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Helping Adolescents Achieve Positive Mental Health: Implications for Social Marketing

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ABSTRACT

This study sought to explore barriers to achieving positive mental health in adolescence from the perspectives of adolescents and their carers. In-depth interviews with male and female adolescents aged 15-17 years and school psychologists practicing in government and private schools provided insight into the mental health problems experienced by adolescents and the most effective ways to resolve these problems. The study found that current levels of community knowledge about mental health problems, the need to maintain a positive self-image, and the use of non-ideal coping skills may be the primary reasons for a reluctance among adolescents to seek help when afflicted with a mental health problem. The findings from this study provide insight for public policy makers and health promotion organisations by suggesting specific social marketing recommendations. In addition, practical information and recommendations are directed towards educators, parents, and adolescents.

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Introduction

The objective of this study was to identify ways in which adolescents and those caring for them can assist in coping with the mental health problems that can occur in the difficult transition years to adulthood. This involved exploring the barriers encountered by adolescents in developing and achieving positive mental health. In this context, mental health problems are defined as those relating to stress, anxiety, and depression that cause "reduced emotional, social, cognitive ability or well being but not to the

extent of...a mental disorder" (Commonwealth Department of Health and Aged Care, 2000 p.30). This definition is not universal, however, as others refer to depression as a mental health disorder rather than merely a mental health problem (e.g., Jorm, Korten, Jacomb, et al. 1997a, 1997b).

For the purposes of this study, parents, teachers, school psychologists, and others who have the potential to positively influence adolescents experiencing mental health problems are conceived as service providers who have specific information needs. This study seeks to address these information needs by contributing to our understanding of mental health problems experienced by adolescents and the most appropriate and effective ways to resolve these problems. While most social marketing studies aim to provide information of use to public policy makers and health promotion organisations, this article also aims to provide information of relevance to those who are in a direct position to make use of it - adolescents and their carers.

The perspectives of both adolescents and school psychologists were explored. School psychologists were deemed to be useful key informants as they regularly treat adolescents experiencing mental health problems. Members of both groups were asked during depth interviews to discuss the coping strategies most commonly employed by adolescents and those strategies they consider to be most effective. They were also asked to nominate specific ways in which adolescents could be successfully targeted by campaigns aiming to promote awareness, knowledge, and understanding of mental health issues. In addition, the school psychologists were asked to comment on the current levels of importance placed on positive mental health within schools and the wider community, and to nominate those issues they felt required immediate attention.

Adolescent Mental Health

The reported prevalence of mental health problems experienced by Australian adolescents has increased significantly in the last century (Burns 2001; Henderson, Andrews, and Hall 2000). Recent national surveys indicate that 40 per cent of all youth experience depression at some time during adolescence, (Australian Bureau of Statistics 2000a; Burns 2001; Commonwealth Department of Health and Aged Care 2000; Henderson et al. 2000). This finding is echoed in a national survey revealing mental health problems are the primary cause of ill-health for the adolescent age group (Australian Institute of Health and Welfare 2000). A further survey found that 14 per cent of Australian adolescents were experiencing ill-mental health at the time of the study (Sawyer et al. 2000). Psychologist Margot Prior (1997) suggested the declining mental health among

Australian youth can be attributed to the overwhelming challenges adolescents face at an earlier age than previous generations.

The Australian Bureau of Statistics (2000b) estimates that up to 90 per cent of youth attempting suicide are depressed. Numerous international studies on adolescent suicide have also noted that depression is a common antecedent to committing the act (Adams, Overholser, and Lehnert 1994; Andrews 2001; Berman and Jobes 1995; Bloch 1999; Burns and Patton 2000; Dori and Overholser 1999; Puskar, Lamb, and Norton 1990; Rotheram-Borus, Piacentini, Miller, Graae, and Castro-Blanco 1994). There are thus growing concerns for the impacts of increasing rates of adolescent mental health problems on adolescent rates of suicide and self-harm (Frydenberg 1997; House of Representatives Standing Committee on Family and Community Affairs AGPS 1997; Patton 1997).

In Australia, as elsewhere, there is a tendency to assume that the coping skills necessary for the transition to adulthood are acquired simply through experience (Fuller 1998). The incidence of mental health problems noted above, however, indicates that such an assumption may be incorrect. Many mental health problems are said to emerge during adolescence as a result of critical developmental changes (Burns and Patton 2000, Reimer 2002; Saunders 1992). Those problems most commonly experienced relate to anxiety, stress, and depression (Hickie et al. 2000, Reimer 2002; Saunders 1992). Research has indicated that mental health problems experienced during adolescence differ between males and females. Ill-mental health for males appears to be predominantly related to anxiety and stress over issues related to accomplishment, while female mental health problems stem primarily from difficulties in interpersonal relationships (Hassan 1997; Peterson, Silbereisen, and Sorensen 1996; Thompson 1999).

The area of positive mental health in adolescents has only in the last decade gained significant research attention. One area of focus has been the existence of a range of barriers that prevents adolescents from seeking and obtaining assistance for their mental health problems. The study of such barriers has been undertaken from a range of perspectives, including an examination of the causal pathways to mental health problems (Zubrick, Silburn, Burton, and Blair 2000), evaluations of the various services available to adolescents (Durlack and Wells 1997; Seiboth 1998; Waring, Hazell, Hazell, and Adams 2000; Weisen and Orley 1996), and the development of frameworks for promotion and prevention strategies at the school, community, state, and national levels (Chamberlin 1998; Jones 1985; Meiser and Gurr 1995; Vlasis 1993; Webster 1998; Weisen and Orley 1996; Whiteford 1992; Wyn,

Cahill, Holdsworth, Rowling, and Carson 2000; Zubrick et al. 2000). There remains, however, a need to explore barriers to mental health from the perspectives of adolescents and their carers. This study sought to address this need and thereby assist in the development of appropriate strategies for preventing and treating ill-mental health among adolescents.

