et al., 2011).

   Yap and colleagues (2011) explored youths' intentions to seek help as they were related with their families and their own attitudes towards mental illness. Telephone surveys were conducted with over 3000 youth and 2000 parents. One of four vignettes depicting an adolescent as struggling with a mental health issue were presented to participants. A series of questions were subsequently asked to measure stigmatizing attitudes, help-seeking intentions, and the

perceived efficacy of help-seeking resources (Yap et al., 2011). Results demonstrated that youth intentions to seek help were reduced when familial and self-attitudes towards mental illness were discriminatory in nature. Furthermore, when perceived usefulness of formal help-seeking was low, so were intentions to seek help (Yap et al., 2011). Interestingly, perceived dangerousness was associated with positive intentions to recommend help-seeking. When youth believed that the young person in the vignette was capable of committing violent acts, intentions to provide them with formal help increased (Yap et al., 2011).

Corrigan and colleagues (2015) investigated the association between anti-stigmatization public service announcements and influencing intentions to seek help. Approximately 500 adults were randomly selected to participate in online delivery of an intervention via telephone recruitment. Participants viewed one of three public service announcements. The first was a video from the *beyondblue* campaign depicting a mental health patient presenting symptoms of depression, the second video depicted a person who had recovered from a mental health issue and the third video discussed dental health as a control condition (Corrigan et al., 2015). Results demonstrated that depicting recovery oriented success stories can reduce mental health stigmatization and increase intentions to seek help (Corrigan et al., 2015). These studies demonstrate the significance of promoting the use of anti-stigmatization initiatives to increase help-seeking in adult populations. These results may not be translatable to the youth population. However, due to the fact that it is mandatory to attend elementary and high school in Canada, using educational institutions as a platform for anti-stigmatization campaigns may increase exposure to program materials necessary for reducing barriers to help-seeking. As a result, targeting youth for this type of intervention may yield more widespread community results.

Understanding Help-Seeking Behaviour

When youth do seek help, research has suggested that youth will seek informal sources of help before reaching out to formal help resources regardless of the presenting concern (Rickwood et al., 2005). Problematically, youth that have experienced social distancing from peer groups can be socially isolated and have difficulty securing informal help (Nagai, 2015; Rickwood et al., 2005; Yap et al., 2011). Moreover, the perceived effectiveness of informal and formal help-seeking resources is dependent on the concern that the youth brings to these resources (Nagai, 2015; Rickwood et al., 2005). Concerns of depression vented to a friend may not alleviate symptoms of depression, while formal help-seeking can. Teaching youth the importance of help-seeking and where to find appropriate help is important for PYD.

Help-Seeking Intentions: The Theory of Planned Behaviour. The Theory of Planned Behaviour (TPB), developed by Icek Ajzen in 1985, has been used to understand and measure help-seeking behaviour in health related circumstances. The TPB postulates that behaviour can be predicted by behavioural intentions (Ajzen, 1985). The TPB indicates that three factors can be used to predict behavioural intentions (Ajzen, 1991; Schneider et al., 2012): personal beliefs or attitude systems, conceptualization of subjective norms, and perceived behavioural control (see Diagram 2; Ajzen, 1991; Schneider et al., 2012;). The framework suggests that when attitudes and societal norms towards a behaviour are congruent, along with a perceived ability to control the target behaviour, intent to participate in the target behaviour increases (Ajzen, 1991).

Figure 2. *The Theory of Planned Behaviour as Applied to Help-Seeking Behaviour*
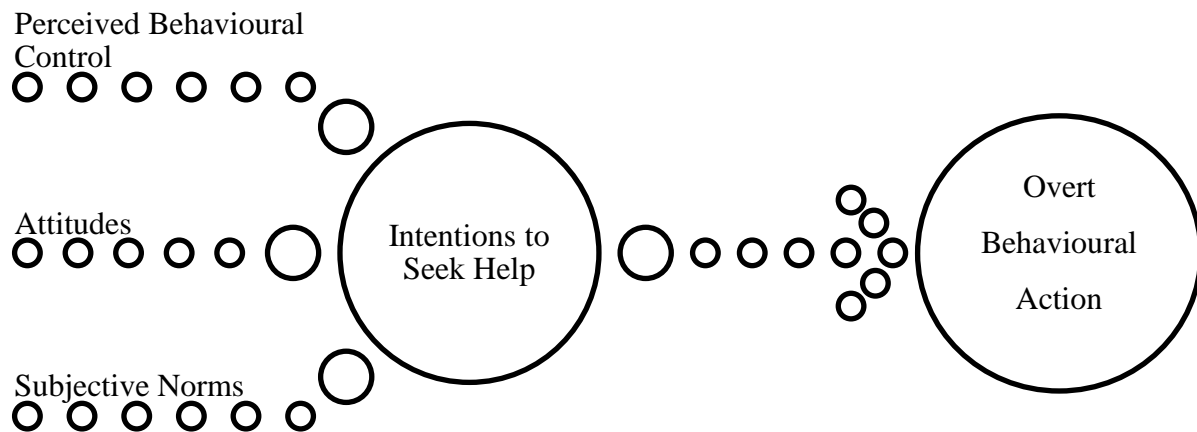
Research has evidenced a direct link between the TPB and overt or self-reported

behavioural action (Armitage & Conner, 2001; Schneider et al., 2012;). Armitage and Conner

(2001) conducted a meta-analytic review of 185 articles to explore the efficacy of TPB on overt

or self-reported behavioural action. Results indicated a strong relation was present between

behavioural intentions and TPB. The TPB explained 21% of the variance observed in

behavioural action measures (Armitage & Conner, 2001). While measuring intentions to seek

help may not best explain behavioural action, it is a fair estimate and more time and cost

effective.

Behavioural Intentions Versus Behavioural Action. It is important to distinguish that

there are differences between actual behaviour and behavioural intentions. Although measuring

help-seeking intentions is cost and time effective, it is not always a valid measure of behavioural

action (Nagai, 2015). Research on help-seeking intentions and overt behaviour for depression

can be used to highlight this difference. Measurements of actual help-seeking behaviour have

demonstrated that the severity of a mental health condition has been associated with predicting

formal help-seeking (Andrews et al., 2001). Research on intentions to seek help however, has

demonstrated that depression, specifically the symptom "lack of motivation", is negatively

associated with help-seeking (see Nagai, 2015). This finding demonstrates that intentions are a separate, even if related, concept to actual help-seeking behaviour. It could be said that intentions to seek help may predict actual help-seeking behaviour, but that other factors also influence this relationship (Nagai, 2015).

While gaps in the literature have highlighted a need for more research on actual help-seeking behaviour (see Nagai, 2015), the current research is focused on providing preliminary evidence on the association between participation in an SEL program and help-seeking intentions. In comparison to schools that did not have SEL programming, youth that have participated in SEL initiatives have demonstrated an increased likelihood to seek-help from appropriate help resources (Durlak et al., 2011). Furthermore, it has been proposed that SEL initiatives effectively teach youth the skills they require to overcome barriers to help-seeking. While SEL initiatives typically focus on promoting PYD along with help-seeking behaviour, they may also act as a protective factor for youth who have experienced negative life events. Furthermore, these initiatives may encourage youth that are experiencing social distancing to seek formal help on a perceived need basis.

The Present Study

This study investigated the association between participation in a preventative program and intentions to seek help in an adolescent sample. Exploring the association of youth intentions to seek help and participation in the HRPP can provide evidence regarding the importance of SEL initiatives for PYD. Furthermore, SEL strategies have demonstrated some effectiveness at reducing barriers to help-seeking (Sharp et al., 2006; Smith & Sochet, 2011; Wei et al., 2013). This research also evaluated the presence of help-seeking barriers in an adolescent population, and determined if the implementation of an SEL program had any association with reducing

these barriers. Specifically, exploring the association between healthy relationship skills training and help-seeking within a Canadian adolescent sample using the TPB as a framework for understanding intentions to seek help has occurred. The SEL program that was used to explore this association was entitled The HRPP (Townsley et al., 2012).

