Support in tough times

Encouraging young people to seek help for their friends

NSW Commission for Children and Young People

Mental Health Commission of New South Wales
When a person is growing up, any mental health problem that develops can really disrupt their plans for the future. If that young person doesn’t have the right support, their relationships with family and friends, personal goals, financial security or career path can be seriously affected. That’s why we must make sure young people can get the help they need when they need it.

We are very pleased to be able to share this report with the community. It provides insight into how young people can be supported to help their friends through tough times, and we believe it will be a great resource for people looking to support the mental health and wellbeing of young people. There has been a lot of research into what works and what doesn’t for young people seeking help for themselves, but this is the first time in NSW that research has been carried out into what helps or hinders young people to seek adult help for their friends who may be experiencing a mental health problem.

Since most young people will tend to confide in a friend rather than an adult when they have a problem, this research is an important contribution to understanding how we can make sure young people experiencing mental health difficulties are identified and supported earlier.

One of the most encouraging findings of this research is that schools can make a difference to the number of young people seeking help for a mental health problem. The many schools that have programs and practices to support youth mental health and wellbeing can take heart from this report – what they are doing does have an effect on the lives of their students.

For other school communities still working to integrate positive mental health into school life, this report is a valuable resource in terms of what to consider and what may work for them.

The research also demonstrates that many factors influence young people’s willingness to seek help for a friend. Many of those things may be beyond the control of individual schools. Parents, policy makers and service providers need to listen to what young people say about what supports work for them and why, and to act on that advice and provide the right support sooner.

The comments in this report from the young people who took part in the research are compelling. Our thanks go to them for their generous participation and for sharing their ideas and experiences. They have made this report rich and enlightening.

Kerryn Boland
Children’s Guardian and
Acting Commissioner for Children and Young People

John Feneley
NSW Mental Health Commissioner
About the Commission for Children and Young People

The NSW Commission for Children and Young People was established in 1999 as an independent statutory agency to promote the welfare, safety and wellbeing of children and young people aged 0-17 years. It plays a strong role in promoting the participation of children and young people in the decisions that affect their lives, and makes recommendations to government and non-government agencies to improve policies, programs and services for children and young people.

About the Mental Health Commission of NSW

The Mental Health Commission of NSW is an independent body which helps drive reform that benefits people who experience mental illness and their families and carers.

The Commission is working with the community towards sustained improvement in the support offered to people who experience mental illness and in their access to employment, education, housing, justice and general health care.

As drivers of reform, we are:

● developing a whole-of-government draft Strategic Plan for Mental Health in NSW which aims to support people who experience mental illness, their families and their carers to live full and rewarding lives
● monitoring and reporting on its implementation
● reviewing, evaluating, reporting on and advising on services and programs
● undertaking and commissioning research and policy development
● promoting innovative programs and sharing knowledge about good practices in mental health promotion, early detection and care.

Established in 2012, the Commission’s first task was to develop a draft Strategic Plan for Mental Health in NSW, which it delivered to Government this year. The Plan was the result of an extensive community consultation, and it proposes reform of the mental health system built on the values of Respect, Recovery, Community, Quality, Equity, Citizenship, and Hope.

As an independent statutory agency, the Commission will guide, monitor and report on the progress of reform to people who live with mental illness and their families and carers, the community, the Minister for Mental Health and to the NSW Parliament.

It will also bring together agencies and organisations that can contribute to change at state and regional levels, and support them to build positive collaboration focused on producing real, measurable improvements in people’s lives.

The Commission will ensure its own work and that of others reflects the priorities of people who experience mental illness in their life and their carers by involving them at all stages.
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Executive Summary

About the research

Adolescence and early adulthood is the peak age of onset for many mental disorders, yet this age group is less likely than others to seek professional help. Young people instead prefer to turn to informal sources of support such as family and friends.

As friends become increasingly important during adolescence, a friend is often the first to know if a young person is experiencing a mental health problem. This means that young people are in a position to both support their friends going through a tough time and to seek help from an adult (adult help) for a friend in a timely way.

This research looked at the barriers and supports to young people seeking adult help for a friend experiencing mental health problems. It focused specifically on the influence that schools might have on young people’s propensity to seek adult help for a friend.

The focus on schools makes sense because almost all young people in NSW attend school and are influenced by their school environment and by school practices. Schools also provide a near-universal platform on which to build improvements in the health and wellbeing of young people. For young people without supportive families, schools can sometimes be the first or only place where they can seek and receive the help they need.

Methodology

The research used two online surveys. The student survey was completed by 3,241 students in Years 9 and 10 from 121 schools across the public, Catholic and independent school sectors between August and November 2013. Eighty-nine principals (or principal’s delegates) from those schools completed the principal survey.

Interviews with principals and focus groups with students were undertaken at eleven schools to further explore issues raised in the survey.

The student sample matched the NSW student population well on the comparative measures used. Aboriginal and Torres Strait Islander students were over-represented. Students attending Catholic schools were slightly under-represented.

Key findings

Mental health problems have touched the lives of most Year 9 and 10 students in NSW. Almost three-quarters (71%) of the students in this study reported knowing another person who had experienced a mental health problem and two-thirds (64%) had known another young person or had a friend in that situation.

The research demonstrates for the first time important links between student mental health skills and knowledge, social relations in schools, and the likelihood of young people seeking help from adults for friends experiencing mental health problems.
The research shows that the social and emotional barriers young people commonly experience in seeking adult help for their friends are likely to be reduced by school-based actions that are consistent with the role of schools in providing high quality learning environments for young people.

The research also provides a snapshot of the influence of current school practices on student intentions to seek adult help for a friend from the perspective of young people themselves, who are both the beneficiaries of school-based mental health education and promotion, and active contributors to the mental health and wellbeing of the school community.

It is important to note that the research did not involve an evaluation of the effectiveness of mental health programs or education in schools.

**Young people supporting their friends**

Most students indicated that they would support a friend with a mental health problem in a range of ways that would clearly be helpful. This included listening to their friend in an understanding way (74%), suggesting the friend talk to an adult (48%), and suggesting the friend seek professional help (37%).

Among students who had known another young person with a mental health problem, 94% had performed at least one helpful act to support them and 86% had performed three or more helpful acts.

Most young people (87%) correctly identified that a young person was experiencing a serious mental health problem from a hypothetical scenario.

One-quarter (25%) of young people indicated that they were ‘very confident’ they could help the young person in the scenario, 59% said they were ‘slightly confident’, and 16% said they were ‘not confident at all’.

Almost one-third (29%) of young people said that they did not know a suitable adult to get help from for a friend experiencing a mental health problem.

**Young people seeking adult help for a friend**

Just over half of all students said they would seek help from an adult for a friend with a serious mental health problem (52%). A further 27% said they would tell an adult only if they could remain anonymous. Of those who had known another young person with a mental health problem in the past, half (51%) had sought adult help for them.

A small proportion (4%) of young people said they definitely would not seek adult help for a friend, while 16% said they would maybe seek help or did not know if they would seek help.

**Barriers to young people seeking adult help for a friend**

Young people reported a range of barriers to seeking adult help on behalf of a friend. The most mentioned barriers were: worrying that their friend would be embarrassed and not want an adult to know (72%); feeling unsure about the best thing to do (51%); thinking that involving an adult would make things worse (44%); thinking that going to an adult would break their friend’s trust (40%); and thinking that they would not seek adult help if their friend said they did not want any help (40%).

The strongest influences on young people’s intentions to seek adult help were thinking that involving an adult would make things worse, the perceived seriousness of the friend’s problem, and thinking that going to an adult would break their friend’s trust.
Reducing barriers to young people seeking adult support for a friend

Many factors in the school environment were found to influence student intentions to seek adult help for a friend, either directly or by reducing the barriers young people experience.

The aspects of school environments that had the greatest influence on young people’s intentions to seek adult help for a friend were: feeling comfortable to approach adults at school; feeling there are trusted adults at school; feeling that staff members respect student confidentiality; knowing who to get help from; and feeling that teachers care about the mental health of students.

While these factors were found to be the most influential of those examined, it was the combined and interrelated effects of these and other factors that affected student intentions overall.

Many young people reported that they were more likely to seek adult support for a friend when adults: treat them with respect when they raise concerns about a friend’s mental health; recognise them as competent to help their friends; simply ask young people how they are doing; and take action in ways that are effective and appropriate.

Which adults would young people approach?

Parents were the adults that young people said they were most likely to approach for help for a friend (74%). This was followed by professionals in person such as a counsellor or doctor (49%), and adults at school such as teachers, sports coaches and support staff (46%).

One-third (33%) of the young people who had a friend with a mental health problem in the past said they had approached their friend’s parents.

Diversity

The student responses in this research (for example, their perceptions of their school’s social relations or mental health education) showed much greater variation within schools than between schools. This is despite there also being great variation in the mental health strategies and practices being implemented across the schools in the study. This was overlaid by some broad variations according to student sex and culture.

Sex

Males were less likely than females to report intentions to involve an adult. They were also less likely to have acted to involve an adult in the past, and less likely than females to identify mental health problems as serious.

Culture

Students who spoke East and South-East Asian languages at home were less likely to say they would seek adult help for a friend experiencing a serious mental health problem (unless they could do so anonymously) and were less likely to have sought adult help for a friend in the past.

Aboriginal and Torres Strait Islander students and students who spoke East and South-East Asian languages at home, were less likely to identify when a person had a serious mental health problem.

Disadvantage

The level of disadvantage of a school’s student population had no statistically significant effect on the intentions of young people to approach an adult for help for a friend.
**Implications of the research for schools**

The research suggests that if schools across NSW make even small changes to improve social relations in schools and build relevant and practical student skills and knowledge, then significantly more young people are likely to approach adults for help for their friends going through a tough time.

The research supports the idea that providing pathways from peer support to adult help should be considered as an integral part of any school-based strategy to prevent and intervene early in the development of mental health problems in young people. The strategies that schools might pursue in developing these pathways are consistent with the broader role of schools to promote student health and wellbeing and foster high quality learning environments.

The research suggests that students are more likely to seek adult support for a friend going through a tough time in schools that focus on the following things:

**Building trust among young people and adults at school**

Students feeling that there were trusted adults at school increased the likelihood of young people feeling comfortable to approach adults at school. It also reduced student reluctance to break a friend’s trust to help them. Students feeling comfortable to approach adults at school, feeling that confidentiality is respected, and not feeling negative at school, reduced the likelihood of students thinking that adults will make things worse and reduced embarrassment.

The factors that contributed to students feeling there were trusted adults at school included school staff respecting student confidentiality, caring about students’ mental health, and being respectful in their dealings with students. Students feeling that they belonged in the school and had opportunities for mental health discussions also contributed to the perception that there were trusted adults at school.

**Recognising young people as competent to provide support to their friends**

Another important dimension of building trust between young people and adults at school is how well adults recognise young people as being competent to support their friends going through a tough time. Students in the focus groups said they would be more comfortable approaching adults for help for a friend if they thought the adults viewed them as competent and to be taken seriously.

**Adhering to transparent school policies to protect student confidentiality**

Students feeling that adults at school respect student confidentiality was an important influence on student intentions to seek adult help for a friend experiencing a mental health problem.

Schools that respect student confidentiality were more likely to have students reporting that: teachers care about students’ mental health; there are trusted adults at the school; they feel comfortable to approach adults at school; and they feel confident that they know who to get help from. Students were also less likely to report: thinking that telling an adult could make things worse; being reluctant to break a friend’s trust; feeling embarrassed; and having negative feelings at school.
Showing they care about students’ mental health

It was clear from the comments of young people that they want school staff to care about them as people. Students feeling that teachers cared about their mental health increased the likelihood of students reporting that they know who to get help from, have trusted adults at school, feel comfortable to approach adults at school, and think the mental health education they receive at school is useful.

Students feeling that teachers care about students’ mental health also reduced the chance of young people reporting that they have no suitable adult to tell, being reluctant to break a friend’s trust to help them, and feeling that an adult could make things worse.

Feeling that teachers care about students’ mental health is influenced by the extent to which students feel they have opportunities for mental health discussions at school and that student confidentiality is respected.

Teaching practical skills and encouraging discussion of real issues

Student perceptions about opportunities for mental health discussions (including the ethics of breaking a friend’s trust to get them help) and the usefulness of mental health information received at school affected young people’s intentions to seek adult help for a friend experiencing a mental health problem.

More specifically, these factors contributed to students being more likely to say that: they are comfortable approaching an adult at school for help; there are trusted adults at school; teachers care about student mental health; they know who to get help from; and telling an adult would not make the situation worse.

The research confirms that many young people both want to, and do, support their friends going through a tough time. Young people felt that schools should help teach young people practical skills and strategies to help a friend, including who and where to get help from. It is important this interest and concern is acknowledged and supported in school mental health education, and in the development of school mental health prevention and early intervention policies and practices.

Taking proportionate action when problems are raised

Students believing that telling an adult about a friend’s problem could make things worse was found to be significant barrier to young people’s intentions to seek help from an adult. On the other hand, many young people were concerned about adult’s downplaying problems when they are raised.

The importance of adults taking, and being seen to take, sensible and proportionate action when problems are raised was an important theme in the research and goes to the core of young people’s trust in adults.

Implementing a whole of school approach that accounts for student diversity

The research underlines the importance of adapting strategies to suit both individual schools and the diversity of students within them.

The finding that there were greater differences among students within schools than across schools suggests that current programs and practices (which vary significantly across schools) work well for some groups of students and less well for others.

Given the different personalities of different students, it is likely that the adults at school they may wish to approach will vary accordingly. For the support pathways explored in this report to work for as many young people as possible, each young person needs to feel there is an adult at school that they can talk to about personal matters.
Schools might therefore be encouraged to think about approaches where all adults at school are seen by young people as a potential source of support, underpinned by strategies that help ensure each adult sees themselves as a potential source of support and as competent to perform this role.

In terms of implementing whole-school programs more broadly, the clear message from the research is that these need to be flexible enough to allow for different ways of supporting different students if they are to benefit all students. Involving a wide range of students in the development of school mental health practices would help ensure that these practices respond to the diversity of student needs and preferences within a school.

**Developing staff skills and knowledge**

Implementing the kinds of strategies outlined above depends largely on the skills, knowledge and behaviour of all members of school staff. The research suggests that the core issues relate to communicating effectively with young people, behaving respectfully towards young people, adhering to confidentiality protocols, and knowing what to do when a young person approaches them for help. There is also an important role in providing students with the practical information and skills they need to help themselves and their friends in tough times.

**Implications of the research for school-community relationships**

The adult that most young people intended to approach, and had actually approached for help for a friend going through a tough time, was a parent.

This finding demonstrates the need and value in engaging parents in strategies to support the mental health and wellbeing of young people. It shows that there is a clear need for parents to have the skills and knowledge to act appropriately when approached by a young person for help for a friend. Parents need to feel confident in identifying mental health issues, what support is required and how to access that support. Parents also need to be equipped with the knowledge of where support is available in the community – including support from school, a mental health service or other community organisation. In each local community, schools and support services have a role to play in building relationships and sharing knowledge to ensure parents know what to do and where to get help if approached by a young person seeking help for a friend going through a tough time.

Schools are in a position to communicate some key messages to parents that the research suggests would be helpful, in collaboration with support services available in the community. These include informing parents about: young people often being the first to know if one of their friends is experiencing a mental health problem; the importance of listening to their child when they raise concerns about a friend; and how to handle confidentiality concerns. Schools are also in a position to: inform parents about the school’s role in supporting a young person who is seeking help for a friend; encourage parents to contact the school and/or local support services when their child raises concerns about a friend; and to let parents know who to contact at the school or in the community.

**Implications of the research for education policy**

The capacity of schools to improve the pathways for young people to seek adult help for a friend may also depend on factors that to some extent lie outside the control of individual schools. These include issues such as the quality of leadership within schools, the qualifications and training of school staff, support for the
professional judgement of school staff, and recognising the success of schools in terms of student wellbeing as well as educational achievement.

Given that schools across NSW are implementing different mental health strategies in a wide range of settings from which others could learn, there may also be a role for policy in supporting greater knowledge sharing across schools to inform and improve practice in this area.

**Implications of the research for mental health policy and practice**

While schools can do a lot to support the mental health and wellbeing of young people, there are times when this support needs to be complemented by available and accessible mental health services to which schools can connect young people when and where they need it.

To a significant degree, the ability of young people to access mental health services depends on good partnerships between schools and external services, and on the knowledge and confidence of school staff in drawing on the expertise and resources of services available in the community, including mental health education materials, activities to support wellbeing and making appropriate referrals.

Principal survey responses showed that referral processes and pathways were working well for some schools while others were experiencing difficulties. A number of school principals, particularly in rural and remote parts of the state, commented that the work they were doing to support the mental health of their students was hampered by a lack of sufficient school counselling hours and basic mental health services in the community.

A significant number of young people also indicated that they did not know who to contact for help with mental health issues, either for themselves or for a friend. Feedback from the focus groups suggested that mental health services need a higher profile among young people in schools and should be more actively promoted.

The research highlights issues for further exploration by policy makers, service providers and parents in determining how the broader community can partner with schools to provide an environment that supports young people’s willingness to seek help for a friend.

**Conclusion**

The research contributes new insights about the barriers young people face in approaching adults for help for a friend experiencing mental health problems, and identifies what schools can do to help young people get the support they need at a point when schools themselves can make a difference. This research also highlights issues for further exploration by policy makers, parents and service providers in determining how the broader community can partner with schools to provide an environment that supports young people’s willingness to seek help for a friend.

The likely benefits of timely and competent adult help include reduced suffering for the young person experiencing mental health problems, reduced emotional burden for the young person concerned about their friend, and reduced disruption to the school work and learning of the young people involved.

At a broader level, the research demonstrates the value of involving young people in the continuing development of evidence-based practice, which in turn will improve the lives of children and young people in NSW.
1 – Introduction

Context and background

Support in tough times: Encouraging young people to seek help for their friends was undertaken by the NSW Commission for Children and Young People in partnership with the Mental Health Commission of NSW. It investigates the influence schools might have on the likelihood of young people seeking adult help for a friend experiencing a mental health problem. The research also explores young people’s perspectives on the supports and barriers to them seeking adult help for a friend. This area of research was identified from discussions with the NSW Commission for Children and Young People’s Young People’s Advisory Group, early consultations with students in NSW schools, and finding a gap in the research.

The issue

Mental health issues among young people

Mental health disorders are the leading cause of disability among young Australians aged 15–24 years and account for almost 50% of the burden of disease in this age group (Begg et al., 2007). The most recent Australian data for adolescents aged 13–17 years shows that 19% self-reported as experiencing mental health problems, many of which are serious mental illnesses that interfere with the adolescent’s everyday life (Sawyer et al., 2007).1

One in 10 Australians aged 15–19 years report a mental or behavioural problem (Australian Institute of Health and Welfare, 2008). Mission Australia’s Youth Survey of 14,461 young people aged 15–19 years found just over one-fifth (21%) of young people aged 15–19 years who responded to the survey met the criteria for having a probable serious mental illness. Females were almost twice as likely as males to meet criteria for having a probable serious mental illness (26% compared with 14%) (Mission Australia, 2014).

Anxiety and depression are the most commonly experienced mental health problems among young Australians, with these disorders contributing 17% of the male disease burden and 32% of the female disease burden among 15–24 year olds (Begg et al., 2007). The 2011 NSW School Students Health Behaviours Survey (NSW Ministry of Health, 2013) reported that 14% of students had felt unhappy, sad or depressed at ‘worse than usual’ levels, 15% at ‘quite bad’ levels and 9% at ‘almost more than I could take’ levels.

Adolescence and early adulthood is also the peak age of onset for many mental disorders (Oakley Browne et al., 2006), with half of all lifetime cases of mental illness starting by the age of 14 years (Kessler et al., 2007). Early intervention is particularly important in this age group to reduce the long-term impact of mental health problems and protect against the development of more severe forms of these disorders.

Young people often do not seek the professional help they might need

Many young people with mental health problems are undiagnosed, and do not seek professional help (Australian Institute of Health and Welfare, 2008). Sawyer et al. (2007) found that 80% of young people aged

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13–17 years who had identified as having a mental health problem had not sought professional help in the previous six months.

**Young people are more likely to seek informal help**

According to Rogler and Cortes (1993) a critical link between the onset of mental health problems and the provision of mental health care is the help-seeking pathway. A help-seeking pathway refers to the sequence of contacts through which help is sought. It includes the help that is supplied in response to such efforts, including support provided by the contacts as well as referral to other help sources (Mazzer, 2013).

For younger people these contacts are mainly family members or friends. Most young people prefer to turn to informal (i.e. non-health professional) sources of support such as family and friends with whom they are familiar (Boldero & Fallon, 1995, Rickwood et al., 2005).

**The role of friends and peers**

As young people move from early to middle adolescence, peers increasingly provide this support (Monahan, Steinberg et al. 2009; cited in Rickwood et al., 2011) and become an important source of mental health first aid for young people (Yap & Jorm, 2011).

As young people are often the first people their peers turn to, they are often the first to recognise when another young person is experiencing mental health difficulties. This provides a potential source of help for the many young people who do not seek help from anyone at all (Mazzer, 2013).

There is also evidence that when provided with encouragement and support from their friends to seek help young people are more likely to seek help for themselves. (Vogel et al., 2007).

Young people may also be in a better position to seek help for a friend than they are for themselves. The recent Mission Australia survey found that when compared with those without a probable serious mental illness, young people with a probable serious mental illness were substantially more uncomfortable seeking information, advice or support, even from the familiar adult sources which young people prefer (Mission Australia, 2014).

**Young people are reluctant to seek adult help**

While research has found that young people act to provide mental health first aid to their peers, it has found that they are relatively unlikely to seek help or encourage their friends to seek help from adults or professionals (Jorm et al., 2007, Yap et al., 2011, Yap & Jorm, 2011, Yap & Jorm, 2012).

Few studies have examined the past actions or intentions of young people in seeking adult help for friends with mental health problems. Those that have, however, have found that young people are reluctant to tell an adult about a friend’s problem. Kelly et al. (2006), for example, explored how 1,137 young people in Years 8–10 would respond to a peer portrayed in a scenario of either a depression or conduct disorder. They found that although half the sample reported they would give positive social support to their friend, less than one-quarter (23%) intended to get help from an adult.

This raises the question of what steps could be taken to promote mental health first aid intervention by young people on behalf of a friend, and in particular seeking adult help at the appropriate time.
About this research

This research takes as its starting point young people’s general preference to confide in friends when seeking initial help and support for mental health concerns (Jorm & Wright, 2007, Rickwood et al., 2007) as a potential way to connect young people experiencing mental health problems with adults who can help at the appropriate time.

Multiple factors are likely to influence young people’s willingness to seek adult help for a friend experiencing mental health problems. This research focuses on the influence that schools might have on young people’s intentions to seek adult help for friends experiencing mental health problems.

This makes sense because almost all young people in NSW attend school and are influenced by their school environment. Schools also provide a near-universal platform on which to build improvements in the health and wellbeing of children and young people. For young people without supportive families, schools can sometimes be the first or only place where they can seek and be provided with the help they need.

The research focuses specifically on aspects of school climate – that is the social relations within schools and school-based mental health education– to see if and how these influence young people’s intentions to seek adult help for a friend experiencing mental health problems.

It is important to note that the research did not involve an evaluation of the effectiveness of mental health programs or education in schools. For a recent review of such evaluations see (NSW Department of Education and Communities, 2011).

The role of young people in supporting the mental health of their friends is an area of rapidly growing interest. In 2012, a NSW Youth Week forum co-hosted by the NSW Youth Advisory Council (YAC) and the NSW Mental Health Commission, examined the challenges young people face in supporting the mental health and wellbeing of their friends and family. A more recent Youth Mental Health Report prepared by Mission Australia and the Black Dog Institute concluded that “it is important that young people are aware of how to support peers who are dealing with mental health issues and of the different types of services available and how to access these” (Ivancic et al., 2014 p. 12). Beyondblue has also recently launched a mobile app to assist young people to start conversations with friends they are worried may be experiencing mental health problems.³

In NSW, mental health education is part of the mandated Personal Development, Health and Physical Education (PDHPE) school curriculum for high schools students. This curriculum includes the nature of mental health problems, help-seeking behaviours such as ‘reaching out’, and ‘helping yourself and others’.

School-based mental health education is implemented at the school level in a range of different ways including specific programs that go beyond formal PDHPE lessons and which together may form part of a broader mental health strategy in a school. For example, many NSW schools implement formal mental health promotion programs as part of their efforts to promote student mental health and wellbeing (for example, MindMatters, R U OK days). Some schools have also implemented formal mental health first aid initiatives such as peer mentoring and support to develop the capacity of some students to provide emotional support for, and improve the wellbeing of their peers (McLaughlin & Clarke, 2010).

Many schools in NSW also have access to in-school or external counselling services.

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² The NSW Youth Advisory Council consists of 12 members under the age of 25 years from all over NSW. They provide advice to the Minister for Citizenship and Communities on the planning, development, integration and implementation of government policies and programs for young people.

³ http://www.youthbeyondblue.com/do-something-about-it/checkin
School-Link is a state-wide initiative between NSW Health and the Department of Education and Communities to improve the mental health of children and young people in NSW. School-Link has three main areas of focus: (1) strengthening formal and informal links at local and area level between schools, school counsellors and local mental health services for children and young people; (2) training programs for mental health workers and school counsellors to enhance skills in the recognition, intervention planning, treatment, support and prevention of mental health problems in children and young people; and (3) supporting the implementation of programs in schools for the prevention of or early intervention in mental health problems, such as Adolescents Coping with Emotions, Resourceful Adolescents Program and MindMatters.

MindMatters is the national initiative in mental health promotion, prevention and early intervention for secondary schools (Wyn et al., 2000). It aims to: develop student’s social and emotional skills; enhance the development of school environments where young people feel safe, valued, engaged, and purposeful; help school communities create a climate of positive mental health and wellbeing; and assist schools to support students with mental health needs and better collaborate with families and services. (Department of Health, 2014).

Programs such as MindMatters (Wyn et al., 2000) and SEAL (Social and Emotional Aspects of Learning, see Shute, 2012) in the UK, have been developed based on the Health Promoting Schools (HPS) framework. This framework is based on the idea that it is the core business of schools to promote the mental health and well-being of their students. These programs aim to create a supportive school environment that is conducive to learning, assist teachers to be confident in promoting and teaching for mental health and provide targeted interventions for those students requiring additional support.

In a review of previous studies that have taken a universal approach to school-based mental health programs Wells et al. (2003) found evidence that such programs can be effective, particularly those that are long-term, aimed at promoting the positive mental health of all students, and involve changes to the school climate. Stewart-Brown (2006) also found that effective school-based mental health programs tend to focus on personal skill development and the involvement of parents and the wider community.

These approaches are consistent with the World Health Organization (WHO) definition of a health-promoting school as one that “constantly strengthens its capacity to function as a healthy setting for learning, living and working” (World Health Organization, 2009 p. 3). This definition has prompted wide recognition that schools are the ideal place for implementing mental health programs for children and young people (Graham et al., 2011).

Despite the acceptance of a whole-school approach to mental health at national level in Australia (MindMatters), not all teachers see it as being a required part of their role. In a study of 500 NSW teachers, Graham et al. (2011) found that while most teachers felt that supporting the social and emotional wellbeing of students was part of their role, some did not and felt burdened by this expectation. A small study by Mazzer et al. (2012) found that although all of the teachers in the study accepted this as part of their role and expressed a willingness to care for and communicate with young people regarding their concerns, many were concerned that they lacked the necessary knowledge and skills to fully support their students.

Other studies, for example, Donovan et al. (2006), have looked at how teachers and other school staff such as sports coaches see their role and skills in student mental health. According to Donovan, these roles included: communicating effectively with young people; providing stimulation; providing positive reinforcement; recognising and dealing with problems openly and sympathetically; ensuring physical activity; ensuring young people do not overwork and take adequate rest; helping you people set goals; not being disparaging or overcritical; and encouraging relationships with family and others.
**Research aims**

The research questions examined were:

- How have students supported friends experiencing mental health problems in the past?
- What are students’ intentions to seek adult help for a friend whose problems would clearly benefit from adult intervention?
- What helps and what hinders young people seeking adult help for a friend with a mental health problem?
- To what extent can schools influence young people’s intentions to seek adult help for friends experiencing mental health problems?

**Key assumptions**

The key assumptions were that young people’s willingness to seek adult help for a friend with a serious mental health problem depends upon:

- young people recognising a friend is experiencing a problem that would benefit from adult help and knowing how to get help
- young people perceiving there to be a suitable, trusted adult available to provide help
- young people overcoming social and emotional barriers to seeking adult help (like embarrassment)
- the school environment being conducive to young people seeking adult help.

**Recognising a problem that would benefit from adult help and knowing how to get help**

Studies of young people’s self-help have shown that many young people have difficulties recognising symptoms and this is a significant barrier preventing young people from seeking help (Gulliver et al., 2010). Not knowing when and where this help should be sought has also been identified as a barrier to young people seeking help for themselves (Vanheusden et al., 2008). It is likely that some of these barriers may be experienced by young people who are seeking adult help for a friend and these are tested in the research.

The research further assumes that learning about mental health issues will be most effective when students are satisfied with the information they receive and the ways in which the information is delivered and can apply their knowledge and skills in real life situations.

In one of the few studies that have looked at what young people think about school mental health programs, students clearly favoured those that featured: delivery by a range of people with thorough knowledge of the subject; interactive techniques; school trips to appropriate facilities; coverage of a wide variety of topics; and involvement of young people in their planning Woolfson et al. (2008). These dimensions of mental health education are tested in the present research.

The research also examines the extent to which young people have had opportunities to discuss and reflect on their own experiences and real world situations as a way of developing the skills to recognise when a friend may need adult help and to know what to do, when to act and who to go to for help.
Availability of a suitable and trusted adult at school

Studies of young people seeking help for themselves have found a number of barriers to them seeking adult help that relate to suitable and trusted adults being available at school. In a study of US high school students, Helms (2003) identified a range of adult behaviours that acted as barriers to young people approaching school staff with their mental health issues, including: dual roles of adults at school (grader and enforcer of discipline as well as someone to confide in); adults being psychologically inaccessible (distracted, disinterested); adults giving non-helpful responses; adults being judgemental; adults breaching confidentiality; adults being out of touch with teens; and adults being too busy.

In a US study of ninth grade students, Lindsey & Kalafat (1998) identified a number of characteristics that adolescents find helpful in obtaining adult help. These included: structural aspects of schools that facilitated maintaining confidentiality (such as having a private place to talk); adults taking what is said seriously (but not too seriously); adults being non-judgemental; adults showing they are listening; and adults supporting young people in their decisions.

A small study of Australian high school students seeking adult help for themselves concluded that seeking help from any source was primarily a matter of trust. Students were more likely to seek help from an adult with whom they had a strong and open relationship. They also needed to feel confident the adult would understand the problem and offer useful help (Wilson & Deane, 2001).

It is likely that some of these barriers and supports may also be relevant to young people who are seeking adult help on behalf of a friend experiencing a mental health problem and these are tested in the research.

Overcoming social and emotional barriers

Previous studies of young people’s self help-seeking suggests that young people are reluctant to seek adult help because they fear stigma and embarrassment (Gulliver et al., 2010).

This barrier is examined in the present research by looking at how stigma and embarrassment may be felt by young people on behalf of their friend, as well as on their own behalf.