Mental Health Literacy

According to the philosopher Francis Bacon, gaining knowledge and coming to understand the intricacies of the world we inhabit provides better prospects for changing things within it (cited in Lloyd 1995). The essence of this knowledge-power connection has continued to play a significant part in Western philosophy, and despite a series of critical reviews, adaptations, and refinements, the core notion of empowerment through knowledge continues to be supported (McHoul and Grace 1995).

The concept of knowledge as power has implications for growing concerns regarding the state of adolescents' mental health in Australia. A need to educate society about depression and mental health in general has been increasingly recognised in recent years (Glanz, Lewis, and Rimer 1997; Jeger and Slotnick 1982; Katz and Peberdy 1997; Pond 2001; Puckett 1993; Waring et al. 2000). In particular, Jorm (2000) has been a strong proponent of what he terms 'mental health literacy' - a concept that highlights the importance of knowledge in facilitating the recognition, management, and prevention of mental health illnesses. While Jorm and his colleagues (Jorm 2000; Jorm et al. 1997a, 1997b, 1997c, 1997d) use the term in reference to mental health disorders, their main objective is to emphasise the need to create awareness and expand knowledge in the area of mental health. The term is thus used in this article as it also has relevance to those experiencing less severe forms of mental health illness. According to Jorm and his colleagues, improvements in mental health literacy require the following: (1) education in aiding recognition of mental health problems, (2) an increased awareness of information and services available, (3) knowledge of effective coping strategies and self-treatments, and (4) a general change in the negative attitudes and stigma attached to mental health that prevent help seeking. The last point is especially important given the tendency for people to assume that those suffering depression are weak in character (Jorm et al. 1997d), and the general belief that depressed individuals will be subject to discrimination (Jorm et al. 2000b; Link, Phelan, Bresnahan, Stueve, and Pescosolido 1999).

Since the introduction of the term, there has been a growing emphasis on the importance of a mental-health-literate society as a

means to empower individuals, including adolescents, to achieve positive mental health (Andrews, Henderson, and Hall 2001; Burns 2001; Fuller 1998). Educating adolescents about mental health has the potential to increase the general acceptance of mental health issues as well as encourage the adoption of effective coping strategies among those adolescents experiencing mental health problems (Egger, Spark, Lawson, and Donovan 1999; Glanz, Lewis, and Rimer 1997; Jeger and Slotnick 1982; Kane 1993; Katz and Peberdy 1997; Pond 2001, Puckett 1993). Early adolescence is acknowledged as a period of growing self-awareness where values, beliefs, and attitudes are developed through relationships with others (Erikson 1967). Those attempting to reduce drug and alcohol problems tend to focus on this group because habits formed in adolescence have been found to perpetuate into adulthood (Donohew et al. 1997; Guo, Collins, Hill, and Hawkins 2000; Hawkins et al. 1997; Skrondal 1998; Yu and Shackett 2001). A similar tendency for problems to recur in adulthood has been found among those experiencing ill-mental health during adolescence (Peterson, Silbereisen, and Sorensen 1996; Australian Institute of Health & Welfare 2000). Adolescence thus represents a prime time to provide mental health information to positively influence attitudes, encourage healthy coping practices, and lower the risk of individuals developing mental health problems (Burns 2001; Esters, Cooker, and Ittenback 1998).

There is a growing acceptance of the need to encourage mental health literacy through educational strategies and community cooperation to effectively target the needs of adolescents (Egger et al. 1999; Glanz, Lewis, and Rimer 1997). It is hoped that research and promotion focusing on the early detection of risk factors and management of vulnerabilities to mental health problems will contribute to an improvement in mental health outcomes (Fuller 1998). In particular, resilience and responsibility have been suggested as key attributes that need to be fostered in adolescents (Bell, Sundell, Aponte, Murrell, and Lin 1983; Hickie 2001, Puckett 1993, Rubinson and Alles 1984). These involve empowering adolescents through the dissemination of information regarding coping skills (including those based on individual cognitions and interpersonal communication) and promoting life skills and self monitoring.

Methodology

In-depth interviews were conducted with six school psychologists and six secondary school students. In addition, projective instruments were administered to the adolescent sample members. The small sample size is justified by the exploratory nature of the

study and the need for highly personal and detailed information from interviewees (Sampson 1996). The aim was to generate insights into the factors that inhibit the attainment of positive mental health among adolescents rather than to assess the extent to which such factors are experienced by adolescents in general. Work to quantify the incidence of such experiences and the strategies employed to deal with them should follow from the findings generated by smaller-scale qualitative studies such as the present study.

Selection of interviewees was based on purposive sampling to compare divergent and convergent perspectives between the two groups. Adolescent interviewees fulfilled the requirements of being willing to discuss the sensitive topic of mental health and receiving parental permission to do so. Three male and three female adolescents were selected to enable the identification of gender differences in coping strategies. All adolescents were aged 15-17 years and were from private coeducational schools, some of which were coeducational schools and some single sex schools. Interviews with adolescents were conducted in their homes. It was hoped that conducting interviews in private and familiar locations would encourage greater levels of disclosure by the adolescents interviewed.

School psychologists were included in the study as key informants. Key informants are those individuals who can provide expert information on the research subject due to their close association with the population of interest (Dean and Whyte 1958; Johnson 1990). According to De Vault (1995), key informants are often employed in the relevant social setting. In their daily duties, school psychologists work closely with adolescents, particularly those experiencing difficulties in coping with different aspects of their lives. They were therefore considered to be a worthwhile group to consult in an effort to obtain a better understanding of the experiences of adolescents when afflicted with mental health problems. The school psychologists included in the study were approached on the basis of their experience with adolescent behavioural psychology and selected from those willing to divulge their experiences. Three were employed in private single-sex schools and three in public coeducational schools. Interviews with school psychologists were conducted in their offices on school campuses during school hours. All interviewees resided in Perth, Western Australia at the time of interviewing.

The projective techniques administered to adolescent interviewees involved association and construction activities (Rook 1988). The first projective technique used was a series of word associations.