Research Questions

The current research had three purposes: to validate the fit of TPB on predicting intentions to seek help; to explore the association between the HRPP and intentions to seek help; and to understand and explore barriers to help-seeking as they are reported by teens in focus groups.

It was hypothesized that:

1. The TPB components (perceived behavioural control, subjective norms, and attitudes) would predict adolescent intentions to seek help.

2. Social emotional skills training would be related to higher intentions to participate in help-seeking behaviour.

3. Knowledge of help-seeking issues and awareness of help-seeking resources would increase after participation in the HRPP.

Previous research has suggested that barriers to help-seeking are influenced by several moderating factors, such as gender. As such, the current research investigated if males perceive and/or exemplify more barriers to help-seeking than their female counterparts. Furthermore, an exploratory analysis evaluated the association between HRPP participation and informal/formal help-seeking intentions.

The current study utilized a mixed methods design to explore the association between participation in the HRPP and help-seeking intentions. Data were collected from participants via

self-report surveys that measured intent to seek help prior to and after youth participation in the

HRPP. Furthermore, focus groups were conducted with a subset of the participants to understand

explore if barriers to help-seeking were alleviated after SEL programming had been provided.

The Western Research Ethics Board approved this research project (see Appendix C). As this

project was part of a larger project studying healthy relationship skills, the ethics approval

submitted and approved was an amendment so several approvals are found in Appendix C. The

project was also approved by the research departments of the different school divisions.

Method

Participants

Youth participating in 18 existing HRPP groups were invited to partake in this research.

Out of 186 youth, 142 youth participated in the evaluation (consent rate = 76%). The youth who

participated were aged between $11 - 17$ years old ($M = 13.24$, $SD = 1.26$). Participants

predominantly identified as Caucasian (71.9%). A sizeable minority identified as First Nations,

Inuit or Metis (9.9%), while the remainder of the sample identified as Asian, Arab, African or

other. 5.6% of participants did not identify their ethnicity. It was asked if any of the participants

were Hispanic and no participants chose to identify in this way. Of note however, in the "other"

category, 2.8% identified as Mexican and/or Cuban. In a categorical self-report measure of grade

point averages, the participants' median indicated grade point average was in the 80-89% range.

Three gender categories emerged in data collection. 44.4% of students identified as male

($N = 63$), 47.2% identified as female ($N = 67$), and 8.4% chose not to disclose their gender or

reported gender fluid and other varying gender identifications ($N = 12$). Due to the low number

of participants in the "other" gender category, the probability to detect effects remained low. As

a result, participants that identified as "other" were excluded from further analyses that

incorporated gender as a variable. Furthermore, 8 cases were removed from analyses due to missing age data. Total participant count considering these exclusions was $N = 122$.

Measures

Youth Pre- and Post-Intervention Survey

The current research used behavioural intentions to measure help-seeking (Nagai, 2015). *Help-seeking behavioural intentions* was operationalized as the self-reported intention to access formal or informal outlets for assistance with an emotional, social or mental health related issue (see Ajzen, 1985; Nagai, 2015; Schneider, Gruman, & Coutts, 2012). Formal outlets for help included: psychiatrist**,** psychologist**,** counsellor**,** guidance counsellor**,** doctor, teacher, Elder, or spiritual leader. Informal outlets for help included either parental or peer supports.

A self-reported data collection tool was utilized to explore participant help-seeking intentions, as well as program content acquisition, prior to and after HRPP participation. Two measurement strategies were utilized to measure intentions to seek help. The first was a tool developed by the research team consistent with measuring three predictors of help-seeking intentions proposed by the TPB. There existed a gap in the literature for a tool to be used to understand adolescent help-seeking through the TPB. To ensure this information was measured in a way that was congruent with assessing program content, and consistent with the TPB, many items within this questionnaire were developed by the research team. Some of the items on this scale, particularly the attitudes towards help-seeking items, were modified from The Barriers to Adolescents Seeking Help Questionnaire (BASH; Kuhl, Jarkon-Horlick, & Morrissey, 1997).

The second scale that was modified for the current research was the General Help Seeking Questionnaire (GHSQ; Wilson, Deane, Ciarrochi, & Rickwood, 2005). This questionnaire was used as an outcome measure of behavioural intentions. It was modified to

accommodate for differential analyses on informal and formal help-seeking intentions. Program

content acquisition questions were developed based on help-seeking promotion material that

youth were provided within the HRPP.

TPB components. Several items from the BASH were used to evaluate a component of

the TPB, specifically *attitudes and beliefs towards help-seeking behaviours*. Items on the BASH

that were included in the survey were, "Even if I wanted to, I wouldn't have time to seek

professional help for my mental health" and "I can work out my own problems" (Kuhl et al.,

1997). Items intended to measure *perceived behavioural control* were developed by the

researchers. This item is an example of those developed for inclusion in the survey "I am

unlikely to visit a mental health professional because of how much money it costs". This scale

had 13 items in total (see Appendix A). Responses could be provided by youth on a Likert style

7-point scale ranging from strongly disagree to strongly agree on a $1 - 7$ scale.

Exploratory factor analyses (EFA) were used to investigate the structure of the 13-item

help-seeking measure consistent with the TPB framework. The EFA ($N = 129$) produced a four

factor solution, in which the items "My peers would tease me if I sought help for emotional

issues" and "My peers are supportive when I come to them with a problem I need help with"

were removed due to cross loading. As a result, an 11-item three factor solution emerged and

explained 53% of the observed variance. Component loadings for each factor are shown in Table

1. The first component that emerged incorporated items intended to measure *perceived lack of*

behavioural control (Cronbach's $\alpha = .78$). Examples of these items within this factor included,

"Long waitlists for mental health professionals would discourage me from going" and, "Even if I

wanted to, I wouldn't have time to seek professional help for my mental health." In the second

component, items reflected *attitudes and beliefs regarding help-seeking behavior* (Cronbach's α

= .60). Examples of items that loaded onto the second factor included, "My family believes

therapy can help people get better." The third factor had two items load including, "My teacher is

going to tell my parents all about my problems if I confide in them," and "I can work out my

problems on my own" (Cronbach's α = .39). These items were originally developed with the

intention of measuring attitudes towards help-seeking but have been evidenced through this

analysis as not structurally similar to other items in that category. Due to low reliability, it was

determined that this factor would be removed from further analyses. See Appendix A for a copy

of the item measures.

Table 1

Component loadings for help-seeking measure responses

Variable	1	2	3
Long waitlists for mental health professionals would discourage me from going.	.722	-.221	.035
I am unlikely to visit a mental health professional because of how much money it costs.	.769	-.246	.093
Even if I wanted to, I wouldn't have time to seek professional help for my mental health.	.857	-.207	.158
I would not seek help for a mental health issue if doing so would bother my parents/guardians.	.760	-.320	.113
I can work out my own problems.	.142	-.061	.725
My family believes therapy can help people get better.	-.150	.772	-.023
My teacher is going to tell my parents all about my problems if I confide in them.	.056	.048	.834
I don't trust doctors.	.183	-.585	.421

Seeing a Guidance Counsellor won't help me with a substance abuse issue.	.334	-.597	-.007
My friends can help me with my problems better than a psychologist could.	.293	-.465	.018
People are helped by therapy.	-.151	.652	.067

Measuring Intentions to Seek Help. The General Help Seeking Questionnaire (GHSQ; Wilson et al., 2005; modified) was the second scale utilized to measure reflections of participants' *intentions to seek help.* Specifically, this scale measured intentions to seek help from formal or informal sources when experiencing personal, emotional or social problems. In a "yes" or "no" response format, youth were asked to select whether they had any intention to seek help from a parent/guardian, school support, community support, mental health professional, medical professional, another support, or not seek help at all. For some analyses, responses were grouped and dichotomized: a "yes" response to any question that listed a formal or informal source of help was coded as a 1, while no intention to seek help was coded as a 0. For other analyses, formal, informal and no intentions to seek help were left as separate variables: a 0 indicated a response of "no" and a 1 indicated a response of "yes" to the question of help-seeking for that particular resource.