The other social and emotional barriers explored in the research that are assumed to affect the willingness of young people to approach adults for help for a friend relate to the difficulties a young person faces in negotiating conversations with their friend and a decision to break a friend’s trust or go against their wishes in order to get them the help they need.

The influence of school climate/environment

School climate refers to the quality and character of school life. It is a multidimensional concept that reflects the norms, goals, values, interpersonal relationships, teaching and learning practices, safety, and organisational structures of a school community (National School Climate Council, 2007). The Program for International Assessment report (PISA) 2012 How Australia measures up (Thomson et al., 2013) defines school climate in relation to five domains: order, safety and discipline, academic outcomes, social relationships, school facilities and school connectedness.

The development of positive school climates has been consistently shown to have positive effects for students, including on student wellbeing and mental health (Kuperminc et al., 1997), school connectedness (Anderman, 2002, Shochet et al., 2006), engagement at school (Fullarton, 2002), and better educational outcomes (Rothman & McMillan, 2003).

In relation to mental health outcomes, initiatives such as MindMatters that take a whole-school approach to improving young people’s mental health outcomes recognise the following aspects of school climate as
influencing students mental health outcomes: school environments, school ethos, school policies and practices and relationships within the school community.

The research looks at the potential of school-based mental health education and school social relationships (as two dimensions of school climate) to see if and how these influence young people’s intentions to seek adult help for a friend experiencing mental health problems.

Cultural and demographic factors

Demographic and cultural differences were also considered in the research. Previous research has found these to be relevant for young people seeking help for themselves, with some groups being less likely to seek help than others. For example, males are less likely than females to seek help for mental health problems (Boldero & Fallon, 1995), and young people who are Aboriginal or Torres Strait Islander or from other cultural and linguistic minority groups may be even less likely than other young people to seek professional help (Rickwood et al., 2007).

Methodology

The research used a mixed methods approach.

An online student survey collected information about students’ intentions and past actions to seek adult help for a friend with a mental health problem.

An online principal survey collected information about mental health education and school climate strategies in the surveyed schools.

Focus groups with students and interviews with principals were undertaken to further explore issues raised in the surveys.

A two-stage stratified sampling design was used for the surveys. The stratified random sample was drawn from all NSW secondary schools and combined primary and secondary schools with an enrolment of greater than 30 students in Years 9 and 10. A sample of young people in Years 9 and 10 within the selected schools was then drawn.4

In total 3,241 students (aged 13–17 years, with the majority aged 14–16 years) across 121 schools participated in the survey between August and November 2013. Data from 2,808 students across 93 schools were analysed. The sample matched the NSW student population on most comparative measures used. Aboriginal and Torres Strait Islander students were over-represented. Students attending Catholic schools were slightly under-represented.

Eighty-nine principals (or principal’s delegates) from those schools completed the principal survey. Student focus groups and principal interviews were held in 11 schools. Schools were selected to include both metropolitan and regional geographic locations and all the school sectors and a range of perceived school climates. In total, 92 students took part in focus groups (53 females, 39 males). Of these, 63 (68%) were in metropolitan schools and 29 (32%) were in non-metropolitan schools.

Student participation in this study was anonymous. Active student and parental or carer consent was required for participation in the study. Further details about the sampling method and strategy and sample

4 The researchers had no control over how schools selected individual students to participate.
characteristics are included in Appendix 1. Details about the online surveys, focus group and interview questions are in Appendix 2.

**Data analysis**

The student survey data was analysed using:

- factor analysis to determine the underlying structure of data
- alpha reliability analysis for scale construction
- structural equations modelling to predict intention to seek adult help for a friend.

A content analysis approach was used to analyse focus group and interview data.
2 - Intent to seek adult help for a friend

Introduction

This chapter explores young people's ability to recognise a mental health issue in a friend, their confidence and willingness to help, and the appropriateness of that help. In particular, it explores young people's willingness to get adult help when they are concerned about a friend's mental health.

This was done by investigating students' intended actions to help a friend, including their intentions to get adult help in a series of scenarios in which a young person was experiencing a mental health problem warranting professional help. In cases where young people had known a friend with a mental health problem, the study also investigated what they actually did to help their friend, including whether they sought adult help.

Young people can seek adult help for their friends in various ways, such as in person from an adult they know well, or from an adult they do not know well, or even anonymously. Young people's preferred avenues of adult help-seeking, and who those preferred adults are, were also explored.

Assessing potential future actions to seek adult help for a friend

The likelihood of young people seeking adult help for their friends in the future was assessed in two ways. First, students read scenarios of young people experiencing a mental health problem and responded to a series of questions about what they would do to help this person if they were their friend, including whether or not they would seek adult help. Second, students who had known a young person with a mental health problem were asked what they did to help this person and whether they had sought adult help for them.

Intentions to seek adult help for a friend (scenario)

Yap & Jorm (2012) found that young people's mental health first aid intentions predict the real life actions they take to assist others.

Students were randomly assigned to one of four scenarios, adapted from Jorm et al. (2007), describing a young person experiencing a mental health problem. All the scenarios described young people with mental health problems that clearly merit professional help (Jorm et al., 2007) and covered both high prevalence problems in young people (depression, depression with alcohol misuse and social phobia) and low prevalence but more severe problems (psychosis) which have their onset in adolescence (Yap et al., 2011). The students were asked to respond to a series of questions regarding what they would do to seek help for the person in the scenario if they were a friend.
**Past actions of seeking adult help for a friend (real life)**

Students were asked if they had ever known someone with a mental health problem in the past, and what they had done to help them. This was used as an alternative indicator of potential future actions (explained in more detail in Chapter 4).

Figure 2.1 shows the proportion of students who had known an adult or a young person in this situation. Almost three-quarters of the respondents (71%) reported knowing a person who had experienced a mental health problem. Females were more likely than males to have reported knowing someone (82% compared with 61%).

Almost two-thirds (64%) of the respondents knew a friend or other young person who had experienced a mental health problem. Once again, females were more likely than males to have reported knowing another young person with a mental health problem (78% compared with 51%).

Figure 2.1: Young people who knew someone with a mental health problem

![Figure 2.1: Young people who knew someone with a mental health problem](image)

**Problem recognition and willingness to act**

After reading the scenario of a person with a mental health problem, students were asked whether they would seek adult help for this person if they were a friend and how serious they thought the person’s problem was.

Students that had known a young person in real life who had gone through a tough time also responded to similar questions regarding their actual responses and reasons for them.

---

$\chi^2 = 222.9, p<.001$

$\chi^2 = 209.9, p<.001$
**Intentsions to tell an adult (scenario)**

As shown in Table 2.1 below, just over half (53%) of the total sample reported they would get help from an adult if the person in the scenario was their friend. These findings confirm previous research that young people are reluctant to report intentions to seek adult help for friends with mental health problems (Kelly et al., 2006).

Table 2.1: Young people's reported intentions to get help from an adult

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Sex</th>
<th>East-S-E Asian languages spoken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>(%)</td>
<td>M (%)</td>
</tr>
<tr>
<td>Yes</td>
<td>1,475</td>
<td>53.2</td>
<td>47.9***</td>
</tr>
<tr>
<td>Yes, but only if anonymous</td>
<td>737</td>
<td>26.6</td>
<td>27.8</td>
</tr>
<tr>
<td>Maybe</td>
<td>337</td>
<td>12.2</td>
<td>13.6</td>
</tr>
<tr>
<td>No</td>
<td>120</td>
<td>4.3</td>
<td>5.7</td>
</tr>
<tr>
<td>Don't know</td>
<td>102</td>
<td>3.7</td>
<td>5.0</td>
</tr>
</tbody>
</table>

* p<0.05, **p<0.01, ***p<0.001

Note: No significant differences were observed between year groups, students in metropolitan and non-metropolitan schools, Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander students, and any other language groups. See Appendix 3 for odds ratio tables.

However, a further quarter of the sample (27%) indicated they would seek adult help for the person in the scenario if they could do so anonymously.

Females were more likely than males to report intentions to seek help from an adult. Students speaking East and South-East Asian languages at home were more likely to only if they could do so anonymously.

Students’ reported intentions to get help from an adult did not differ according to the scenario they had received.

**Perceptions of seriousness (scenario)**

The majority of students accurately perceived the problems described in the scenarios to be either ‘extremely serious’ or ‘quite serious’ (87% combined; see Table 2.2).
Table 2.2: Perceived seriousness of the problem (intentions)

<table>
<thead>
<tr>
<th>Perceived seriousness</th>
<th>Total</th>
<th>Sex</th>
<th>ATSI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>(%)</td>
<td>M (%)</td>
</tr>
<tr>
<td>Extremely serious</td>
<td>974</td>
<td>35.2</td>
<td>30.8***</td>
</tr>
<tr>
<td>Quite serious</td>
<td>1,421</td>
<td>51.3</td>
<td>51.9</td>
</tr>
<tr>
<td>A little bit serious</td>
<td>265</td>
<td>9.6</td>
<td>11.0</td>
</tr>
<tr>
<td>Not at all serious</td>
<td>40</td>
<td>1.4</td>
<td>2.6</td>
</tr>
<tr>
<td>Don't know</td>
<td>71</td>
<td>2.5</td>
<td>3.8</td>
</tr>
</tbody>
</table>

* p<.05, **p<.01, ***p<.001

Note: No significant differences were observed between year groups, students in metropolitan and non-metropolitan schools, or any language groups. See Appendix 3 for odds ratio tables.

Females were more likely than males to perceive the problem to be ‘extremely serious’. On the other hand, Aboriginal and Torres Strait Islander students were significantly less likely than non-Aboriginal and Torres Strait Islander students to view the problem as ‘extremely serious’.

Students who received the depression and the depression with alcohol misuse scenarios perceived the problem as more serious than those who received the psychosis or social phobia scenarios. It is possible that this result may reflect young people’s greater knowledge of, and experience with depression and substance use issues due to their high prevalence compared with psychosis and social phobia.

**Acting to tell an adult (real life)**

Students who had known a young person with a mental health problem were asked whether they had sought adult help for this young person. Similar to reported intentions, only half (51%) reported actually having told an adult about their friend’s problem (see Table 2.3).

Table 2.3: Acting to tell an adult

<table>
<thead>
<tr>
<th>Did they tell an adult</th>
<th>Total</th>
<th>Sex</th>
<th>East-S-E Asian languages spoken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>(%)</td>
<td>M (%)</td>
</tr>
<tr>
<td>Yes</td>
<td>884</td>
<td>51.4</td>
<td>40.5***</td>
</tr>
<tr>
<td>No</td>
<td>837</td>
<td>48.6</td>
<td>59.5***</td>
</tr>
</tbody>
</table>

* p<.05, **p<.01, ***p<.001

Note: No significant differences were observed between year groups, Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander students, students in metropolitan and non-metropolitan schools and any other language groups. See Appendix 3 for odds ratio tables.

Significantly more females than males, and significantly fewer East and South-East Asian language speaking students than all others, reported trying to get adult help for their friend.

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10 OR = 1.48
11 OR = 0.60
12 $\chi^2 = 43.3, p<.001$
13 Sex: OR = 2.98. Language: OR = 0.56
Perceptions of seriousness (real life)

Students who had known a young person with a mental health problem were also asked to report how serious they thought the problem had been. Table 2.4 shows that almost the entire group considered their friend’s problem to be serious to some extent (either ‘extremely serious’, ‘quite serious’ or ‘a little bit serious’).

Table 2.4: Perceived seriousness of the young person’s problem

<table>
<thead>
<tr>
<th>Perceived seriousness</th>
<th>Total</th>
<th>Sex</th>
<th>East-S-E Asian languages spoken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>(%)</td>
<td>M (%)</td>
</tr>
<tr>
<td>Extremely serious</td>
<td>484</td>
<td>28.1</td>
<td>23.3***</td>
</tr>
<tr>
<td>Quite serious</td>
<td>754</td>
<td>43.8</td>
<td>42.3</td>
</tr>
<tr>
<td>A little bit serious</td>
<td>398</td>
<td>23.1</td>
<td>27.5***</td>
</tr>
<tr>
<td>Not at all serious</td>
<td>41</td>
<td>2.4</td>
<td>3.8</td>
</tr>
<tr>
<td>Don’t know</td>
<td>44</td>
<td>2.6</td>
<td>3.2</td>
</tr>
</tbody>
</table>

* p<.05, **p<.01, ***p<.001

Note: No significant differences were observed between year groups, students in metropolitan and non-metropolitan schools, Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander students, and any other language groups. See Appendix 3 for odds ratio tables.

More than three-quarters (81%) of those who had acted to seek adult help thought their friend’s problem was ‘extremely serious’ or ‘quite serious’ compared with two-thirds (67%) of those who hadn’t sought adult help. 14

The only demographic differences in perceptions of seriousness were for sex and for East and South-East Asian language speakers against all other languages. 15 Females were more likely than males to perceive the problem as ‘extremely serious’, 16 while males were more likely to view the problem as ‘a little bit serious’. 17 Students speaking East and South-East Asian languages at home were less likely than all others to perceive the problem as ‘extremely serious’, 18 but more likely to view the problem as ‘a little bit serious’. 19

As information was not gathered about the nature of the actual problems experienced by young people’s friends, there is no way of knowing how serious these problems were. How well young people are able to recognise problems in real life and at an early stage is an area that requires further research and different forms of measurement.

Confidence and competence to act

Students were asked how confident they were that they could help the young person in the scenario. They were also given a list of possible actions they could perform to help the hypothetical friend, both helpful and unhelpful, and asked how likely it was they would perform each action.

Students who had real life experience of a friend with a mental health problem were also asked whether they had actually performed any of those actions to help their friend.
Most students reported being confident to some extent that they could help the young person in the scenario, as can be seen in Table 2.5 below. Consistent with previous research (Jorm et al., 2007), females were more likely than males to be ‘very confident’ they could help the young person. Students speaking East and South-East Asian languages at home were less likely to be ‘very confident’ they could help the young person than students speaking all other languages at home.

Students who received the depression and depression with alcohol misuse scenarios were more likely to be ‘very confident’ they could help the young person. This finding differs from that of Jorm et al. (2007) where confidence ratings were higher for depression and social phobia than for depression with alcohol misuse and psychosis. The students in this research may feel more confident in assisting with depression and depression with alcohol misuse due to having greater knowledge of, and experience with these issues.

Table 2.5: Confidence in providing help (intentions)

<table>
<thead>
<tr>
<th>Confidence to help</th>
<th>Total</th>
<th>Sex</th>
<th>East-S-E Asian languages spoken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>M (%)</td>
<td>F (%)</td>
</tr>
<tr>
<td>Very confident</td>
<td>724</td>
<td>26.1**</td>
<td>23.8</td>
</tr>
<tr>
<td>Slightly confident</td>
<td>1,635</td>
<td>59.0</td>
<td>60.8</td>
</tr>
<tr>
<td>Not confident at all</td>
<td>228</td>
<td>8.2</td>
<td>7.8</td>
</tr>
<tr>
<td>Don’t know</td>
<td>184</td>
<td>6.6</td>
<td>7.6</td>
</tr>
</tbody>
</table>

*p<.05, **p<.01, ***p<.001

Note: No significant differences in confidence ratings were observed between year groups, Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander students, students in metropolitan and non-metropolitan schools, or between any other language groups. See Appendix 3 for odds ratio tables.

Young people’s intentions to provide assistance themselves to a friend with a mental health problem, and the appropriateness of these intended actions, were also investigated. Students were provided with a list of possible first aid actions. They were asked how likely it was they would perform each of these actions if the person in the scenario was their friend.

Most of these actions were derived from Jorm et al. (2007) and included both helpful and unhelpful actions. Additional helpful actions were also included that focused specifically on getting adult help, for example, ‘suggest they talk to an adult at school they trust.’ Table 2.6 shows the percentages of students who reported it would be ‘very likely’ they would perform each action.

The top five actions reported were helpful ones. The most frequently reported intended action by the total sample was to ‘listen to their (friend’s) problems in an understanding way,’ with three-quarters indicating they would do so. Females were significantly more likely than males to report this intention, while Aboriginal and Torres Strait Islander students were less likely than all others to report this.

Several of the helpful items assessed students’ intentions to involve an adult either by suggesting their friend talk to an adult or by offering to do it for them. Intentions to perform these kinds of actions ranged from 16% to 48%. Suggesting they ‘talk to another adult they trust (not at school)’ was the most likely action of this kind and ‘suggest I make a doctor’s appointment’ the least likely. Females were more likely than males to express
intentions to encourage seeking adult help, for example, ‘suggest they talk to an adult they trust.’ Year 10 students were less likely than Year 9 students to ‘suggest they talk to an adult they trust.’ It must be pointed out, however, that less than half of each of these groups reported such intentions.

More than one-third of the total sample was very likely to say they would perform the unhelpful action of ‘talking to their friend firmly about getting their act together.’ Students in metropolitan schools were significantly more likely to report this intention than students in non-metropolitan schools. In addition, although the percentages are small, males and Aboriginal and Torres Strait Islander students were more likely than females and non-Aboriginal and Torres Strait Islander students to say they would perform the unhelpful action of suggesting their friend ‘have a few drinks to forget their troubles.’ Given the ages of the students in this study (currently in Years 9 and 10), this finding is somewhat concerning.

Few students said they were very likely to perform the unhelpful action of ‘ignoring their friend until they got over’ their problem (4%). This low proportion is reassuring, given the stigma often associated with mental health problems.

24 Sex: OR = 1.93. School year: OR = 0.75
25 OR = 1.37
26 Sex: OR = 2.56. ATSI: OR = 2.18
Table 2.6: Prompted mental health first aid intentions reported as ‘very likely’ to be performed by young people

<table>
<thead>
<tr>
<th>Intent</th>
<th>Total</th>
<th>Sex</th>
<th>School year</th>
<th>ATSI</th>
<th>Geographic location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N (%)</td>
<td>M (%)</td>
<td>F (%)</td>
<td>9 (%)</td>
<td>10 (%)</td>
</tr>
<tr>
<td>Listen to their problems in an understanding way</td>
<td>2,025 74.0</td>
<td>61.2***</td>
<td>87.3</td>
<td>73.5</td>
<td>74.5</td>
</tr>
<tr>
<td>Suggest they talk to another adult they trust (not at school)</td>
<td>1,308 47.8</td>
<td>39.8***</td>
<td>56.1</td>
<td>51.3***</td>
<td>44.1</td>
</tr>
<tr>
<td>Suggest they seek professional help</td>
<td>1,001 36.6</td>
<td>31.1***</td>
<td>42.3</td>
<td>39.2**</td>
<td>33.9</td>
</tr>
<tr>
<td>Suggest they talk to an adult at school they trust</td>
<td>984 36.0</td>
<td>31.9 **</td>
<td>40.2</td>
<td>38.6**</td>
<td>33.2</td>
</tr>
<tr>
<td>Get a group of friends to cheer them up</td>
<td>970 35.5</td>
<td>30.0***</td>
<td>41.1</td>
<td>37.2</td>
<td>33.7</td>
</tr>
<tr>
<td>Talk to them firmly about getting their act together</td>
<td>966 35.3</td>
<td>36.4</td>
<td>34.2</td>
<td>35.7</td>
<td>34.9</td>
</tr>
<tr>
<td>Suggest I tell an adult I trust to help them</td>
<td>831 30.4</td>
<td>27.0***</td>
<td>33.9</td>
<td>33.7</td>
<td>26.9</td>
</tr>
<tr>
<td>Keep them busy to keep their mind off problems</td>
<td>787 28.8</td>
<td>24.8***</td>
<td>32.9</td>
<td>32.3***</td>
<td>25.1</td>
</tr>
<tr>
<td>Ask them if they are feeling suicidal</td>
<td>742 27.1</td>
<td>21.5***</td>
<td>32.9</td>
<td>28.7</td>
<td>25.5</td>
</tr>
<tr>
<td>Encourage them to be more physically active</td>
<td>739 27.0</td>
<td>28.0</td>
<td>25.9</td>
<td>28.9</td>
<td>25.0</td>
</tr>
<tr>
<td>Encourage them to get online help/advice</td>
<td>655 23.9</td>
<td>21.4 **</td>
<td>26.6</td>
<td>24.8</td>
<td>23.1</td>
</tr>
<tr>
<td>Encourage them to call a telephone helpline</td>
<td>614 22.4</td>
<td>19.2***</td>
<td>25.8</td>
<td>23.9</td>
<td>20.9</td>
</tr>
<tr>
<td>Suggest I make a doctor appointment for them</td>
<td>429 15.7</td>
<td>14.9</td>
<td>16.5</td>
<td>16.0</td>
<td>15.4</td>
</tr>
<tr>
<td>Suggest they have a few drinks to forget troubles</td>
<td>190 6.9</td>
<td>9.8***</td>
<td>4.0</td>
<td>6.9</td>
<td>7.0</td>
</tr>
<tr>
<td>Ignore them till they get over it</td>
<td>114 4.2</td>
<td>5.7***</td>
<td>2.6</td>
<td>4.7</td>
<td>3.6</td>
</tr>
</tbody>
</table>

*p<.05, **p<.01, ***p<.001
Note: No significant differences were observed between students speaking different languages at home. See Appendix 3 for odds ratio tables.
**Mental health first aid past actions (real life)**

Students who had known a friend going through a tough time were asked what specific actions they had performed to help that friend (see Table 2.7). Of those who had known another young person going through a tough time, 94% had performed at least one helpful action to support them and 86% had performed three or more.

As with reported intentions, the most commonly reported action was a helpful one: to 'listen to their (friend’s) problems in an understanding way':

*Supported them through the situation and reassured them that I was there if they needed someone to talk to.*

*I was a shoulder to lean on and someone to talk to.*

Other commonly performed actions were also helpful, such as keeping their friend busy to keep their mind off their problems:

*Talked to them about other things to take their mind off their problems.*

*Tried to get their mind off their problems. Cheer them up.*

Also, as with reported intentions, females were more likely than males to have actually suggested the young person get adult help of some sort, such as suggesting ‘they talk to an adult they trust’ and suggesting ‘they seek professional help’:

*Tell them to talk to a trusted adult or if they didn’t have one they could talk to a trusted adult I knew.*

*Tried to get them to see a counsellor.*

Students speaking East and South-East Asian languages at home were less likely to have suggested the young person seek professional help or other adult help than all others.

Females, along with Aboriginal and Torres Strait Islander students, were more likely than males and non-Aboriginal and Torres Strait Islander students to have performed the helpful action of asking their friend if they were suicidal. Jorm et al. (2007) also found that females (aged 12–17 years) were more likely than males to think it would be helpful to ask about suicidal thoughts and encourage professional help-seeking. Also, consistent with Jorm et al. (2007), males were more likely to have performed the helpful action of encouraging physical activity.

Students also reported having performed several unhelpful actions. For example, almost half of the sample (49%) reported that they talked firmly to their friend about getting their act together. This action was significantly more common among Aboriginal and Torres Strait Islander students, students in metropolitan schools and students speaking East and South-East Asian languages at home.

Males, together with Aboriginal and Torres Strait Islander students, were more likely to have performed unhelpful first aid actions, such as suggesting they ‘have a few drinks to forget their troubles,’ and ignoring their friend ‘until they got over it.’ Students speaking East and South-East Asian languages at home were also

---

27 All quotes are from open-ended responses in the survey unless otherwise indicated.
28 OR = 0.66
29 Sex: OR = 1.55. ATSI: OR = 1.91
30 OR = 1.34
31 Sex: OR = 2.18. ATSI: OR = 2.97
32 Sex: OR = 1.68. ATSI: OR = 2.49
more likely to have performed the unhelpful action of ignoring their friend.\textsuperscript{33} It should be noted that the percentages of those who performed each of these actions are small.

Aboriginal and Torres Strait Islander students were also more likely than the rest of the sample to have performed certain other helpful actions, such as suggesting to their friend that they ‘make a doctor’s appointment for them’,\textsuperscript{34} and encouraging their friends to ‘call a telephone helpline’.\textsuperscript{35}

\textsuperscript{33} OR = 2.27
\textsuperscript{34} OR = 2.10
\textsuperscript{35} OR = 1.64
Table 2.7: Promoted mental health first aid actions reported by young people who had known a young person going through a tough time

<table>
<thead>
<tr>
<th>Action</th>
<th>Total</th>
<th>Sex</th>
<th>School year</th>
<th>ATSI</th>
<th>Geographic location</th>
<th>East-S-E Asian languages spoken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N (%)</td>
<td>M (%)</td>
<td>F (%)</td>
<td>9 (%)</td>
<td>10 (%)</td>
<td>Yes (%)</td>
</tr>
<tr>
<td>Listen to their problems in an understanding way</td>
<td>1,531</td>
<td>89.8</td>
<td>94.4%</td>
<td>89.6</td>
<td>90.0%</td>
<td>81.3%</td>
</tr>
<tr>
<td>Keep them busy to keep their mind off problems</td>
<td>1,212</td>
<td>71.1</td>
<td>63.6%</td>
<td>71.0</td>
<td>71.2%</td>
<td>76.3%</td>
</tr>
<tr>
<td>Suggest they talk to another adult they trust</td>
<td>1,138</td>
<td>66.7</td>
<td>55.8%</td>
<td>74.0</td>
<td>66.5%</td>
<td>67.5%</td>
</tr>
<tr>
<td>Get a group of friends to cheer them up</td>
<td>1,089</td>
<td>63.9</td>
<td>58.6%</td>
<td>67.4</td>
<td>64.3%</td>
<td>66.3%</td>
</tr>
<tr>
<td>Suggest they seek professional help</td>
<td>930</td>
<td>54.6</td>
<td>44.4%</td>
<td>61.3</td>
<td>55.5%</td>
<td>57.5%</td>
</tr>
<tr>
<td>Suggest they talk to an adult at school they trust</td>
<td>895</td>
<td>52.5</td>
<td>46.3%</td>
<td>56.8</td>
<td>51.7%</td>
<td>60.0%</td>
</tr>
<tr>
<td>Talk to them firmly about getting their act together</td>
<td>830</td>
<td>48.7</td>
<td>51.1%</td>
<td>47.1</td>
<td>48.1%</td>
<td>63.8%</td>
</tr>
<tr>
<td>Encourage them to be more physically active</td>
<td>822</td>
<td>48.2</td>
<td>52.6%</td>
<td>45.3</td>
<td>49.5%</td>
<td>46.9%</td>
</tr>
<tr>
<td>Ask them if they are feeling suicidal</td>
<td>807</td>
<td>47.3</td>
<td>40.8%</td>
<td>51.7</td>
<td>48.0%</td>
<td>46.7%</td>
</tr>
<tr>
<td>Encourage them to get online help/advice</td>
<td>657</td>
<td>38.5</td>
<td>34.8%</td>
<td>41.0</td>
<td>40.1%</td>
<td>37.0%</td>
</tr>
<tr>
<td>Encourage them to call a telephone helpline</td>
<td>502</td>
<td>29.4</td>
<td>27.8%</td>
<td>30.6</td>
<td>30.4%</td>
<td>28.4%</td>
</tr>
<tr>
<td>Suggest I make a doctor appointment for them</td>
<td>391</td>
<td>22.9</td>
<td>22.5%</td>
<td>23.2</td>
<td>21.0%</td>
<td>24.9%</td>
</tr>
<tr>
<td>Suggest they have a few drinks to forget troubles</td>
<td>195</td>
<td>11.4</td>
<td>16.3%</td>
<td>8.2</td>
<td>10.3%</td>
<td>12.6%</td>
</tr>
<tr>
<td>Ignore them till they get over it</td>
<td>153</td>
<td>9.0</td>
<td>11.6%</td>
<td>7.2</td>
<td>7.3%</td>
<td>10.7%</td>
</tr>
</tbody>
</table>

* p<.05, **p<.01, ***p<.001

Note: see Appendix 3 for odds ratio tables.
Young people who had sought adult help for a friend in the past were much more likely to have performed almost all of the other first aid actions listed in Table 2.7 than those young people who had known someone going through a tough time but not sought adult help for them. These included both helpful and unhelpful actions. For example, almost three-quarters (74%) of young people who had sought adult help for their friend in the past had also suggested to their friend that ‘they seek professional help,’ compared to just over one-third (34%) of those who had not sought adult help.  

Young people who had sought adult help for a friend in the past were also more likely to have performed the unhelpful action of talking to their friend ‘firmly about getting their act together’ than those who had known someone going through a tough time but had not sought adult help (53% compared with 43%).

Past actions compared with intentions

Students’ past actions or inactions of approaching an adult for help were also compared with their reported intentions to seek adult help for the young person in the scenario. Table 2.8 shows there was a strong correlation between the two. Specifically, young people who had actually sought adult help for a friend in the past were more likely to report the intention to do so again and young people who had not sought adult help in the past were more likely to report intentions to not tell an adult, or to ‘maybe’ tell an adult. Young people who had not sought adult help in the past were also more likely to report they would only tell an adult if they could do so ‘anonymously’ than those who had previously sought adult help.

Table 2.8: Young people’s past actions of telling an adult compared with their reported intentions

<table>
<thead>
<tr>
<th>Told an adult – real life</th>
<th>Intention to tell an adult – scenario</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes (%)</td>
</tr>
<tr>
<td></td>
<td>Yes, only if anonymous (%)</td>
</tr>
<tr>
<td></td>
<td>Maybe (%)</td>
</tr>
<tr>
<td></td>
<td>No (%)</td>
</tr>
<tr>
<td></td>
<td>Don’t know (%)</td>
</tr>
<tr>
<td>Yes</td>
<td>65.8</td>
</tr>
<tr>
<td></td>
<td>23.5</td>
</tr>
<tr>
<td></td>
<td>7.5</td>
</tr>
<tr>
<td></td>
<td>1.6</td>
</tr>
<tr>
<td></td>
<td>1.2</td>
</tr>
<tr>
<td>No</td>
<td>40.4</td>
</tr>
<tr>
<td></td>
<td>31.5</td>
</tr>
<tr>
<td></td>
<td>18.4</td>
</tr>
<tr>
<td></td>
<td>5.7</td>
</tr>
<tr>
<td></td>
<td>3.9</td>
</tr>
</tbody>
</table>

Note: Percentages are row-based.

A small but significant percentage of those who had told an adult in the past did not intend to do so or were unsure if they would do so for the hypothetical friend in the scenario. On a state-wide scale, this could translate to large numbers of young people not involving adults a second time. The reasons for this can only be guessed at but may include negative past experience of telling an adult.

36 $\chi^2 = 278.7, p<.001$

37 $\chi^2 = 15.2, p<.05$

38 $\chi^2 = 131.2, p<.001$
Which adults do young people seek help from?

Young people with friends who are experiencing mental health problems potentially have a range of professional and other adults they could seek help from. These can include:

- adults they know well, such as parents and school staff
- adults they know but not very well
- anonymous sources of adult help.

Students were presented with a list of adults and asked to indicate whom they would trust to talk to about their hypothetical friend’s problem. In addition, students who had previously sought adult help for a friend in a real life situation were also asked which adult they had sought help from.

Students were also asked about their awareness of mental health services. Almost 90% were aware that help was available for young people going through a tough time from telephone services (89%), online services 88% and face-to-face drop in centres (65%). However, only 57% would consider using an online service and 42% would use a telephone helpline.

Relatively few students could name a service other than Kid’s Helpline (48%) but recognition was much higher for the services selected from a list to seek advice for a friend.