Mental health terms such as "depression", "stress", and "anxiety" were verbally presented and interviewees were asked to note down their first ideas or images in response to hearing the words. The second technique required the adolescent interviewees to design a promotional campaign on what they viewed to be the most pertinent mental health issue for adolescents. This included drawing a picture that would be used in the campaign and nominating the medium they considered would be most effective in conveying the message to the desired target audience. These techniques were used to parallel the views given by school psychologists on their perceptions of those mental health issues requiring most attention, and allowed an understanding of underlying beliefs and attitudes by allowing the adolescent interviewees to communicate at a level that may not have been achieved through standard interviewing techniques (Sarantakos 1995).

Findings

The accounts provided by both the adolescent and psychologist interviewees supported Jorm's argument for improving individuals' mental health literacy. Specifically, interviewees considered current levels of community knowledge about mental health problems, the perceived need to maintain a positive self-image, and the use of non-ideal coping skills to be the primary reasons for a reluctance among adolescents to seek help when afflicted with a mental health problem. Each of these inhibitors to help seeking is discussed below in terms of its relevance to the interviewees and its implications for those attempting to assist adolescents through periods of ill-mental health. Fictional names have been created for each of the adolescents, while the school psychologists are represented by codes ranging from SP1 to SP6.

Knowledge of mental health problems

Most interviewees felt that a lack of awareness of the pervasiveness of certain mental health problems sustains adolescents' perceptions of the abnormal nature of such problems and society's attitudes towards them. These perceptions were felt to significantly reduce the likelihood of adolescents seeking assistance when experiencing a mental health problem. Resisting asking for help can prevent adolescents from obtaining information they need to effectively address the problem.

I guess that's what I see as the issue that needs to be looked at... getting across what, or how to identify problems, and showing that it can be managed (SP6).

I think they need to be given the message very early that it's okay. It doesn't mean you're going crazy, it doesn't mean you're going to get locked up. If someone tells you that there are lots of kids going through it, which is often what I tell my kids...it needs to be normalised I suppose, that there are lots of kids suffering in all sorts of different ways...(SP2).

In the word association exercises, the female interviewees demonstrated a particularly weak grasp of many mental health issues and acknowledged a lack of understanding of issues relating to mental health. The male interviewees appeared to be more able to define and describe mental health problems, but still displayed a limited understanding of the effective coping strategies that could be employed to deal with them. One school psychologist (SP2) described the way adolescents' knowledge is often built on misrepresentations:

I think their perceptions are actually quite distorted. I would rarely get a kid in here who has a pretty good idea of "this is the way I'm feeling, this is where I want to be, and these are steps I need to take". It's either, "I'm going to get locked up" or "I'm going to get fixed tomorrow".

One male interviewee described the relief he would feel knowing that other adolescent males face similar problems:

Ben: It would be good if you could just realise that other people are going through the same things as you and you shouldn't really worry about stuff...I reckon that would help heaps. I reckon talking about it with friends, just saying "Does anything worry you like this?", "Has this ever happened?".

This notion of knowing that other adolescents are experiencing similar problems was also apparent when discussions turned to the topic of suicide. The female interviewees in particular believed that making adolescents aware that their problems are not isolated and that help sources are available might be a possible suicide deterrent.

Lisa: I think when people do it they don't know, like, that there are other things that can help them. And that like, you're not the only one out there, and they don't know that.

All interviewees saw creating an awareness of various available help sources as an important factor in motivating help source utilisation. In particular, the school psychologists discussed the importance of telling adolescents who to go to when they are experiencing difficulties.

(The important thing is) getting the knowledge of available services up, because that it is an issue, just knowing who to go to (SP5).

When designing their mock awareness campaigns, the female adolescent interviewees placed emphasis on enhancing awareness of the various options available to adolescents when trying to cope with mental health problems. Messages such as "STOP - People do care" and "The help line is for anyone who wants to talk, about ANYTHING!" were suggested as means by which adolescents could be informed of alternatives to dealing with their problems alone. By comparison, the male adolescents felt that the best way to encourage help-seeking is through health education classes in schools, as this would enable wide-spread communication of the symptoms of mental health problems and the best strategies to deal with them. A suggestion was made that guest speakers would provide a human touch that would be better received by adolescents. Such speakers could assist adolescents in realising they are not alone in their experiences of stress or depression:

John: (You could) have someone who is experienced to come into the classroom and talk about it...they don't have to be an expert really, just a normal person like us who has been through that sort of stuff and got out of it.

Despite this recognition from both adolescents and psychologists that the provision of information relating to mental health problems and available help-sources is critical to effective coping practices, the lack of ability to disseminate information within their schools was viewed as a significant barrier by most of the psychologists. They noted that without compulsory inclusion in the health curriculum, the extent to which these issues are taught and discussed within the school is reliant on the level of importance placed on them by information gatekeepers such as principals, curriculum directors, and health teachers. For some psychologists this support was high while others reported emphasis being placed on the psychologist's availability for individual cases on demand rather than being granted access to the entire school body to teach preventative mental health strategies. It was agreed that where access to students is limited it becomes very difficult to engage in the form of prevention that involves the dissemination of information from early primary school years onwards. Both the psychologists and the students interviewed agreed that creating awareness and knowledge through information was extremely important and best achieved by advising on how to recognise problems, promoting the normalisation of problems to reduce stigma, and providing access to information regarding alternative help sources.

To summarise, the adolescent and psychologist interviewees agreed that creating knowledge through information provision was an important precursor for encouraging effective coping strategies among adolescents. Specifically, they felt that greater efforts should be made to: (1) distribute information pertaining to the recognition of symptoms, (2) promote the normalisation of mental health problems to assist in reducing perceptions of social stigma, and (3) improve access to information regarding alternative help sources.

Maintaining a Positive Self-Image

Adolescent interviewees suggested that seeking help would alter the self-image they currently possess and wish to maintain. The notions of image and identity are widely acknowledged as particularly important during adolescence (Erikson 1968; Fitzgerald 1993; Gergen 1971). The interviewees' discussions indicated they would experience cognitive dissonance if they admitted a need for help from others. The belief that seeking help would cause others to change their view of the individual appeared to represent a significant barrier to confiding in others:

John: There is the barrier of actually just asking...all the people around you, if they think you need someone for a problem, they might think you're weak or something. So you need to overcome the psychological barrier of how other people would see you.