Program content knowledge acquisition. There were 10 program-specific research questions incorporated into the help seeking questionnaire. These questions were designed to measure knowledge acquisition based on content specifically taught within the HRPP related to promoting help-seeking. Within the HRPP, several mental health myths were discussed. The intention of discussing these myths was to encourage youth to recognize the circumstances that

required help-seeking. Accurate responses on this measure, in congruence with what was taught

in the HRPP, illustrate knowledge acquisition of help-seeking promotion content.

This questionnaire was distributed at pre/post-test to explore the association between

knowledge acquisition and program participation. An example of an item includes, "talking with

friends about their suicidal thoughts could cause to them to hurt themselves'". Responses were

provided on a Likert type response scale with seven options ranging from 1, strongly disagree to

7, strongly agree. See Appendix A for more examples. While some questions appear to be asking

about attitudes towards help-seeking, this tool was intended to measure youth reactions towards

mental health myths that were discussed within the HRPP. Of the ten questions in this measure,

six were reverse coded (see Appendix A). The mean score for all ten items was then computed.

Focus Groups

Five focus groups were conducted to explore barriers to help-seeking and the extent to

which HRPP participation alleviated these barriers ($N = 64$). Focus groups were approximately

one hour in length. Focus groups included several activities and guided discussions. These

discussions and activities were developed by the research team to enable the exploration of

barriers to adolescent help-seeking that may or may not have been addressed in the HRPP. A

focus group protocol was developed to guide these discussions (see Appendix B).

In the focus groups, student participation was primed with the use of four scenarios.

These scenarios outlined a youth experiencing a mental health, social or emotional concern.

After this occurred, youth participated in a series of group discussion activities. Of the activities

included, one was a graffiti exercise, whereby participants were asked to work with one another

on chart paper to answer posed questions. Some of the questions were 'If you needed help with a

social, emotional or mental health problem, who would you ask?' and 'How would you find out

what help might be available if you or your friend needed it?'. See Appendix B for more information on the activities.

Procedure

Students in grades seven through twelve participated in the research from HRPP groups that were running throughout Saskatchewan, Alberta, and Ontario. The facilitators of the HRPP were participants' teachers and youth group leaders who had attended training sessions. Facilitators were compensated for completing all of the research requirements. This compensation was offered to ensure facilitators were remunerated for the work that was required to participate in the administration and collection of data for this research. Data were collected from 26 HRPP groups during the 2015-2016 academic school year.

Consent, assent, and pre-implementation surveys were distributed by HRPP facilitators. The help-seeking questionnaire, and demographic questions were either distributed in paper format or were accessed online via the Qualtrics platform (see https://www.qualtrics.com/). Once facilitators had implemented all 15 sessions, a post-intervention survey was distributed by facilitators to the participants with the online or paper format.

After program participation had occurred, five focus groups were conducted. Focus group participants were drawn from three sites in Saskatchewan and two in Ontario based on convenience. Each focus group lasted approximately one hour and was facilitated by two research associates, one of whom recorded observational data using the focus group protocol and observational tracking sheets (see Appendix B & D).

Data Analysis Overview

All quantitative analyses were conducted with IBM SPSS Version 23 (International Business Machines Corporation Statistical Package for the Social Sciences 2015). Binary logistic

regression analyses were used to understand if factors that emerged in the EFA could predict

help-seeking intentions. Repeated Measures ANOVA analyses were used to study the association

between program content knowledge and program participation. Furthermore, McNemar

nonparametric tests and Chi-Square analyses were used to explore if participation in SEL skills

training activities was associated with adolescent intentions to seek help from formal, and

informal help resources.

Focus group data were examined via content analyses to assist with better understanding

the phenomenological experiences of youth when it came to service accessibility and other

related barriers to help-seeking. A codebook (see Appendix E) was developed in regards to focus

group content reported from focus group protocols and observational tracking sheets. One rater

coded all participant responses in a qualitative data analysis program entitled Dedoose

(SocioCultural Research Consultants Dedoose 2016, Version 7.0.23). The code book was revised

twice to accommodate for the creation of child and parent codes as more content became coded.

A journal was kept to track coding decisions, along with any variables that might have interfered

with appropriate coding that day. Qualitative data was coded prior to quantitative analyses to

ensure the coding process remained unbiased to these results.

Results

Binary Logistic Regression: Predicting help-seeking behaviour

A binary logistic regression analysis was computed to evaluate if perceived lack of

behavioural control and attitudes/beliefs were associated with youth's intentions to seek help,

controlling for gender. As the dependent variable, the GHSQ (Wilson et al., 2005; modified)

responses were coded into no intent to seek help ($N = 31$) and intent to seek help ($N = 91$) to

evaluate whether perceived behavioural control and attitudes/beliefs predicted help-seeking

intentions.

Assumptions testing. The assumption of linearity was met by obtaining insignificant

results from the Box-Tidwell tests on all continuous/interval items in the model (see Table 2).

For each predictor variable entered into the model, a minimum of 10 data points must exist in the

smallest outcome category (see Bagley, White, & Golomb, 2001). In the model of interest, the

smallest category (no intentions to seek help) had $N = 31$ cases. Based on this test assumption, a

maximum of 3 predictor variables could be utilized. Due to the nature of this assumption,

interactions between variables could not be explored as this would have added a fourth predictor

into the model.

Table 2

Box-Tidwell Test Results

Variable	B	$S.E.$	χ^2	df	P
Lack of Behavioural Control	1.821	1.334	1.862	1	.172
Attitudes and Beliefs	-.814	3.055	.071	1	.790
Gender	.544	.459	1.401	1	.237
Lack of Behavioural Control x Log linear of Lack of Behavioural Control	-.802	.616	1.693	1	.193
Attitudes and Beliefs x Log Linear of Attitudes and Beliefs	.660	1.251	.277	1	.598

Binary Logistic Regression Analyses. The overall model was statistically significant, $\chi^2 =$

17.66, $df = 3$, $p = .001$, $N = 122$, Nagelkerke $R^2 = .20$). *Societal norms* congruent with help-

seeking and *positive attitudes towards help-seeking* behaviour predicted intentions to seek help.

At the same time, *perceived lack of behavioural control* (e.g., lack of finances) and gender did

not predict intentions to seek help (see Table 3). Results partially supported the hypothesis, as

controlling for gender, attitudes/beliefs towards help-seeking predicted intentions to seek help,

although perceived lack of behavioural control did not.

Table 3

Binary Logistic Regression Results

Variable	B	S.E.	χ^2	df	P
Gender	.546	.451	1.46	1	.226
Perceived Lack of Behavioural Control	.099	.169	.347	1	.556
Attitudes and Beliefs	.828	.238	12.054	1	.001

Chi-Square: Measuring the relationship between gender and intentions to seek help

To further explore the association between gender and intentions to seek help, formal and

informal help-seeking was collapsed into one variable and a chi-square analysis was computed.

Assumptions. Independence between observations is met by the data in this analysis.

Furthermore, each cell has an *N* of at least 5 (see Table 4). The data are mutually exclusive

categories.

Table 4

Intentions to Seek Help Associated with Gender

	Male	Female	Total
No Intentions to Seek Help	20	15	35

Intentions to Seek Help	42	53	95

The Pearson Chi-Square coefficient results were insignificant ($x^2 = 1.715$, $df = 1$, $p = .19$, $N = 130$). These results indicated that there is no evidence in the current data set to suggest that a relationship exists between gender and intentions to seek help.

Repeated Measures ANOVA: Measuring Program Content Knowledge Acquisition

It was predicted that the number of correct responses to a program content knowledge questionnaire would increase after participation in the HRPP. A 2 x 2 gender (male vs. female) by time (Time 1 (pre-test) vs Time 2 (post-test)) repeated measures analysis of variance (ANOVA) was conducted to evaluate the difference between program content knowledge responses prior to and after HRPP participation (descriptive statistics are reported in Table 5). Due to missing data, 22 cases were excluded from the analysis.