Table 2.9: Awareness of mental health services

<table>
<thead>
<tr>
<th>Organisation name</th>
<th>Prompted Yes (N)</th>
<th>Prompted Yes (%)</th>
<th>Unprompted Yes (N)</th>
<th>Unprompted Yes (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kid's Helpline</td>
<td>2,476</td>
<td>91.8</td>
<td>1351</td>
<td>47.6</td>
</tr>
<tr>
<td>Lifeline</td>
<td>2,012</td>
<td>74.6</td>
<td>206</td>
<td>7.3</td>
</tr>
<tr>
<td>Beyond Blue</td>
<td>1,769</td>
<td>65.2</td>
<td>205</td>
<td>7.3</td>
</tr>
<tr>
<td>Reach Out!</td>
<td>1,465</td>
<td>54.3</td>
<td>121</td>
<td>4.3</td>
</tr>
<tr>
<td>Headspace</td>
<td>1,387</td>
<td>51.5</td>
<td>288</td>
<td>9.4</td>
</tr>
<tr>
<td>Mellow Yellow Institute</td>
<td>310</td>
<td>11.5</td>
<td>6</td>
<td>0.2</td>
</tr>
</tbody>
</table>

Note: The Mellow Yellow Institute is a fictitious organisation used as control measure in this survey question

**Intentions (scenario)**

Figure 2.2 shows that parents were the most frequently nominated adults for confiding in, with almost three-quarters (74%) saying they would speak to parents (either their own or their friend’s parents). Just over half of the sample (52%) indicated they would trust professionals (in person) to discuss a friend's problem, and just under half of the total sample said they would trust an adult at school (47%). Males and females did not differ greatly in their responses.
Just over one-quarter (27%) of students did not nominate parents as the adults they intended to seek help from. This group of students were also less likely than the rest of the sample to nominate any other group of adults as those they intended to seek help from and more likely than the rest of the sample to respond that they would seek help from ‘none of the above’ group of adults. Of this group, however, more than one-third (38%) reported they would go to professionals (in person), just under one-third (32%) to adults at school and just over one-quarter (27%) to online professionals.

**Past actions (real life)**

Parents were both the preferred adults that students intended to seek help from for a friend (see Figure 2.2 above) and the adults that students had most commonly sought help from in the past. Figure 2.3 shows that of those students who had known someone with a mental health problem and who had sought adult assistance for them, just over half (54%) told their own parents. Teachers and other adults at school were the group of adults next most reported as being told about a friend’s problem (42%), suggesting that familiar adults may be slightly more preferred in real life situations.
Figure 2.3: Adults told about a friend’s problem (past actions)

Although less than half of the sample reported having gone to professionals (doctors or counsellors) for help with a friend’s problem, professionals in person were reported more frequently than online and telephone professionals.

Some students who had used online and telephone services in the past expressed disappointment with these services, citing frustrations with cost, communication barriers and waiting times. Others conveyed distrust of telephone helplines because they didn’t know who was on the other end of the line and thought the responses were scripted.

One-third of the sample (33%) said they had sought help for their friend from their friend’s parents. Interestingly, males (44%) were more likely than females (30%) to report having gone to their friend’s parents for help.

The adults whom students feel most comfortable to approach about a friend’s problem were also explored in the student focus groups. Young people in focus groups demonstrated awareness of the complexities of discussing their friends’ problems with adults. They also give significant consideration to which adult would be the best to approach in a given situation. For example, some students said that they often know their close friends’ parents really well and felt able to raise concerns with them about their child. It was generally agreed, though, that students would not approach their friends’ parents if they did not know them well. One reason provided was that they wouldn’t feel comfortable raising the issue with them. But also they were unsure of the nature of the family relationships and did not want to potentially make a situation at home worse for their friend.

\[ \chi^2 = 4.8, p < .05 \]
Summary and discussion

The majority of students expressed intentions to provide helpful assistance of some kind to the ‘friend’ experiencing a serious mental health problem in the scenarios provided. Those who had known a young person with a mental health problem in the past had also provided the kinds of supports that are considered helpful.

Just over half of the students reported intentions to seek adult help for the young person in the scenario, and similar proportions of those who had known a young person with a mental health problem in the past had actually sought adult help for their friend.

One-quarter of the sample indicated that they would seek adult help for the ‘friend’ in the scenario if they could remain anonymous. It is possible that the popularity of this option may be explained by some of the barriers to seeking adult help that are explored in the next chapter (such as embarrassment and not wanting to break a friend’s trust).

There is some evidence that young people may take up anonymous options if these are provided in an acceptable way. Some schools provided boxes where students could leave notes to alert staff to other students who needed help, and those schools reported that this was being used. In their responses to open ended survey questions and in focus groups, young people also expressed a desire for options to provide anonymous information and suggested anonymous school email and messaging advice systems. Campbell (2008) reported on a related initiative in an Australian school where online counselling by the school counsellor was made available to students. Students accessing the service could take measures to be totally anonymous if they wished. This service was well used and ninety percent of students who used it were male. This kind of initiative may also work for students wishing to seek help from a counsellor for a friend.

It is important to recognise the difficulties for school staff in responding to anonymous information about a student experiencing a mental health problem, along with the discomfort a young person with a mental health problem may feel about an unknown friend or peer providing anonymous information to school staff. However, if anonymous avenues for passing on concerns are provided in a careful and sensitive way, this may make it more likely for students to approach adults for help. This could be particularly useful for those groups for whom anonymity seems especially important, notably in this research, students speaking East and South-East Asian languages at home.

The majority of students were able to recognise a serious mental health problem. The sex and cultural differences observed in students’ perceptions of the seriousness of mental health problems, their intentions to seek adult help, and past actions of seeking adult help for friends, suggest that additional efforts are needed to assist these groups to recognise when mental health problems are serious and to provide them with the skills and strategies to seek adult help for their friends.

Parents are the adults that most young people intend to seek advice from for a friend and they are also the adults that young people most frequently reported having sought adult from help for a friend in the past. This means that it is important that parents know what to do to when their child raises concerns about a friend, including who to contact at their child’s school or how to access support services in the community.

However, just under half of the students who had sought adult help for a friend in real life did not approach their parents at all. A large proportion of these students had sought assistance from adults at school. This highlights the importance of building supportive relationships between young people and school staff.

The next chapter explores the perceived barriers that are likely to reduce young people’s intentions to seek adult help for a friend experiencing a mental health problem.
3 - Barriers to young people seeking adult help for friends

Introduction

As outlined in the previous chapter, almost half (47%) of young people said they did not intend to get adult help for a friend with a mental health problem in the scenarios provided. This chapter looks at the barriers to young people seeking adult help for their friends.

It does so by exploring:

- the reasons young people gave for not intending to seek adult help in the scenarios provided
- the reasons young people had not sought adult help in the past for a friend they knew had a mental health problem.

Barriers to intent to seek adult help

Table 3.1 shows the reasons students selected for why they would not seek adult help for the young person in the scenario. Fear of embarrassing their friend was the major barrier identified, with almost three-quarters agreeing with the statement that they ‘would worry their friend would be embarrassed and not want an adult to know’.

Half of the sample agreed they would ‘feel unsure about the best thing to do for their friend’.

Thinking ‘the problem was not serious enough for adult help’ was the barrier selected by the fewest students. Nevertheless, one in seven young people did not consider the problems provided in the scenarios to be ‘serious enough for adult help’ to be sought.
Table 3.1: Perceived barriers to young people intending to get adult help for the hypothetical friend with a serious mental health problem

<table>
<thead>
<tr>
<th>Total</th>
<th>Sex</th>
<th>School year</th>
<th>ATSI</th>
<th>Geographic location</th>
<th>East-S-E Asian languages spoken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>M (%)</td>
<td>F (%)</td>
<td>9 (%)</td>
<td>10 (%)</td>
</tr>
<tr>
<td>-------</td>
<td>-----</td>
<td>-------------</td>
<td>-------</td>
<td>-------</td>
<td>--------</td>
</tr>
<tr>
<td>Would worry their friend would be embarrassed and not want an adult to know</td>
<td>1,988</td>
<td>71.7</td>
<td>67.0***</td>
<td>76.7</td>
<td>70.5</td>
</tr>
<tr>
<td>Feel unsure about the best thing to do</td>
<td>1,413</td>
<td>51.0</td>
<td>49.5</td>
<td>52.6</td>
<td>49.9</td>
</tr>
<tr>
<td>Involved an adult could make things worse</td>
<td>1,224</td>
<td>44.2</td>
<td>44.7</td>
<td>43.8</td>
<td>42.4*</td>
</tr>
<tr>
<td>Going to an adult would break friend’s trust</td>
<td>1,117</td>
<td>40.3</td>
<td>38.2*</td>
<td>42.6</td>
<td>38.8</td>
</tr>
<tr>
<td>Wouldn’t seek adult help if friend said they didn’t want any help</td>
<td>1,096</td>
<td>39.6</td>
<td>42.5**</td>
<td>36.5</td>
<td>40.3</td>
</tr>
<tr>
<td>Don’t know a suitable adult to get help from</td>
<td>794</td>
<td>28.7</td>
<td>28.9</td>
<td>28.4</td>
<td>27.2</td>
</tr>
<tr>
<td>No professional available that they would feel comfortable to talk to</td>
<td>792</td>
<td>28.6</td>
<td>28.9</td>
<td>28.3</td>
<td>28.9</td>
</tr>
<tr>
<td>Would feel too embarrassed to talk to an adult about it</td>
<td>623</td>
<td>22.5</td>
<td>26.3***</td>
<td>18.6</td>
<td>21.1</td>
</tr>
<tr>
<td>No trusted adult to talk to about the problem</td>
<td>551</td>
<td>19.9</td>
<td>21.0</td>
<td>18.8</td>
<td>18.3*</td>
</tr>
<tr>
<td>Don’t think the problem is serious enough for adult help</td>
<td>399</td>
<td>14.4</td>
<td>18.8***</td>
<td>9.8</td>
<td>13.7</td>
</tr>
</tbody>
</table>

* p<.05, **p<.01, ***p<.001
Note: See Appendix 3 for odds ratio tables.

Several demographic differences are noteworthy:

- Females were more likely than males to ‘worry their friend would feel embarrassed.’ Students in non-metropolitan schools were more likely than students in metropolitan schools to ‘worry their friend would feel embarrassed.’

- Students speaking East and South-East Asian languages at home, and males, were more likely to consider that they ‘would feel too embarrassed’ to approach an adult to discuss a friend’s problem than students speaking all other languages and females.

- Students speaking East and South-East Asian languages at home were more likely to report they felt ‘unsure about the best thing to do’ than all other students.

40 OR = 1.63
41 OR = 1.29
42 OR = 1.65
43 OR = 1.56
44 OR = 1.34
Aboriginal and Torres Strait Islander students were more likely than other students to select: ‘involving an adult could make things worse’\(^{45}\) (as did Year 10 students compared with Year 9 students\(^ {46}\)), that ‘going to an adult would break their friend’s trust’\(^ {47}\) (as did females compared with males\(^ {48}\)), not knowing ‘a suitable adult to get help from’\(^ {49}\) (as did students speaking East and South-East Asian languages\(^ {50}\) compared with all other languages) and that there was ‘no professional available that they would feel comfortable to talk to.’\(^ {51}\)

**Barriers to seeking adult help in the past**

Students who had actually known a young person with a mental health problem and did not seek adult help were asked to indicate why they had not done so using a similar but expanded list of possible reasons. The additional items included ‘not knowing the person well enough to seek help for them’, the ‘friend was already getting help for their problem’ and that the young person thought their ‘friend would not want them to know they had a problem’.

Table 3.2 shows the most commonly reported reason for not seeking adult help for their friend was feeling ‘unsure about the best thing to do’.

Approximately half of those who had known a friend going through a tough time but had not sought adult help for them also reported feeling that ‘involving an adult could have made things worse’. Their friend’s embarrassment, not wanting to ‘break their friend’s trust’ and ‘not wanting to seek adult help if their friend said they didn’t want any help’ were also reported by almost half of this group as reasons they did not seek adult help.

Almost one-third of those who had not sought adult help in the past for someone they knew with a mental health problem reported thinking that the friend’s problem was ‘not serious enough for adult help.’ This may have been because the problem was in fact not particularly serious. However, given that 14% had thought the problem presented in the scenario was not serious (when it was), it is possible that some of the mental health problems they encountered may in fact have been serious enough to warrant seeking help from an adult. This is consistent with Gulliver et al.’s (2010) review of barriers to young people seeking help for themselves, which found that ‘problems recognising symptoms’ were a major barrier to young people seeking adult help.

More than one-third (36%) of those who had not sought adult help for a friend with a mental health problem felt there was no suitable adult to get help from.

Significant demographic differences observed were:

- More females than males\(^ {52}\) felt ‘unsure about the best thing to do.’ More students speaking East and South-East Asian languages than all other languages\(^ {53}\) also reported feeling ‘unsure about the best thing to do’.

\(^{45}\) OR = 1.66
\(^{46}\) OR = 1.16
\(^{47}\) OR = 1.67
\(^{48}\) OR = 1.21
\(^{49}\) OR = 1.53
\(^{50}\) OR = 1.49
\(^{51}\) OR = 1.53
\(^{52}\) OR = 1.84
\(^{53}\) OR = 1.52
Females were also more concerned than males about ‘breaking a friend’s trust’. Females were also more likely than males to report feeling that ‘involving an adult could have made things worse.’

Students in metropolitan schools were more likely than those in non-metropolitan schools to report their friend’s embarrassment as a barrier to seeking adult help for them.

Students speaking East and South-East Asian languages at home were more likely than all other students to report that they did not think the hypothetical friend’s problem ‘was serious enough for adult help.’

Table 3.2: Reported barriers to young people getting adult help for friends in the past

<table>
<thead>
<tr>
<th>Total</th>
<th>Sex</th>
<th>Geographic location</th>
<th>East-S-E Asian languages spoken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N*</td>
<td>(%)</td>
<td>M (%)</td>
</tr>
<tr>
<td>Felt unsure about the best thing to do</td>
<td>469</td>
<td>58.8</td>
<td>51.4***</td>
</tr>
<tr>
<td>Involving an adult could have made things worse</td>
<td>411</td>
<td>49.5</td>
<td>45.7*</td>
</tr>
<tr>
<td>Didn’t want to break friend’s trust</td>
<td>385</td>
<td>46.3</td>
<td>42.5*</td>
</tr>
<tr>
<td>Worried their friend would be embarrassed and not want an adult to know</td>
<td>373</td>
<td>44.9</td>
<td>42.3</td>
</tr>
<tr>
<td>Friend said they didn’t want any help</td>
<td>338</td>
<td>40.7</td>
<td>36.6*</td>
</tr>
<tr>
<td>The friend was already getting help</td>
<td>304</td>
<td>36.6</td>
<td>34.9</td>
</tr>
<tr>
<td>Didn’t know a suitable adult to get help from</td>
<td>302</td>
<td>36.3</td>
<td>31.7**</td>
</tr>
<tr>
<td>They thought the friend didn’t want them to know they had a problem</td>
<td>264</td>
<td>31.8</td>
<td>32.9</td>
</tr>
<tr>
<td>No professional available that they felt comfortable to talk to</td>
<td>261</td>
<td>31.4</td>
<td>27.8*</td>
</tr>
<tr>
<td>Didn’t think the problem was serious enough for adult help</td>
<td>250</td>
<td>30.1</td>
<td>32.9</td>
</tr>
<tr>
<td>No trusted adult to talk to about the problem</td>
<td>248</td>
<td>29.8</td>
<td>25.8*</td>
</tr>
<tr>
<td>Didn’t know the person well enough to get help for them</td>
<td>209</td>
<td>25.2</td>
<td>26.8</td>
</tr>
<tr>
<td>Felt too embarrassed to talk to an adult about it</td>
<td>206</td>
<td>24.8</td>
<td>26.0</td>
</tr>
</tbody>
</table>

* p<.05, **p<.01, ***p<.001

Total number of respondents for these questions was 831.

Note: No significant differences in seriousness or confidence ratings were observed between year groups or ATSI and non-ATSI students. See Appendix 3 for odds ratio tables.

54 OR = 1.35
55 OR = 1.34
56 OR = 1.49
57 OR = 1.72
Exploring barriers in the words of young people

The most common barriers raised by the students in focus groups and in open-ended comments in the survey were:

- embarrassment
- confidentiality concerns
- reluctance to break a friend’s trust
- concerns about adults’ reactions, including that adults will minimise the problem or overreact and take over, and that adults can cause trouble for the young people involved.

Other barriers mentioned less frequently included:

- not wanting to burden adults
- not knowing which adults to trust
- not knowing if the problem was serious enough to involve an adult
- being unsure about the best thing to do.

The following sections consider the most commonly raised issues in more detail, drawing on the comments of young people in their answers to the open-ended survey questions and in focus group discussions.

**Embarrassment**

The most frequently mentioned barrier to approaching an adult for help for a friend was embarrassment. This included the young person's own embarrassment as well as their concerns about embarrassing their friend. As with reported barriers to intentions, about one-quarter of the students were worried about their own feelings of embarrassment to approach an adult on behalf of their friend. However, as Table 3.1 shows, more than 70% of the sample agreed that being ‘worried their friend would be embarrassed and not want an adult to know’ was a barrier to them intending to seek adult help. However, far fewer (45%) cited this as a barrier to them not seeking adult help for a friend in a real life situation in the past (Table 3.2).

As might be expected, in response to the question ‘Is there anything else you would like to tell us about what stops young people getting adult help for their friends going through a tough time’, embarrassment was a common theme:

> Embarrassment and perhaps don’t want to be known to have a friend with a problem.

> I think it’s just embarrassment and getting bullied if other people found out.

> It’s mostly embarrassment which wards young people away from getting help.

> They feel scared, ashamed and embarrassed.

Previous research has linked young people’s embarrassment to their fear of stigma of mental health problems. Fear of stigma is high among young people, who often do not want their peers to know that they require help for their mental health and wellbeing (Rickwood et al., 2005).
Confidentiality concerns

A significant barrier to seeking adult help for friends that students discussed was concern that the adults would tell other people. This barrier has also been identified in studies on barriers to self help-seeking (Helms, 2003). Students in the present study displayed an understanding that, in some situations, teachers and school counsellors have a duty to pass on confidential information to parents and to other teachers. However, they also described perceptions that teachers often ‘gossip’ with one another, discussing students’ problems and making young people feel wary their problems can ‘get out’ and hence feel uncomfortable to approach them for help:

Adults tell everyone everything.

A teacher spreading it around the school, I wouldn’t want all the school to know if it was me, or I’d be scared that the teacher would go in the staffroom and talk about it. I think the person would just rather it not be at school.

They might want to tell it to everyone else – gossip about it.

Similarly, there was a perception that teachers treat students differently if they have a mental health problem, which others pick up on. A common criticism of teachers made by students was the indiscretion shown when students require some sort of support. Young people complained that teachers often pull students out of class to see the counsellor and are concerned that students and staff will talk about them behind their back:

Young person 1: I think with the teacher thing, them acting more discreetly in contacting the person and stuff, just so the rest of your year doesn’t know or something, like they don’t pull the person out of class, because that makes it so obvious. They could e-mail the person and say do you want to see me before school or after school or something. So when people aren’t around.

Facilitator: A bit more discretion around it?

Young person 1: Yes.

Young person 2: In our Year, if people are in trouble or are to be talked to, they just get pulled out of class. So it’s quite obvious that something else is going on.

Young person 1: Yes, then everyone starts gossiping about what’s happening.

Young person 2: As soon as they come back.

Young person 1: Yes, why were you taken out of class? What’s happening?

And similarly:

Young person 1: I think what we were just saying with discretion, I think they could make it more discreet instead of as obvious as it can be sometimes.

Young person 2: Yes, like not pulling people out of class.

Young person 1: Yes and just not treating them differently and stuff, because people notice that in class, say with your teacher, other people in your class are going to notice you’re being treated differently.

Some young people also reported a lack of trust in school counsellors, claiming they do not maintain confidentiality:

Because the school counsellor breaks their trust and tells their parents what they say.

If it’s the school counsellor there is no trust as they will tell information to our teachers.
I found school counsellors often make the situation worse, because they send letters home and things like that, and get the parents involved, and sometimes kids don’t want that.

Some young people described how negative experiences of adults breaking their confidentiality acts as a barrier to them approaching an adult for help in the future:

Bad experiences with an adult can lead to mistrust among other adults.
Can’t trust adults, the experiences I have had with them, as well as counsellors etc. has made me think they are untrustworthy and unreliable, as well as completely ineffective.

Some young people also indicated that a lack of private places within the school to discuss personal matters heightens their confidentiality concerns. This structural aspect of the school environment was also identified in Lindsey and Kalafat’s (1998) study of factors affecting young people obtaining adult help for themselves at school. The location and feel of the school counsellor’s office was very important for students. Several young people were reluctant to see the counsellor due to the location of the office in a very visible part of the school, meaning staff and other students could see them entering and leaving:

Young person 1: Also I don’t know if it makes a difference, but the school counsellor’s office is right next to [Miss X’s] office.
Young person 2: Other people see you going in there and…
Young person 3: …you can see who’s sitting there.
Young person 1: If you are going to talk to someone, you might not want everyone to know, because that’s the reason you’re going to a counsellor.
Facilitator: Okay, so a bit more discretion, you think?
Young person 2: Yes.
Young person 1: A hidden office.
Young person 3: Yes, underground.

Similarly, the following conversation was had after finding out that the school counsellor’s office had recently been moved to right next to the playground:

Young person 1: But it’s more disruptive where it is now.
Facilitator: More disruptive?
Young person 2: Yeah, because there’s classes - the unit classes next to it and some of them walk up and down and run up and down and it’s more disruptive.
Young person 1: Straight out to the playground whereas the old room was out the front.
Facilitator: Nobody could see you coming and going?
Young person 1: Yeah.
Facilitator: So you can see who’s in there?
Young person 2: Yeah.

And similarly:

Young person 1: The counselling room has big windows.
Young person 2: Everyone knows.


Reluctance to break a friend’s trust

A barrier of particular relevance to young people seeking adult help on behalf of friends is their reluctance to break a friend’s trust.

Of the students who had previously known someone going through a tough time but not sought adult help for their friend, almost half (46%) indicated they ‘didn’t want to break their friend’s trust’ (see Table 3.2). For young people, worrying about breaking their friend’s trust and losing the friendship as a result is a dominant concern, and fears about confidentiality further add to these concerns:

- They feel as if their friend will not forgive them if they have entrusted them with a problem/secret.
- They are scared – they will lose trust – their friend will hate them.
- Simply, you don’t want to lose their trust.

Focus group comments illustrate similar concerns:

Young person: The person you’re trying to help might turn against you if they know you’ve been telling other people without them knowing.

Facilitator: So it’s about breaking your friend’s trust perhaps.

Young person: Yes, because if they don’t tell other people, then they obviously don’t want everyone to know about it. If you’ve asked them if they want to see a counsellor or something and they say no, then do you break your friend’s trust or do you try to help them?

Less than one-quarter of the sample (22%) reported in the survey that they had discussed in class when it is more important to break their friend’s trust and seek adult help than to maintain their confidentiality. Of those students who had actually sought adult help for a friend going through a tough time, almost two-thirds (65%) had had these discussions in class.

This suggests that making time for such discussions in class could help young people negotiate these difficulties and seek help from adults for a friend when necessary.

As mentioned earlier, many young people do demonstrate an understanding that there are times when it is critical to tell an adult about a friend’s mental health problems:

- They get worried that their friend won’t like them and when their friend makes you promise not to tell anyone, you never want to break that promise, but sometimes you have to lose a friendship for a little to save their life.
- Some young adults believe they are betraying their friends trust, but really you’re doing your friend no good by keeping their problems a secret as they can lead to suicide.

Concerns about adult reactions

Students reported concerns that in seeking help from adults for a friend with a mental health problem, adults would minimise the problem, overreact or take over, or judge and punish the young people involved.

Minimising young people’s problems

Some students expressed concerns that adults would minimise or trivialise their friends’ problems if they approached them for help. They felt that this might happen because adults simply aren’t interested, don’t take young people seriously or because they don’t understand the problems that young people face:
We think adults don’t want to hear about our problems and that they will just shrug it off and tell us to grow up and that we are overreacting.

Parents and adults think that because we are so young bad things don’t happen to us. They’ll think that it’s not as serious as it really is and they’ll just think you’re really immature or something like that.

They might think it’s just a phase and that it’ll pass and everything will be okay.

This focus group interaction illustrates similar fears:

Young person 1: I wouldn’t tell an adult because I wouldn’t think they would take it seriously whereas I’m finding it really hard.

Young person 2: With some adults they think they have bigger problems and that the problems of the [young] person don’t compare.

Facilitator: Because you’re younger or...

Young person 2: Yeah or they might think they’re petty – I guess they’re not as important.

Young person 3: Yeah, they might think that their work and stuff is more important than a silly thing that’s going on with your friend. Like they mightn’t take you seriously because they don’t think it’s serious because you’re just a kid.

Young person 4: They might just brush it off.

Some young people also raised generational differences as a reason why adults might trivialise young people’s problems. A common theme emerging from both the focus group discussions and the open-ended comments in the survey was that adults do not understand the stresses faced by young people today. There was a belief that young people today have to deal with different issues to those of previous generations and, as a result, adults don’t understand:

Young person 1: I think that’s why kids are too scared to tell adults because adults are like that’s not healthy, grow up or something.

Young person 2: Because they might be from a different generation and they mightn’t have had to deal with what we’ve got to deal with.

Young person 3: Even telling mum about stuff at school, she’ll be like, we went through hard times; but our generation’s different, like we’re going through a lot more than you have and that’s what’s the matter, you just don’t understand.

Other comments made by young people in the open-ended survey questions illustrate the belief that adults simply do not understand the issues faced by young people today, or have forgotten what it is like to be a teenager:

Adults think they understand when they don’t, they don’t remember what it’s like to be young and alone.

Many adults offer advice that are no longer relevant to the modern age.

We don’t believe it will help, adults don’t understand the pressures faced by young people today.

Adults even though they were once kids will not know what’s going on with current kids.

As a result, some students reported placing more trust in the younger teachers at their school:

Young person 1: I only really trust the younger teachers at this school.

Young person 2: Yeah.
Young person 1: Because they just seem more experienced in the bullying side or something.

Young person 1: Yeah, like closer to our generation.

Overreacting and taking over

Students also expressed concern that adults would overreact and blow the friend’s problem out of proportion, or take over in a way that excluded the young person from helping their friend.

Of the students who had previously known someone with a mental health problem but had not sought adult help for them, 49% agreed that it was because ‘involving an adult could have made things worse’.

Some young people said they were afraid that the adult would react too seriously, catastrophise the situation, and make the problem into something bigger than it was:

- They tend to make a big deal out of it, they push us to go talk to counsellors and teachers and things like that, but we sometimes don’t really want to do that.
- The fear that adults will turn the problem into a huge issue and make a big fuss over it.
- They could blow it out of context and just make it a bigger problem than it already is.
- Because sometimes when you get the school or adults involved then the drama gets really big and they want to get involved in all of your personal life and do things that aren’t necessary.

These findings are consistent with those of Lindsey and Kalafat (1998) in relation to self help-seeking. They found that adolescents want adults at school to take what they say seriously, but not too seriously.

Students also discussed situations in which they had approached adults for advice due to concern for a friend and the adult had taken over the situation and taken unwanted action:

- I think they try to help you but you don’t want them to take it any further than what it is. We all know that they’re trying to help us in ways but we just don’t want to take it any further than what we want.
- Because you don’t really want them to do anything, you just want them to listen.

When adult help is provided in this way young people felt they can be isolated from continuing to support their friend:

- Well, they tell you thanks, I’ll take care of it now. You feel like you’re not going to know about what else is going to happen.

Some students also felt that once adults take over the situation, they can do the wrong thing for their friend and make things worse:

- It usually gets worse after telling an adult.
- I’d be worried they’d say something that could possibly make it worse.
- ADULTS CAN MAKE THINGS WORSE! If they don’t want to tell you, respect that! Don’t force them out of it because it will give them more pressure.

Judging and punishing young people

Some students also expressed concerns that there would be repercussions for themselves or their friend if they were to get an adult involved:

- Telling your teacher could make you or your friends get into trouble, especially if your problem involves you using illicit substances such as drugs and alcohol.
They could be afraid of getting into trouble if they did something wrong to put them in this position. The thought of them getting into trouble or yelled at by the adult.

Certainly some young people said they felt too scared and intimidated to approach adults with problems:

At times telling an adult can be quite intimidating and scary. It took a lot to tell my parents about a friend.

Because adults are just straight up scary, honest! They always speak formally to you and they don’t understand teen’s problems because they aren’t one at all!

It is difficult for a young person to get enough courage to ask for help.

Adults can be intimidating and they may take the situation the wrong way so the young person may be afraid to say anything to them.

Some students expressed concern about judgemental parents who would see their friend as a bad influence and discourage them from spending time with their friend:

Young person: They might judge my friend.
Facilitator: Say something that would be judgemental?
Young person: They could think she’s a negative or he’s a negative person and I’m not allowed to associate with them.

These comments convey similar fears about adults being judgemental:

I think they might look at the person differently, so they might already have a judgement or something on the person, but now that they know something that they didn’t actually tell, they might look at them differently or treat them differently or something.

Adults seem to think that friends with mental illnesses are a bad influence on their children, and could perhaps cause mental problems for their own children.

**Other barriers to seeking adult help for a friend**

Several other barriers to approaching adults for help were mentioned by the students, although less frequently. These included: not wanting to burden adults, not knowing which adults to trust, not knowing if the problem was serious enough to involve an adult and being unsure about the best thing to do.

A few young people expressed concern about placing stress on the adult if they were to approach them for help for a friend, especially if the adult was perceived to be too busy or unsure what to do. For example:

They might be stressed or confused because they don’t know why you came to them and they might be stressed about it. They have more to worry about – you and the other person you’re talking about.

Yeah everyone’s always too busy and I don’t want to burden anyone with problems that everybody has anyway.

I don’t want to burden the teachers.

Some students also reported that not knowing which adults to approach was a barrier to them seeking adult help for a friend. This uncertainty related to which adults could be trusted, and also which adults would be competent to assist their friend:
It’s just hard, you don’t know if you can trust the adult…..There’s no professional that I know of near me that I can talk to.

They don’t want to tell the wrong person and them to handle it incorrectly.

Others mentioned that a young person’s failure to see their friend’s problem as serious can result in them not seeking adult help:

They don’t realise it’s a serious problem.

Some young people underestimate the seriousness of the situation and allow it to pass.

Finally, not knowing what to do to help their friend was raised by a few of the students as a barrier to them approaching adults:

A lot of the time, young people simply don’t know what to do.

I feel regretful when looking back at how I dealt with the situation with my friend because I could’ve done more. At the time, I felt like I didn’t know what to do because I was young and had never dealt with that kind of situation before.

Summary and discussion

There was considerable agreement from young people about the barriers they face seeking adult help for a friend going through a tough time.

The barriers to young people seeking adult help for their friends that were most commonly mentioned can be seen as being of three broad types. They were:

- concern for their friend’s feelings
- concerns about adult responses and behaviours
- their own lack of confidence and knowledge
- their own personal feelings.

Concern for their friend’s feelings

Young people’s concern for their friend’s feelings included worrying about their feelings of embarrassment, reluctance to break their trust, their friends saying they didn’t want any help and thinking their friends didn’t want them to know they had a problem.