In addition, some of the adolescent interviewees were concerned that they would be judged critically if they were generally perceived as happy individuals and then confided to someone that they were experiencing negative emotions. In the extract below Lisa explains how projecting a consistent image to peers is perceived to be important for social acceptance:

If you were always seen as happy then you wouldn't be able to come out and say that you have a problem...So if you do say something, they might think she's a bit weird or something.

The relevance of image varied between male and female adolescent interviewees. Males appeared more concerned with presenting a 'healthy' image, and this was reflected in their greater reluctance to seek help when faced with problems they find difficult to handle. According to the psychologists, females are more likely to approach someone if they are troubled by a mental health problem while males rarely do so:

I see a lot of girls (but) I could count on one hand in ten years the number of boys that have chosen to come and talk about an issue (SP6).

Most of the boys I did get coming to see me had been sent from their parents or teachers. Only those really on the edge would come on their own accord (SP3).

Adolescent males were described as being driven to seek help only when they had reached desperation. The psychologists attributed such reticence among males to socialised beliefs and attitudes about the male role in Australian society. This perspective was supported by the feelings expressed by the male adolescents interviewed. Rather than attempting to seek help, male interviewees reported that their preferred strategy is to deal with the problem without assistance from others. They felt they had a responsibility to uphold the male image by appearing strong, in control, successful, and happy. To seek help from a school psychologist would indicate to the adolescent and to others that he was failing to exhibit these 'normal' and desirable masculine characteristics. One student, Ben, noted that societal expectations that males are "supposed to be tough" and "supposed to get over problems" may inhibit their emotional and verbal expression and their acknowledgment that help is needed. On a positive note, skilled psychologists are often able to work through these socialised defence mechanisms and help boys to express their feelings:

(There are) initial barriers that you have to get through...the masks they tend to wear about being a big tough guy. But once you get through to them they are very good both in writing and verbally expressing themselves (SP1).

Perceptions of help-seeking and its implications for self-image are likely to be heavily influenced by family norms (Cauce, Mason, Gonzales, Hiraga, and Liu 1996; Gray - Deering 2000). According to both sample groups, family norms are one of the most significant factors in the decision to talk to others about problems. The level of discomfort experienced when disclosing one's emotional state was suggested to be strongly associated with the ways in which children are socialised in the home environment. The tendency for adolescents' beliefs and attitudes toward help-seeking to be modeled on the level of emotional expressiveness displayed within the family was apparent to both the adolescents and the psychologists interviewed:

Kate: It's kind of like, if you talk about it at home then you talk about it with your friends. But if you're taught at home not to say anything about it, then you don't really feel comfortable.

Luke: (It comes back to) the way the family communicates and the way they're brought up to talk about their feelings and emotions and problems.

Adolescents do look to their parents a lot as role models as to how to act in certain situations and what to do when things happen. So if the parents themselves don't have the coping strategies there, then there is sort of a flow-on effect (SP1).

In summary, adolescents' perceptions of socially acceptable ways of dealing with problems are likely to play an important role in their attitudes towards help-seeking and other coping strategies. Varying help-seeking patterns between males and females may reflect the different expectations placed on them, or at least their perceptions of these expectations. In addition, some adolescents may be more or less reluctant to seek assistance from others depending on the nature of their home environments.

Attitudes towards help-sources

The perceived approachability of help sources appeared to influence the adolescents' overall attitudes towards sourcing assistance when faced with a problem. The interviewees indicated that help sources need to have specific characteristics to encourage positive attitudes towards their utilisation. These characteristics were trustworthiness and being capable of relating to adolescents' concerns.

The school psychologists appeared to understand these desired characteristics in help sources. They were aware that the ability to inspire confidence and trust is crucial, and that achieving this is determined by the psychologist's ability to create rapport and understand the issues of concern to the age group. As noted by SP2:

It's about getting rapport with them and not acting like you're this big professional adult. It's about getting on their level, using their language, and knowing what they're talking about. Like, I'm an expert on Sony Playstation. I've got to know what happened on Home and Away. I need to know what's in Dolly Magazine... So it's about getting on their level and making them realise that some adults will listen to them and some adults actually care.

But even speaking the same language and watching the same television shows may not be enough if adolescents perceive the help-source to be too much of an 'adult' and not familiar or readily approachable. Some of the psychologists interviewed attempt to overcome this problem by adopting an informal role within the school.

SP1: I think the most important thing was getting that rapport. So in the situation here, it's a matter of doing other things as well. So I coach basketball, take the debating team. I wander around the

playground and act pretty informal with kids and go on camps and things. So I think they need to see me as a person different from the title. To see me as someone they can talk to and joke around with, makes kids more willing to come to you and deal with the more serious stuff as well.

The comments of some adolescent interviewees indicated that their school psychologists have not been able to effectively communicate these characteristics that adolescents consider essential in a help source. As a result, they expressed strong resistance to ever seeking this person's assistance. This was particularly apparent among the female adolescent interviewees.

Kate: She's like the last person I would go to. She's like the last option ever. She's really judgemental. Like if you sitting there, she sort of like towers over you.

Lisa: I think that she can't be trusted, like she'll tell other people.

The males interviewed also reported that they would not approach their school psychologists, although perhaps for different reasons. While the females indicated that it was the help source that was unapproachable, the males felt it was the act of approaching the school psychologist that would inhibit them. Ben disclosed that although he did approach the school psychologist on one occasion, he would not return for fear of being seen by other males.

Mainly you don't want to be seen there really.

John also suggested that the possibility of being seen by others would dissuade adolescents from seeking help from the school psychologist:

People that would notice you were there and then you get more attention, and maybe that might throw you off.