Table 5

Descriptive Statistics for Student Knowledge Acquisition

Variable	*Gender*	*N*	*M*	Range	*SD*
Level of Knowledge Pre-Test	Male	48	4.96	6	.81
	Female	52	5.34	6	.69
Level of Knowledge Post-Test	Male	48	5.46	6	.82
	Female	52	5.66	6	.88

Assumptions. The responses were normally distributed. Residual scores indicated that there were no significant outlier concerns. Mauchley's test of sphericity was not computed. The

assumption of sphericity is not a requirement for the repeated measures ANOVA test when within subject variables are less than or equal to 2 (Field, 2013). With two within subject variables, Levene's test of equality of error variances is an assumption. For the two within subjective variables, Levene's test was insignificant (Help Education Time 1 F (1, 98) = .965, p = .328; Help Education Time 2 F (1, 98) = .000, p = .984)

Repeated Measures ANOVA. The two-way interaction between gender and time was not significant (F (1, 98) = 1.379, p = .243). The main effect of time was significant (F (1, 98) = 31.592, p <.0001, η^2 = .25). The main effect of gender was significant F (1, 98) = 4.195, p = .043, η^2 = .04). Furthermore, pairwise comparisons indicated that males had lower knowledge scores regarding mental health myths than girls did (p = .043). The hypothesis was supported; the results of this analysis demonstrated that an increase in knowledge was evident between prior and post program testing results as it was associated with mental health myths. This finding supports an association between HRPP participation and help-seeking promotion.

McNemar's Nonparametric Test: Measuring changes in intent to seek help prior to and after program implementation

Intentions to seek help were predicted to change between time 1 and time 2 testing. Specifically, it was expected that youth would be more likely to seek help from formal sources at time 2 than time 1 (see Table 6).

Table 6

Frequency of Intent to Seek Informal, Formal and No Help Pre and Post Program

Help-Seeking Type	Frequency Prior to Program Participation (N)	Frequency Post Program Participation (N)
Informal	80	85

|		
Formal	50	57
No Intent to Seek Help	19	14

Assumptions. Assumptions of independence for Chi-Square tests were violated. Instead a McNemar's repeated-measures nonparametric test was utilized to determine if there was a change from pre- to post-program results in intentions to seek formal help. The assumption of 5 cases per cell was met.

Results. The model was not significant ($x^2 = 7.090$, $df = 1$, $p > .05$, $N = 96$). The prediction was not supported; no difference existed between time 1 and time 2 intentions to seek help from formal sources. Informal help-seeking intentions were also compared via McNemar tests. Results indicated an insignificant model ($x^2 = 12.157$, $df = 1$, $p > .05$, $N = 96$). No difference was observed between previous and post program informal help-seeking. Changes in no intent to seek help was explored and an insignificant model emerged ($x^2 = 3.302$, $df = 1$, $p > .05$, $N = 96$). Lastly, informal and formal help-seeking and their association at time 1 and time 2 was explored in a 2 by 2 model. The model was not significant ($x^2 = 7.090$, $df = 1$, $p > .05$, $N = 96$). The prediction was not supported; no difference existed between time 1 and time 2 intentions to seek help from any help resources.

Thematic Content Analysis

Several themes emerged from content analyses on focus group data including: barriers to help-seeking, communicating with help-seekers and help-seeking resources.

Theme 1: Barriers to help-seeking. Figure 3 outlines an overview of the content that was described by youth in discussions regarding barriers to help-seeking. More specific definitions follow this outline.

Figure 3. *Theme One: Thematic Analysis Codes for Barriers to Help-Seeking*
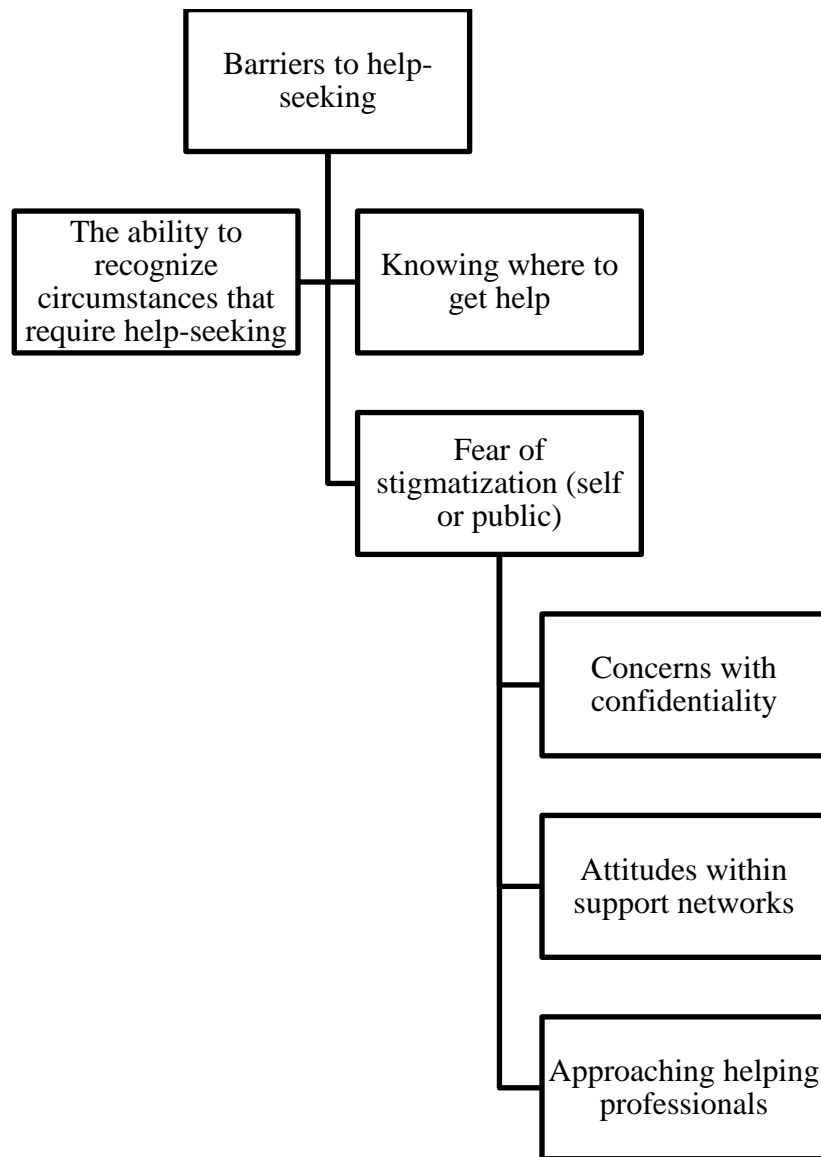
Fear of Stigmatization. Youth responses were coded as fear of stigmatization when youth described themselves or their peers as afraid to seek out help because of how others would treat them if they were aware of the help-seeking behaviour. Stigmatization was brought up as a barrier to help-seeking in all focus groups and was the most frequently occurring code presenting itself over 100 times throughout data analysis.

Youth reported stigmatization as a barrier to help-seeking in many different ways. Some youth were comfortable with seeking help, but were less comfortable with the idea that others may find out they had needed help. When asked what was most difficult about help-seeking, a student reported that, "…my friends might make fun of me for not being able to help myself". Another student described the help-seeking process as complicated because it can "…ruin your reputation [and encourage] bullies to target you". Students reported that fear of stigmatization was a barrier to accessing help specifically when confidentiality could not be promised and support networks maintained negative attitudes about the help-seeking behaviour.

Concerns with Confidentiality. Youth in the focus groups were pretty knowledgeable about the types of situations that required help-seeking, like depression, anxiety, dating violence and bullying. However, they commented that even though they were aware of the scenarios best handled through informal or formal help-seeking resources, they were concerned about reaching out for help due to the risk that others could find out and make fun of them. One student commented that if she had confided in a friend about the cyber bullying she had experienced, the friend might have told other people about it and they would tease her for needing help dealing with the problem. When probed by another participant whether or not she should have told an adult about the bullying, the teen said she did not trust anyone to keep the information confidential because in her experience, no one ever did.

Attitudes within support networks. Some participants reported a fear of seeking help due to stigmatization perpetuated within their support networks. One student expressed that she was pressured to minimize her experiences with bullying victimization when she asked her parents, teachers and friends for help. She was told by a teacher that her problems were not all that bad and she would get through this in good time. Another student indicated that he was told by his

parents upon asking them for help that men do not ask for help. The student reported that his

parents demonstrated disappointment with the request and told him he should learn how to

handle a bully on his own. Students reported that attitudes like these demonstrated by people in

their support networks drastically influenced their intentions to seek help.