Worrying about a friend’s feelings of embarrassment was the most frequently identified barrier (71%) to seeking adult help for a friend while 40% were concerned about breaking their friend’s trust and going against their wishes to involve an adult.

These barriers are specific to the situation of a young person seeking help for a friend and present particular challenges. It is a difficult thing to go against a friend’s wishes. Overcoming these barriers can require balancing feelings of loyalty to the friend with getting them the help they need, or breaking trust and not only risking the friendship or alienating the friend but also undermining the support they may be providing to their friend.
Concerns about adult responses

Concerns about adult responses and behaviours were another dominant theme. ‘Involving an adult could make things worse’ was selected by almost half (44%) of the respondents. These concerns ranged from negative adult reactions such as judgement and punishment to inappropriate behaviour such as over or under reacting and not respecting confidentiality, to being perceived as disinterested, dismissive, unavailable, too busy or unable to cope with the problem.

Young people commented that adults often take over the situation and exclude young people from continuing to support their friends. Some indicated that they wanted the option to be included in their friends support strategy or, when appropriate, to be supported by adults to assist their friends. Certainly adults keeping young people involved in the support for a friend going through a tough time can be both a sign of, and a way of developing, respectful and trusting relationships between young people and adults, which in turn encourages young people to continue to seek adult help for a friend.

These barriers have also been raised in the context of young people seeking help for themselves. Lindsey and Kalafat (1998) for example, found that adolescents want adults at school to take what they say seriously, but not too seriously.

Lack of confidence and knowledge

Lack of confidence and knowledge underlies young people’s uncertainty about what the best thing was to do, when to act and who to go to for help. More than half of the sample agreed they would ‘feel unsure about what the best thing would be to do’ for their friend.

Other barriers of this kind that were commonly experienced were not knowing who to trust or turn to for help or not thinking the problem was serious enough to involve adults. These barriers were mentioned by up to one third of those who had known someone but not sought adult help (and slightly fewer of all respondents contemplating helping the hypothetical friend with a serious problem).

Personal feelings

Embarrassment discussing a friend’s mental health problem with an adult was cited as a barrier to involving adults by almost one-quarter of the young people contemplating seeking help for the friend in the scenario and by a similar proportion of those who didn’t seek help for a friend they had known.

Young people felt embarrassed approaching an adult for help even though the problem was not their own. The comments made by some young people provide some possible reasons why this may be. One young person said that they did not want to be seen to be associated with someone with a problem, while others said they felt shy talking to adults or found it difficult talking about such a personal topic. This suggests that opportunities to discuss mental health issues in more dispassionate, less personal contexts such as class discussions, and being assisted with the words and skills to do so, might be of benefit to these young people.

Young people’s embarrassment on their own behalf may also be contributing to the lack of intent of over one-quarter of the respondents (27%). This group would only seek adult help if they could do so anonymously (currently, this does not appear to be an option available to most students).

The next chapter presents a model that traces some of the influences the school environment (including school practices, mental health education, and school social relationships) can have on reducing some of the barriers identified in this chapter.
4 - School effects on student intentions to seek adult help for friends

Introduction

This chapter presents a model showing pathways of influence between aspects of school environments (including school practices, mental health education, and school social relationships) and the readiness of young people to seek adult help for their friends experiencing mental health problems.

The model was developed to examine the strength of the relationships between factors in the school environment and barriers to seeking adult help on young people's intentions to seek adult help on young people's intentions to seek adult help for a friend.

The aspects of school life that were included in the model were based on the proposition that to involve an adult when a friend is experiencing a mental health problem, young people require at least:

- the ability to recognise that help is needed and that adults can help
- the confidence to approach an adult
- access to suitable, trusted adults.

The model focuses on factors that schools can influence. These factors are related to student perceptions of their school environment and includes school practices (including school-based mental health education), school social relationships (including student relationships and teachers' attitudes towards students), and student responses (student feelings and perceptions about school practices and relationships). It was anticipated that if relationships between these factors and intention to seek help can be established, it may help to identify where schools might most effectively focus efforts to improve student help-seeking for friends with mental health problems, and hence facilitate earlier assistance for those who need it.

The research also considered those school-based influences in relation to students’ past experiences of knowing a young person going through a tough time and the actions they took to help them. Other non-school influences, including student demographics, were also incorporated into the model.

The research model

Student intentions to seek adult help for a friend going through a tough time were primarily assessed by their intentions to seek adult help for a friend experiencing one of four hypothetical problems. It was predicted that students’ intentions to seek adult help for a friend would be influenced by:

- student responses to school social and emotional climates
- student responses to school practices, including perceptions of mental health education
- past experiences of seeking adult help for a friend
- student demographic backgrounds.

58 Details about the scenarios are provided in Chapter 2.
It was also predicted that intentions would be affected by perceived barriers to seeking adult help for a friend and that these barriers would themselves be influenced by school practices, and by the social and emotional dimensions of school climate.

The central hypothesis was that school social relationships and practices can affect young people’s feelings and perceptions (student responses), which in turn influence help-seeking for friends both directly and indirectly (through influencing perceptions of the social and emotional barriers to seeking adult help for friends going through a tough time).

The model was developed to examine the strength of the relationships between factors in the school environment and barriers to seeking adult help on young people’s intentions to seek adult help for a friend.

A simplified version of the model is provided in Figure 4.1 below, and includes all factors:

Figure 4.1 The research model

The first step was to test the individual associations between intentions to seek adult help for a friend and each of the factors in the model. All of the associations between the school environment factors and intentions, and between each of the barriers and intentions, were significant. This means that each factor in the model had an effect on young people’s intentions to seek adult help. Sex was the only non-school factor to have a significant association with intentions to seek adult help for a friend (see Appendix 4 for details).

Details about the process of testing the intent model using structural equations modelling can be found in Appendix 5.
Influences on young people’s intentions to seek adult help for a friend

As predicted, the model showed that the tested aspects of school practices and the school social environment do affect young people’s feelings and perceptions, which in turn affect their intentions to seek adult help for a friend. This effect is both direct, and indirect (that is, the factor affects other factors which in turn affect intent).

Figure 4.2 shows all of the factors that had statistically significant effects on students’ intentions to seek adult help for a friend. Solid lines depict direct effects, dashed lines indicate an indirect effect only, and the thickness of the lines indicate the strength of the total effect (that is, the thicker the line the greater the influence on intent). The total effect is the sum of the direct and the indirect effect.

Note: the first figure provided for each factor is the direct effect. The strength of the total effect is provided in brackets. A positive number indicates that an increase in the factor (e.g. more comfort to approach an adult at school) results in an increase in intent to seek help from an adult. A negative number indicates that an increase in the factor (e.g. more negative feelings at school) results in a decrease in intent.

Figure 4.2: Model showing direct (and total) effects on intent

Note: ‘Not sure what the best thing was to do’, ‘student-student relations’, ‘sense of belonging’ to school and ‘teachers respectful’ had no statistically significant effects on intent.

R² = .18

59 Only significant effects are reported. *p<.05, **p<.01, ***p<.001, ns=not significant
60 Effect sizes <.1 weak, .1-.19 moderate, .2-.29 moderately strong, .3+ strong
**Total effects on intentions to seek adult help**

The total effect (as indicated in brackets in Figure 4.2) refers to the sum of the direct and indirect effects of each factor on intent. The strongest total effects on young people’s intentions to seek adult help for a friend were from across a range of factors measured (see Figure 4.1) with many exercising their influence indirectly through other factors.

This result demonstrates the relevance of the school environment as a whole for increasing young people’s intentions to seek adult help for friends and to reducing barriers to such help-seeking.

**Influences of school environment on intentions to seek adult help**

The school environment factors with the largest total effects on students’ intentions to seek adult help for a friend, in order of effect size, were:

1. feeling comfortable to approach adults at school about a friend (increased intentions)
2. having trusted adults at school to seek help from for a friend (increased intentions)
3. perceptions that school staff respect the confidentiality of students (increased intentions)
4. knowing who to get help from (increased intentions)
5. perceptions that teachers care about students’ mental health (increased intentions).

Each of the factors above had a moderate total effect or influence on intentions to seek adult help for a friend.

The remaining school environment factors had weak total effects but are still important for explaining intentions to seek adult help. These factors were:

- opportunities for mental health discussions and activities (increased intentions)
- feeling that the mental health information received at school is useful (increased intentions)
- feeling negative (e.g. depressed, worried, lonely) at school (decreased intentions)
- having had class discussions about the ethics of breaking a friend’s trust (increased intentions).

**What stops young people from intending to seek adult help (barriers)**

The social and emotional barriers that had the strongest influences (total effects) on students’ intentions to seek adult help for a friend, in order of strength of effect, were:

1. beliefs that telling an adult will make things worse (decreased intentions)
2. perceiving the problem in the scenario provided to be serious (increased intentions)
3. reluctance to break a friend’s trust to stop them suffering (decreased intentions)
4. their own embarrassment and worrying about their friend’s embarrassment (decreased intentions).

Each of the barriers above had a moderate influence on intentions.

Feeling that there was no suitable adult available to seek help from for their friend had a weak but still significant effect (decreased intentions).

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61 Effect sizes <.1 weak, .1-.19 moderate, .2-.29 moderately strong, .3+ strong

62 Weak effects can be important especially in the case of smaller groups for whom the effects may be drowned in the total sample.
Influence of non-school factors on intentions to seek adult help

Being female had a moderate total effect on increasing intentions to seek adult help for a friend.
Past experience of seeking adult help for a friend had a weak total effect (increased intentions).

Pathways to intentions

Having identified the factors that had the largest total effects on intentions to seek adult help for a friend going through a tough time, the next sections explore how schools influence young people’s intentions to seek adult help for a friend.

This involves tracing the pathways through which each of the five strongest school environment factors identified above have effects directly on intentions to seek adult help for a friend and indirectly by reducing the main barriers to intentions to seek adult help identified above. This will also include identifying influences on each of the five school environment factors and on the barriers.

Pathways to promoting intentions to seek adult help

1. Feeling comfortable to approach adults at school

The measure of feeling comfortable to approach adults at school for a friend included the following items: ‘At my school there are adults I would feel comfortable to seek help from for a friend,’ ‘At my school there are adults I would feel comfortable to talk with about my feelings,’ and ‘I am comfortable speaking with and getting help from the school counsellors.’

Feeling comfortable to approach adults at school to help a friend was the strongest school environment influence on student intentions. It had a moderate total effect on intent to seek adult help.
How feeling comfortable to approach adults at school affects intentions to seek adult help for friends

Feeling comfortable to approach adults at school to help a friend influenced young people’s intentions to seek help partly through a moderate direct effect and also through weak indirect effects due to its influence on other factors.

Figure 4.3 shows the pathways through which feeling comfortable to approach adults at school influenced intentions.

The effects of students feeling comfortable to approach adults at school on the intermediate factors through which it influences intent are shown in Figure 4.3 (see purple lines). These were:

- feelings of embarrassment (moderately strong)
- thinking that telling an adult could make things worse (moderate)
- feeling there are no suitable adults to tell (moderate).

Higher levels of comfort to approach adults at school resulted in students: having lower levels of embarrassment for themselves and for their friend when approaching an adult about their friend’s problem; being less likely to believe that telling an adult could make things worse; and being more likely to feel that there were adults available to talk to about their friend’s problem.
The final portion of the diagram shows the effects of the intermediate factors on intent (see dark blue lines to intent in Figure 4.3). Hence the weak indirect effects of feeling comfortable to approach an adult at school had their greatest influence through students feeling that telling an adult could make things worse (moderate) and feeling embarrassed for themselves and their friends (moderate), and weakly through feeling there were no suitable adults to tell.

**Influences on feeling comfortable to approach adults at school**

Figure 4.3 also shows how other factors in the model influence students feeling comfortable to approach adults at school about a friend’s problem.

**School environment influences**

The school environment factors that had strong or moderately strong total effects (that is, direct and indirect effects combined) on students feeling comfortable to approach adults at school for help for a friend were:

- having trusted adults at school (increased comfort to approach adults at school)
- knowing who to get mental health help from (increased comfort to approach adults at school)
- feeling that school staff respect student confidentiality (increased comfort to approach adults at school)
- feeling that teachers care about students’ mental health (increased comfort to approach adults at school)
- having had the opportunity for mental health discussions and activities (increased comfort to approach adults at school).

The effects of having trusted adults at school and knowing who to get help from on feeling comfortable to approach adults at school were direct effects. However, the influences of feeling that school staff respect confidentiality; care about students’ mental health; and of having had opportunities for mental health discussions and activities on feeling comfortable to approach adults at school were all indirect.

Other influences on feeling comfortable to approach adults at school for a friend had moderate total effects. These were:

- having a sense of belonging at school (increased comfort to approach adults at school)
- having had the opportunity to discuss in class the ethics of breaking a friend’s trust (increased comfort to approach adults at school)
- feeling that the mental health information received at school is useful (increased comfort to approach adults at school).

The following factors had a moderate total effect on feeling comfortable to approach adults at school but they had no total effects on intent:

- teachers being respectful in their dealings with students (increased comfort to approach adults at school)
- positive student-student relations (increased comfort to approach adults at school).

All these factors had weak direct effects on feeling comfortable to approach adults at school. The indirect effects had their main influence through feeling there are trusted adults at school to discuss personal issues with and having a sense of belonging at school.

In sum, school practices in relation to respecting confidentiality, providing opportunities for mental health discussions and activities, and discussing ethical dilemmas in helping a friend are likely to have a significant influence on how comfortable students feel to approach an adult on behalf of a friend.
Focus groups and open-ended responses also found a strong desire from students for more practical skills and information, and for more discussions of everyday dilemmas and how to resolve them:

*I think the practical side of it can be added to what we already do in PDHPE, because we already learn what the symptoms are, the internet sites we can go to, but how to deal with it if it’s your friend, I think that’s probably something they could add to the existing course.*

Exploration of the effects of school initiatives in this area using more comprehensive measures would be worth pursuing in further research.

**Non-school influences**

The following non-school factors had weak total effects on students feeling comfortable to approach adults at school:

- Past experience of seeking adult help for a friend (increased comfort to approach adults at school)
- Attending a more advantaged school (increased comfort to approach adults at school)
- Being male (increased comfort to approach adults at school)
- Being Aboriginal or Torres Strait Islander (increased comfort to approach adults at school).

Males and Aboriginal and Torres Strait Islander students were slightly more likely to feel comfortable approaching adults at school for help for a friend than females and non-Aboriginal and Torres Strait Islander students. However, this may not translate into actual action as males and Aboriginal and Torres Strait Islander students also reported perceiving mental health problems in a given scenario to be less serious than did females and non-Aboriginal and Torres Strait Islander students.

**2. Having trusted adults at school**

Having trusted adults at school had a moderate total effect on intentions to seek adult help for a friend. Its direct effect, however, was not significant. This means that the effect of students feeling there are adults at school they can trust on intentions to seek help from an adult is entirely indirect, through its influence on other factors such as students feeling comfortable to approach adults at school.

Having trusted adults at school to seek help from for a friend was measured by the following items: ‘At my school there are adults I can trust,’ ‘At my school there are adults that will know what to do to help if someone I know has a problem’ and ‘At my school there are adults that will listen to what I have to say.’
How having trusted adults at school affects intentions to seek adult help for friends

Having trusted adults at school had a moderate total effect on intentions and this effect was entirely indirect. Figure 4.4 shows the pathways through which having trusted adults at school influenced intentions.

Having trusted adults at school affected the following factors which in turn influenced intent (Figure 4.4 see purple lines):

- feeling comfortable to approach adults at school (strong increase)
- feeling that there are no suitable adults to tell (moderately strong decrease)
- being reluctant to break a friend’s trust to help them (moderate decrease)
- thinking adults can make things worse (weak decrease)
- feelings of embarrassment (weak decrease).

That is, having trusted adults at school to seek help from for a friend led to students feeling more comfortable to approach these adults to discuss a friend’s problems, and in turn increased their intentions to do so.

Trusting adults at school also reduced barriers to intentions to seek adult help for a friend. Increased levels of trust in adults at school led to stronger beliefs that there are suitable adults to talk to and reduced reluctance to break a friend’s trust to help them. There were also weak indirect effects of having trusted adults at school...
on intent through its influence on students’ levels of embarrassment for themselves and their friend, and on beliefs that telling an adult could make things worse for their friend. Higher levels of trust produced lower levels of embarrassment and resulted in it being less likely that students would feel that telling an adult could make things worse.

The right hand columns of the diagram show the effects of the intermediate factors on intent (see dark blue lines to intent in Figure 4.4). As shown, the indirect effects of having trusted adults at school had its greatest influence on reducing feelings that telling an adult could make things worse, reducing reluctance to break a friend’s trust and levels of embarrassment and increasing students’ feeling comfortable to approach adults at school for help for a friend. All of these had moderate total effects on intent. Having trusted adults at school also influenced the factor of thinking there were no suitable adults to tell, which in turn had a weak effect on intent.

**Influences on trusted adults at school to seek help from for a friend**

*School environment influences*

As Figure 4.4 shows, the strongest school environment influences on students having trusted adults at school were:

- perceptions that school staff respect student confidentiality (increased trust in adults)
- perceptions that teachers care about students’ mental health (increased trust in adults)
- teachers being perceived as respectful in their dealings with students (increased trust in adults)
- students having a sense of belonging at school (increased trust in adults)
- students feeling they have opportunities for mental health discussions and activities (increased trust in adults).

The strength of these total effects ranged from strong to moderate. All but the last had a substantial direct effect on students feeling they have adults at school who they can trust to approach for help for a friend.

School staff respecting students’ confidentiality also had a strong indirect influence on having trusted adults at school, mainly via its effects on young people:

- perceiving teachers to be respectful in their dealings with students
- feeling that teachers care about student mental health
- having sense of belonging at school.

Similarly, feeling that there are opportunities for mental health discussions and activities had a moderate indirect effect on having trusted adults at school, mainly via its strong direct effect on students feeling that teachers care about the mental health of students. Thus, the more students feel that they have opportunities for engaging in discussions and activities around mental health, the more they believe that teachers care about their mental health, which in turn causes them to have more trust in adults at school to approach for help.

Not only are these factors important for improving students’ trust in adults at school to help, comments in focus groups clearly showed that students would like to have more opportunities to discuss mental health issues at school and for teachers to take a genuine interest in them and their wellbeing.
Non-school influences

Non-school influences on students feeling they had a trusted adult at school to seek help from for a friend were:

- attending a more advantaged school (increased trust in adults)
- past experience of seeking adult help for a friend (increased trust in adults)
- being male (increased trust in adults).

The strength of these total effects ranged from moderate to weak.

Although weak, the finding that students who had sought adult help for a friend in the past reported higher levels of trust in adults at school is reassuring. It suggests that their past experiences seeking help for friends had been positive and hence may lead to their doing so again.

3. School staff respecting students’ confidentiality

Students feeling that school staff respect their confidentiality was the most widely influential of the factors that were considered in the model. Confidentiality in relation to trust and seeking help from an adult was a dominant theme in students’ open-ended comments:

*Confidentiality issues, not feeling 100% sure that what they say will be kept secret if they wanted it to be.*

*I think it’s mainly trust issues with an adult. E.g. school counsellor because they’re afraid they might tell their parents.*

School staff respecting confidentiality was measured with a single item that asked students to indicate their level of agreement with the statement ‘At my school teachers and other staff respect the privacy of students.’

Students’ perceptions that teachers respect their confidentiality had a moderate total effect on intentions.
How school staff respecting confidentiality influences intentions to seek adult help for a friend

The moderate total effect of teachers respecting students’ confidentiality was entirely indirect through other intermediate factors. It influenced a large number of school environment factors as well as most of the barriers to intentions to seek adult help. Figure 4.5 shows the pathways through which school staff respecting confidentiality influenced intentions.

The effects of students feeling that school staff respect their confidentiality on the intermediate factors through which it influences intent are shown in Figure 4.5 (see purple lines). The strongest total effects were:

- thinking that teachers care about students’ mental health (strong increase)
- having trusted adults at school (strong increase)
- feeling comfortable to approach adults at school (strong increase)
- feeling confident that they know who to get help from (strong increase)
- thinking there were no suitable adults to tell (moderately strong decrease).
There were also moderate or weak total effects of school staff respecting students’ confidentiality on the following barriers:

- thinking that telling an adult could make things worse (moderate decrease)
- feeling reluctant to break a friend’s trust to help them (moderate decrease)
- feelings of embarrassment (moderate decrease)
- having negative feelings at school (weak decrease).

Thus, the more strongly students believe that school staff respect their confidentiality, the more likely students are to feel more positively about a range of school environment factors that influence intentions and to be less affected by the social and emotional barriers to seeking adult help for a friend.

The final portion of the path diagram in Figure 4.5 shows the effects of the intermediate factors on intent (see dark blue lines). The following intermediate factors had moderate effects on intent:

- feelings that telling an adult could make things worse (decreased intent)
- reluctance to break a friend’s trust to help them (decreased intent)
- feelings of embarrassment (decreased intent)
- feeling comfortable to approach adults at school (increased intent)
- knowing who to get help from (increased intent)
- feeling that teachers care about students’ mental health (increased intent).

There were also weak indirect effects for:

- thinking there were no suitable adults to tell (decreased intent)
- feeling negative at school (decreased intent).

**Influences on school staff respecting confidentiality**

The influence of school environment factors on student perceptions that school staff respect their confidentiality was not tested in the model.

**Non-school influences**

The only non-school influence on school staff respecting confidentiality was language background, with students speaking an East or South-East Asian language at home being more likely than students speaking all other languages to believe that teachers respect students’ confidentiality. This was a weak but important effect. Given the relatively small numbers in the sample of students with this background, it is likely that this is a real difference and this group is on average more trusting that school staff will respect their confidentiality.

4. Teachers caring about students’ mental health

The measure of teachers caring about student mental health included the items: ‘Teachers and other staff look after the mental health and well-being of new students,’ ‘Teachers think that the mental health and well-being of students is important’ and ‘Teachers know ways to help students deal with problems’.

Young people’s perceptions that teachers care about their mental health had a moderate total effect on intent that was entirely indirect through other factors.
How teachers caring about students’ mental health influences intentions to seek adult help for a friend

Figure 4.6 shows the pathways through which student perceptions that teachers care about their mental health moderately influenced intentions.

The total effects of perceptions that teachers care about students’ mental health on the intermediate factors influencing intent are shown in Figure 4.6 (see purple lines):

- knowing who to get help from (strong increase)
- having trusted adults at school (strong increase)
- feeling comfortable to approach adults at school (strong increase)
- perceiving the mental health information received at school to be useful (moderately strong increase)
- having no suitable adult to tell (moderately strong decrease)
- perceiving the scenario problem to be more serious (moderate increase)
- feeling reluctant to break a friend’s trust to help them (moderate decrease)
- feeling that telling an adult could make things worse (weak decrease)
- feeling negative at school (weak decrease).
That is, the more strongly students felt that teachers cared about their mental health, the more likely they were to report feeling: confident that they knew who to get help from; there were trusted adults at school; comfortable to approach adults at school; the scenario problem was serious; and that the mental health information received at school was useful. Each of these factors increased student intentions to seek adult help for a friend.

On the other hand, the less strongly students felt that teachers cared about their mental health, the more likely they were to report feeling: there was no suitable adult to talk to; reluctant to break a friend’s trust to help them; telling an adult could make things worse; and negative at school. Each of these factors decreased student intentions to seek adult help for a friend.

The final portion of the diagram shows the effects the intermediate factors on intent (see dark blue lines to intent in Figure 4.6). The following intermediate factors had moderate effects on intent:

- feeling adults can make things worse (decreased intent)
- perceiving the scenario problems to be more serious (increased intent)
- reluctance to break a friend’s trust to help them (decreased intent)
- feeling comfortable to approach adults at school (increased intent)
- having trusted adults at school (increased intent)
- knowing who to get help from (increased intent).

There were also weak indirect effects of:

- having no suitable adult to tell (decreased intent)
- negative feelings at school (decreased intent)
- perceiving the mental health information received at school to be useful (increased intent).

**Influences on teachers caring about students’ mental health**

**School environment influences**

As shown in Figure 4.6, perceptions that teachers care about students’ mental health were influenced by students:

- feeling that they have opportunities for mental health discussions and activities (increased perceptions that teachers care about students’ mental health)
- perceiving that school staff respect students’ confidentiality (increased perceptions that teachers care about students’ mental health).

Both of these effects on beliefs that teachers care about students’ mental health were direct and strong.

Having had class discussions around the ethics of breaking a friend’s trust had a weak total effect on perceptions that teachers care about student mental health. This effect was entirely indirect via perceptions of opportunities for mental health discussions and activities. Thus, the more students felt they had opportunities for mental health discussions and activities, the more likely they were to have had class discussions around the ethics of breaking a friend’s trust, which in turn increased their intentions to seek adult help for a friend.

Focus group and open-ended survey comments showed that concerns about breaking a friend’s trust are strong among young people. The findings in this section suggest that making time for class discussions around when it is important to break a friend’s trust is likely to positively influence students’ intentions to seek adult help for a friend in need.
Non-school influences

Figure 4.6 also shows there were weak demographic influences on students’ perceptions that teachers care about their mental health. Students speaking languages other than East or South-East Asian languages at home reported stronger perceptions that teachers care about student mental health, as did males and students from more advantaged schools.

5. Knowing who to get help from

The measure of knowing who to get help from included survey items ‘I would know who to send a friend to if they needed help,’ ‘I know who to get help from for mental health and wellbeing issues’ and ‘At my school students are able to get help when they need it’.

Knowing who to get help from for mental health problems had a moderate total effect on students’ intentions to seek adult help for friends, and the effect was entirely indirect.

Figure 4.7: Role of knowing who to get help from for intentions to seek adult help
How knowing who to get help from influences intentions to seek adult help for a friend

Figure 4.7 shows the pathways through which knowing who to get help from influenced intentions.

The effects of students knowing who to get help from on the intermediate factors influencing intent are shown in Figure 4.7 (see purple lines). These were:

- feeling comfortable to approach adults at school (strong increase)
- feeling that there was no suitable adult to tell (moderately strong decrease)
- thinking that the mental health information received at school is useful (moderately strong increase)
- feeling negative at school (weak decrease)
- feelings of embarrassment (weak decrease).

That is, students feeling more confident that they knew who to seek help from resulted in them feeling more comfortable to approach adults at school and to report that they receive useful mental health information at school, both of which ultimately increased intentions to seek adult help for their friends.

Knowing who to get help from for mental health problems also reduced the barrier of young people feeling they had no suitable adult to tell. Students feeling more confident that they know who to get help from led to stronger perceptions that there were suitable adults to talk to and, in turn, increased intentions to do so.

Knowing who to get help from for mental health problems also influenced intent through its weak effects on levels of embarrassment and feeling negative at school. That is, students having confidence that they knew who to get help from lowered levels of embarrassment for themselves and their friend, and reduced feeling negative at school, which in turn increased intentions to seek adult help.

The dark blue lines in the Figure 4.7 show the effects of the intermediate factors on intent. Knowing who to get help from had its strongest influences on intent through its effects on students feeling comfortable to approach an adult at school and embarrassment, both of which were moderate effects.

Knowing who to get help from also weakly influenced intent through the indirect effects of thinking that the mental health information received at school is useful, lowering negative feelings at school and increasing feelings that there were suitable adults to talk to.

Influences on knowing who to get help from

School environment influences

The school environment factors that had total effects on students’ confidence that they know who to get help from were:

- perceptions that teachers care about students’ mental health (increased confidence)
- feeling there are opportunities at school for mental health discussions and activities (increased confidence)
- perceptions that school staff respect students’ confidentiality (increased confidence)
- having had class discussions around the ethics of breaking a friend’s trust (increased confidence).

The strength of these effects ranged from strong to weak.
**Non-school influences**

Two non-school factors influenced students’ confidence that they know who to get help from. These were:

- attending a more advantaged school (increased confidence)
- past experience of seeking adult help for a friend (increased confidence).

The influence of both factors on knowing who to get help from had moderate effects.

**Pathways to reducing barriers to intention to seek adult help for a friend**

1. **Telling an adult could make things worse**

Believing adults could make things worse was measured with a single item that asked students to indicate their level of agreement with the statement that ‘involving an adult could make things worse.’

It was clear from survey responses and students’ comments in open-ended questions and focus groups that fearing adults could make the situation worse for their friend was a major barrier to them approaching adults for help for their friends going through a tough time.

In relation to the hypothetical ‘friend’ with a mental health problem in the given scenarios, 44% felt that telling an adult could make things worse. Half (50%) of those who had known a friend in real life with a mental health problem and had not sought adult help reported not doing so due to fears that involving an adult could have made things worse:

- *Sometimes adults just make the person feel more stressed or isolated.*
- *Often adult help can interfere and make the problem worse, the adult may not understand, it can make the child feel worse about their problem.*
- *Sometimes they go to an adult they trust and the adult lets them down and just overlooks the problem as if it’s not serious…*
- *The adult may take it (too) serious and start scolding and suggesting stuff that the person would not like and feel comfortable with.*
- *They might tell other adults and everyone will know.*

Believing that adults can make things worse moderately strongly influenced young people’s intentions to seek adult help partly through a moderate direct effect and also through weak indirect effects due to its influence on other factors.
How beliefs that adults can make things worse influences intentions to seek adult help for a friend

The total effects of students believing that adults can make things worse on the intermediate factors through which it influences intent are shown in Figure 4.8 (see purple lines). These were:

- feelings of embarrassment (strong increase)
- thinking that there was no suitable adult to talk to (strong increase)
- feeling reluctant to break a friend’s trust to help them (moderate increase).

Thus, stronger beliefs that telling an adult could make things worse led to heightened levels of embarrassment, stronger beliefs that there was no suitable adult to talk to and increased reluctance to break a friend’s trust to help them, all of which reduced intentions to seek adult help.

The final portion of the diagram shows the effects of the intermediate factors on intent (see dark blue lines to intent). Hence the weak indirect effects of beliefs that adults can make things worse had influences on intent through:

- feeling reluctant to break a friend’s trust to help them (moderate decrease in intent)
- feelings of embarrassment (moderate decrease in intent)
- thinking that there was no suitable adult to tell (weak decrease in intent).
Influences on beliefs adults can make things worse

Other barrier influences
Perceiving their friend’s problem to be serious had a moderate influence on beliefs adults can make things worse and was entirely a direct effect. The more serious a young person felt their friend’s problem was, the less likely they were to think that telling an adult could make things worse.

School environment influences
Figure 4.8 shows the elements of school environments that can act to reduce the barrier of students’ believing that telling an adult could make things worse. The strongest total effects were:

- feeling comfortable to approach adults at school (decreased beliefs that telling an adult could make things worse)
- believing that school staff will respect their confidentiality (decreased beliefs that telling an adult could make things worse)
- negative feelings at school (increased beliefs that telling an adult could make things worse).

Each of these had moderate influences on beliefs that telling an adult could make things worse.

The total effect of school staff respecting confidentiality on believing adults could make things worse was largely indirect. Respecting confidentiality influenced many other school environment factors which in turn affected beliefs that telling an adult will make things worse.

The other school environment factors in Figure 4.8 also had weak, but still important, total effects on student beliefs that telling an adult could make things worse. These factors were:

- believing that teachers care about student mental health
- having trusted adults at school to seek help from for a friend
- having good student-student relations
- having opportunities for mental health discussions and activities
- believing that the mental health information received at school is useful.