Attitudes towards utilising formal help sources other than school psychologists appeared to be based on similar expectations. The adolescent interviewees were concerned about the trustworthiness and empathy of any potential help source, including friends, family members, and help lines. The issue of trust was apparent in the differences between the male and female adolescents' disclosure preferences, which reflect the results of other studies that have identified a greater reluctance among males to access human help sources (Jorm et al. 2000a, 2000c). The female adolescents felt they would be reasonably comfortable "opening up" to their mothers and close female friends when faced with a problem. The male adolescents stated a preference to solve their problems

independently. When prompted further they indicated that should their individual efforts fail to alleviate feelings of stress or depression, they were most likely to turn to their parents or a close female friend. They felt that female friends were more trustworthy than male friends. As Luke said,

I'd probably go talk to Vicky (a female friend) because I just trust her and we get along really well.

One male adolescent also nominated a doctor as a viable help source should he not be able to manage a mental health problem himself. This nomination was based at least partly on the level of confidentiality he would expect to receive when approaching a professional for assistance:

John: They'd [GP's] be pretty approachable... They're by themselves. They've got their own room or own place. So it would be pretty easy to go in there by yourself with no one around.

The adolescent interviewees perceived most potential help sources to be inadequate in terms of their ability to empathise with the concerns of adolescents. Most had particularly negative attitudes towards the Kids Help Line, as they perceived it to be aimed at younger children. This is despite the service being promoted for the use of children and adolescents to the age of eighteen.

Kate: On the (Kids Help Line) ad they've got the little girl ringing. And when she rings up she talks about her friend Sam, and that's like really dumb...It makes it look like it's for little kids, and that age wouldn't even really have problems.

This concern with the trustworthiness and empathy skills of potential help sources has implications for the ways in which these help sources should be promoted. It appears important for services such as help lines to be promoted in such a way as to be considered relevant by the age groups to which they are directed. In order to be judged as suitable sources of assistance, psychologists, parents, and friends need to be able to assure adolescents with mental health problems that they can provide the desired levels of empathy and confidentiality.

Discussion

The initial theme surfacing from the data was the importance of receiving correct knowledge relating to the nature of mental health problems and their appropriate treatment. This finding provides support for Jorm and colleagues' call for the normalising of mental health problems among the community in general, as well as

specifically among adolescents (see also Elias and Weissberg 2000; Patton 1997). Education in both formal and informal contexts is required to assist in this process. Such an approach is supported by the Health Belief Model (Rosenstock 1974), which proposes that individuals' health behaviours are motivated by their perceptions of the health problems with which they are afflicted. It is thus hoped that normalising mental health problems through education will allow greater awareness and knowledge that will in turn motivate positive health behaviours.

The second theme to emerge was the importance of maintaining a positive self image. Ideas central to this theme were image dissonance and socialised expression. Image dissonance relates to the internal conflict experienced by adolescents when attempting to come to terms with the lack of congruency between the happy, positive self image they would like to portray to others and the feelings of anxiety and/or depression they are experiencing. Consistency theories suggest that humans have an innate tendency to struggle to merge their multidimensional identities to achieve psychological wholeness (Fitzgerald 1993). This concept is closely related to dissonance theory (Festinger 1957), which suggests that inconsistent cognitions are intolerable and motivate individuals to eliminate any inconsistencies that may exist. The need to maintain an idealised version of self thus represents a barrier to achieving mental health as it is likely to result in the discounting of the less desirable real self that is experiencing a mental health problem.

The term 'socialised expression', as used in this article, refers to beliefs and behaviours relating to communicativeness and expression as influenced by the individual's socialising agents. According to social learning theories, the process of socialisation occurs primarily within the family and is particularly important to children's learned patterns of interpersonal communication (Hetherington and Blechman 1996; Lohman and Jarvis 2000). Such learning occurs through modeling and imitation (Bandura 1969), reinforcement through reward and punishment (McLeod and O'Keefe 1972), and social interaction that shapes perceptions of social roles (Brim 1960). Internalised attitudes regarding appropriate forms of communication and expression can act as barriers to positive mental health when they prevent adolescents from considering confiding in others an acceptable coping strategy.

The third theme of relevance to the data generated in the interviews was the importance of the perceived empathy and trustworthiness of help sources. It is important for adolescents experiencing mental health problems to be able to identify available and appropriate help sources to provide the option of obtaining

assistance should they be unable to cope on their own. Simply communicating a problem can relieve some of the pressure and confusion felt by the afflicted individual (Kane 1993; Puckett 1993), and by being aware of and comfortable with help providers adolescents may be able to alleviate their problems by externalising them through discussion.

Combined, these three themes have much in common with Jorm's (2000) concept of mental health literacy. Jorm's emphasis on education, management, and acceptance are reflected in the interviewees' beliefs that adolescents need to be convinced that mental health problems are a common aspect of life that can be treated effectively if dealt with openly and honestly. Such acceptance can only occur among adolescents, however, if society in general comes to understand the prevalence and resolvability of many mental health problems. Previous studies have found levels of community awareness of mental health issues to be low, and have demonstrated that lay-people tend to have very different views from mental health professionals of what constitutes mental health problems and how such problems should be treated (Esters et al. 1998; Jorm et al. 1997a, 1997b, 1997c). Even among medical professionals there can be disagreement concerning the nature of specific mental illnesses and the best ways to treat them (Parker, Chen, Kua, Loh, and Jorm 2000).

Recommendations

The findings of this study provide insights of use to public policy makers in their attempts to address the deteriorating statistics relating to adolescent depression and suicide as well as the society-wide problem of managing mental health problems. In addition, the thoughts and feelings of our interviewees provide insights of direct relevance to adolescents and their carers. Such insights are useful given "the mandate for mental health services to take on a 'whole of population' approach through the engagement of the whole community in promotion and prevention activities" (Smith, McCavanagh, Williams, and Liscombe 1996).

The following section outlines implications and suggestions for social marketers, teachers, and parents in their efforts to assist young people cope with the common stresses associated with the transition from childhood to adulthood. In addition, adolescents are provided with coping strategies that may assist both themselves and their peers. It is important to note that these recommendations are based on the results of a small qualitative study, and therefore are only suggestive. Further research is required to validate these findings and assess their generalisability to other adolescent samples.