   Self-stigmatizing attitudes as barriers to approaching helping professionals. Some self-

stigmatizing attitudes were apparent amongst participants in the focus groups. Particularly, these

attitudes manifested when the focus groups discussed communication with helping professionals.

One student reported that she had encouraged a friend to seek help but the friend expressed that

her "… anxiety makes her really worried about sharing with people" and it is easier to avoid

sharing than even thinking about meeting a new person, especially a therapist. Another student

indicated that he was unlikely to ask for help because he was generally a shy guy and he feared

talking to a professional about the bullying he experienced meant he was weak.

   Recognizing circumstances that require help-seeking. Another barrier to effective help-

seeking noted by participants was the severity at which negative life events required support.

Youth were quite excellent at indicating when dating violence, bullying, substance misuse and

mental health issues were occurring, but they were less likely to understand the severity at which

these situations required intervention. Students recognized that not all situations required the

same level of help-seeking and that it was an intricate process. For example, some youth were

hesitant to recommend that their peers seek formal help when abusing substances. Youth in the

focus groups recommended that their peer wait to tell a teacher or parent until things got

unmanageable or worse for fear that their peers would get in trouble for their behaviour.

Alternatively, when bullying was witnessed, students reported that bullying perpetration required

immediate informal and formal support. This indicates that students tend to judge the severity of

circumstances based on fears associated with the outcome of the help-seeking behaviour, and not

on the act that precipitates the need for the help-seeking behaviour.

      Knowing where to get help. Knowledge of help-seeking resources was quite high

amongst participants. Students in focus groups typically reported that they knew where to access

appropriate formal and informal help resources. Most students were aware of Kids Help Phone,

as well as local community help organizations, like teen pregnancy and substance misuse clinics.

Furthermore, youth were also able to outline what a healthy relationship looked like and

indicated which types of people were best suited to offer them help. One student reported that

she had a very tight knit group of girls she could easily confide in because they were generally

honest and respectful to one another. Youth indicated that participation in the HRPP helped them

become aware of the available help resources in their communities and did not see this as a

barrier to help-seeking.

      Theme 2: Encouraging Help-Seeking.

      Strategies for Communicating with Help-Seekers. Students in the focus groups

suggested several strategies for overcoming stigmatization as a barrier to help-seeking.

Encouraging peers who were experiencing negative life events to seek help was commonly

reported within focus groups. Several strategies were recommended to encourage help-seeking.

One strategy was to support the friend by offering to go with them to the teacher, parent or

guidance counsellor that would best offer them support. Another student suggested she could

ease her friends concerns with stigmatization by demonstrating that she wouldn't stigmatize

her… "No matter what [you] do, people will always see [you] for who [you] truly are. So don't

be afraid to share and get help". Some students suggested that normalizing the circumstance

could help their friends overcome barriers to help-seeking. One student suggested that he would,

"…make sure [his friend knew] he was not alone and [make sure he knew] other people are going through the same thing".

Psychoeducation. Youth indicated that they felt confident encouraging help-seeking behaviour. However, most students reported that they believed schools could be doing more to support students in accessing help resources. Students indicated that if schools offered formal education regarding the consequences of not seeking help through presentations and advertisements, unaddressed social, emotional or mental health issues, may decrease. Specifically, students thought this idea could address the barrier of stigmatization.

Discussion

The HRPP is an SEL program focused on promoting resiliency through skills training. The intent of the program is to buffer the effects of negative life events, like bullying victimization and teen dating violence. The HRPP discourages the use of substances and/or unhealthy relationships to cope with negative life events and encourages help-seeking. Results from these analyses indicated youth participation in the HRPP was associated with an increase in knowledge about help-seeking myths. Furthermore, results from content analyses of the focus groups were indicative of an association between program participation and a reduction in barriers to help-seeking. Previous research has indicated that youth have a hard time seeking help when they know it may be necessary because they are unaware of the safe and reliable help outlets that reside in their support networks and communities (see Kodjo, Auinger, & Ryan, 2002). Youth who had participated in the HRPP however were quite knowledgeable about where to get help and their intentions to seek help from these resources was high. Furthermore, focus group results indicated that the HRPP was effective at increasing intentions to not only seek help, but encourage help-seeking within peer networks.

These findings support the usefulness of understanding youth social and emotional development through the Multiple Risk and Protective Factor Model and PYD Theory. The Multiple Risk and Protective Factor Model (Bronfenbrenner, 1986; Olson & Goddard, 2015) indicates that upon the occurrence of negative life events, youth can remain resilient when protective factors exist. The lessons in the HRPP focused on encouraging healthy relationships to protect against the consequences of negative life events, specifically it encouraged peer to peer support and help-seeking behaviour. Furthermore, the HRPP lessons are congruent with PYD theory (Benson & Scales, 2009; Olson & Goddard, 2015). The HRPP does not attempt to rehabilitate youth who have participated in negative behaviour, but encourages all youth to participate in positive and adaptive behaviour through skills training activities.

The use of the TPB to explore youth intentions to seek help was evaluated in this research. Finding cost and time effective measurement strategies is an important initiative to providing accessible and current research on PYD to service providers. The prediction that the TPB framework could be used to understand youth intentions to seek help was partially supported. Results indicated that attitudes and normative beliefs did predict help-seeking intentions. While the TPB indicates that perceived control over a behaviour can influence intentions to participate in the behaviour, the results of this research suggest that this was not the case for adolescent participants. No sufficient data exists to understand this relationship. This relationship may not be observed because youth have little control over their behavioural actions when it comes to accessibility of support services, as it is parents, teachers or guardians that remain in charge of transportation and finances.

Stigmatization was frequently reported as a barrier to help-seeking in focus groups even after HRPP participation. Self-stigmatization remains a prevalent problem and current initiatives

focused on reducing barriers to help-seeking should address this finding. Youth in focus groups

typically recommended that there existed a need for the development and implementation of

anti-stigmatization campaigns within their schools. In one focus group, youth felt as though

continued and prolonged exposure to anti-stigmatization material was necessary and that this

could reduce the suicide and school dropout rates in their communities. While the HRPP does

concentrate on promoting positive attitudes towards help-seeking, this research recommends that

repetitive exposure of anti-stigmatization campaigns remains necessary to address the help-

seeking barrier of stigmatization.

   Content analyses from the focus groups suggested that help-seeking intentions may be

influenced by gender role socialization. Consistent with research published by Addis and

Mahalik (2003), boys and girls typically reported in focus groups that men would be observed as

weak if they were to seek help for a social or emotional problem. The masculine role

socialization paradigm as outlined by Addis and Mahalik (2003) indicates that men's intentions

to seek help remains moderated by their degree of attachment to incongruent masculinity norms,

like physical strength and self-reliance. It is recommended that SEL interventions, including the

HRPP target systemic level socialization processes, rather than trying to change boy's attitudes

towards help-seeking.

   Youth had several recommendations for future initiatives to promote help-seeking in their

schools and communities. Youth wanted to encourage their peers to seek help but often found

that they weren't always receiving the right level of support from school administrators. It was

reiterated throughout all focus groups that schools need to be doing more to promote help-

seeking behaviour. Youth recommended that interventions which focused on how to recognize

social and emotional concerns be used by schools to reduce the prevalence of maladjusted

behaviour observed in struggling teens.

Strengths and Limitations

Strengths. There are several methodological strengths of this study. While this study

lacked a control group, participants were asked to report help-seeking intentions prior to and

after program implementation. This repeated measures design can provide some internal validity

to support the exploration of associations between SEL program participation and intentions to

seek help. Additionally, the use of a manualized SEL intervention ensures that future research

can with some degree of effectiveness replicate or expand on the results presented in this study.

The use of a mixed-methods design ensured that the complexity of help-seeking was not

overlooked. Content analyses of focus group discussions complemented the structured approach

for collecting quantitative data on help-seeking intentions. By using both qualitative and

quantitative data, this study supported ecological validity. It also supported the minimization of

error variance as multiple measurement strategies and tools were utilized to support findings.