Higher levels of each of these factors decreased students’ beliefs that telling an adult could make things worse.

Non-school influences
The level of advantage of students’ schools (ICSEA) had a weak total effect on beliefs that telling an adult would make things worse. Students from less advantaged schools were slightly more likely to feel that telling an adult would make things worse. This effect was indirect through other school factors such as feeling that teachers care about students’ mental health and feeling comfortable to approach adults at school.
2. Perceptions of seriousness of the problem

Students’ perceptions of the seriousness of their hypothetical friend’s problem in the scenario had a moderate total effect on their intentions to seek help from an adult.

Figure 4.9: Role of perceived seriousness for intentions to seek adult help

How perceived seriousness influences intentions to seek adult help for a friend

Perceived seriousness influenced young people’s intentions to seek adult help partly through a moderate direct effect and through weak indirect effects. The effects of perceived seriousness on the intermediate factors through which it influences intent are shown in Figure 4.9 (see purple lines). These were:

- feeling reluctant to break a friend’s trust to help them (moderate decrease)
- feeling there was no suitable adult to tell (moderate decrease)
- thinking that telling an adult could make things worse (moderate decrease)
- feeling embarrassed (moderate decrease).

Specifically, students’ perceptions that the problems in the scenarios were more serious led to less reluctance to break their friend’s trust to help them, lower beliefs that there was no suitable adult to talk to about their friend’s problem, less feelings that telling an adult could make things worse and less embarrassment for themselves and their friend. Each of these factors increased intentions to seek adult help.
The final portion of the diagram shows the effects of the intermediate factors on intent (see dark blue lines to intent). The weak indirect effects of perceived seriousness had influences through:

- thinking that telling an adult could make things worse (moderate decrease in intent)
- feeling reluctant to break a friend’s trust to help them (moderate decrease in intent)
- feeling that there was no suitable adult to tell (weak decrease in intent).

**Influences on perceived seriousness**

The greatest influence on students’ perceptions of the seriousness of a friend’s problem are likely to be from factors not investigated in this study, for example, the quality of mental health education and students’ personal characteristics and experiences. However, some potential proxies for the quality of mental health education were tested. These were students’ perceptions of the usefulness of mental health education, what they feel they know and the priority school staff give to students’ mental health.

**School environment influences**

The strongest total effect from the relevant school environment factors on perceived seriousness of the friend’s problem was:

- perceptions that teachers care about students’ mental health (increased perceived seriousness).

This effect was mainly a direct effect and was moderate in size.

Having more negative feelings at school and feeling that mental health information received at school is useful were also weakly predictive of how serious the friend’s problem was perceived to be. That is, the more depressed, lonely, worried or sad students felt at school, the greater their perceptions of seriousness; and the more students considered the mental health education they receive to be useful, the greater their seriousness perceptions.

**Non-school influences**

Females were moderately more likely than males to see the problems in the scenarios as serious, which partly accounts for their being more likely to intend to seek adult help.

Coming from a more advantaged school or being Aboriginal or Torres Strait Islander were both weakly predictive of how serious the problems in the scenarios were perceived to be. Aboriginal and Torres Strait Islander students were less likely than non-Aboriginal and Torres Strait Islander students to view the problems in the scenarios as serious, and those from more advantaged schools more likely to.

**Interaction effects on seriousness perceptions**

Three factors interacted with sex to influence perceptions of seriousness. These factors were:

- students feeling that teachers care about their mental health
- opportunities at school for mental discussions and activities
- students knowing who to get help from.

Specifically, these factors all had greater effects on males’ perceptions of the seriousness of the problem than on females’ perceptions.

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63 Interaction effects for all non-school factors were tested. Sex was the only non-school factor to have significant interaction effects.
Figures 4.10 to 4.12 show these interaction effects. As can be seen, these factors had large effects on males’ perceptions of the seriousness of the problem and very little effect on females’ perceptions of seriousness.

Figure 4.10: Interaction of sex and perceptions that teachers care about students’ mental health on perceived seriousness

Figure 4.11: Interaction of sex and perceptions of opportunities for mental health discussions and activities on perceived seriousness
Overall, the measures used in this study have little influence on students’ perceptions of seriousness. This is unsurprising given that students’ ability to recognise a serious mental health issue is likely to be largely determined by influences that we did not measure, such as the quality of mental health education received. Given the high levels of correct recognition of the seriousness of the problems in the scenarios provided (see Chapter 2 of this report), it is likely that this aspect of school mental health education is working well for most students in Years 9 and 10 in terms of the scenarios used.

However, as demonstrated in Figures 4.10 to 4.12, male and female responses to school-level influences can be very different, with the effects of school mental health education taking on a much greater significance for males. Improving students’ ability to recognise the seriousness of a friend’s problem is likely to have larger effects on the willingness of male students to seek help from an adult when a friend is going through a tough time.

3. Reluctance to break a friend’s trust

Reluctance to break a friend’s trust was measured with two items: ‘Would you break your friend’s trust and tell an adult about their problem if it meant keeping them safe?’ and ‘Would you break your friend’s trust and tell an adult about their problem to stop them from suffering?’

Reluctance to break a friend’s trust had a moderate influence on students’ intentions to seek adult help for a friend. Students’ comments in open-ended questions and focus groups regularly identified reluctance to break a friend’s trust as a significant and commonly experienced barrier to seeking help from an adult for a friend. For example:

- It’s not cool to tell adults what’s going on. Your friends won’t trust you again.
- The feeling that you might be breaking a friend’s trust and that they will never forgive you is a major contributing factor.
In relation to the hypothetical ‘friend’ with a problem in the scenarios provided, 40% agreed or strongly agreed that they wouldn’t seek adult help as going to an adult would break their trust. However, almost three quarters (74%) of the students reported they would break a friend's trust and tell an adult if it meant keeping them safe, and a similar proportion (73%) would do the same to stop them suffering.

Figure 4.13: Role of reluctance to break a friend’s trust for intentions to seek adult help

How reluctance to break a friend’s trust influences intentions to seek adult help for a friend

Reluctance to break a friend’s trust to help them had a moderate influence on intentions to seek adult help for a friend, and this effect was entirely direct. That is, the less reluctant a young person was to break a friend’s trust to help them the more likely they were to seek adult help.
Influences on reluctance to break a friend’s trust

Other barrier influences
The strongest influences of barriers on students’ reluctance to break a friend’s trust were:

- perceived seriousness of the friend’s problem (the more serious the problem was perceived to be, the less reluctance to break a friend’s trust)
- believing that involving adults make can make things worse (increased reluctance to break a friend’s trust).

Both had moderate effects on reluctance to break a friend’s trust.

Feelings of embarrassment and that there was no suitable adult to tell had weaker but still significant influences. The more embarrassed a young person felt, the more reluctant they were to break their friend’s trust to help them. Feeling there was no suitable adult to tell had a similar effect.

School environment influences
The school environment influences with the strongest total effects on students’ reluctance to break a friend’s trust to help them were:

- having trusted adults at school (reduced reluctance to break a friend’s trust)
- believing that school staff respect student confidentiality (reduced reluctance to break a friend’s trust)
- feeling that teachers treat students with respect (reduced reluctance to break a friend’s trust)
- feeling that teachers care about students’ mental health (reduced reluctance to break a friend’s trust).

Each of these had moderate effects on reluctance to break a friend’s trust.

Having discussed the ethics of breaking a friend’s trust in class and a greater sense of belonging at school both had weaker but still significant total effects on reluctance to break a friend’s trust (reduced reluctance to break a friend’s trust).

The finding that having discussed in class the ethical dilemma of breaking a friend’s trust to help them reduced actual reluctance to break trust is of particular interest. It suggests that making time for such conversations at school may help to increase the likelihood of students referring their friends to adults for help when needed.

Non-school influences
Sex was the strongest non-school influence on students’ reluctance to break a friend’s trust, with a moderate total effect. Females were more likely than males to overcome their reluctance to break a friend’s trust to help them.

Non-school factors with weak total effects on levels of reluctance to break a friend’s trust were:

- past experiences of seeking adult help for a friend (reduced reluctance to break a friend’s trust)
- speaking an East or South-East Asian language at home (increased reluctance to break a friend’s trust)
- coming from a more advantaged school (reduced reluctance to break a friend’s trust).
4. Embarrassment

Embarrassment was a strong theme in open-ended survey responses and in focus group discussions. It was identified as an important barrier to seeking help from an adult for a friend:

“They feel like their friends would be embarrassed or it would be embarrassing for them that they are friends with people who see or seek help from counsellors.

It is quite embarrassing for young people to talk to adults about such matters.”

In relation to the problem of the hypothetical friend provided in the scenario, 72% agreed or strongly agreed that they would worry their friend ‘may feel embarrassed or ashamed or not want an adult to know’ and 23% reported that they themselves would feel too embarrassed to talk to an adult about the problem.

Feelings of embarrassment in relation to discussing a friend’s mental health issues with an adult had a moderate total effect on intent to seek adult help for a friend.

Figure 4.14: Role of embarrassment for intentions to seek adult help

How embarrassment influences intentions to seek adult help for a friend

The moderate total effect of feelings of embarrassment on intentions to seek adult help for a friend was almost entirely a direct effect. Higher levels of embarrassment reduced intentions to seek adult help for their friend.
There was also a weak indirect effect through reluctance to break a friend's trust. Higher levels of embarrassment lowered reluctance to break a friend's trust, which in turn increased intentions.

**Influences on embarrassment**

*Other barrier influences*

Figure 4.14 shows that all of the social and emotional barriers to intent to seek adult help (see figure 4.14) had strong total and strong direct effects on embarrassment, with the exception of perceptions of seriousness of the problem which had a moderate total effect.

All of these barriers led to higher levels of embarrassment to approach an adult, and ultimately reduced intention to actually do so.

*School environment influences*

Figure 4.14 shows that the school environment factors with the strongest total effects on embarrassment were:

- feeling comfortable to approach adults at school (reduced embarrassment)
- having negative feelings at school (increased embarrassment)
- feeling that school staff respect student confidentiality (reduced embarrassment).

The strength of these effects were either moderately strong or moderate. Not knowing who to get help from and having less trust in adults at school had weak total effects on embarrassment. That is, the less students felt they know who to get help from and the less they felt there were trusted adults at school, the higher their levels of embarrassment to approach adults for help for a friend.

*Non-school influences*

There were no significant effects of demographics or past experience on embarrassment.

**Differentiating embarrassment**

The measure of embarrassment contained questions to assess both students' own embarrassment to approach adults for help ('I would feel too embarrassed to talk to an adult about this') as well as the their concern that they would embarrass their friend by going to an adult ('I would worry they may feel embarrassed or ashamed and not want an adult to know').

The model was also re-tested splitting these two concepts. Both had weak but significant direct and total effects on intent to seek adult help for a friend.

Several of the barriers affecting embarrassment were the same for the two concepts, such as thinking adults could make things worse, being unsure about the best thing to do and not having a suitable adult to talk to.

Other factors affecting embarrassment levels were different for the two concepts. Feeling that teachers do not respect student confidentiality and being male both moderately increased the young person's own embarrassment to approach an adult for help. Feeling more negative at school (moderate) and being female (weak) both heightened the young person's concern that they would embarrass their friend by approaching an adult.
Predicting future action

Intention

The main goal of developing the model described in this chapter was to determine the influence of school practices, school social relationships and student feelings and perceptions on reducing the barriers to young people intending to seek adult help for a friend.

While intending to act is not the same as acting, there is evidence to support the hypothesis that people’s intended actions do predict their actions. Yap and Jorm (2012) measured this prospectively and found that young people’s intended mental health first aid actions did predict the subsequent actions they took to help a friend in real life. The exception, however, was their intention to suggest their friend seek professional help.

There is no way of knowing at this point the extent to which students’ intentions will translate into future action to seek help from an adult. Some evidence does suggest, however, that young people may be more likely to seek help from an adult that they already know and trust (Rickwood et al., 2005), and this is confirmed by the present research.

Past action

Given the uncertainties about the extent to which intent predicts future action, an alternative approach to predicting future action was also examined, using past action as a proxy for future action.

This approach was based on the assumption that most of the young people who had previously sought help for a friend from an adult were, given their ages, likely to have:

- taken their action in the past 2-3 years
- been in the same school as they are now
- taken action to seek adult help in the context of a school climate that is similar to their current environment (that is, it is unlikely to have changed significantly since they took action).

To examine this, the model was re-tested replacing intention with past action as an outcome. The extent to which current school environment factors ‘predicted’ the past actions of students who had known a young person going through a tough time was re-tested (65% of the sample).

Fewer factors were found to ‘predict’ past actions of having sought adult help for a friend than was the case for predicting intentions to seek adult help.

As was the case for intentions, perceptions of the seriousness of a friend’s problem and feeling comfortable to approach adults at school were moderate predictors of having sought adult help in the past. Perceiving the mental health information received at school to be useful, knowing who to go to for help and feeling there was no suitable adult to tell also had similar effects as in the intentions model. In contrast, reluctance to break a friend’s trust had a much weaker effect on past action than it did on intent, as did fear that telling an adult would make things worse.

Having discussed the ethics of breaking a friend’s trust to get them help was a much stronger ‘predictor’ of past action than it was for intentions to seek adult help. This finding warrants further investigation.

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64 An identical (but not directly comparable) model which only included responses from those who had known a young person going through a tough time was constructed from this analysis.
As with intentions, females were also more likely than males to have sought adult help for a friend in the past (and somewhat more for past action than intent). Students speaking an East or South-East Asian language at home were slightly less likely to have sought adult help for a friend in the past than all other students (and this was lower than was the case for intent).

Embarrassment was not ‘predictive’ of past actions of seeking adult help (unlike in the case of intent). This is perhaps not surprising, as young people who had previously sought adult help would have needed to overcome any embarrassment they may have felt.

**Summary and discussion**

The key finding from the testing of the model is that factors in the school environment influence the propensity of young people to seek adult help for friends experiencing mental health problems. The model demonstrates, for the first time, some of the links between student skills and knowledge, social relations within schools, and the likelihood of students’ seeking help from school staff for a friend experiencing mental health problems.

The strongest influences on intent were students’ own social and emotional responses (barriers). Perceptions that adults can make things worse, students’ reluctance to break a friend’s trust to help them and perceiving that the problem was not very serious meant that young people were less likely to seek adult help for a friend. Embarrassment had a slightly weaker but still important influence on students’ intentions to seek adult help for a friend.

The testing of the model also showed that changes in various aspects of the school social environment and school practices were able to reduce these barriers as well as enhance young people’s confidence to approach an adult.

The quality of relationships between school staff and students were at the core of schools’ effects on students’ intentions and had important influences on intent to seek adult help for a friend. The strongest of these was young people feeling comfortable to approach adults at school. Positive, respectful and trusting social relationships between teachers and students not only enhanced students’ feeling comfortable to approach an adult at school about a friend’s problem but also reduced their reluctance to break a friend’s trust to help them, reduced the chances of students thinking that adults will make things worse, and reduced embarrassment. Other social relationship influences with notable effects were young people feeling that there were adults at school they could trust, who would maintain confidentiality and who they felt cared about students’ mental health.

The model also shows that school practices such as engaging in discussion about mental health and supporting the development of students’ practical skills and knowledge also influenced intent and reduced the barriers to seeking adult help. The immediate outcomes of these practices had the strongest effect. Knowing who to get help from had the strongest influence but feeling the mental health information received at school was useful also had an important weak effect. Other factors with weak but still important effects on intent were young people having opportunities to engage in mental health discussions and activities and opportunities to discuss the ethics of breaking a friend’s trust to help them.

Many of the factors in the school environment make up the overall effect on student intentions to seek adult help for a friend with a serious mental health problem. The complex and interconnected nature of these factors suggests that approaches to encourage young people to seek adult help for a friend should be targeted at the broad range of factors examined in this research.
Sex was the only demographic influence to have a significant effect on intentions. Males were less likely than females to intend to seek, or to have sought adult help on behalf of a friend or to identify problems as serious. Males were more likely to identify a mental health problem as serious when they: had the opportunity to engage in practical mental health discussions; knew who to get help from, or think teachers care about students’ mental health.

The level of disadvantage of a school’s student population had no significant effect on the intentions of young people to approach an adult for help for a friend, although it did have a small to moderate effect on some of the major influences on intentions, such as feeling comfortable to approach adults at school to help a friend.

The next chapter explores some of the strategies schools have implemented that relate to the factors that have been identified as being likely to encourage young people to seek adult help for a friend going through a tough time.
Introduction

The previous chapter identified pathways through which the school environment can influence young people’s intentions to seek adult help for a friend experiencing a mental health problem. This chapter draws on qualitative data obtained through the student focus groups, principal interviews and open-ended responses from both the student and principal surveys to provide a more nuanced picture of the factors that the research model suggests could influence young people’s propensity to seek adult help for a friend.

None of the school principals surveyed felt their schools had in place mental health strategies across all the areas investigated in this research, though some were clearly implementing a variety of strategies that were receiving positive responses from students. The success of these strategies points to the potential of whole-school approaches which are able to affect a wide range of influencing factors. While there was greater variation within schools in the study than there was between them, the school environment was experienced differently in different schools. Also, schools with strongly positive student comments were to be found among the schools with the highest proportions of students who had sought adult help for a friend who had experienced a mental health problem in the past.

The diversity of responses within each school does however mean that schools need to consider the impact of mental health strategies for different groups of students.

The chapter is organised in terms of the influences schools can have on student intentions to seek adult help for a friend.

Building confidence to seek help: mental health education

The findings reported in Chapter 4 showed that young people who believed the mental health education they receive to be practically useful and relevant were more likely to intend to approach adults for help for a friend. Practical mental health education can give them both the knowledge and skills to confidently apply this information to actions in real-life situations. Young people who had the chance to discuss mental health issues in class, and who knew who to get help from, had more positive perceptions of the usefulness of mental health education and greater intentions to seek adult help for a friend. Knowing who to seek help from also had a confidence-boosting effect, with students who reported knowing who to go to for help more often saying they felt comfortable to approach an adult at school to seek help for a friend.

Some ways to build confidence to seek help through mental health education include:

- practical and engaging mental health information
- normalising mental health conversations and help-seeking in the school environment
- discussing the ethics of breaking a friend’s trust to help them.

65 This finding is somewhat surprising given the student selection process within schools was up to the schools themselves and some class based clustering might have been expected.
66 School averages on the major measures of mental health, school climate and relationships with adults at school were not markedly different between schools.
67 There were no apparent demographic differences between schools where students were felt more comfortable seeking adult help for a friend or to have acted to help a friend in the past.
Practical and engaging mental health information

Students were clear about the type of mental health information they would find most useful. They felt that more practical information about how to recognise problems in real life, and on how to help themselves and other young people experiencing mental health problems, would be helpful:

Some young people don’t know what to do if a friend/adult is going through a tough time, so they need more of an insight into it.

We need to be taught how to deal with such situations and how to help.

Schools need to teach kids how to help people suffering mental health disorders in order for us to help them get better.

Many were concerned that they are not learning how to apply the mental health information they currently receive at school:

We need to be taught what to do if a friend is suicidal. My friend was cutting herself and I didn’t know what to do so I just told an adult who didn’t do anything except tell her parents. She is still depressed.

Young person: They don’t know how to apply it; they learn it but they don’t know [how to], use it well in their life. …Yeah, like in theory it makes sense, but trying to use it in a real situation, doesn’t really, in my opinion….

Facilitator: So you’d like to know more about how to do things in a real situation?

Young person: Yeah.

Both the survey responses and qualitative results showed that a substantial number of young people are not aware of how they can get help for mental health problems, both inside and outside of school. Of the surveyed students who reported not having previously sought adult help for a friend, more than half (59%) agreed that they ‘felt unsure about the best thing to do’ and more than one-third (36%) reported that they ‘didn’t know a suitable adult to get help from’.

Many young people also expressed uncertainty about how to access help for themselves or for friends within their schools specifically:

I don’t think anyone knows where or who to go to to get help.

Not knowing how to receive help, school should demonstrate online counselling services like beyondblue to the students.

Students suggested that mental health services need a higher profile among young people (see table 2.9) and should be more actively promoting themselves:

All these services need to actually make themselves highly known. I only know of them because I have an interest in this line of work but most youth don’t know of these services.

Half the students surveyed considered the mental health information they currently receive at school to be useful, 61% ‘agreed’ or ‘strongly agreed’ that mental health lessons are taught well, and 82% ‘agreed’ or ‘strongly agreed’ that their school needs to find more interesting ways to teach students about mental health and wellbeing issues. Students offered a number of suggestions for what might make them more interesting:

The school curriculum needs a more hands on or interactive way of teaching us about mental health.
Mental health learning should be funner [sic] and interesting to grasp kids attention. It should be a good experience and be entertaining enough to stay in the kids mind for the future. The same thing is said over and over again and it gets boring.

Some felt it would help to receive this information from experts:

Real mental doctors should come to school and teach us lessons [rather] than the teachers, because it’ll be more interesting if the doctors did it than the teachers. We lose focus when teachers do it.

Hearing from those who have personal experience with mental health problems was also a popular suggestion:

I think to improve mental wellbeing lessons we can gather people who have gone through these problems to share their stories and testimonies.

I think that there should be groups of young people that visit our schools and tell us of their experiences so that we will have first-hand knowledge of how they dealt with their problems.

**Normalising mental health conversations**

Young people reported that they would like more opportunities to have regular and open conversations in class and with their teachers, particularly around mental health and wellbeing:

We should discuss more about mental health and wellbeing in class than we do.

Almost every one of us suffer through mental stress at some point of our lives.

... in our schools we should hold meetings once every month so everyone can discuss some problems that they are facing.

Such conversations are likely to build rapport between teachers and students in relation to mental health issues and create opportunities for strengthened student-adult relationships. Wilson & Deane (2001) found that students are only likely to approach adults for help if they have a strong and positive relationship with the adult. This was reflected in the comments of students in the focus groups who said they are most likely to approach an adult when they have good relationships with them as they trust them and know the adult will listen to them and take them seriously:

Like in certain schools they have the mentor classes - talking about my new school here but they have the mentor classes where every three - there’s three days dedicated in a week - where you go and spend an hour with your teacher and you just talk about any issues you’re having - whether that’s school related or not school related. It just makes you feel more comfortable even in the school - or outside the school - you know you have that person there that’s not we’re in class now we need to work. It’s talking about you and how you’re coping.

Maybe if we had more teachers to help us get through situations and had talks with us each month about what we are going through would help.

Opportunities for regular and open conversations are also an avenue for facilitating the normalisation of discussing mental health problems and help-seeking, which was another outcome desired by young people. One student in a school that had made considerable efforts to normalise help-seeking behaviours among students was surprised to discover how different her situation was to her friend’s school:

I think it’s different at this school because I don’t know if they planned it but it’s not really that much of a secret if you go to a counsellor. I think for everyone who does go to a counsellor you think oh
my God I am a freak, why am I going, but then when they hand the notes out or the little time slots you actually look around and say it’s quite normal to go and just sit down and talk to someone, it’s not that big a deal.

If I talk to my friends at other schools and I said oh yeah we got a counsellor, she’s like yeah we’d talk about it and she’d be like we don’t - not many people go. You would be surprised by that because it’s the norm.

Focus group participant

In this case, a school culture has developed in which discussing problems and seeing a counsellor is viewed ‘as no big deal’. The school had achieved this through creating a structure for young people to have informal contact with older students and teachers in the school. Through providing many opportunities to discuss mental health issues, an environment has been created in which seeking help is seen as normal. This outcome did not happen as the result of a specific initiative, but rather through a whole-school focus on student wellbeing.

The principal’s delegate in the above school, where students clearly expressed feeling comfortable to approach teachers for help, was of the view that regular and open conversations with students about mental health was an important part of the process of normalising help-seeking and reducing embarrassment:

“Often they just go and talk to someone. I think they’re quite happy to go and do that. I think too, most of them know that we very much want them to come and see us and, when we try to help them, we’re not going to try and make things worse. That we will do whatever is in our power to support the person that they feel is struggling, to protect them, if they really feel that they would prefer not to have their name mentioned.

But we also try, in the end, to have an honest kind of discussion. We even have kids bringing their distressed friends. Come with me now. You have to go and talk to. They’ll take them. I think it’s just sort of - it just spreads.

One little boy, who had only just been going to the psychologist here for about four or five weeks because of his severe anxiety, leant across and said, I go and talk to someone. She’s really, really good. Maybe you’d like to go and have a chat. So I think it’s them talking to one another because their experience has been positive.”

Principal delegate

Some students also expressed a desire for this kind of approach when they did not have it:

“I also feel that there should be a lesson every week at school where students can just sit down and talk about their troubles with either peers or people they trust.”

Principal 1: Although this (mental health and wellbeing) is a priority at our school, many staff and the leadership of the school see the primary purpose of the school as academic success. This means that a crowded curriculum and learning leaves little room for other initiatives.
Principal 2:  *I feel mental health and wellbeing issues are greatly increasing. The school recognises that there is a need for understanding by staff, students and community to deal with these areas, but are only starting out to engage in programs to support mental health.*

Principal 3:  *Well there’s not really much more that schools can do other than what we do educating through the curriculum. It’s just making access to services available. So if a student’s got a personal issue they get referred to headspace.*

**Discussing the ethics of helping a friend**

In the survey, students were asked whether they had ever discussed in class when it would be appropriate to break their friend’s trust. Less than one-quarter (22%) indicated that they had had such discussions. However, discussing the ethical dilemmas of breaking a friend’s trust was shown in the study model to assist young people facing difficult decisions between remaining loyal to a friend and taking action to prevent them suffering or to keep them safe.

This was a problem many of the young people wanting to help a friend have had to face:

> They asked you not to and you don’t want to break their trust.

> We don’t want to upset our friends or lose their trust by getting an adult involved if they don’t want to talk openly about their problems.

> The idea of breaking trust, which would complicate matters further and possibly make the mood of someone having a tough time even worse if they were aware.

**Developing accessible pathways to help-seeking: school policies and practices**

Schools had developed a range of ways to build connections among students, between teachers and students, and in one case between students and counsellors.

**Building support networks**

Young people are known to prefer discussing their concerns with trusted adults and peers who they meet informally and regularly in their daily lives. The research identified schools with a variety of strategies to consciously develop these kinds of connections and pathways to support their students. These included teacher mentors and peer support and buddy systems.

**Regular timetabled teacher-student interaction**

In one school a new principal had restructured the school and achieved noticeable results very quickly. In this school teachers were allocated a Year group and were responsible for monitoring the students in that Year and assisting them with any issues they were facing:

> So they actually have someone who they can go to and feel comfortable going to, which I think is what’s made your study - those results show.
In addition, five or six teachers were allocated to each Year to look after approximately eight students. They spend 15 minutes daily with these students to check in with them, and an additional half an hour per week to work through specific issues:

I think the relationship between staff and students has definitely improved massively. I think that our aim to start off this was that our kids have at least one person that they can feel comfortable going off and - I'm not saying that that's happening for every kid, but I do feel that we know a whole lot more about our students than what we ever did.

Principal Delegate

Peer mentoring and buddy programs

Young people in middle to late adolescence prefer to confide in peers. A number of schools had developed variations of the teacher mentor approach that involved students across year groups meeting on a regular basis. In some cases this was extended to formal peer mentoring of younger students by older students.

A principal delegate described a system of mentor groups, which are single-sex and vertically streamed and meet twice a week for 25 minutes. This teacher felt that this whole-school system was responsible for developing a strong sense of community and looking out for one another:

It's not about delivering formal pastoral programs. It's all about getting to know one another, relationships, games, fun, talking, inter-house and inter-mentor competitions, planning for fundraising and charity events, the house chapel, the cheer, getting ready for athletics. It's about talking and each group really develops their own culture and you'll find that the older kids know the year nines, so it's a very - we're very vertically connected, which is, I think, really quite wonderful.

Another principal delegate pointed to the advantages of younger students just spending time with older students:

It’s because we - I think we all just spend - we spend time together. Especially in mentor (groups) - we’re always together and talking. Someone in Year 12 might be saying, ‘oh, this happened to me and the little year nine person is listening and going, oh.’ Or they’ll say something and some older child who’s had an experience that’s been positive will say, well maybe you should think about - and I think there is a real sense of being able to share those ideas.

The schools that had implemented peer mentoring or buddy systems (where older students were responsible for providing support and guidance to younger students) were also those schools in which more students had previously sought adult help for a friend. These systems were viewed very favourably by students:

In our school we have a buddy program in which we learn about mental health issues and how to help kids going through tough situations because kids usually don’t go to teachers as a first option they mainly go to other children and I personally know for a fact that this has helped many kids. Sometimes kids feel like teachers are way too older and don’t know how to help us in our situations especially with problems like cyber bullying becoming an increasing problem now-a-days.
Students who only knew about these approaches from others saw them very positively and were also keen to participate. The students in one school were disappointed that they had missed out on this opportunity:

Young person 1: The peer support is Year 11s who help out the groups in Year 7. They come and do activities with them and stuff. We never had peer support when we were in Year 7.

Young person 2: We were just left to our own devices. I just felt so left out because my sister was a peer support leader and I was like, well I see, we’re not important enough to have peer support….

Young person 1: Yeah, in like Year 8, they would have been in Year 12 then. We could talk to them if we wanted to.

Facilitator: So it was good for those who had it?

Young person 1: It was good to teach - they taught us about the school and what to do, what not to do.

Students from schools where fewer young people had previously sought adult help for a friend reported that they would like to have a peer mentoring system implemented in their schools. Students in one school described how they used to have tutor groups with students from different years, although this system had recently been changed to groups with students from a single year only. These students reported that they preferred the previous tutor groupings as they enjoyed being able to discuss things with students from older years and get help from them.

Students in schools that did not have buddy or peer mentor programs regularly mentioned the desire for some kind of peer support:

I think maybe instead of having a professional come in, you could just teach the students, the peer support leaders, so while we do it you could teach us the methods and the ways you would help a student in that situation. Whenever a professional comes in, when they speak to you, it's as if they, like generally they wouldn’t speak to you on the same level, on a personal level, they’ll speak to you as if they’re - well I think that’s just me, but I feel like they’re higher, like they’re above me. They don’t really talk to me on a personal level.

So if by having a student, talking to you, they’ll know what you're going through, because they would have been in your situation before.

Indeed, students from one school spoke about the removal of their peer support system across year groups with great disappointment:

Young person 1: Also they don’t have it here anymore, but I think tutor groups are really good because then you have a broad spectrum of people from different years, where you can go to them for help if you need it. Now we just do our year level which is hard, because if you tell one person in that group, then they’re more likely because it's in their year to go and tell their group and…

Young person 2: They’re going to tell, like if you see someone in an older year group and you talk to them, they don’t have any reason to tell someone else.

Young person 1: Their year group wouldn’t be interested, whereas if it’s within your year group, it gets spread very, very quickly.

Young person 2: I think it would just be good to have a broad range of people from other years and stuff, because chances are that they would know about it as well, specifially if they’re older.
Young person 1: Yes, cross-age mentoring as well.

Young person 2: It’s like you get matched with one girl in Year 7, it’s a girl in Year 11 or something or maybe Year 10. As you grow up you still talk to the person that you had in Year 7, you can talk about your problems. But now that they’ve scrapped the system, you don’t have someone specifically to talk to.

Facilitator: Did you like that, having that option?

Young person 2: Yes.

These kinds of approaches provide clear structures for students to support each other and to both seek and give advice and develop their skills for responding to the needs of other young people.