Suggestions for social marketers

The primary aims of social marketing campaigns are to encourage individuals to change their beliefs, attitudes, or perceptions (cognitive change), to carry out a specific action (action change), or to adopt, modify, or put an end to certain behaviours (behavioural change) (Kotler, 1984; Kotler and Roberto, 1989). Social marketers can prompt cognitive, action, or behavioural change by informing and persuading individuals of the benefits they may receive, or by reducing/eliminating the barriers they face in taking the necessary action to change (Egger, et al. 1999). Based on the results of this study, it appears that social marketing campaigns should focus on primary prevention of ill-mental health by informing children and adolescents of healthy coping practices, reducing the barriers they can face when seeking help from help-sources, and promoting the benefits that may be derived from seeking help. Suggestions for social marketers are presented below in the form of the four elements of the traditional marketing mix: product, place, price, and promotion (Pride and Ferrell, 2000).

§ Product: The 'actual' product in this study includes the ideas social marketers hope adolescents will acknowledge and accept (Kotler, 1984). The 'core' product includes the underlying benefits the adolescent may receive from the actual product (Donovan and Henley, in press), in this case the prevention of ill-mental health. The ideas that may initiate cognitive, action, and behavioural change for adolescents include:

- Creating an awareness of the symptoms aligned with experiencing a mental health problem to aid early recognition and prevention of ill-mental health for themselves and for others;
- Informing adolescents of the healthy coping strategies they can adopt to alleviate the symptoms they may be experiencing;
- Persuading adolescents to seek help from informal and formal support networks when their problems become personally unmanageable;
- Providing advice on how to approach informal help-sources, as well as information on other formal help-sources that are available within the community; and
- Reassuring adolescents that mental health problems are common during adolescence in an effort to normalise their experiences and reduce the stigma associated with mental health problems and seeking help.

§ Place (Distribution): This includes the ways in which adolescents can access the product to facilitate cognitive, action, and behavioural change (Hudson and Brown, 1983). It may be useful to include certain people in the distribution of the product who may act as intermediaries in delivering the ideas to adolescents (Donovan and Henley, in press). The following places and people may help to distribute the product effectively:

- The family home: This study revealed that adolescents' attitudes and perceptions of help-seeking are modeled on those displayed within the familial environment. Parents should therefore take primary responsibility in distributing positive mental health messages to their children. Strategies for parents are discussed in detail in a later section.

- The school: The school psychologists and adolescents in this study cited the school as an appropriate place for adolescents to receive ideas regarding mental health. Methods that teachers and other educators may adopt to help distribute this product are also discussed in a later section.

- Help Lines: Although all the adolescents had a negative attitude towards the use of one particular help line, there was no evidence that the type of service itself was unwanted. Therefore, the benefits this form of distribution may provide, such as being accessible to those unable or unwilling to seek information or advice from other help-sources while offering confidentiality and anonymity, make it an important potential means of delivering this type of product (see for example Perman and Henley, 2001). The findings of this study highlight the importance of ensuring that help lines targeted at adolescents are promoted in such a way as to assure members of this target audience that the service can meet their needs.

- Doctors' Offices/Health Clinics: While few adolescents nominated doctors' offices or health clinics as places they would readily go to seek help for mental health problems, these are places adolescents can be assured of receiving professional and reliable information (Perman and Henley, 2001). They may also be sources of written information (i.e., in the form of pamphlets or booklets) that can be easily accessed by the adolescents.

- Internet: The adolescents stressed the importance of maintaining confidentiality in the help-seeking process. As such, the Internet may be distribution channel that would allow the product to be anonymously delivered to the target market. Recent statistics indicate that 47 per cent of Australian adolescents have access to the Internet from their family home (Australian Bureau of Statistics,

2000c). The Internet is thus increasingly becoming a means by which to distribute messages on a mass level.

- Media: On average, Australian adolescents spend 70 per cent of their leisure time watching television and listening to the radio (Australian Bureau of Statistics, 1995). These media outlets are convenient locations to deliver the product to adolescents, not only in the form of advertisements but also by including information and advice in popular programs.

§ Price: Social marketing campaigns need to consider individuals' costs of expense, time, and effort, as well as the psychological costs associated with cognitive and behavioural change (Donovan and Henley, in press). For the adolescents interviewed, the greatest cost of seeking help for their concerns was perceived to be the social embarrassment they could experience. Kotler and Roberto (1989) suggest that this psychological cost may be reduced if the social marketing campaign provides the individual with incentives that could be perceived to override any costs. The findings of this study suggest that adolescents need to be persuaded that the benefits to be obtained from seeking help, such as feeling happier and functioning better, outweigh the possible negative outcomes that could occur, such as temporary embarrassment.

§ Promotion: This includes the strategies and activities undertaken to persuade individuals to adopt the product (Donovan and Henley, in press). Promotion of the product in this case would benefit from advertising and personal selling:

- Advertising: The product should be promoted in places adolescents frequent, such as homes, schools, and the media. The style of advertising campaigns appears to be particularly important to adolescents. For instance, in this study adolescents discussed the importance of being able to relate or empathise with advertising campaigns, and their dislike of being patronised. Therefore, the product needs to be presented as something that is commonly adopted by those of their age. Help-seeking should be portrayed as a responsible and adult action that is taken by adolescents wishing to exercise their independence in making healthy life choices. Advertising campaigns may also help to normalise mental health problems and reduce stigma by presenting statistics of the widespread occurrence of ill-mental health among adolescents. Advertising messages should also outline the various options available to adolescents when coping with their problems, including the various sources from which they can seek assistance. It is important that campaigns outline the credibility, reliability, and trustworthiness of these help-sources.

- Personal Selling: While advertising campaigns may attempt to educate consumers, they can also be used to stimulate personal communication (Hudson and Brown, 1983). For instance, social marketing messages could also target parents, educators, and peers in an effort to encourage them to look for symptoms of ill-mental health in their children, students, and friends and offer their assistance or encourage them to seek help from others. While parents and educators may be a convenient way to deliver the message to adolescents (as discussed below), personal selling from peers may prove to be particularly effective. The benefits of 'peer selling' as outlined by Donovan and Henley (in press) include the frequent and informal communication they are able to have with the adolescents, as well as the perception that they are capable of relating to the adolescents' concerns.