The sampling selection process also ensured that participants demonstrated a similar diversity to

that which exists within the greater Canadian population.

Limitations. This study supported a mixed method design to offer externally valid

recommendations regarding help-seeking behaviour in teens. Results from this study must be

interpreted with caution however, as several methodological limitations exist, specifically

threatening the internal validity of the present study.

It is likely that the TPB measure developed in this research is not sufficient for

subsequent testing of intentions to seek help in an adolescent sample. Attitudes and beliefs

(normative beliefs) towards help-seeking merged into one factor and the inter-item reliability of

this factor was low (Cronbach α = .60). It is unlikely that similar results would emerge in regards

to attitudes and/or normative beliefs towards help-seeking when using this measure a second

time. Lack of perceived behavioural control appeared to measure what was intended, as the inter-

item reliability was α = .80. Subsequent research tweaking the design of this measurement

instrument and pilots may yield a more robust measurement strategy in the future.

Measuring intentions to seek help instead of overt behavioural action remains a limitation

of the current research. While some literature has supported an association between behavioural

action and behavioural intentions (see Armitage & Conners, 2001), variables other than

intentions are often associated with overt behavioural action. A meta-analysis conducted by

Armitage and Conners (2001) reported that intentions to participate in a target behaviour

explained 21% of the variance in overt behavioural action. Other variables, like subjective

distress, perceived need and social support predict help-seeking behaviour (Nagai, 2015). As

these factors were not measured in the current research, these results can only speak to intentions

to seek help and may not be an accurate representation of behavioural action.

Furthermore, the use of categorical variables to measure intentions to seek help restricted

the scope of the analyses. Help-seeking is an intricate and nuanced concept to understand and

categorizing youth responses to a help-seeking measure into yes and/or no options inevitably

reduces the validity of the results. Intentions to seek help from informal and formal sources are

known in the literature to have different predictors (Rickwood et al., 2005). These variables

however were grouped into one variable for binary logistic regression analyses. While the use of

a multinomial logistic regression could have overcome the limitation of dichotomizing help-

seeking intentions, the outcome variables were not mutually exclusive in their original state, and

so the assumptions for its use were violated. The use of multiple binary logistic regression

statistics for each outcome variable was considered, meaning that informal help-seeking, no intent to seek help and formal help-seeking outcomes from the GHSQ would each have their own analysis. Unfortunately, the assumption of linearity was not met and these analyses could not be computed. Exploring predictors for formal and informal help-seeking as separate constructs is important to further understanding the role of barriers to help-seeking and fears regarding outcomes of help-seeking behaviour.

The present study predicted that participation in the HRPP would be associated with increases in intentions to seek help. This hypothesis was not supported. This finding was likely confounded by ceiling effects and/or social desirability biases: a majority of the participants in this sample indicated that they were likely to seek help for a social and/or emotional concern prior to program participation (see Table 6). The inflated number of responses at pre-test in intentions to seek help is inconsistent with existing literature; intentions to seek help are generally low in adolescent samples without intervention (see Wang et al., 2004). This could be the result of a performance asymptote. Asymptotes occur when subjects' scores cannot increase on subsequent testing with practice or training because previous exposure to practice and training has already maximized learning of the subject at hand (Wang, Zhang, McArdle, & Salthouse, 2008). The sample of youth selected to participate were not evaluated on exposure to program related material prior to participation in the HRPP so this effect could not be controlled for. Alternatively, the inflated help-seeking results at pre-test may have been observed due to the social desirability bias. To overcome these limitations, it is recommended that future research explore the association between HRPP participation and overt behavioural help-seeking over a series of years following program attendance. This could be accomplished by asking students to

report on the number of visits to help-seeking resources, instead of asking them to report on their intentions to visit these resources.

It was further hypothesized that prior to program participation, boys would be less likely to demonstrate intentions to seek help than girls would be. This hypothesis was not supported. This finding is inconsistent with previous literature (see Addis & Mahalik, 2003) and focus group results. The current research may not have had enough cases to detect if an association existed between intent to seek help and gender as there were only 31 participants who indicated they had no intentions to seek help prior to program participation. Frequency observations indicated that three out of every four female students and two out of three male participants intended to seek help prior to program participation (see Table 4). Studies with a larger participant sample are recommended to explore this result further.

Recommendations. The results from this study encourage SEL initiatives to focus on integrating anti-stigmatization campaigns, specifically targeting self-stigmatization, into their programs. Students in the focus groups indicated that stigmatization was a barrier to informal and formal help-seeking. Campaigns that attempt to reduce their fear may be misguided. Research has evidenced that public stigmatization encourages social distancing behaviour within peer groups (Yap et al., 2011).

Literature has found that vignettes of mentally ill peers elicit in participants a need to recommend help-seeking from professional sources (Yap et al., 2011). Unfortunately, these participants also indicate an increased intention to socially distance themselves from the peer that demonstrated the unregulated or perceived as dangerous behaviour (Yap et al., 2011). SEL initiatives which integrate opportunities to not only teach youth how to refer their peers to formal help resources, but also how to accept them into their friend networks and offer informal support

are important to promoting PYD and reducing the barrier of stigmatization to help-seeking. Some anti-stigmatization initiatives have addressed this concern, by integrating and monitoring contact between stigmatized groups and their peers (see Eisenberg, Downs, & Golberstein, 2012). More recent initiatives have focused on encouraging the sharing of recovery stories by celebrities as a reduction strategy for public-stigmatization and its influence on social support with some effect (see Corrigan et al., 2015; Ferrari, 2016). Translating these studies into effective programming initiatives for schools may help to promote PYD by reducing the amount of social distancing that occurs between adaptive youth and teens who are struggling.

Overcoming some of the limitations of this research will be necessary to further promote the use of SEL initiatives, including the HRPP, with youth across Canada. To further investigate program effects, a cluster randomized control trial is recommended. Furthermore, future research that focuses on the development of rigorous data collection methods are suggested. Exposure to prior program material should be controlled for and sensitive measurement instruments should be developed (Wang et al., 2008; Keeley, English, Irons, & Henslee, 2013). To support evidencing causal associations and ease concerns regarding the measurement of intentions instead of overt behavioural action, longitudinal data collection is recommended with 6 months and one year follow up questionnaires specific to measuring overt behavioural action. Lastly, this research has not measured if an association exists between self-awareness, an important social emotional skill and help-seeking behaviour. Future research should explore if self-awareness is a predictor of help-seeking behaviour and of the importance that this skill plays in intentions to seek help.

Conclusion

The HRPP supports PYD with the intention of promoting social and emotional competency. In addition to expanding the evaluation of the HRPP project, the intent of this

research was to contribute to the greater literature on the TPB and its use with the adolescent

population. The results from this project indicate the importance of implementing SEL

programming for the promotion of help-seeking behaviour in the adolescent population,

specifically through targeting gender stereotyping, attitudes and stigmatization. The HRPP's

effectiveness to alleviate several barriers of help-seeking should be used to justify to

stakeholders the importance of SEL initiatives on PYD.

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Appendix

Appendix A: Help-Seeking Questionnaire

Questions	On a scale of 1 – 7 please indicate with a checkmark how much you agree or disagree with the following statements, where 1 is strongly disagree and 7 is strongly agree,						
EDUCATION QUESTIONS	1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
I would tell a teacher/guidance counsellor if my friend was contemplating suicide.							
I would talk to my parent/guardian if I thought my friend was in an unhealthy relationship.							
If I was worried about a friend's substance use, I would talk to them about it.							
REVERSE It's normal for teens to use drugs or alcohol to feel better about life.							
REVERSE It's normal for your partner to text you every hour to check in.							
Teen dating violence is a problem in our society.							
REVERSE Teens who get pushed or hit by their dating partners usually do something to deserve it.							
REVERSE Talking with friends about their suicidal thoughts could cause to them to hurt themselves.							
REVERSE People with mental health issues aren't trying hard enough to get better.							
REVERSE Most normal relationships have some form of pushing or shoving involved.							
PERCEIVED BEHAVIOURAL CONTROL QUESTIONS							
Long waitlists for mental health professionals would discourage me from going.							