**Facilitating pathways to school counsellors**

For most students, counsellors were unfamiliar and were accessed through teachers. A surprising number of students revealed that they did not know they had a counsellor in their school:

*I didn’t have a clue we had a counsellor.*

Young person 1: Maybe if they spoke at assembly so we knew who they were.

Young person 2: Maybe even just like once just get up and say I’m here.

Young person 1: Yeah, I exist.

Or if they did know they existed, they didn’t know who they were or how to contact them:

Young person 1: We were never really introduced to the counsellors.

Young person 2: Yeah. We were just told that they were there if we needed them.

Young person 3: Yeah. But we have no clue who they are.

Young person 2: So we don’t really know who they are. So they’re a stranger.

Young person 1: Yeah. It would be nice if they introduced them to us.

Young person 3: Then we know who I’m looking for.

Young person 1: I don’t want to go up to maybe someone I think is a teacher and say, hey do you know who the counsellor is? Yeah. That’d be me.

Young person 4: Yeah. It’d be nice to at least know who they were.

Young person 2: What they look like; where they’re located – considering half the people here didn’t even know where they were. How to contact them.

One school was trying to integrate counsellors more visibly into school life so that they were more familiar to students and had been particularly successful in this regard. The counsellor attended sports matches, house meetings etc. A downside was it created a greater demand and some younger students felt they couldn’t get through the older students who were monopolising the counsellor’s time on informal occasions and at break times.

There was also some discussion about the gender and age of school counsellors:

Young person 1: Having both genders, like a girl counsellor for girl problems and stuff...

Young person 2: Yeah because we just have a male counsellor.

Young person 3: You might not feel comfortable talking to a male about it where girls can feel more comfortable talking about their problems to a girl.
Schools need a male and female counsellor. One reason people in my school are uncomfortable is because young females don't want to be left alone in a room with an older male discussing their feelings. A female counsellor would be better.

I feel there should be younger psychologists at school so that students can relate better to them and they can give better, more empathetic advice.

These suggestions from students highlight some of the complexities in integrating counsellors and support teachers, and making them more accessible.

Several students recommended that all students should be required to have regular check-ups with the school counsellor or a trusted teacher at least once a term. The rationale was that if all students are doing this, it removes the stigma and circumvents the difficulty of getting up the courage to go:

A lot of kids in the school go through a lot of problems with their home life. I think it would be useful if maybe just once a term the counsellors would have a quick 5 min session with each kid or a group of friends just to check up on them, that way it takes away the embarrassment of making the initial move of actually having to go see them yourself.

Young person 1: I think everyone should see a counsellor at least once a term.
Young person 2: Yeah.
Young person 1: Because I think you have to - people that don't tell anybody their problems, it's just going to be worse for them. I know one of my friends she's very quiet and reserved. I just think it's harder for her to tell anybody her problems because she is so quiet.
Facilitator: Maybe make it a regular thing for everyone so it's not such a big deal?
Young person 1: Yeah.
Young person 2: Yeah.
Young person 1: It's like a check-up.
Young person 2: Just to see how you're going with things.
Young person 3: If everyone's going to the counsellor then no-one's going to ask questions.
Young person 2: It won't be a big deal.

However, some students were resistant to the idea of being required to regularly discuss their problems, and presumably their friend’s problems, with adults at school:

Young person: It feels a bit forced actually. They're directly pushing you towards [unclear], if you're really reclusive about your personal details, like you want to keep them hidden, it really feels like that you're being cracked open.

Clearly, young people have different preferences in how they see the role and place of counsellors within schools.

Counsellors are a scarce resource and not necessarily well located in the school as a familiar and trusted adult with whom many students have regular contact. Given this, the role of other school staff is critical in providing first points of contact for young people seeking help for a friend.

**Facilitating anonymity**

Just over one-quarter (27%) of the sample expressed intentions to seek adult help for a friend only if they could do so anonymously. The preference for anonymous avenues of seeking help for a friend differed among
cultural groups, with students speaking East and South-East Asian languages at home being significantly more likely to prefer anonymity than students speaking all other languages.

Some schools reported already having systems in place that enabled students to anonymously identify a friend they were concerned about. In one such school, the principal delegate reported:

_We have a student line box. It's a box so you can be anonymous..... It's a funny name because it was meant to be an email but we couldn't actually get an anonymous email. So now they know, if they really don't want to have their name mentioned, just drop it in the box 'anonymously'._

It is worth noting that this school had a high proportion of students who said they had sought adult help for a friend in the past.

A similar system was reported as operating in another school:

Young person 1: _There's a box where you put your name in._

Young person 2: _You can also put like a friend's name in if you're worried about a friend and it's anonymous._

Facilitator: _Do people do that?_

Young person 2: _Yeah._

Facilitator: _That's good._

Young person 1: _You don't know who's put you in there so..._

Students in some schools that did not currently have a means of anonymous reporting expressed a desire for this. One interesting suggestion was to build on anonymous reporting by providing advice back to the reporter:

_Just some kind of service where you can just send a message to someone and then get their advice back but you don't have to have them know who you are if you don't want to._

This young person also favoured the idea of an anonymous email strategy:

_Maybe they could have some kind of email service or everyone at the school-in their school diary or whatever, somewhere where they have their school contact things, they have that email address. So everyone's got their school computers and school emails so you can send it to them and anonymise your email address and send it to them and say, this is what I'm thinking about, this is upsetting me. I'm worried about my friend or whatever and then they can send you back their advice on that but they don't know anyone who is involved or anything. So maybe even if you didn't want to talk to someone about it, you could send it off anonymously._

_Focus group participant_

**Improving use of help-seeking pathways: building trust**

This research has highlighted the importance of how adults treat young people in influencing whether young people will approach an adult for help for a friend. This included:

- respectful relationships between adults and young people
- treating young people as competent to support friends
- adults caring
- adults checking in on how young people are going
- adults taking action when a problem is raised with them.
Respectful relationships between adults and young people

Respectful relationships are a significant part of a positive school environment, where students feel comfortable using help-seeking pathways.

The comments of principals that identified challenges in creating positive school social environments were particularly informative. These principals were more likely to report fewer opportunities for students and staff to develop positive relationships, or that strategies to do so were not very effective. In some cases they reported that teachers do not always treat each other with respect, do not always treat students fairly, and that students do not treat each other with respect either. These schools also tended to be those where fewer students reported past actions of seeking adult help for a friend.

Poor student-student relations, lower levels of teacher respectfulness and trust of school staff was reflected in the student responses in these schools:

> Teachers should learn to make friends with students.
> Some adults treat us like kids, so how are we meant to trust them if they don’t treat us equally.
> We don’t trust most teachers at school because we are worried that they will tell other teachers the problem and it will get out.
> Teachers suck in [this] school… there is no one to talk to here and the students are just so judgemental.

In contrast, students in schools where higher proportions of students reported past actions of seeking adult help for a friend were more likely to express appreciation for school initiatives. They were also more likely to report teachers showing a genuine interest in students and taking the time to develop positive, caring and supportive relationships with them:

> Since I came to this school I felt welcomed and loved by every student and teacher and am very grateful to have the opportunity to come to a … school where I have never been discriminated against for any reason and have many teachers who care about my mental and physical education and health.
> The work that is being done at this school is very good and will help a lot of people now and in the future.
> Schools are providing very good programs to help kids with mental illness.
> The fact that my school puts strong emphasis on how to correctly deal with these situations is great to know. I will definitely implement what I have learnt if ever having to face difficult situations again.

In another school with low variation in students’ responses and a high proportion of students who had acted to help a friend in the past, the principal had a strong focus on developing a positive school culture. Fairness and respectful treatment of students was a high priority and built into school policy and practice:

> …it’s the way we interact with our kids in the school. I think that's really important. We have - I’m very good at modelling behaviour we want kids to have as well. So staff are not allowed to use their mobile phones outside of the staffroom, I’ve asked them not to because I’m not going to have kids come to me and say it’s unfair, because it is.
> Kids are allowed to have a right to appeal here, and on any issue. So if they're not happy with something they come through my door and say I'm not happy about this and it will be investigated for them thoroughly, which I think is really important, having, you know, students have that right. It's their school.
The principal of this school and its staff take a personal interest in their students, show that they care about them as individuals and respect their opinions. This is evident in student responses, which demonstrate high levels of trust and respect for the principal and the executive in the school. The responses also reflect the positive effect of the principal's efforts to make students feel comfortable to approach him when needed. The impact of this policy, and the high level of trust and confidence in their school leaders, is demonstrated in the following student interaction about approaching the counsellor if they were worried about a friend:

Young person 1: I'd just go to the principal.
Young person 2: If they were the only person like if I went to the principal or so and they told me to go to the school counsellor, I'd go to them. If I could go to someone else I would.
Young person 1: Same.
Young person 3: If I was really worried about someone, I'd probably go see the deputy or something before I would go to the counsellor because I think that the deputy would take proper action. Actually do something about it. If it was that serious that I really needed to see someone, it's beyond the point where the school counsellor would be relevant.
Facilitator: Right. Why would you go to the principal first rather than the school counsellor?
Young person 1: Because they deal with it better and the school counsellor will just ask you lots of questions.
Young person 3: You pretty much tell them your life story and then they don't do anything about it.
Facilitator: Right. So you've got a lot of confidence in your deputies and principals?
Young person 2: Yeah.

Going by the principal's comments about other issues as well, it would seem that this faith is also spread more widely among the students in this school:

Interestingly enough kids will come and tell us if there's an issue, which is really, really good and I think that's part of a really strong culture in the school as well. So they're happy to come – be it bullying, harassment, but also drugs.

Respecting student confidentiality is an important component of respectful teacher-student relationships. Adults not respecting young people's confidentiality was a major concern for students and presents a significant barrier to seeking help from an adult for a friend. Students were aware that breaking confidentiality in a school environment can have significant consequences for their friend, for their friendship, and for themselves. Not respecting young people's confidentiality, therefore, has far reaching effects on their propensity to seek adult help for a friend and for their friend's willingness to allow them to involve an adult. It can also signal disrespect, lack of empathy, and undermines the building of trust fundamental to the help-seeking process and the relationships needed to create the pathways that facilitate action.

*Treating young people as competent to support friends*

Students felt they would be more comfortable to approach adults for help for their friends if they thought the adults viewed them as competent and to be taken seriously. Their comments conveyed a sense of a mismatch between their perceptions of the way adults view them and how they see themselves.

Not seeing young people as competent to support their friends can also result in adults taking over the situation. Students discussed situations in which they had approached adults for advice and the adult had
taken the information and acted on it, without keeping the young person involved. The end result is that the young person who wanted to help their friend feels powerless and helpless:

- **You just want advice from them, not to go ahead and do something without you wanting it to happen.**
- **Even if you do want them to do something if they feel like they have to take control of the situation and deal with it in a really serious way, you’re not in control.**

Some young people felt it would be better to discuss their problems with other young people and not involve adults at all:

- **Kids like solving their problems with their friends.**
- **The only people kids feel they can trust is their best friends.**
- **It’s children who know what’s in their heads.**
- **Because sometimes the best help doesn’t come from a ‘trained professional’ or even a parent, it comes from your close friends because they know you better than anyone else.**

Many young people were already helping their friends and were keen to continue to do so even if things got worse. They wanted support from counsellors or suitable adults to continue to help their friends, as opposed to an adult taking over. If it was decided that the friend needed adult help as well, they wanted the option to remain involved and be treated as part of the support team. They did not want their friend to lose them as a source of support.

In problems that were less serious, they felt their support was sufficient:

- **Sometimes a very close friend or group of friends is all they need.**
- **If you know someone well enough, you don’t always need adult help, you can sometimes help more than an adult could.**

### Adults caring

Young people want school staff to care about them as people:

- **You guys need to care about the students.**
- **Teachers being more involved and caring, teachers actually caring about how you are.**
- **The teachers know what’s on the books, they don’t know what’s happening outside the classroom.**

This not only helps to develop trusting relationships between adults and young people but also has the potential to broaden the choice of adults that young people would feel comfortable to approach. The study model found a clear link between students thinking teachers care about their wellbeing and feeling confident to approach them to seek help for a friend:

- **Young person: I know at this school we’ve got house patrons and stuff and a lot of people trust them and have a really positive relationship. So in that case I would probably feel comfortable enough to go and talk to them knowing that it’s almost like a friendship between student and teacher, some of them, knowing that they would be able to help.**
Having the open, regular conversations about mental health that young people desire is one means for teachers and other adults to demonstrate they care about young people’s wellbeing and to support the development of trust.

Conversely, feeling that adults at school simply do not care about young people and their problems was clearly a disincentive to approaching them about a friend having problems:

Young person 1: There’s no point in telling someone if they’re just not going to care.
Young person 2: There’s nothing worse than pouring your heart out to someone – or getting your friend to tell someone – then they’re like, oh that’s sad. Then walking away.
Young person 3: They give you the cold shoulder.

The feeling that some teachers don’t care or are disinterested was widely expressed:

Young person 1: There’s some teachers that just rock up to school. They have a syllabus; they know they need to teach it."
Young person 2: They just teach it, then they just leave the school at the end of the day and that’s it.

Teachers in class (besides most PE teachers) don’t care about how you feel they just want to do their job and be done.

...they might not want any part. Like saying you should go to someone else, or they would feel annoyed that they’re coming to you.

In contrast, a principal in a school with a higher proportion of students who had acted to support a friend in the past described a very different environment:

Once you get here you realise how nice the place is…. like I said I’ve been in schools where the staff have been toxic and this is not one of them…. They’re willing to go the extra mile for kids, I have staff come in on holidays to work with their Year 12 kids all the time and they get great results…

Checking in on how students are going

A principal at another school with a higher proportion of students who had sought adult help for friends in the past attributed positive teacher-student relations simply to teachers taking the time to get to know their students and checking in with them regularly to see how they are going:

Yeah, in terms of communication and I think it’s just – I think the staff have made the effort or because they’re having to see these kids every morning of every day and they’re with the same group of kids, it’s just a familiarity, I suppose with the students and I guess it’s asking those questions: how come you’ve been absent, or what’s going on you look a bit sad today. Just starting those conversations with the kids I think that’s started to break down some of those barriers.
Young people also reported that they would like their parents and teachers to regularly check in with them, to initiate conversations and to let them know they are available to discuss things. Regular and open conversations between adults and young people facilitate this activity and make it easier for both the friend and the person helping to bring up their problem:

*Sometimes it’s better for the adult to reach out rather than the friend, because usually when your friend is going through a rough time so are you, so if an adult just reached out and asked if he could help that would be great.*

*Kids want you to say something first. Like we said before, kids don’t want to make the first move because the parents or adults might not like what you’re going to say, like what we’ve said in this whole discussion. So get the adult to say something first, say are you okay, what’s happening…*

*Focus group participant*

**Taking action**

Taking action was not just a desired result but also something that builds trust through demonstrating to students that their concerns matter and they are being treated seriously. Students simply ceased to trust those who didn’t follow through:

*Adults listen but they never really do anything to help. They say they have done all that they can but you know it’s the biggest lie and total bullshit.*

*Because in the end they never do anything and I think there is better options when a person their age would give better advice.*

This problem was widely mentioned and went beyond busy teachers:

*Personally, one of the counsellors that I’ve talked to about a friend, she was like yeah, we could try this, we could try that, come back next week and do this, but it’s never been resolved or anything. That’s why I don’t really put trust in counselling…Yeah, like they never talked to my friend about anything.*

**The role of parents and mental health services**

School environments that encourage young people to seek help for their friends, and schools that deliver effective mental health education, are only part of the story. These actions also need to be supported by strong school-parent partnerships and schools being able to access needed services when young people experience serious mental health problems.

In some cases the parent-school connection worked well and had a good outcome for students seeking help for their friend:

*Told my mum and my friend’s mum and they contacted the person’s parents, went to the school counsellor for advice.*

But others felt that their parents would not know what to do to support them to assist friends with mental health problems:

*I told mum, she didn’t know what to do either.*
As one principal delegate commented:

Parents just don’t know what to do...A lot more kids are facing a lot more challenges out there and they just don’t know what to do to help.

Another commented on the challenges schools faced engaging with parents about mental health issues:

We’ve been trying really hard to engage our parents. We raised the issue of mental health last year in my first parent meeting. By and by only five [parents] came. They said yes they did think there was a problem, but they just don’t come.

Students saw a role for schools in supporting them to discuss these issues with their parents:

Even if our parents tried to talk to us about it - I know some parents won’t but if the school or anyone could at least get the parents to start talking to us about it because [a lot of] - if we do talk to our parents about it all, we’d become more open to them and start trusting them and then we can tell an adult about all the stuff that's happening.

**School access to support services**

To a large degree, the ability of young people to access mental health services depends on the availability of support services within the school and on good partnerships between schools and external services, and on teacher knowledge and referral. Principal survey responses showed that while referral processes and pathways were working well for some schools, others were experiencing difficulties:

We’ve got a school counsellor, she works here two days a week, when we need one that’s five days a week and with all these factors that I just mentioned, it’s just ridiculous. There’s no way that she can solve the problems of our whole school in two days, along with doing access requests and all the paperwork that goes with high needs behaviour and support unit as well.

Also, some schools have no access at all to school counsellors and therefore need to rely on external services:

We don’t have the numbers to have a full time counsellor or even a part time one. The school is too small.

Almost all school principals reported having well-documented referral protocols to services outside the school (96%). However, the ease with which these services could be accessed by schools was more variable. Almost 20% of school principals reported that their schools could only access timely help for students from external services ‘to a small extent’. Also, 22% of school principals reported that their students were able to use external services for a sufficient length of time in order to resolve problems either ‘to a small extent’ or ‘not at all’. The overwhelming majority of those schools (88% and 79% respectively) were in non-metropolitan and/or in the more disadvantaged areas.
Summary and discussion

The comments and experiences of principals and students provide further evidence that school can make a positive difference to young people’s intentions to seek adult help for friends going through a tough time.

They help to show that influencing the kinds of school climate factors that the research model (Chapter 4) suggests are important will make a difference to student experiences and outcomes.

Students also raised a variety of ways in which schools can encourage them to seek adult help when they are concerned about the mental health of a friend. Most importantly, students said they wanted:

- mental health education that is engaging, practical and normalises mental health
- more accessible pathways to seeking advice and help through support people who are available, and who students know and feel comfortable with
- to be treated with respect when raising mental health concerns, including being taken seriously and having their competence to help their friends recognised
- adults to care about their wellbeing and to proactively check they are okay or if they would like to talk to them
- adults to take action and to do so in ways that are effective, appropriate and respectful.

However, these actions need to be supported by strong partnerships between schools and parents and between schools and mental health services.

The next chapter draws together the findings of the research and outlines some of the implications for school practices and wider policy.
6 - Discussion and conclusions

This research began as an exploration of what helps or hinders young people at school seeking adult help for a friend experiencing a serious mental health problem. The focus was on improving pathways to appropriate help for those who need it. However, the research also found a strong desire from students for more practical mental health education and skills development aimed at making mental health, and conversations about mental health, more accepted and normal.

Mental health problems have touched the lives of most Year 9 and 10 students in NSW. Almost three-quarters (71%) of the students in this study reported knowing another person who had experienced a mental health problem and just under two-thirds (64%) had known another young person or had a friend in that situation.

The results show that young people are more likely to seek adult help for a friend when they perceive the problem to be serious. While this is a good thing, it may be that young people will not seek adult help for a friend with less serious problems because of the strength of barriers they perceive to approaching adults for help. If these barriers can be reduced, then it is possible that more young people will be encouraged to seek adult help for a friend before problems become serious enough to warrant professional help and at a time when schools are able to make a real difference.

The research shows that the social and emotional barriers young people commonly experience in seeking adult help for friends experiencing mental health problems are likely to be reduced by school-based actions that improve the practical skills and knowledge of young people and the quality of the relationships between students and staff at school.

The research also provides a snapshot of the influence of current school policies and practices on student intentions to seek adult help for a friend going through a tough time from the perspective of students themselves, who are both the beneficiaries of school-based mental health education and support and active contributors to the mental health and wellbeing of the school community.

Just over half of all students said they would seek adult help for a friend with a serious mental health problem (52%) in the scenarios provided. Although not all of those who intend to seek help will actually do so when faced with a similar situation in real life, young people's intentions in this area have been found to predict actions (other than to suggest approaching health professionals for help). Of the students who had known a young person with a mental health problem in the past, half (51%) had sought adult help for them.

Just under half of all respondents were uncertain about approaching an adult at all. A further 27% said they would tell an adult only if they could remain anonymous. A small proportion (4%) of young people said they definitely would not seek adult help for a friend, while 16% said they would 'maybe' seek help or 'did not know' if they would seek help. Almost one-third (29%) of young people said that they did not know a suitable adult to get help from for a friend experiencing a mental health problem.

Young people reported a range of barriers to seeking adult help on behalf of a friend that related to concern about their friend's feelings, uncertainty about what to do, and doubts about the value of involving adults.
The most frequently mentioned barriers were:

- worrying that their friend would be embarrassed and not want an adult to know (72%)
- feeling unsure about the best thing to do (51%)
- thinking that involving an adult would make things worse (44%)
- thinking that going to an adult would break their friend’s trust (40%)
- thinking that they would not seek adult help if their friend said they did not want any help (40%).

The strongest influences on young people’s intentions to seek adult help were thinking that involving an adult would make things worse, the perceived seriousness of the friend’s problem (that is, the problem may not be seen as serious enough to warrant adult intervention), and thinking that going to an adult would break their friend’s trust.

Concerns about a friend’s feelings were high on the list of barriers inhibiting a young person’s intentions to seek adult help for a friend.

These barriers are specific to the situation of a young person seeking help for a friend and present particular challenges. It is a difficult thing to go against a friend’s wishes. Overcoming these barriers can require balancing feelings of loyalty to the friend with getting them the help they need, or breaking trust and not only risking the friendship or alienating the friend but also undermining the support they may be providing to their friend.

The key finding of this research is that schools can and do influence the propensity of young people to seek adult help for friends experiencing mental health problems. The research demonstrates for the first time some of the links between student skills and knowledge, social relations within schools, and the likelihood of students’ seeking help from school staff for a friend experiencing mental health problems.

Many factors in the school environment were found to influence student intentions to seek adult help for a friend, either directly or by reducing the barriers young people experience. The aspects of the school environment that had the greatest influence on young people’s intentions to seek adult help for a friend were young people:

- feeling comfortable to approach adults at school
- having trusted adults at school
- feeling that school staff respect student confidentiality
- knowing who to get help from
- feeling that teachers care about the mental health of students.

While these were the most influential of the factors examined, it was the combined and interrelated effects of these and other factors that affected student intentions overall.

Many young people reported that they were more likely to seek adult support for a friend when adults: treat them with respect when they raise concerns about a friend’s mental health; recognise them as competent to help their friends; simply ask young people how they are doing; and take action in ways that are effective and appropriate.
Implications of the research for schools

The research suggests that if schools across NSW make even small changes to improve social relations in schools and build relevant and practical student skills and knowledge, then significantly more young people are likely to approach adults for help for their friends going through a tough time.

The research supports the idea that providing pathways from peer support to adult help should be considered as an integral part of any school-based strategy to prevent and intervene early in the development of mental health problems in young people. The strategies that schools might pursue in developing these pathways are consistent with the broader role of schools to promote student health and wellbeing.

It is suggested that students are more likely to seek adult support for a friend going through a tough time in schools that focus on the actions outlined below.

Building trust among young people and adults at school

Trusting relationships between school staff and students were at the core of school effects on students’ intentions. Students feeling that there were trusted adults at school increased the likelihood of young people feeling comfortable to approach adults at school. It also reduced student reluctance to break a friend’s trust to help them. Students feeling comfortable to approach adults at school, that confidentiality is respected, and not feeling negative at school, reduced the likelihood of students thinking that adults will make things worse and reduced embarrassment.

The factors that contributed to students feeling there were trusted adults at school included school staff respecting student confidentiality, caring about students’ mental health, and being respectful in their dealings with students. Students feeling that they belonged in the school and had opportunities for mental health discussions also contributed to the perception that there were trusted adults at school.

Student responses reflected a wide diversity of perceptions and experiences:

Some adults treat us like kids, so how are we meant to trust them if they don’t treat us equally.

Since I came to this school I felt welcomed and loved by every student and teacher and am very grateful to have the opportunity to come to a … school where I have never been discriminated against for any reason and have many teachers who care about my mental and physical education and health.

Teachers suck in [this] school… there is no one to talk to here and the students are just so judgemental.

The work that is being done at this school is very good and will help a lot of people now and in the future.

Another way to build trusting relationships and pathways to help at school is to facilitate the development of supportive relationships between older and younger students and between teachers and students.

Focus groups in several schools found high levels of student support for strategies that foster relationships between young people across the school and between young people and school staff. Some schools had consciously developed strategies to develop positive connections and relationships among students and between students and school staff members with apparent
success. These included timetabled teacher-student meetings, identifying teachers to monitor how young people are coping, and buddy/peer support programs that connected young people to others in different year groups.

I think the relationship between staff and students has definitely improved massively. I think that our aim to start of this was that our kids have at least one person they can feel comfortable going off to – I’m not saying that is happening for every kid but I do feel that we know a whole lot more about our students than what we ever did.

Principal delegate

In our school we have a buddy program in which we learn about mental health issues and how to help kids going through tough situations because kids don’t usually go to teachers as a first option they mainly go to other children and I personally know for a fact that this has helped many kids. Sometimes kids feel like teachers are way too older and don’t know how to help us in our situations.

Young person

Recognising young people as competent to provide support to their friends

Another important dimension of building trust between young people and adults at school is how well adults recognise young people as being competent to support their friends going through a tough time. Students felt more comfortable to approach adults for help for their friends if they thought the adults viewed them as competent and to be taken seriously. Students were wary of adults taking over the situation without keeping the young person involved:

You just want advice from them, not to go ahead and do something without you wanting it to happen.

Even if you do want them to do something if they feel like they have to take control of the situation and deal with it in a really serious way, you are not in control.

Adhering to transparent school policies to protect student confidentiality

Students feeling that adults at school respect student confidentiality was an important influence on student intentions to seek adult help for a friend experiencing a mental health problem.

Schools that respect student confidentiality were more likely to have students reporting that: teachers care about students’ mental health; there are trusted adults at the school; they feel comfortable to approach adults at school; and they feel confident that they know who to get help from. These students were also less likely to report: thinking that telling an adult could make things worse; being reluctant to break a friend’s trust; feeling embarrassed; and having negative feelings at school. Confidentiality in relation to trust and seeking help from an adult was also a dominant theme in student comments:

Confidentiality issues, not feeling 100% sure that what they say will be kept secret if they wanted it to be.

Some schools had responded to confidentiality concerns with clear, negotiated, escalation and ‘need to know only’ rules. Some had worked on normalising discussion of mental health problems to reduce concerns about stigma, while others had located counsellor’s offices and chill-out rooms tucked away out of sight.
Showing they care about students’ mental health

Students feeling that teachers cared about their mental health increased the likelihood of students reporting that they know who to get help from, have trusted adults at school, feel comfortable to approach adults at school, and think the mental health education they receive at school is useful.

Students feeling that teachers care about students’ mental health also reduced the chance of young people reporting that they have no suitable adult to tell, being reluctant to break a friend’s trust to help them, and feeling that an adult could make things worse.

As noted above, perceptions that teachers care about students’ mental health is influenced by the extent to which students feel they have opportunities for mental health discussions and activities and that student confidentiality is respected.

It is also clear that young people want school staff to care about them as people:

Teachers being more involved and caring, teachers actually caring about how you are.

The teachers know what’s on the books, they don’t know what’s happening outside the classroom.

A principal at one school attributed positive teacher-student relations simply to teachers taking the time to get to know their students and checking in with them regularly to see how they are going. Young people also reported that they would like their teachers to regularly check in with them, to initiate conversations and to let them know that they are available to discuss things:

Sometimes it’s better for an adult to reach out rather than a friend, because usually when your friend is going through a rough time so are you, so if an adult just reached out and asked if he could help that would be great.

Teaching practical skills and encouraging discussion of real issues

Student perceptions about opportunities for mental health discussions and activities (including discussion of the ethics of breaking a friend’s confidence), and the usefulness of mental health information received at school, affected young people’s intentions to seek adult help for a friend experiencing a mental health problem.

More specifically, these factors contributed to students being more likely to indicate that: they are comfortable approaching an adult at school for help; there are trusted adults at school; teachers care about student mental health; they know who to get help from; and telling an adult would not make the situation worse.

Some young people pointed to the difficulties of translating what they are taught into knowing what to do at a practical level:

They don’t know how to apply it; they learnt it but they don’t know, use it well in their life …

Yeah, like in theory it makes sense, but trying to use it in a real situation, doesn’t really, in my opinion …

The research confirms that many young people both want to, and do, support their friends going through a tough time. This interest and concern needs to be acknowledged and supported in school mental health education, and in the development of school mental health prevention and early intervention policies and practices.

Young people felt that schools could do more to help teach young people practical skills and strategies to help their friends, including who to get help from:
Because sometimes the best help doesn’t come from a ‘trained professional’ or even a parent, it comes from your close friends because they know you better than anyone else.

Students were asked whether they had ever discussed in class when it would be appropriate to break a friend’s confidence in order to get them help. While this was shown to assist in young people feeling comfortable to approach an adult for help for a friend, less than one-quarter (22%) indicated that they had been involved in such discussions.

Young people wanted opportunities to discuss the everyday issues that they face (like stress and anxiety) and how to negotiate issues like breaking a friend’s confidence:

_We need to be taught how to deal with such situations and how to help._

_We don’t want to upset our friends or lose their trust by getting an adult involved if they don’t want to talk openly about their problems._

While 61% of students agreed or strongly agreed that mental health lessons are taught well, 82% agreed or strongly agreed that their school needs to find more interesting ways to teach students about mental health and wellbeing:

_The school curriculum needs a more hands on or interactive way of teaching us about mental health._

**Taking proportionate action when problems are raised**

Students’ believing that telling an adult about a friend’s problem could make things worse was found to be a significant barrier to young people’s intent to involve an adult:

_Often adult help can interfere and make the problem worse, the adult may not understand, it can make the child feel worse about their problem._

On the other hand, sometimes adults are seen to downplay the problem:

_Sometimes they go to an adult they trust and the adult lets them down and just overlooks the problem as if it’s not serious._

The importance of adults taking, and being seen to take, sensible action when problems are raised goes to the core of young people’s trust in adults:

_Adults listen but they never really do anything to help. They say they have done all that they can but you know it’s the biggest lie and total bullshit._

The positive effects of school staff members consistently taking sensible and proportionate action in response to student concerns was powerfully demonstrated in one school focus group where the students were clear that they would go to the principal or deputies ahead of the school counsellor because they knew that the principal and deputies would take proper action:

_I’d probably go see the deputy or something before I would see the counsellor because I think the deputy would take proper action._
Implementing a whole of school approach that accounts for student diversity

Student experiences and responses varied considerably within all schools in the study. This suggests that current school practices and social environments work well for some students and less well for others within individual schools.

For school support pathways to work for as many young people as possible, each young person needs to feel there are other young people and adults in the school that they can talk to about personal matters.

As individual students have different personalities their preferences about whom they feel comfortable talking to will naturally vary. Schools might therefore be encouraged to think about approaches that promote the idea that any adult at school can be a potential source of support for young people. This would need to be underpinned by strategies that help ensure each adult at school sees themselves as a potential source of support for young people and as reasonably competent to perform this role.