Suggestions for teachers/educators

In the context of targeting the adolescent population, educational institutions are believed to be an important environment for imparting modeling practices and establishing the framework for prevention and intervention (Egger et al. 1999; Fuller 1998; Glanz, Lewis, and Rimer 1997; Kane 1993). In essence, educational institutions along with the wider community should play an active role in positive mental health promotion to empower and motivate adolescents to adopt healthy coping behaviours (Bell et al. 1983; Puckett 1993; Rubinson and Alles 1984).

So what, exactly, can teachers do to assist adolescents in coping with mental health problems? Based on the insights provided by the adolescents and psychologists interviewed in this study, appropriate course of action in the school environment may include:

1. Placing mental health issues in the curriculum prior to children reaching their adolescent years. Normalising mental health problems requires acceptance of the existence and prevalence of such problems prior to adolescents experiencing them for themselves. Normalisation will be a difficult task as portrayals of mental illness in the media (a prime socialising force for adolescents [Moschis 1987]) provide distorted and stereotyped images of sufferers of ill-mental health (Wilson, Nairn, Cloverdale, and Panapa 1999). The stigma that is currently attached to mental health problems makes it difficult for adolescents to consider help-seeking as a viable option, making the normalisation of mental health issues an education priority.

2. Teaching materials relating to mental health could include information relating to the various coping strategies available. Such strategies should include ways in which adolescents can attempt to

deal with their problems on their own as well as information on why, how, and where to access appropriate help sources.

3. Educators can keep abreast of mental health research and the various strategies used in Australia and internationally in the education of primary and secondary students. Books offering such strategies include:

- *Higher Expectations: Promoting Social Emotional Learning and Academic Achievement in Your School* by Raymond J. Pasi and Maurice Elias (2002, Teachers College Press),

- *Promoting Social and Emotional Learning: Guidelines for Educators* by Maurice J. Elias (Editor) (2000, Association for Supervision & Curriculum Development),

- *Fostering Emotional Well-Being in the Classroom* (2nd ed) by Randy M. Page and Tana S. Page (2000, Jones and Bartlett Publishers, Inc).

- Websites providing such information include:

- www.mhca.com.au (Mental Health Council Australia),

- <http://www.agca.com.au/> (Australian Guidance and Counselling Association),

- <http://www.schoolpsychology.net/> (School Psychology Resources Online),

- <http://facpub.stjohns.edu/~ortizs/spwww.html> (The WWW School Psychology Homepage),

- <http://online.curriculum.edu.au/mindmatters/index.htm> (MindMatters),

- <http://smhp.psych.ucla.edu/> (UCLA School Mental Health Project).

4. It appears very important for adolescents to perceive potential help sources as trustworthy. In order for teachers to be considered viable help sources by adolescents, they will need to assure them of confidentiality. Schools could assist this process by ensuring adolescents can consult their teachers without being witnessed by other students. The *Connect-A-Kid Program* currently operating in some schools in Melbourne, Australia offers students this opportunity by partnering them with teachers who can act as mentors during difficult times (Aston, 2001).

5. As empathy is another important factor in a help source, teachers may need to consider their approaches to adolescents they suspect are experiencing mental health difficulties. These adolescents will need to feel the teacher is capable of understanding their problems and will take their concerns seriously. This is perhaps an ideal strategy for dealings with all students, as the prevalence of mental health problems in this group means that at one time or another almost half the student body will be experiencing mental-health-related difficulties.

6. Using guest speakers may be an effective way of encouraging adolescents to perceive mental health problems as normal and treatable. There is some evidence to suggest that student psychiatrists in the final stages of their training can be effective as guest speakers as a result of the combination of their relative youth and knowledge and expertise (Battaglia, Coverdale, and Bushong 1990).

7. Schools can also play a role in educating parents about the prevalence of mental health problems among adolescents and effective ways to treat such problems. Some schools in Australia utilising programs such as *The Gatehouse Project* (Burns, 2001b) and *The Connect-A-Kid Program* (Aston, 2001) offer regular parent education and information sessions in their schools.

Suggestions for parents

The provision of social support by parents is believed to produce positive outcomes for adolescents' mental health (Durlak and Wells 1997). The emphasis placed on the family environment by both the adolescents and the psychologists in this study suggests that parents can play a major role in assisting their adolescents through their mental health problems. Specific recommendations from this study and the literature include:

1. Explicitly stating a family commitment to open communication and assisting each other in times of need. Dunst (2000) suggests building family support networks are important for encouraging positive parent-child relationships and fostering healthy learning and development in children.
2. Parents leading by example by sharing with their children when they are feeling stressed or depressed about particular issues. *The Emotionally Intelligent Parenting Program* developed by Elias, Tobias, and Friedlander (1999) suggests that not only is it important for parents to display their feelings in the home, but it is also extremely important for parents not to dismiss or scold children when stressed or angered by non-family related situations.

3. Pro-actively approaching their children when they appear to be unhappy and offering a non-judgemental, empathetic ear.
4. Ensuring children are aware of the various help-sources available to them (e.g., family members, friends, teachers, school psychologists, doctors, help lines, etc.).
5. Becoming educated in the risk factors and symptoms of mental health problems in order to detect the signs of ill-mental health in adolescents and initiate preventive intervention if required. The Resourceful Adolescent Program for Parents is one program offered in Australia on video and through workshops to educate parents in adolescent mental health and appropriate prevention and intervention measures (Ham and Shochet 2001). Publications specifically written for parents are also available. These include the following books, brochures, and websites:

- *Raising Emotionally Intelligent Teenagers: Guiding the Way for Compassionate, Committed, Courageous Adults* by Maurice Elias, Steven Tobias, and Brian Friedlander (2002, Crown Publishing Group),

- *Raising Resilient Children* by Robert Brooks and Sam Goldstein (2001, McGraw-Hill Professional),

- *Closing the Gap: A Strategy for Bringing Parents and Teens Together* by Jay McGraw (2001, Simon & Schuster Trade Paperbacks).