Questions	On a scale of 1 – 7 please indicate with a checkmark how much you agree or disagree with the following statements, where 1 is strongly disagree and 7 is strongly agree,						
I am unlikely to visit a mental health professional because of how much money it costs.							
Even if I wanted too, I wouldn't have time to seek professional help for my mental health.							
I would not seek help for a mental health issue if doing so would bother my parents.							
BELIEFS/ATTITUDES QUESTIONS							
My peers would tease me if I sought help for emotional issues.							
I can work out my own problems.							
My family believes therapy can help people get better.							
My peers are supportive when I come to them with a problem I need help with.							
My teacher is going to tell my parents all about my problems if I confide in him/her.							
I don't trust doctors.							
Seeing a guidance counsellor won't help me with a substance abuse issue.							
My friends can help me with my problems better than a psychologist could.							
People are helped by therapy.							

The following questions ask whether you have sought help for a social or emotional problem in the past or would seek help in the future. Examples of emotional or social problems include;

- **Stressed out over school work**
- **Fighting a lot with my dating partner**
- **Worried about a friend**
- **Feeling anxious about being in a crowd**
- **Fatigued and lacking interest in a favourite hobby**
- **Arguing often with my parents/guardians**
- **Not able to keep negative thoughts from repeating in my head.**

1. Please check all that apply. I have sought help for an emotional or social problem in the past year from…

☐ **Parent/Guardian**

☐ **School Support (e.g. guidance counsellor, teacher, principal, coach, etc…)**

☐ **Community Support (e.g. youth worker, religious care, mentor, Elder, etc…)**

☐ **Mental Health Professional (e.g. a therapist, psychologist, psychiatrist)**

☐ **Medical Professional (e.g. a doctor)**

☐ **Other (please specify) _____**

☐ **Did not seek help**

☐ **I did not have any problems**

2. Please check all that apply. If I had a social or emotional problem I would seek help from…

☐ **Parent/Guardian**

☐ **School Support (e.g. guidance counsellor, teacher, principal, coach, etc…)**

☐ **Community Support (e.g. youth worker, religious care, mentor, Elder etc…)**

☐ **Mental Health Professional (e.g. a therapist, psychologist, psychiatrist)**

☐ **Medical Professional (e.g. a doctor)**

☐ **Other (please specify) _____**

☐ **Would not seek help.**

Appendix B: Focus Group Protocol

Protocol for Student Focus Group – HRPP

Introduction

The topic, flow, confidentiality and limits to confidentiality of the focus group will be explained to the participants.

The facilitator will introduce themselves to the participants and then say the following;

> *Today we're going to have a focus group about your experiences in the HRP program. A focus group is a relaxed, group discussion. There are no right or wrong answers – we really just want you to share your honest opinion with us. We will take some notes so that we can remember what everyone said later, but whatever you say will remain anonymous. We will not include your name or any other identifying information in the notes or any future reports, and what you say will not affect your marks at school or your participation in any program at school or outside of school.*
>
> *The purpose of this focus group is to get feedback from you about your participation in the HRP program. The findings from this focus group will be used to make chances and adaptations to the program, so please share your honest feelings – positive or negative – since it will help us to improve the program.*
>
> *There are some important rules that we will follow in this focus group. It is important that we all treat one another's responses confidentially and that we do not repeat things heard in the focus group to anybody outside of the group. It is important to disclose when you or someone else you know is considering harming themselves, or if they are being harmed by others, but please be aware, if you are to disclose this information in this session, for your safety, we must tell a parent/guardian/teacher or youth worker about it. It is also important that we treat one another with respect and value everyone's opinions.*

Focus Group Discussion Guide

The questions below will provide the framework for the focus group discussion. Answers provided by focus group participants may affect the order in which these questions are asked; however, the discussion will be aided in the use of these questions;

- Can you say more about that?
- Can you be more specific?
- Can you give me an example of that?
- Do others have similar or different experiences to share?

Graffiti Activity: Who would you ask for Help

Stations will be set up with poster paper, markers, pencil crayons and pens. Each station will ask participants to write on the paper how they feel about a question posed to them. Three questions will be posed;

- If you needed help with a social, emotional or mental health problem, who would you ask?
- How would you find out what help might be available if you or your friend needed it?
- What did you learn about supporting a friend in the HRP program?
- What did you learn about identifying if a friend needs help in the HRP program?
- If you experienced a social, emotional or mental health problem, what kinds of things would make it difficult for you to ask for help?

An example will be written on each poster paper. The participants will visit each station and have a few minutes to draw or write how they feel in response to these questions. The posters will be used to reflect on what the meaning of help-seeking is and what some of the barriers to help-seeking might be.

Knowledge Acquisition

The purpose of this section is to encourage discussion around key content that students learned regarding help-seeking in HRPP. Students will be asked to raise their hands if they agree to the following statements. The recorder should record the number of students who have their hands raised in response to each question (and note the number of students in attendance). After students have had an opportunity to raise their hand, follow up questions will ask them to "tell you more about that".

- I know how to encourage my friend to get help
- I learned where to find community resources if someone I know needs help
- I would ask for help if I was experiencing a social, emotional or mental health related issue
- I know how to ask for help if I need it

Experiences with Help-Seeking

This portion of the focus group is designed to elicit information regarding everyday use of help-seeking skills.

Questions:

- Can you give me any examples of when you have had to help a friend out and what you did?
- What do you think is the biggest barrier to help seeking?

- What could be done to encourage more youth to seek help?

Conclusion

To conclude, ask youth if they have anything else they would like to share. Specifically, inquire if there are any additional topics or life situations that they might like to learn more about. Before finishing thank the youth for their participation

> *We would like to thank you for your participation. As a reminder, everything you shared today will be kept anonymous and no information that could identify you will be included in reports. If you have any questions, please feel free to ask me or your teacher. If anything we talked about today bothered you, a teacher of guidance counsellor is a good person to talk to.*

Appendix C: Western Research Ethics Board Approval

Western Research

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Western University Non-Medical Research Ethics Board
NMREB Amendment Approval Notice

Principal Investigator: Dr. Claire Crooks
Department & Institution: Education\Faculty of Education, Western University

NMREB File Number: 106918
Study Title: Promoting healthy relationships, wellbeing, and preventing risky behaviours: Implementation of the Fourth R Healthy Relation
Sponsor: Drug Strategy Initiative Fund

NMREB Revision Approval Date: May 04, 2016
NMREB Expiry Date: July 30, 2016

Documents Approved and/or Received for Information:

Document Name	Comments	Version Date
Revised Western University Protocol		2016/02/25
Instruments	Student Focus Groups	2016/02/26
Assent	Youth Assent Form	2016/02/26
Letter of Information & Consent	Parental Consent	2016/02/26
Letter of Information & Consent	Youth Consent	2016/02/26

The Western University Non-Medical Science Research Ethics Board (NMREB) has reviewed and approved the amendment to the above na
NMREB Amendment Approval Date noted above.

NMREB approval for this study remains valid until the NMREB Expiry Date noted above, conditional to timely submission and acceptance
Ethics Review.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Hur
Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario.

Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such stu
presented to the REB.

The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

Western Research

Western University Health Science Research Ethics Board
NMREB Delegated Initial Approval Notice

Principal Investigator: Dr. Claire Crooks
Department & Institution: Education\Faculty of Education,Western University

NMREB File Number: 106918
Study Title: Promoting healthy relationships, wellbeing, and preventing risky behaviours: Fourth R Healthy Relationships Plus Program
Sponsor: Drug Strategy Initiative Fund

NMREB Initial Approval Date: July 30, 2015
NMREB Expiry Date: July 30, 2016

Documents Approved and/or Received for Information:

Document Name	Comments
Western University Protocol	
Other	
Instruments	Appendix B - Annotated Youth Survey
Revised Letter of Information & Consent	Appendix C - HRPP Implementation Survey 201!
Revised Letter of Information & Consent	Appendix D - Parental Consent Form
Assent	Appendix E - Youth Consent form
Other	Appendix F - Youth Assent Form
	Appendix A - Study Flow Chart

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and ap named study, as of the NMREB Initial Approval Date noted above.