Similarly schools might encourage young people to see any other young person at school as a potential source of support, underpinned by strategies that help ensure each student sees themselves as a potential source of support for another person and as reasonably competent to perform this role.

The clear message from the research is that school strategies need to be flexible and varied enough to allow for different ways of supporting different students if they are to be beneficial for all students. Involving a wide range of students in the development of school mental health practices would help ensure that these practices respond to the diversity of student needs and preferences within a school.

Developing staff skills and knowledge

Implementing the kinds of strategies outlined above depends largely on the skills, knowledge and behaviour of school staff.

The research suggests that the core issues relate to communicating effectively with young people, behaving respectfully towards young people, adhering to confidentiality protocols, and knowing what to do when a young person approaches them for help. This includes taking proportionate action and assisting and supporting young people to connect with professional help when needed. There is also an important role in providing students with the practical information and skills they need to help themselves and their friends in tough times.

Implications of the research for school-community relationships

The adult that most young people intended to approach, and had actually approached for help for a friend going through a tough time, was a parent.

Some students felt that their parents were good at providing advice on how to best help a friend through a tough time, while others reported that parents were unsure about what to do, or did not take their concerns seriously:
Sometimes when I ask things that I don’t know what to do next, she [mum] does give me ideas and support. So sometimes when I don’t know what to do, because I’m not sure if it’s right or wrong, I ask my mum, and she does give me ideas.

I told mum, she didn’t know what to do either.

Tried to make their parents aware of what was occurring but they just ignored it.

One principal commented:

Parents just don’t know what to do....A lot more kids are facing a lot more challenges out there and they just don’t know what to do to help.

Many of the barriers young people face in seeking adult help for a friend applied as much to parents as to adults at school, fearing for example that parents do not take them seriously or maintain confidentiality:

I actually do trust [other] people more than my parents. I know a school counsellor seems more trustworthy because they’re sworn to confidentiality. I don’t have that with my parents.

Several young people thought it would help if parents were more open to discussing mental health issues and saw a role for schools in supporting them to discuss these issues with their parents.

Some schools reported they had made efforts to engage parents in mental health education while others had attempted to develop parents’ mental health literacy but parents were not taking up the offer:

We’ve been trying really hard to engage our parents. We raised the issue of mental health last year in my first parent meeting. By and by only five [parents] came. They said yes they did think there was a problem, but they just don’t come.

This demonstrates the need and value in engaging parents in strategies to support the mental health and wellbeing of young people. It shows that there is a clear need for parents to have the skills and knowledge to act appropriately when approached by a young person for help for a friend. Parents need to feel confident in identifying mental health issues, what support is required and how to access that support. Parents also need to be equipped with the knowledge of where support is available in the community – including support from school, a mental health service or other community organisation. In each local community, schools and support services have a role to play in building relationships and sharing knowledge to ensure parents know what to do and where to get help if approached by a young person seeking help for a friend going through a tough time.

Schools are in a position to communicate some key messages to parents that the research suggests would be helpful, in collaboration with support services available in the community. These include informing parents about: young people often being the first to know if one of their friends is experiencing a mental health problem; the importance of listening to their child when they raise concerns about a friend; and how to handle confidentiality concerns. Schools are also in a position to: inform parents about the school’s role in supporting a young person who is seeking help for a friend; encourage parents to contact the school and/or local support services when their child raises concerns about a friend; and to let parents know who to contact at the school or in the community.
Implications of the research for education policy

The capacity of schools to improve the pathways for young people to seek adult help for a friend experiencing mental health problems also depends on factors that to some extent lie outside the control of individual schools. These include policy level issues such as the quality of leadership within schools, the qualifications and training of school staff, support for the professional judgement of school staff, and recognising the success of schools in terms of student wellbeing as well as educational achievement.

Given that schools across NSW are implementing different mental health strategies in a wide range of settings from which others could learn, there may also be a role for policy in supporting greater knowledge sharing across schools to inform and improve practice in this area.

Implications of the research for mental health policy and practice

While schools can do much to support the mental health and wellbeing of young people there are times when this support needs to be complemented by available and accessible mental health services to which schools can connect young people when and where they need it.

To a significant degree, the ability of young people to access mental health services depends on good partnerships between schools and external services, and on the knowledge and confidence of school staff in drawing on the expertise and resources of services available in the community, including mental health education materials, activities to support wellbeing and making appropriate referrals.

Principal survey responses showed that referral processes and pathways were working well for some schools while others were experiencing difficulties.

Almost all school principals reported having well-documented referral protocols to services outside the school (96%). However, the ease with which these services could be accessed by schools was more variable. Almost 20% of school principals reported that their schools could only access timely help for students from external services ‘to a small extent’. Also, 22% of school principals reported that their students were able to use external services for a sufficient length of time in order to resolve problems either ‘to a small extent’ or ‘not at all’. The overwhelming majority of these schools (88% and 79% respectively) were in non-metropolitan and/or more disadvantaged areas.

A number of school principals, particularly in rural and remote parts of the State, commented that the work they are doing to support the mental health of their students was hampered by a lack of sufficient school counselling hours and basic mental health services in the community.

A substantial number of young people indicated that they did not know who to contact for help with mental health issues, either for themselves or for a friend. Students involved in the research focus groups suggested that mental health services need a higher profile among young people and should be more actively promoted:

All these services need to actually make themselves highly known. I only know of them because I have an interest in this line of work but most youth don’t know of these services.
Some students reported having known about available mental health services but were disappointed when they tried to use them, citing frustrations with cost, communication barriers and waiting times. Others conveyed distrust of telephone helplines because they didn’t know who was on the other end of the line and because the responses were scripted.

**Conclusion**

The research contributes new insights about the barriers young people face in approaching adults for help for a friend experiencing mental health problems, and identifies what schools can do to help young people get the support they need at a point when schools themselves can make a difference.

This research also highlights issues for further exploration by policy makers, parents and service providers in determining how the broader community can partner with schools to provide an environment that supports young people’s willingness to seek help for a friend.

The likely benefits of timely and competent adult help include reduced suffering for the young person experiencing mental health problems, reduced emotional burden for the young person concerned about their friend, and reduced disruption to the school work and learning of the young people involved.

At a broader level, the research demonstrates the value of involving young people in the continuing development of evidence-based practice, which in turn will improve the lives of children and young people in NSW.
Feedback on the research report was sought from 12 young people from Years 9 to 12. Overall, young people felt that the key messages were relevant to them and made practical sense.

Young people had specific comments in relation to the research findings and also drew out what they felt the key messages were for schools, parents and mental health services.

**Young people’s comments about the research findings**

Young people endorsed the finding that teachers do not respect students’ confidentiality and said this is a very important issue for young people, as is the fear of breaking a friend’s trust and losing that trust as a result. Young people were surprised that teachers respecting students’ confidentiality and reluctance to break a friend’s trust were not the two most strongly related factors to students’ intentions to seek adult help for their friends (although they were among the top five in terms of strength of effect).

The young people also felt that parents being identified as the adult young people were most likely to seek help from made sense due to the sample consisting of Year 9 and 10 students only. The group said that students in Years 11 and 12 would be more likely to go to teachers over parents, as they have become less reliant on parents and also develop stronger relationships with teachers in the senior school years.

**Young people’s comments on key messages**

**Key messages for parents**

Young people agreed that it is critical that parents know how to help their children to support friends.

They strongly supported the message that parents should be provided with information about mental health and that schools should encourage and support parents to take an interest in young people’s mental health through information sessions at school. They also strongly supported message that building relationships between schools and parents is important. They commented that improving communication between parents and schools ensures that both are on the same page when it comes to supporting young people to help their friends.

**For schools**

The young people considered that schools could do more to attract parents to attend information sessions about mental health. One suggestion was to include mental health issues in more general information sessions, such as coping with HSC sessions.

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68 The young people were either past members of the Commission’s Young People Advisory Groups or had participated in the survey and expressed interest in taking part in a future focus group discussion.
The young people strongly endorsed the importance of normalising discussions about mental health and help-seeking in school to diminish the stigma around mental health and to assist young people to seek help when needed.

The importance of training teachers to be more confident to deal with mental health issues was strongly supported and discussed in depth. They pointed out that they will all connect with different teachers and so all teachers and school staff need competence in the area of mental health. Moreover, they said they would be more likely to seek advice from teachers if they knew they were equipped to deal with the issue. However, young people also acknowledged that teachers are already at capacity and are not experts in mental health, but that at the bare minimum should be able to direct students to a range of avenues to seek further support if needed.

Some of the young people; and males in particular, felt the key message for schools to recognise that males and females are very different in terms of how they deal with issues was important. They pointed out that boys often don’t want to talk about feelings and don’t like it when teachers ask them to and that male culture makes it harder for them to seek help, for themselves or for a friend.

**For mental health services**

Importantly, the young people felt that the key message for mental health services was that they need to have a greater presence in schools and that they could do more. Some of the young people in our group pointed out that they had not heard of the key mental health support organisations mentioned in the report.
References


Stewart-Brown, S. 2006. What is the evidence on school health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach? Copenhagen, Denmark: WHO Regional Office for Europe (Health Evidence Network report).


Appendices

Appendix 1 – Sampling method and strategy

**Sampling method and strategy**

A stratified random sample of young people in Years 9 and 10 across NSW was drawn. The sampling frame of 744 schools comprised all secondary schools and combined primary and secondary schools with an enrolment of greater than 30 students in Years 9 and 10.69 Single sex schools were matched with an additional opposite sex school. Special schools were excluded from the sampling frame.

Stratification was by geographic location [metropolitan and regional (provincial / remote and very remote combined)] and educational sector (government / catholic / independent).

Our desired sample size was 3,500 students. Anticipating a 50% school response rate and 50% student response rate, a list of 260 schools was randomly selected according to the sampling criteria and a minimum of two classes per school (roughly 60 students) was sought (a design sample size of 15,600 students).

We then sought permission from the relevant sectors, and then from the principals of selected schools, to participate in the study. Eighteen Catholic schools in the Sydney diocese were sampled but not administered to as permission to conduct the study in this area was not granted.

Initially, 145 schools agreed to take part. Of those, 55 schools did not ultimately participate. Schools that did not respond to our invitation to participate by a certain date were assigned replacement schools from a matched replacement list.

In total, 3,241 students across 121 schools participated in the survey. After data cleaning, the final sample was 2,808 students across 93 schools.

Eighty-nine principals (or delegates) completed a principal survey.

Principals at the selected schools were provided with parental consent forms and invitations to participate to distribute to students. We requested that invited students cover the full range of the student body.

**Sample characteristics**

The characteristics of the student sample are presented in Table A1.1. As shown, Aboriginal and Torres Strait Islander students were slightly over-represented compared with their numbers in the population, as were students attending independent schools. Students attending Catholic schools were slightly under-represented in our sample.

The characteristics of the sampled schools are in Table A1.2. Government schools and metropolitan schools were over-represented in our sample, while independent schools and non-metropolitan schools were under-represented. However, the higher response rate of students in independent schools and non-metropolitan schools than those in government schools and metropolitan schools resulted in proportions of participating students being more closely representative of NSW students (see Table A1.1).

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69 A list of NSW schools and selected administrative data for 2013 were obtained from the Australian Curriculum, Assessment and Reporting Authority (ACARA).
### Table A1.1: Sample characteristics

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**Note.** Data on sex were missing for 3 participants.

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70 Population percentages for Sex, Aboriginal and Torres Strait Islander status and Language spoken at home are based on the population of all NSW secondary school students. Population percentages for school year, school sector, ICSEA value and location are calculated based on the population of Year 9 and Year 10 students in NSW.

71 Percentages do not total 100% as some students spoke more than one language at home.

72 Language categories are those used in the Australian Bureau of Statistics (2011) Australian Standard Classification of Languages. Catalogue 1267.0.

73 The Index of Community Socio-Educational Advantage (ICSEA) is a scale that represents levels of educational advantage. The variables that make up the ICSEA include socio-economic characteristics of the areas where students live, as well as whether a school is in a regional or remote area, and the proportion of Aboriginal students enrolled at the school (NSW Department of Education and Training 2010).
Table A1.2: School characteristics

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<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Government</td>
<td>61</td>
<td>65.6</td>
</tr>
<tr>
<td>Catholic</td>
<td>14</td>
<td>15.1</td>
</tr>
<tr>
<td>Independent</td>
<td>18</td>
<td>19.4</td>
</tr>
</tbody>
</table>

ICSEA value of students’ school

<table>
<thead>
<tr>
<th>Quintile</th>
<th>School sample</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>1 (lowest quintile)</td>
<td>21</td>
<td>22.8</td>
</tr>
<tr>
<td>2</td>
<td>18</td>
<td>19.6</td>
</tr>
<tr>
<td>3</td>
<td>17</td>
<td>18.5</td>
</tr>
<tr>
<td>4</td>
<td>18</td>
<td>19.6</td>
</tr>
<tr>
<td>5 (highest quintile)</td>
<td>18</td>
<td>19.6</td>
</tr>
</tbody>
</table>

Location of students’ school

<table>
<thead>
<tr>
<th>Type</th>
<th>School sample</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Metropolitan</td>
<td>70</td>
<td>75.3</td>
</tr>
<tr>
<td>Non-metropolitan</td>
<td>23</td>
<td>24.7</td>
</tr>
</tbody>
</table>

Figure A1.1 shows the distributions of the NSW Year 9 and 10 populations (denoted by ‘All’) and the realised sample (denoted by ‘Realised’).

Figure A1.1: ICSEA values
Figure A1.2 shows the Higher School Certificate rankings for participating schools. As can be seen, schools that participated in our study covered the full range of rankings.

**Recruitment for student focus groups**

Fourteen focus group schools were selected from surveyed schools with the most positive and least positive perceived school environments. Some were implementing a range of mental health strategies and initiatives, while others were struggling to implement such strategies. Focus group schools were also selected to include both metropolitan and regional geographic locations and all the school sectors.

All 14 schools that were approached agreed to participate, although three of these schools were ultimately unable to do so within the study time frame. Figure A1.3 shows the breakdown of the final 11 focus group schools by school sector and location.

Principals of those schools were asked to distribute invitations to participate in the focus groups. We requested that invited students cover the full range of the student body and include those who had expressed an interest in participating in the focus groups. Survey participants had been asked to express their interest in participating in a focus group at the end of the online survey by clicking on a link to a separate survey (that was unable to be linked to the main survey) where they provided their name and school. If there were any volunteers from the school being approached, these names were provided to principals of the school. Participation in the focus group was then the decision of each student and his or her parent or carer.

---

Between five and 10 students participated in each focus group. In total, 92 students took part in focus groups (53 females, 39 males). Of these, 63 (68.5%) were in metropolitan schools and 29 (31.5%) were in non-metropolitan schools.

Figure A1.3: Focus group schools by school sector and location

![Graph showing school sector by number of schools.]

**Weighting**

The survey results have not been weighted to match the population of NSW students. This is likely to give higher power to statistical tests than would be the case if the data was weighted.

**Weights for multi-stage sampling could not be calculated**

A two stage self-weighted probability sampling approach was used. However, while the probability of selection for schools was known, the probability of selection for individual students was not. While information regarding total student enrolments in Years 9 and 10 for each school was available, the selection strategy used within schools was not known. Schools were asked to administer active consent forms for the surveys to a minimum of two classes of Year 9 and/or 10 students. The number of classes administered to and how they were selected was unknown.

**Adjusting for non-response**

Without the weight above an adjustment for non-response could not be calculated. Approximately half of the matched school list was administered the survey.

**Post-sampling weights**

Post-sampling weights have also not been applied. The relevant weighting characteristics were not known. However, the final achieved sample was similar to the NSW student demographic distributions for most variables collected. Aboriginality was slightly overrepresented (3.7%) as were independent students (5.5%). Catholic students (4.5%) and middle ranges of school ICSEA (7.7%) were somewhat under-represented, see Table A1.1).

At the school level (see Table A1.2), government schools were over-represented (10.8%) and independent schools were under-represented (11.9%) as were non-metropolitan schools (11.7%).
Appendix 2 – Survey and focus group instruments

Survey instruments

Two survey instruments were developed, one for students and one for principals. Both were developed in consultation with several stakeholders, including MindMatters, beyondblue, Inspire Foundation, Hunter Institute of Mental Health, Black Dog Institute and children and young people. Both surveys were piloted prior to administration.

Student survey

The online student survey covered six main areas:

- Demographic characteristics of the participant
- Perceptions of the school environment
- Relationships with adults at school
- Perceptions of usefulness of school-based mental health and wellbeing initiatives
- Mental health first aid intentions
- Past mental health first aid actions
- Demographic characteristics.

Demographics

Participants provided information on their age, sex, year at school, languages spoken at home, Aboriginal and Torres Strait Islander status and suburb or town of residence.

School environment

Items measuring young people's perceptions of the school environment were derived from the ACER Quality of School Life Survey (Ainley et al., 1986). This is a 40-item survey measuring several dimensions of the school environment. Twenty items that we hypothesised would be related to young people seeking adult help for their friends were selected from the scale.

Relationships with adults at school

A number of items were used to operationalise specific aspects of students’ relationships with adults in their school. Some of these were derived from the MindMatters (2010) Student Survey with the wording modified slightly following piloting. We also included some of our own items to measure students’ trust in the adults at school and how comfortable students were to approach these adults if they were concerned about a friend.

Perceptions of school-based mental health and wellbeing initiatives

Students’ perceptions of school-based mental health and wellbeing initiatives were measured with items derived in part from the MindMatters (2010) Student Survey, with the wording slightly modified. Once again, we added some additional items to specifically measure students’ satisfaction with the mental health and wellbeing information they receive at school.
**Mental health first aid intentions**

Students’ mental health first aid intentions were measured using scenarios of a young person with a mental health problem. These scenarios were adapted from Jorm et al. (2007). Students were randomly assigned to one of four scenarios: depression, depression with alcohol misuse, social phobia or psychosis. The sex of the character in the scenario corresponded with the sex of the respondent.

After reading the scenario students responded to a series of questions to assess their perceptions of the seriousness of the problem, their confidence to help this person, what they would do to help this person if they were their friend and, in particular, whether they would get help from an adult. These questions were adapted from Jorm et al.’s (2007) telephone survey.

**Past mental health first aid actions**

Students were asked whether they had known an adult or young person who had gone through a tough time, such as experiencing a mental health problem. Those who indicated they had known a young person with a mental health problem then answered a series of questions adapted from Jorm et al. (2007) about what, if anything, they had done to help this person, including getting help from an adult. Those who reported they did not get help from an adult responded to a series of questions about why they chose not to approach an adult for help.

**Principal survey**

The online principal survey focused on the school environment, and mental health and wellbeing programs and initiatives, with the following sections:

- School environment:
  - Facilitating positive, respectful and inclusive relationships
  - School climate
  - The importance of school climate
- Mental health and wellbeing:
  - Supporting students at-risk: Referral processes, pathways and partnerships
  - Supporting students at-risk: Professional development
  - The importance of mental health and wellbeing
  - Curriculum content and integration in relation to mental health
  - Evidence-based evaluation
- Actions taken by the school to promote mental health and wellbeing (programs and initiatives implemented).

Items in the principal survey were partly derived from the MindMatters (2010) Staff Survey, and the Psycho-Social Environment (PSE) (World Health Organization, 2003) Profile Questionnaire, with slightly modified wording following our pilot study. We also added several of our own items to cover the actions taken by schools to promote mental health and wellbeing.
**Piloting of the surveys**

A pilot of the surveys and administrative process was conducted in four schools: two government and two independent. The government schools and one independent school were located in Sydney and the second independent school in non-metropolitan New South Wales. In addition, three students were recruited individually to pilot the survey outside of school time. In total, 91 students took part in the pilot study: 33 from government schools and 58 from independent schools. Four school principals (or a delegate) piloted the principal survey.

Small group discussions with these participants followed completion of the survey to help to refine the instruments. Participants were asked to comment on whether the purpose of the study was clear, on the length and flow of the survey, the ease with which they understood and could answer the questions, any social desirability issues with the questions, and on the survey presentation, including graphics and question layout.

On the basis of these comments, a number of modifications were made to the wording of some questions, the response scales of some measures and the layout of the survey in terms of colour and graphics. Several modifications to the principal survey were also made as a result of the principal or delegate comments. All modifications to the surveys were then re-tested.

**Student focus groups**

The aim of the focus groups was to explore in depth the barriers to young people seeking adult help for their friends, and also what supports them to approach adults for help. We also wanted to gain an understanding of their perceptions of the significance of school climate and school-based mental health education in facilitating their referral of peers to adults.

We developed the focus group schedule in two stages. First, preliminary data analyses were conducted on the survey to gain an initial understanding of the barriers to young people approaching adults for help. We then held a roundtable discussion with relevant stakeholders to find out their information needs. Stakeholders included beyondblue, Inspire Foundation, the three education sectors and young people.

Focus groups used a combination of open-ended questions and task-based activities. The purpose of integrating task-based activities was to give the students more time to gather their thoughts and put them down on paper (Punch, 2002). Such activities can also act as prompts for young people during the discussion (Morrow, 2011), and can reduce the pressure on young people to talk and can make the process more enjoyable (Skattebol et al., 2012).

Discussion areas covered in schedule were as follows:

**Mental health first aid knowledge & confidence to act**

- Do young people have knowledge of the signs that a friend is going through a tough time and might need an adult to help them?
- Do young people feel they know enough about:
  - what to do and say to support a friend going through a tough time?
  - the sorts of situations where adults could make a difference/help?
  - how to find information about how to help a friend?
  - what the best ways are to get this kind of information?
Adult characteristics

- What are the qualities or characteristics of adults that make young people feel comfortable and uncomfortable about approaching them for help for a friend?

Barriers and supports to telling an adult

- What things make it hard to approach an adult about a friend's problem?
- What things would help make it easier?
- Advice for adults – schools, parents, mental health services?

**Principal interview**

The purpose of the principal interview was to explore in greater depth the mental health and school climate initiatives that work well in schools, and to understand the challenges for schools in these areas.

Discussion areas covered were as follows:

- Mental-health initiatives implemented in the school and the rationale for those
- Activities/initiatives implemented aimed at improving the school environment
- Procedures in place to assist students to talk to staff if they are concerned about a friend
- School-specific issues and challenges.

**Data collection**

The online student and principal surveys were completed during Term 3 and the beginning of Term 4, 2013. Within each school, a staff member was responsible for identifying a minimum of two Year 9 and/or 10 classes to participate in the survey, distributing student and parental information sheets and consent forms and having those returned, and administering the survey during class time. The staff member was provided detailed instructions for the entire process and researcher contact details for any questions they had.

School principals were emailed a link to access the online principal survey. They were asked to either completed the survey themselves or delegate it to a suitable senior member of staff.

Focus group school selection was based on both student and student survey responses. Student focus groups and individual principal/delegate interviews were held during the second half of Term 4, 2013. Two researchers conducted each focus group and interview and all focus groups and interviews were audio-recorded and transcribed for analysis.
# Appendix 3 – Odds ratios and tables for Chapters 2 and 3

## Odds ratios for Chapter 2 Intent to seek adult help for a friend

### Odds ratios for Tables 2.1 – Perceived seriousness of the problem (intentions)

| Perceived seriousness (males compared with females) | Odds ratio | SE  | Z    | P>|Z| | [95% Conf. Interval] |
|----------------------------------------------------|------------|-----|------|------|---------------------|
| Extremely serious vs not extremely serious         | 1.480      | 0.118 | 4.90 | 0.000 | 1.265 | 1.731 |
| Perceived seriousness (ATSI compared with non-ATSI) | 0.602      | 0.125 | -2.44 | 0.015 | 0.400 | 0.905 |

### Odds ratios for Tables 2.2 – Reported intentions to get help from an adult

| Intention to get adult help (males compared with females) | Odds ratio | SE  | Z    | P>|Z| | [95% Conf. Interval] |
|----------------------------------------------------------|------------|-----|------|------|---------------------|
| Yes vs all other responses                                | 1.695      | 0.164 | 5.46 | 0.000 | 1.402 | 2.049 |
| Yes only if anonymous vs all other responses              | 1.419      | 0.177 | 2.82 | 0.005 | 1.112 | 1.811 |

### Odds ratios for Table 2.3 and 2.4 – Perceived seriousness of the young person’s problem and acting to tell an adult

| Perceived seriousness (males compared with females) | Odds ratio | SE  | Z    | P>|Z| | [95% Conf. Interval] |
|----------------------------------------------------|------------|-----|------|------|---------------------|
| Extremely serious vs not extremely serious          | 1.504      | 0.169 | 3.63 | 0.000 | 1.207 | 1.874 |
| A little bit serious vs not a little bit serious     | 0.667      | 0.077 | -3.51 | 0.000 | 0.532 | 0.836 |
| Extremely serious vs not extremely serious          | 0.591      | 0.113 | -2.74 | 0.006 | 0.406 | 0.880 |
| A little bit serious vs not a little bit serious     | 1.643      | 0.276 | 2.96 | 0.003 | 1.182 | 2.284 |
| Did they tell an adult (males compared with females) | 2.081      | 0.208 | 7.33 | 0.000 | 1.711 | 2.532 |
| Did they tell an adult (East & S-E Asian language spoken compared with all other languages) | 0.559 | 0.088 | -3.68 | 0.000 | 0.411 | 0.762 |
### Odds ratios for Table 2.5 – Confidence in providing help (intentions)

<table>
<thead>
<tr>
<th>Confidence to help (males compared with females)</th>
<th>Odds ratio</th>
<th>SE</th>
<th>Z</th>
<th>P &gt;</th>
<th>Z</th>
<th>[95% Conf. Interval]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very confident vs not very confident</td>
<td>1.273</td>
<td>0.11</td>
<td>2.78</td>
<td>0.005</td>
<td>1.074</td>
<td>1.508</td>
</tr>
<tr>
<td>Confidence to help (East &amp; S-E Asian language spoken compared with all other languages)</td>
<td>0.662</td>
<td>0.095</td>
<td>-2.86</td>
<td>0.004</td>
<td>0.5</td>
<td>0.878</td>
</tr>
</tbody>
</table>

### Odds ratios for Table 2.6 – Prompted mental health first aid intentions reported as ‘very likely’ to be performed by young people

<table>
<thead>
<tr>
<th>Males versus females</th>
<th>Odds ratio</th>
<th>SE</th>
<th>Z</th>
<th>P &gt;</th>
<th>Z</th>
<th>[95% Conf. Interval]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intent to “listen to their problems in an understanding way”</td>
<td>Very likely vs not very likely</td>
<td>4.372</td>
<td>0.432</td>
<td>14.94</td>
<td>0.000</td>
<td>3.603</td>
</tr>
<tr>
<td>Intent to “suggest they seek professional help”</td>
<td>Very likely vs not very likely</td>
<td>1.629</td>
<td>0.130</td>
<td>6.10</td>
<td>0.000</td>
<td>1.392</td>
</tr>
<tr>
<td>Intent to “suggest they talk to an adult at school they trust”</td>
<td>Very likely vs not very likely</td>
<td>1.441</td>
<td>0.115</td>
<td>4.56</td>
<td>0.000</td>
<td>1.232</td>
</tr>
<tr>
<td>Intent to “suggest they talk to another adult they trust”</td>
<td>Very likely vs not very likely</td>
<td>1.933</td>
<td>0.150</td>
<td>8.49</td>
<td>0.000</td>
<td>1.660</td>
</tr>
<tr>
<td>Intent to “suggest I tell an adult I trust to help them”</td>
<td>Very likely vs not very likely</td>
<td>1.389</td>
<td>0.116</td>
<td>3.94</td>
<td>0.000</td>
<td>1.179</td>
</tr>
<tr>
<td>Intent to “ask them if they are feeling suicidal”</td>
<td>Very likely vs not very likely</td>
<td>1.791</td>
<td>0.156</td>
<td>6.68</td>
<td>0.000</td>
<td>1.509</td>
</tr>
<tr>
<td>Intent to “suggest they have a few drinks to forget their troubles”</td>
<td>Very likely vs not very likely</td>
<td>0.388</td>
<td>0.064</td>
<td>-5.72</td>
<td>0.000</td>
<td>0.280</td>
</tr>
<tr>
<td>Intent to “get a group of friends to cheer them up”</td>
<td>Very likely vs not very likely</td>
<td>1.621</td>
<td>0.131</td>
<td>5.99</td>
<td>0.000</td>
<td>1.384</td>
</tr>
<tr>
<td>Intent to “ignore them till they get over it”</td>
<td>Very likely vs not very likely</td>
<td>0.446</td>
<td>0.092</td>
<td>-3.91</td>
<td>0.000</td>
<td>0.297</td>
</tr>
<tr>
<td>Intent to “keep them busy to keep their mind off their problems”</td>
<td>Very likely vs not very likely</td>
<td>1.483</td>
<td>0.126</td>
<td>4.03</td>
<td>0.000</td>
<td>1.255</td>
</tr>
<tr>
<td>Intent to “encourage them to get online help”</td>
<td>Very likely vs not very likely</td>
<td>1.333</td>
<td>0.120</td>
<td>3.20</td>
<td>0.001</td>
<td>1.118</td>
</tr>
<tr>
<td>Intent to “encourage them to call a telephone helpline”</td>
<td>Very likely vs not very likely</td>
<td>1.460</td>
<td>0.135</td>
<td>4.10</td>
<td>0.000</td>
<td>1.218</td>
</tr>
</tbody>
</table>
### Year 9 versus Year 10

<table>
<thead>
<tr>
<th>Intent to “suggest they seek professional help”</th>
<th>Odds ratio</th>
<th>SE</th>
<th>Z</th>
<th>P &gt;</th>
<th>[95% Conf. Interval]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very likely vs not very likely</td>
<td>0.797</td>
<td>0.063</td>
<td>-2.85</td>
<td>0.004</td>
<td>0.682 - 0.932</td>
</tr>
<tr>
<td>Intent to “suggest they talk to an adult at school they trust”</td>
<td>0.792</td>
<td>0.063</td>
<td>-2.91</td>
<td>0.004</td>
<td>0.677 - 0.927</td>
</tr>
<tr>
<td>Very likely vs not very likely</td>
<td>0.749</td>
<td>0.058</td>
<td>-3.76</td>
<td>0.000</td>
<td>0.645 - 0.871</td>
</tr>
<tr>
<td>Intent to “suggest they talk to another adult they trust”</td>
<td>0.703</td>
<td>0.060</td>
<td>-4.14</td>
<td>0.000</td>
<td>0.595 - 0.830</td>
</tr>
</tbody>
</table>

### ATSI versus non-ATSI

<table>
<thead>
<tr>
<th>Intent to “listen to their problems in an understanding way”</th>
<th>Odds ratio</th>
<th>SE</th>
<th>Z</th>
<th>P &gt;</th>
<th>[95% Conf. Interval]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very likely vs not very likely</td>
<td>0.471</td>
<td>0.087</td>
<td>-4.06</td>
<td>0.000</td>
<td>0.327 - 0.677</td>
</tr>
<tr>
<td>Intent to “suggest they have a few drinks to forget their troubles”</td>
<td>2.176</td>
<td>0.592</td>
<td>2.86</td>
<td>0.004</td>
<td>1.276 - 3.710</td>
</tr>
</tbody>
</table>