- *Facts for Families* published by the American Academy of Child and Adolescent Psychiatry and *Youth Suicide Prevention: A Parent's Guide* published by The Scout Association of Australia.

- *Parenthood Web: Fostering Resilience in Children* (http://www.parenthoodweb.com/Library/ERIC_ResilienceChildren.htm) and *Parent and Family Resources*.

- UC Berkley School Psychology Homepage (http://www-gse.berkeley.edu/program/SP/html/parents_family.html).

Suggestions for adolescents

First and foremost, it is important for adolescents to understand that they are not alone in their feelings of stress, anxiety, and depression. In fact, almost half of their peers will be experiencing similar negative emotions at some stage of their transition to adulthood. Also of great importance is the adolescent's ability to recognise a mental health problem when they or someone close to

them is afflicted. Addressing a mental health problem relies on diagnosis, and there are numerous symptoms that adolescents can learn to recognise in order to acknowledge that they are experiencing a mental health problem. These include physical symptoms such as chronic headaches, fatigue, insomnia, and possible weight gain or weight loss (Frydenberg 1997; Saunders 1992). Symptoms may also be evident in emotional reactions or mental functioning, such as depression, irritability, mood swings, over-sensitivity, poor concentration, and indifference (Frydenberg 1997; Saunders 1992). Finally, adolescents may also recognise signs of a mental health problem if they detect changes in their behaviour, such as becoming isolated or withdrawing from family and friends, acting promiscuously, or turning to illegal drugs and alcohol to escape or for comfort (Frydenberg 1997).

Once a mental health problem is recognised and accepted, there are various strategies adolescents can employ to cope with feelings of stress, anxiety, and depression. Not all will suit all adolescents, but it is important for young people to be aware of the full range of options available to them to improve the prospect of finding an effective strategy for them. Some of the strategies suggested by the literature and the results of this study include:

1. Ensuring social contact is maintained with peers, such as through social outings and sporting activities (Frydenberg 1997; Heaven 1996; Mangen 1982).

2. Learning about mental health problems and how they are manifested. There are numerous good sources of information. These include:

- *Teenage Stress: A Guide for Teenagers and A Guide for Parents* by Charmaine Saunders (1992, Sally Milner Publishing).

- *The 7 Habits of Highly Effective Teens: The Ultimate Teenage Success Guide* by Sean Covey (1998, Econo-Clad Books).

- *Life Strategies for Teens* (2000) and *Life Strategies for Teens Workbook: Exercises and Self-Tests to Help You Change Your Life* (2001) by Jay McGraw Simon & Schuster Trade Paperbacks).

- Brochures published by health promotion agencies (e.g., Healthway in Western Australia and The Centre for Mental Health Services in the USA).

- Brochures published by specific mental health organisations, e.g., the *Youth Mental Health Outreach Project* (Australia), *Beyondblue: A National Depression Initiative* (Australia), and *Caring for Every*

Child's Mental Health Campaign (USA), and *Depression Alliance* (UK).

- Websites such as, <http://www.kidshelp.com.au> (Kids Help Line), <http://www.reachout.asn.au> (Reach Out Suicide Initiative), <http://www.headroom.net.au> (Headroom), <http://www.theriver.com/Public/teenhealth/adolesce.htm> (It's up to YOUth Teen Health Forum), <http://www.teenhealthconnection.org> (Teen Health Connection), <http://www.mental-health-matters.com/> (Mental Health Matters).

- Self-help journals available online such as, *Tools for Coping with Life's Stressors* produced by James J. Messina, and Constance M. Messina (<http://www.coping.org/>) and *Psychological Self-Help* produced by Clayton E. Tucker-Ladd (<http://mentalhelp.net/psyhelp/>).

3. Accessing familiar help sources such as family members, friends, sporting coaches, religious leaders and groups, and/or teachers. As adolescents typically seek out friends as sources of support, it may be very beneficial to encourage young people to let their peers know they are open to discussions about feelings. *The Helping Friends Program* operating in Queensland, Australia has found promoting this message in secondary schools helpful in encouraging adolescents to seek help (Dillon 2001). Brochures such as *What to Do When a Friend is Depressed: Guide for Students* published by the National Institute of Mental Health and the websites of *Reach Out* and *Headroom* (listed above) also offer guidelines to adolescents wishing to approach friends they suspect may be experiencing a mental health problem.

4. Adolescents can also access formal help sources capable of providing problem-specific information and treatment. Such formal sources include school psychologists, doctors, and mental health clinics.

Conclusion

This study was designed to explore possible barriers encountered by adolescents in developing and achieving positive mental health. Adolescents and psychologists were consulted in an attempt to provide insight into the motivating and inhibiting factors influencing the utilisation of effective coping strategies. The significant barrier encountered by adolescents, as perceived by both adolescent and psychologist interviewees, is their lack of mental health literacy. In other words, the adolescents and psychologists felt there is a need for adolescents to be made more aware of mental health issues and informed of ways to manage them. While the concept of mental

health literacy has been discussed conceptually in the literature, it requires further empirical exploration to understand its implications for adolescents and their mental health problems. Addressing this lack of mental health literacy will require education at multiple levels to: (1) normalise mental health problems in an effort to encourage acceptance of those experiencing mental problems and eradicate the stigma associated with ill-mental health; (2) enable the recognition of symptoms of mental health problems in self and others; and (3) provide information about the range of effective coping strategies available to sufferers.

Recommendations for social marketers, adolescents, and their carers have been provided, most of which directly reflect the aspects of mental health literacy outlined above. These recommendations are based on discussions with a small number of adolescents and school psychologists in a geographically-limited area. As such they are tentative and require further analysis through larger, more representative studies. However, the findings of this research support the results of previous studies reported in the literature. It is therefore hoped that the recommendations made will be of use to adolescents and their carers in their attempts to ease the negative feelings associated with the mental health problems experienced by many adolescents.

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