NMREB approval for this study remains valid until the NMREB Expiry Date noted above, con submission and acceptance of NMREB Continuing Ethics Review.

The Western University NMREB operates in compliance with the Tri-Council Policy Statemer Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act the applicable laws and regulations of Ontario.

Members of the NMREB who are named as Investigators in research studies do not participate related to, nor vote on such studies when they are presented to the REB.

The NMREB is registered with the U.S. Department of Health & Human Services under the IR number IRB 00000941.

Western Research

Western University Non-Medical Research Ethics Board
NMREB Amendment Approval Notice

Principal Investigator: Dr. Claire Crooks
Department & Institution: Education\Faculty of Education, Western University

NMREB File Number: 106918
Study Title: Promoting healthy relationships, wellbeing, and preventing risky behaviours: Implementation of the Fourth R Plus Program
Sponsor: Drug Strategy Initiative Fund

NMREB Revision Approval Date: December 15, 2015
NMREB Expiry Date: July 30, 2016

Documents Approved and/or Received for Information:

Document Name	Comments	Version Date
Revised Western University Protocol		2015/11/05
Revised Letter of Information & Consent		2015/12/03
Instruments	LGBTQ Pilot Focus Group Observation	2015/11/05
Instruments	LGBTQ Pilot Focus Group Questions	2015/11/05
Instruments	LGBTQ Pilot Implementation Survey	2015/11/05
Instruments	LGBTQ Pilot Training Feedback Form	2015/11/05
Amendment	Revised Annotated Youth Pre-Survey	2015/11/05
Amendment	Revised HRPP Implementation Survey	2015/11/05

The Western University Non-Medical Science Research Ethics Board (NMREB) has reviewed and approved the amendme study, as of the NMREB Amendment Approval Date noted above.

NMREB approval for this study remains valid until the NMREB Expiry Date noted above, conditional to timely submissio NMREB Continuing Ethics Review.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Resea (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations

Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, no when they are presented to the REB.

The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB

Appendix D: Focus Group Tracking Sheet

HRPP Help-Seeking Student Focus Group		
Location:	Grade:	
Date:	Recorder:	
Start Time:	Stop Time:	Facilitators:
# of Participants:	# Male:	# Female:
1)INTRODUCTION		

2. KNOWLEDGE ACQUISITION			
STATEMENT	**NUMBER OF HANDS RAISED**	**# of MALE**	**# of FEMALE**
"I know how to encourage my friend to get help"			
Comments			
Male:	Female:		

STATEMENT	NUMBER OF HANDS RAISED	# of MALE	# of FEMALE
"I learned where to find community resources if someone I know needs help"			
Comments			
Male:	Female:		

STATEMENT	NUMBER OF HANDS RAISED	# of MALE	# of FEMALE
"I would ask for help if I was experiencing a social, emotional or mental health issue"			
Comments			
Male:	Female:		

STATEMENT	NUMBER OF HANDS RAISED	# of MALE	# of FEMALE
"I know how to ask for help if I need it"			
Comment			

Male:	Female:

3.GRAFFITI ACTIVITY

"If you needed help with a social, emotional or mental health problem, who would you ask?"

Comments

"How would you find out what help might be available if you or your friend needed it?"

Comments

"What did you learn about supporting a friend in the Healthy Relationships Plus Program?"

Comments

"What did you learn about identifying if a friend needs help in the Healthy Relationships Plus Program?"

Comments

"If you experienced a social, emotional or mental health problem, what kinds of things would make it difficult for you to ask for help?"
Comments

4.EXPERIENCES WITH HELP-SEEKING
"Can you give me any examples of when you have had to help a friend out and what you did?"
Comments (M=Male, F=Female)
"What do you think are some of the barriers to help seeking?"
Comments (M=Male, F=Female)
"What could you do to encourage a friend to seek help "
Comments (M=Male, F=Female)

5.CONCLUSION

Additional comments, topics/life situations you'd like to learn more about

Overall Observations:

Appendix E: Focus Group Content Analysis Codebook

HRP Help-Seeking Study Focus Group Qualitative Data Code Book Final Version

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This codebook is used to explore help-seeking behaviour among adolescents who have participated in the Healthy Relationships Plus program. Data entered has been collected from participants throughout the duration of a focus group geared to ask participants questions about help-seeking.

CODES for Focus Group Data

Good Quotes: This code will be used when youth express a genuinely interesting piece of information relevant to help-seeking that can be used in the final paper.

Barriers to help-seeking: This code will be utilized when youth express their concerns over their ability to seek help for social, emotional or mental health issues.
- **Stigmatization:** use this code when the participant describes that they are afraid to seek out help because of how others will treat them if they were aware of the help-seeking behaviour.
    - **Break this code into…**
        - **Anxiety approaching helping professionals:** use this code when the participant describes that they are afraid to seek help because they are fearful of the intended recipient responses.
        - **Attitudes of support network:** use this code when the participant describes that they are afraid to seek help or are advised not to seek help because of the attitudes of members of their support network.
        - **Concerns with confidentiality:** use this code when the participant mentions concern over trust or confidentiality when seeking help.
- **Knowing where to get help:** use this code when the participant describes being uncertain of the resources that would best assist them with a social, emotional or mental health issue.
- **The ability to recognize circumstances that require help-seeking:** use this code when the participant demonstrates a fear of not being able to express in words the experiences associated with a social, emotional or mental health issue in order to access help services.

Help-Seeking resources: Use this code when participants discuss the resources by which they would seek help.
- **Informal help sources:** use this code when youth describe seeking help for social, emotional or mental health issues with informal help sources, including parents, guardians and online supports
    - **Break this code into:**
        - Family Support: use this code when youth refer to seeking help from a relative
        - Parent Support: use this code when youth refer to seek help from parents or with parental support.

- ▪ Peer Support: use this code when youth refer to seeking help with the support of their peers, or from their peers.
- ▪ Online Support: use this code when youth refer to relying on online resources when seeking help.
- ▪ Social Media Support: use this code when youth seek help through social media outlets.
- **Formal help sources:** use this code when youth describe seeking help for social, emotional or mental health issues with formal help sources, including teachers, social workers, psychiatrists, etc…
  - o **Break this code into:**
    - ▪ School Support: use this code when youth refer to seeking help from school supports.
    - ▪ Community Support: use this code when youth refer to seeking help from community supports.
    - ▪ Mental Health Professional Support: use this code when youth refer to seeking help from mental health professionals.
    - ▪ Medial Professional Support: Use this code to refer to when youth refer to seeking help from a doctor or other medical professional outside of the mental health support industry.
- **No help-seeking:** use this code when the participant does not refer to seeking help for social, emotional or mental health issues when they should be seeking help.

Encouraging help-seeking: Use this code when youth describe the ways in which they would encourage themselves, or others, to participate in help-seeking for social, emotional or mental health issues..
- **Strategies for communicating with help-seekers:** Use this code when participants discuss peer to peer communication strategies as they are related to encouraging help-seeking
- **Psychoeducation**: use this code when youth recommend that more education regarding the various issues that are barriers to help-seeking occur, to encourage future help-seeking behaviour.
- **Support:** Use this code when youth recommend informal and formal help sources develop initiatives to reduce the barriers that inhibit youth from seeking help for social, emotional or mental health issues.
  - o **Break this code into:**
    - ▪ School Support: use this code when youth are recommending that schools run support groups.
    - ▪ Community Support: use this code when youth are recommending that community organizations become involved in supporting youth with social, emotional or mental health issues.
    - ▪ Peer Support: Use this code when youth are recommending that having healthy relationships with their peers/trusted adults will help encourage help-seeking.

Curriculum Vitae

Name: Tessa Alexander

Post-secondary   Brock University
Education and   St. Catharines, Ontario, Canada
Degrees: 2009-2014 B.A.

                     Western University
                     London, Ontario, Canada
                     2015-Present M.A. Candidate

Honours   and Returning Scholars Award Brock University
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                     Entrance Scholarship Western University
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