### Metropolitan versus non-metropolitan schools

<table>
<thead>
<tr>
<th>Intent to “talk to them firmly about getting their act together”</th>
<th>Odds ratio</th>
<th>SE</th>
<th>Z</th>
<th>P &gt;</th>
<th>[95% Conf. Interval]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very likely vs not very likely</td>
<td>0.731</td>
<td>0.070</td>
<td>-3.26</td>
<td>0.001</td>
<td>0.606 - 0.882</td>
</tr>
<tr>
<td>Intent to “suggest they seek professional help”</td>
<td>0.819</td>
<td>0.077</td>
<td>-2.13</td>
<td>0.033</td>
<td>0.681 - 0.984</td>
</tr>
<tr>
<td>Very likely vs not very likely</td>
<td>0.745</td>
<td>0.071</td>
<td>-3.08</td>
<td>0.002</td>
<td>0.617 - 0.898</td>
</tr>
<tr>
<td>Intent to “get a group of friends to cheer them up”</td>
<td>0.745</td>
<td>0.078</td>
<td>-2.82</td>
<td>0.005</td>
<td>0.607 - 0.914</td>
</tr>
<tr>
<td>Intent to “encourage them to be more physically active”</td>
<td>0.745</td>
<td>0.078</td>
<td>-2.82</td>
<td>0.005</td>
<td>0.607 - 0.914</td>
</tr>
</tbody>
</table>
### Odds ratios for Table 2.7 - Mental health first aid actions reported by young people

<table>
<thead>
<tr>
<th>Males versus females</th>
<th>Odds ratio</th>
<th>SE</th>
<th>Z</th>
<th>P &gt;</th>
<th>Z</th>
<th>95% Conf. Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did they “listen to their problems in an understanding way”</td>
<td>Yes vs no</td>
<td>3.519</td>
<td>0.598</td>
<td>7.40</td>
<td>0.000</td>
<td>2.522 - 4.911</td>
</tr>
<tr>
<td>Did they “suggest they seek professional help”</td>
<td>Yes vs no</td>
<td>1.990</td>
<td>0.200</td>
<td>6.66</td>
<td>0.000</td>
<td>1.635 - 2.423</td>
</tr>
<tr>
<td>Did they “suggest they talk to an adult at school they trust”</td>
<td>Yes vs no</td>
<td>1.548</td>
<td>0.154</td>
<td>4.39</td>
<td>0.000</td>
<td>1.274 - 1.881</td>
</tr>
<tr>
<td>Did they “suggest they talk to another adult they trust”</td>
<td>Yes vs no</td>
<td>2.257</td>
<td>0.237</td>
<td>7.75</td>
<td>0.000</td>
<td>1.837 - 2.773</td>
</tr>
<tr>
<td>Did they “ask if they were feeling suicidal”</td>
<td>Yes vs no</td>
<td>1.549</td>
<td>0.155</td>
<td>4.38</td>
<td>0.000</td>
<td>1.274 - 1.884</td>
</tr>
<tr>
<td>Did they “suggest they have a few drinks to forget their troubles”</td>
<td>Yes vs no</td>
<td>0.459</td>
<td>0.071</td>
<td>-5.06</td>
<td>0.000</td>
<td>0.339 - 0.621</td>
</tr>
<tr>
<td>Did they “get a group of friends to cheer them up”</td>
<td>Yes vs no</td>
<td>1.460</td>
<td>0.150</td>
<td>3.69</td>
<td>0.000</td>
<td>1.194 - 1.785</td>
</tr>
<tr>
<td>Did they “ignore them until they got over it”</td>
<td>Yes vs no</td>
<td>0.594</td>
<td>0.101</td>
<td>-3.07</td>
<td>0.002</td>
<td>0.425 - 0.828</td>
</tr>
<tr>
<td>Did they “keep them busy to keep their mind off their problems”</td>
<td>Yes vs no</td>
<td>1.821</td>
<td>0.197</td>
<td>5.54</td>
<td>0.000</td>
<td>1.473 - 2.251</td>
</tr>
<tr>
<td>Did they “encourage them to be more physically active”</td>
<td>Yes vs no</td>
<td>0.748</td>
<td>0.074</td>
<td>-2.93</td>
<td>0.003</td>
<td>0.616 - 0.908</td>
</tr>
<tr>
<td>Did they “encourage them to get online help”</td>
<td>Yes vs no</td>
<td>1.303</td>
<td>0.134</td>
<td>2.58</td>
<td>0.010</td>
<td>1.066 - 1.593</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year 9 versus Year 10</th>
<th>Odds ratio</th>
<th>SE</th>
<th>Z</th>
<th>P &gt;</th>
<th>Z</th>
<th>95% Conf. Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did they “ignore them until they got over it”</td>
<td>Yes vs no</td>
<td>1.530</td>
<td>0.264</td>
<td>2.47</td>
<td>0.014</td>
<td>1.091 - 2.144</td>
</tr>
<tr>
<td>ATSI versus non-ATSI</td>
<td>Odds ratio</td>
<td>SE</td>
<td>Z</td>
<td>P &gt;</td>
<td>[95% Conf. Interval]</td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>------------</td>
<td>-----</td>
<td>------</td>
<td>-----</td>
<td>---------------------</td>
<td></td>
</tr>
<tr>
<td>Did they “listen to their problems in an understanding way”</td>
<td>Yes vs no</td>
<td>0.470</td>
<td>0.140</td>
<td>-2.53</td>
<td>0.011</td>
<td>0.262</td>
</tr>
<tr>
<td>Did they “talk to them firmly about getting their act together”</td>
<td>Yes vs no</td>
<td>1.910</td>
<td>0.454</td>
<td>2.72</td>
<td>0.007</td>
<td>1.198</td>
</tr>
<tr>
<td>Did they “suggest I make a doctor appointment for them”</td>
<td>Yes vs no</td>
<td>2.101</td>
<td>0.501</td>
<td>3.11</td>
<td>0.002</td>
<td>1.316</td>
</tr>
<tr>
<td>Did they “ask if they were feeling suicidal”</td>
<td>Yes vs no</td>
<td>1.911</td>
<td>0.451</td>
<td>2.74</td>
<td>0.006</td>
<td>1.203</td>
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<td>Did they “suggest they have a few drinks to forget their troubles”</td>
<td>Yes vs no</td>
<td>2.968</td>
<td>0.791</td>
<td>4.08</td>
<td>0.000</td>
<td>1.761</td>
</tr>
<tr>
<td>Did they “ignore them until they got over it”</td>
<td>Yes vs no</td>
<td>2.487</td>
<td>0.746</td>
<td>3.04</td>
<td>0.002</td>
<td>1.381</td>
</tr>
<tr>
<td>Did they “encourage them to call a telephone helpline”</td>
<td>Yes vs no</td>
<td>1.638</td>
<td>0.384</td>
<td>2.10</td>
<td>0.035</td>
<td>1.034</td>
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</table>

<table>
<thead>
<tr>
<th>Metropolitan versus non-metropolitan schools</th>
<th>Odds ratio</th>
<th>SE</th>
<th>Z</th>
<th>P &gt;</th>
<th>[95% Conf. Interval]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did they “talk to them firmly about getting their act together”</td>
<td>Yes vs no</td>
<td>0.671</td>
<td>0.075</td>
<td>-3.57</td>
<td>0.000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>East and S-E Asian languages versus all other languages</th>
<th>Odds ratio</th>
<th>SE</th>
<th>Z</th>
<th>P &gt;</th>
<th>[95% Conf. Interval]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did they “talk to them firmly about getting their act together”</td>
<td>Yes vs no</td>
<td>2.454</td>
<td>0.405</td>
<td>5.44</td>
<td>0.000</td>
</tr>
<tr>
<td>Did they “suggest they seek professional help”</td>
<td>Yes vs no</td>
<td>0.664</td>
<td>0.103</td>
<td>-2.63</td>
<td>0.008</td>
</tr>
<tr>
<td>Did they “suggest they talk to an adult at school they trust”</td>
<td>Yes vs no</td>
<td>0.728</td>
<td>0.113</td>
<td>-2.04</td>
<td>0.042</td>
</tr>
<tr>
<td>Did they “ignore them until they got over it”</td>
<td>Yes vs no</td>
<td>2.274</td>
<td>0.496</td>
<td>3.77</td>
<td>0.00</td>
</tr>
</tbody>
</table>
### Odds ratios for Chapter 3 Barriers to young people seeking adult help for friends

Odds ratios for Table 3.1 - Barriers to intending to get adult help for friends

| Males versus females | Odds ratio | SE  | Z    | P > |Z| [95% Conf. Interval] |
|----------------------|------------|-----|-----|-----|----------------------|
| "Would worry their friend would be embarrassed" | Yes vs no | 1.63 | 0.14 | 5.69 | 0.000 | 1.38 | 1.93 |
| "Going to an adult would break friend’s trust" | Yes vs no | 1.20 | 0.09 | 2.37 | 0.018 | 1.03 | 1.40 |
| "Wouldn’t seek adult help if friend said they didn’t want help" | Yes vs no | 0.77 | 0.06 | -3.27 | 0.001 | 0.67 | 0.90 |
| "Would feel too embarrassed to talk to an adult about it" | Yes vs no | 0.64 | 0.06 | -4.63 | 0.000 | 0.53 | 0.77 |
| "Don’t think the problem is serious enough for adult help" | Yes vs no | 0.47 | 0.05 | -6.66 | 0.000 | 0.37 | 0.59 |

| Year 9 versus Year 10 | Odds ratio | SE  | Z    | P > |Z| [95% Conf. Interval] |
|-----------------------|------------|-----|-----|-----|----------------------|
| "Involving an adult could make things worse" | Yes vs no | 1.16 | 0.09 | 1.97 | 0.049 | 1.00 | 1.35 |
| "No trusted adult to talk to about the problem" | Yes vs no | 1.22 | 0.12 | 2.07 | 0.038 | 1.01 | 1.47 |

<p>| ATSI versus non-ATSI | Odds ratio | SE  | Z    | P &gt; |Z| [95% Conf. Interval] |
|----------------------|------------|-----|-----|-----|----------------------|
| &quot;Involving an adult could make things worse&quot; | Yes vs no | 1.67 | 0.30 | 2.79 | 0.005 | 1.16 | 2.38 |
| &quot;Going to an adult would break friend's trust&quot; | Yes vs no | 1.67 | 0.30 | 2.82 | 0.005 | 1.17 | 2.38 |
| &quot;Don't know a suitable adult to get help from&quot; | Yes vs no | 1.53 | 0.29 | 2.25 | 0.024 | 1.06 | 2.20 |
| &quot;No professional was available they felt comfortable to talk to&quot; | Yes vs no | 1.53 | 0.29 | 2.27 | 0.023 | 1.06 | 2.21 |
| &quot;Don’t think the problem is serious enough for adult help&quot; | Yes vs no | 1.71 | 0.38 | 2.44 | 0.015 | 1.11 | 2.64 |</p>
<table>
<thead>
<tr>
<th>Metropolitan versus non-metropolitan schools</th>
<th>Odds ratio</th>
<th>SE</th>
<th>Z</th>
<th>P &gt;</th>
<th>Z</th>
<th></th>
<th>[95% Conf. Interval]</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Would worry their friend would be embarrassed&quot;</td>
<td>Yes vs no</td>
<td>1.29</td>
<td>0.13</td>
<td>2.50</td>
<td>0.012</td>
<td>1.06</td>
<td>1.57</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>East and South-East Asian language speaking versus all other languages</th>
<th>Odds ratio</th>
<th>SE</th>
<th>Z</th>
<th>P &gt;</th>
<th>Z</th>
<th></th>
<th>[95% Conf. Interval]</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Would feel unsure about the best thing to do&quot;</td>
<td>Yes vs no</td>
<td>1.34</td>
<td>0.16</td>
<td>2.50</td>
<td>0.012</td>
<td>1.07</td>
<td>1.68</td>
</tr>
<tr>
<td>&quot;Don’t know a suitable adult to get help from&quot;</td>
<td>Yes vs no</td>
<td>1.49</td>
<td>0.18</td>
<td>3.26</td>
<td>0.001</td>
<td>1.17</td>
<td>1.89</td>
</tr>
<tr>
<td>&quot;Would feel too embarrassed to talk to an adult about it&quot;</td>
<td>Yes vs no</td>
<td>1.65</td>
<td>0.21</td>
<td>3.93</td>
<td>0.000</td>
<td>1.29</td>
<td>2.12</td>
</tr>
</tbody>
</table>

**Odds ratios for Table 3.2 – Barriers to getting adult help for friends in the past**

<table>
<thead>
<tr>
<th>Males versus females</th>
<th>Odds ratio</th>
<th>SE</th>
<th>Z</th>
<th>P &gt;</th>
<th>Z</th>
<th></th>
<th>[95% Conf. Interval]</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Felt unsure about the best thing to do&quot;</td>
<td>Yes vs no</td>
<td>1.84</td>
<td>0.26</td>
<td>4.28</td>
<td>0.000</td>
<td>1.39</td>
<td>2.44</td>
</tr>
<tr>
<td>&quot;Involving an adult could have made things worse&quot;</td>
<td>Yes vs no</td>
<td>1.34</td>
<td>0.19</td>
<td>2.12</td>
<td>0.034</td>
<td>1.02</td>
<td>1.76</td>
</tr>
<tr>
<td>&quot;Didn’t want to break friend’s trust&quot;</td>
<td>Yes vs no</td>
<td>1.35</td>
<td>0.19</td>
<td>2.16</td>
<td>0.030</td>
<td>1.03</td>
<td>1.78</td>
</tr>
<tr>
<td>&quot;They said they didn’t want any help&quot;</td>
<td>Yes vs no</td>
<td>1.39</td>
<td>0.20</td>
<td>2.33</td>
<td>0.020</td>
<td>1.05</td>
<td>1.84</td>
</tr>
<tr>
<td>&quot;Didn’t know a suitable adult to get help from&quot;</td>
<td>Yes vs no</td>
<td>1.49</td>
<td>0.22</td>
<td>2.72</td>
<td>0.006</td>
<td>1.12</td>
<td>1.97</td>
</tr>
<tr>
<td>&quot;No professional available they felt comfortable to talk to&quot;</td>
<td>Yes vs no</td>
<td>1.40</td>
<td>0.21</td>
<td>2.21</td>
<td>0.027</td>
<td>1.04</td>
<td>1.87</td>
</tr>
<tr>
<td>&quot;No trusted adult to talk to about the problem&quot;</td>
<td>Yes vs no</td>
<td>1.46</td>
<td>0.22</td>
<td>2.49</td>
<td>0.013</td>
<td>1.08</td>
<td>1.98</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Metropolitan versus non-metropolitan schools</th>
<th>Odds ratio</th>
<th>SE</th>
<th>Z</th>
<th>P &gt;</th>
<th>Z</th>
<th></th>
<th>[95% Conf. Interval]</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Worried friend would be embarrassed and not want an adult to know&quot;</td>
<td>Yes vs no</td>
<td>0.67</td>
<td>0.11</td>
<td>-2.44</td>
<td>0.015</td>
<td>0.48</td>
<td>0.92</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>East and S-E Asian languages versus all other languages</th>
<th>Odds ratio</th>
<th>SE</th>
<th>Z</th>
<th>P &gt;</th>
<th>Z</th>
<th></th>
<th>[95% Conf. Interval]</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Felt unsure about the best thing to do&quot;</td>
<td>Yes vs no</td>
<td>1.52</td>
<td>0.32</td>
<td>1.97</td>
<td>0.049</td>
<td>1.00</td>
<td>2.30</td>
</tr>
<tr>
<td>&quot;Didn’t think problem was serious enough for adult help&quot;</td>
<td>Yes vs no</td>
<td>1.72</td>
<td>0.35</td>
<td>2.62</td>
<td>0.009</td>
<td>1.15</td>
<td>2.58</td>
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</tbody>
</table>

121
### Percentages for Figure 2.2 – Trusted adults to talk to about a friend’s problem (intentions)

<table>
<thead>
<tr>
<th>Adult</th>
<th>Total %</th>
<th>Female %</th>
<th>Male %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents</td>
<td>73.5</td>
<td>74.2</td>
<td>72.8</td>
</tr>
<tr>
<td>Professionals in person</td>
<td>51.9</td>
<td>48.8</td>
<td>54.9</td>
</tr>
<tr>
<td>Adults at school</td>
<td>46.7</td>
<td>45.6</td>
<td>47.7</td>
</tr>
<tr>
<td>Other family members</td>
<td>42.8</td>
<td>44.2</td>
<td>41.5</td>
</tr>
<tr>
<td>Professionals online/phone</td>
<td>32.8</td>
<td>32.6</td>
<td>33.0</td>
</tr>
<tr>
<td>Adults in the community</td>
<td>22.3</td>
<td>20.9</td>
<td>23.7</td>
</tr>
<tr>
<td>None of the above</td>
<td>8.8</td>
<td>6.8</td>
<td>10.7</td>
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</table>

### Percentages for Figure 2.3 – Adults told about a friend’s problem (past actions)

<table>
<thead>
<tr>
<th>Adult</th>
<th>Total %</th>
<th>Female %</th>
<th>Male %</th>
</tr>
</thead>
<tbody>
<tr>
<td>My parents</td>
<td>54.3</td>
<td>55.4</td>
<td>51.1</td>
</tr>
<tr>
<td>Their parents</td>
<td>33.2</td>
<td>29.6</td>
<td>43.6</td>
</tr>
<tr>
<td>Professionals in person</td>
<td>38.5</td>
<td>39.3</td>
<td>36.2</td>
</tr>
<tr>
<td>Adults at school</td>
<td>42.1</td>
<td>43.1</td>
<td>39.4</td>
</tr>
<tr>
<td>Another member of my family</td>
<td>21.0</td>
<td>19.1</td>
<td>26.6</td>
</tr>
<tr>
<td>Another family member of theirs</td>
<td>17.2</td>
<td>14.2</td>
<td>25.5</td>
</tr>
<tr>
<td>Professionals online/phone</td>
<td>13.3</td>
<td>12.4</td>
<td>16.0</td>
</tr>
<tr>
<td>Adults in the community</td>
<td>10.8</td>
<td>9.4</td>
<td>14.9</td>
</tr>
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</table>
### Appendix 4 – Pre-model regression analyses

<table>
<thead>
<tr>
<th>Intent to tell an adult (yes vs other)</th>
<th>Stand. Coeff.</th>
<th>SE</th>
<th>Significance</th>
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<tbody>
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<td><strong>School practices</strong></td>
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<tr>
<td>Opportunities for mental health</td>
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<td>.02</td>
<td>.000</td>
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<tr>
<td>discussions and activities</td>
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<tr>
<td>Class discussions around ethics of</td>
<td>.088</td>
<td>.02</td>
<td>.000</td>
</tr>
<tr>
<td>breaking a friend's trust to help</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>them</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teachers respect students’</td>
<td>.175</td>
<td>.02</td>
<td>.000</td>
</tr>
<tr>
<td>confidentiality</td>
<td></td>
<td></td>
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<tr>
<td><strong>School social relationships</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Student-student relations</td>
<td>.165</td>
<td>.02</td>
<td>.000</td>
</tr>
<tr>
<td>Teachers respectful</td>
<td>.198</td>
<td>.02</td>
<td>.000</td>
</tr>
<tr>
<td>Teachers care about students’</td>
<td>.214</td>
<td>.02</td>
<td>.000</td>
</tr>
<tr>
<td>mental health</td>
<td></td>
<td></td>
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<tr>
<td><strong>Student responses</strong></td>
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<tr>
<td>Negative feelings at school</td>
<td>-.144</td>
<td>.02</td>
<td>.000</td>
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<tr>
<td>Sense of belonging at school</td>
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<td>.02</td>
<td>.000</td>
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<tr>
<td>Trusted adults at school</td>
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<td>.02</td>
<td>.000</td>
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<tr>
<td>Comfortable to approach adults at</td>
<td>.293</td>
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<td>.000</td>
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<td></td>
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<td>Useful mental health information</td>
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<td>.02</td>
<td>.000</td>
</tr>
<tr>
<td>received</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowing who to get help from</td>
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<td>.02</td>
<td>.000</td>
</tr>
<tr>
<td><strong>Barriers</strong></td>
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<td></td>
</tr>
<tr>
<td>Reluctance to break a friend’s trust</td>
<td>-.268</td>
<td>.02</td>
<td>.000</td>
</tr>
<tr>
<td>to help them</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perceived seriousness of scenario</td>
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<td>.02</td>
<td>.000</td>
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<tr>
<td>problem</td>
<td></td>
<td></td>
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<td>Embarrassment</td>
<td>-.256</td>
<td>.02</td>
<td>.000</td>
</tr>
<tr>
<td>No suitable adult to tell</td>
<td>-.291</td>
<td>.02</td>
<td>.000</td>
</tr>
<tr>
<td>Not sure what best thing is to do</td>
<td>.147</td>
<td>.02</td>
<td>.000</td>
</tr>
<tr>
<td>Adults could make things worse</td>
<td>-.291</td>
<td>.02</td>
<td>.000</td>
</tr>
<tr>
<td>Demographics</td>
<td>Stand. Coeff.</td>
<td>SE</td>
<td>Significance</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>---------------</td>
<td>-----</td>
<td>--------------</td>
</tr>
<tr>
<td>Sex</td>
<td>.104</td>
<td>.02</td>
<td>.000</td>
</tr>
<tr>
<td>Aboriginal &amp; Torres Strait Islander status</td>
<td>-.023</td>
<td>.02</td>
<td>.315</td>
</tr>
<tr>
<td>Geographic location</td>
<td>-.017</td>
<td>.02</td>
<td>.412</td>
</tr>
<tr>
<td>East &amp; South-East Asian language speaking</td>
<td>-.034</td>
<td>.02</td>
<td>.088</td>
</tr>
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<td>ICSEA</td>
<td>.022</td>
<td>.02</td>
<td>.286</td>
</tr>
<tr>
<td>Past experience of seeking adult help for a friend</td>
<td>.083</td>
<td>.02</td>
<td>.000</td>
</tr>
</tbody>
</table>
Appendix 5 – Analytical strategy

Factor derivation

To derive the factors to be used in testing the research model all items measuring the school environment, relationships with adults at school and perceptions of mental health and wellbeing were placed into an exploratory factor analysis. In addition, items from the survey on not having suitable adults available to talk to were added to the analysis, based on students’ open-ended survey responses and focus group discussions.

The initial analysis produced 10 factors. All but one was theoretically sound. One factor consisted of a combination of items measuring trust in adults at school and feeling comfortable to approach adults at school for help. These constructs were theorised to be conceptually different and so were placed in a separate factor analysis. Table A5.1 presents the factor loadings for the first factor analysis without the trust and comfort in adults at school items. Table A5.2 presents the factor loadings for the trust and comfort in adults at school factors.

Table A5.1 shows the labels that were applied to each factor derived. Teachers being respectful in their dealings with students (factor 1), student-student relations (factor 2) and teachers caring about student mental health (factor 5) all measure school social relationships. Opportunities for mental health discussions and activities (factor 3) assesses school practices in relation to mental health. Sense of belonging (factor 4), negative feelings at school (factor 7), students knowing who to get help from (factor 6) and perceiving the mental health information received at school to be useful (factor 8) all assess students’ responses to school practices and school social relationships. Finally, having no suitable adult to talk to (factor 9) is a reported barrier to young people seeking adult help for their friends.

Cronbach’s alpha was used to measure the internal consistency of these factors. Values were between 0.76 and 0.89 indicating high internal consistency reliability.
Table A5.1 – Factor loadings: school environment, relationships with adults at school and perceptions of mental health and wellbeing items

<table>
<thead>
<tr>
<th>Survey item</th>
<th>Factor 1</th>
<th>Factor 2</th>
<th>Factor 3</th>
<th>Factor 4</th>
<th>Factor 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teachers treat me fairly in class</td>
<td>0.77</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teachers take a personal interest in helping me with my work</td>
<td>0.73</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teachers help me to do my best</td>
<td>0.71</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teachers are fair and just</td>
<td>0.78</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teachers listen to what I say</td>
<td>0.73</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel it is easy to get to know other people</td>
<td>0.58</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other students are very friendly</td>
<td>0.78</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other people care what I think</td>
<td>0.58</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am treated with respect by other students</td>
<td>0.75</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I learn to get along with other people</td>
<td>0.59</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other students accept me as I am</td>
<td>0.75</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I get on well with other students</td>
<td>0.77</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our teachers believe that MH is important for us to learn</td>
<td></td>
<td>0.69</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students can participate in activities around mental health</td>
<td></td>
<td>0.73</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We have class discussions about MH and wellbeing</td>
<td></td>
<td>0.72</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel proud to be a student</td>
<td>(0.38)</td>
<td>0.39</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I get enjoyment from being there</td>
<td></td>
<td>0.65</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I enjoy being (at my school)</td>
<td></td>
<td>0.66</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teachers know ways to help students deal with problems</td>
<td></td>
<td></td>
<td></td>
<td>0.39</td>
<td></td>
</tr>
<tr>
<td>Teachers think that the MH and wellbeing of students is important</td>
<td></td>
<td></td>
<td>(0.40)</td>
<td>0.38</td>
<td></td>
</tr>
<tr>
<td>Teachers and other staff look after the MH and wellbeing of new students</td>
<td></td>
<td></td>
<td></td>
<td>0.41</td>
<td></td>
</tr>
<tr>
<td>CHRONBACH’S ALPHA</td>
<td>0.89</td>
<td>0.89</td>
<td>0.85</td>
<td>0.85</td>
<td>0.85</td>
</tr>
</tbody>
</table>
### Table A5.1 continued

<table>
<thead>
<tr>
<th>Survey item</th>
<th>Factor 6: Knowing who to get help from</th>
<th>Factor 7: Negative feelings at school</th>
<th>Factor 8: Useful MH information received at school</th>
<th>Factor 9: No suitable adult to tell</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students are able to get help when they need it</td>
<td>0.49</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would know who to send a friend to if they needed help</td>
<td>0.80</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I know who to get help from for MH and wellbeing issues</td>
<td>0.73</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel depressed</td>
<td>0.74</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel lonely</td>
<td>0.75</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I get upset</td>
<td>0.78</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel worried</td>
<td>0.75</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The MH and wellbeing information I receive at school is useful</td>
<td>0.72</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I think MH and wellbeing lessons are taught well</td>
<td>0.73</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The information I receive at school is useful to help me know what to do if a friend is going through a tough time</td>
<td>0.82</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I get information at school to know who to get help from for a friend going through a tough time</td>
<td>0.80</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I don’t know a suitable adult to get help from</td>
<td>0.67</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is no adult I could trust to talk to about (my friend’s) problem</td>
<td>0.76</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is no professional or counsellor available I would feel comfortable to talk to about them (my friend)</td>
<td>0.63</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CHRONBACH’S ALPHA</strong></td>
<td><strong>0.82</strong></td>
<td><strong>0.86</strong></td>
<td><strong>0.86</strong></td>
<td><strong>0.76</strong></td>
</tr>
</tbody>
</table>

**Note:** Extraction method: Principal Component Analysis Rotation method: Oblique Promax (power 3)

Relationships with adults at school items measuring trust and comfort to approach adults at school were placed into a separate factor analysis and two factors were forced. Table A5.2 shows that, using this forced structure, items loaded clearly on trust and comfort factors.

Cronbach’s alpha was used to measure the internal consistency of these factors. Values were 0.81 and 0.90 indicating very high internal consistency reliability.
Table A5.2 – Factor loadings: Trust and comfort in adults at school items

<table>
<thead>
<tr>
<th>Survey item</th>
<th>Factor 1</th>
<th>Factor 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are adults I would feel comfortable to talk with about my feelings</td>
<td>0.67</td>
<td></td>
</tr>
<tr>
<td>I am comfortable speaking with and getting help from the school counsellors</td>
<td>0.62</td>
<td></td>
</tr>
<tr>
<td>There are adults I would feel comfortable to seek help from for a friend</td>
<td>0.35</td>
<td>0.54</td>
</tr>
<tr>
<td>There are adults I can trust</td>
<td>0.66</td>
<td></td>
</tr>
<tr>
<td>There are adults that will listen to what I have to say</td>
<td>0.84</td>
<td></td>
</tr>
<tr>
<td>There are adults that know what to do to help if someone I know has a problem</td>
<td>0.75</td>
<td></td>
</tr>
<tr>
<td><strong>CHRONBACH’S ALPHA</strong></td>
<td>0.90</td>
<td>0.81</td>
</tr>
</tbody>
</table>

Note: Extraction method: Principal Component Analysis Rotation method: Oblique Promax (power 3)

**Structural equations modelling methodology**

**Introduction**

Following the formulation of factors from the application of exploratory factor analysis, examination of the complex relationship between variables was conducted using structural equation modelling. Structural equation modelling is a technique for estimating causal pathways between multiple variables. The structural equation model in this report does not have a measurement model component and therefore is also a path analysis model. The model was implemented using Stata version 13.1.

**Estimation**

Quasi-maximum likelihood was selected as the preferred technique for estimating the structural equation model (SEM). The variables examined in the model fail to meet the necessary assumption of being distributed multivariate normal75, which is a more general version of the univariate normal distribution.

The quasi-maximum likelihood technique does not adjust the point estimates of the coefficients (which are the same as the standard maximum likelihood estimates of the coefficients) but does adjust the standard errors of the model to help address the non-normality. This approach is preferred over maximum likelihood for use with data that is not distributed multivariate normal.

Other estimation methods, such as asymptotically distribution free estimation, which is a form of generalised method of moments and weighted least squares, were not used as early experimentation produced non-sensible estimates.

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75 This was determined using the Doornik-Hansen omnibus test, Henze-Zirkler consistent test, and Mardia’s tests for multivariate kurtosis and skewness. All reject the null hypothesis of multivariate normality at P<0.0000
Other Issues

**Interval treatment of variables**
A number of variables which are ordinal or binominal outcomes (such as sex, ICSEA, ATSI status, East and South-East Asian language speaking) were treated as interval outcomes. This was done by assuming a linear relationship with the ordinal or binominal variables measured with an arbitrary series of integers. Traditionally, limited response models are used to examine these variables. Limited response models were not estimated in the SEM model due to data and technical limitations. It is relatively common within the literature that measures are treated as interval despite being non-interval and this causes few issues in interpretation.

**Standardised coefficients**
Coefficients were standardised, to be bound with the -1 to +1 interval, due to the metric of many variables not being directly meaningful and thus the unstandardised coefficients were not useful for the purpose of interpretation of effect size.

**Limitations of diagnostic tests**
The standard goodness of fit measures chi squared ($\chi^2$) along with root mean squared error of approximation; comparative fit index and the Tucker-Lewis index rely on the assumption of multivariate normality of the variables. The model estimated accounts for the data not being multivariate normal. This limits the goodness of fit tests that can be used. Goodness of fit measures appropriate to the model estimate included the standardised root mean squared residual and the coefficient of determination.

**The exclusion of the measure model**
The model uses as the variable of interest variables derived from exploratory factor analysis. The choice to not determine the factors from the survey question in the model was due to technical limitations in estimation.

**Testing down to parsimonious model**
The method for testing down to a parsimonious model was to evaluate the test statistics using a Wald’s test (Z test) to determine if the individual parameter was significantly different from zero at a confidence level of 95% ($p<0.05$). On the basis of which paths were found statistically insignificant, paths were dropped from the model on the basis of which were least supported by theory, the model was then estimated to see if previously insignificant effects that were supported by theory were significant. Decisions regarding parsimony were primarily made on the basis of theory.