BRIEF: EVIDENCE-INFORMED RECOMMENDATIONS FOR ENCOURAGING CHILDREN AND YOUNG PEOPLE TO SEEK HELP & SUPPORT IF THEY ARE STRUGGLING WITH THEIR MENTAL HEALTH

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Overview

In July 2020, one in six young people in England were experiencing a mental health problem (NHS Digital, 2020). It appears likely that the COVID-19 pandemic fuelled the increase in mental health problems seen since previous surveys (NHS Digital, 2020). However, many young people don't seek and access support, either informally (e.g., from friends, family) or formally (through services). For example, NHS digital found that young people aged 5-16 with a probable mental health disorder were nearly twice as likely to report not having some form of social support than those the same age without a probable mental health disorder. Young people face a wide range of barriers to seeking and accessing help. Many young people do not know when or how to seek support, or do not feel comfortable seeking help, despite there being potential sources of support available (Radez et al. 2020).

This document has been developed in collaboration with clinicians and researchers who bring relevant expertise. It highlights important messages based on some of the key barriers that young people face in seeking and accessing (both informal and formal) support for mental health difficulties and how to overcome these barriers. This information has been written to apply in a general context, with some specific considerations made for the COVID-19 context.

Summary of key recommendations for encouraging young people to seek help:

1. **It can be difficult to know the difference between what is 'normal' and what is 'a problem' in relation to mental health - if difficulties are interfering with everyday life (like sleep, eating, schoolwork) then it is worth seeking help or support**
2. **It can be hard to put feelings into words, that's understandable and won't just apply to you**
3. **It is a good thing to ask for help or support if it is needed, try not to feel embarrassed or put off by other people's reactions if they don't get it quite right straight away**
4. **There are different types of help and support available, choose and try different options**
5. **Mental health professionals will keep information about an individual's mental health confidential, unless they think that there is a risk of harm to the individual or other people**
6. **Mental health professionals want to help, try not to be put off if change does not happen immediately, this might take time**

Recommendations

1. **It can be difficult to know the difference between what is 'normal' and what is 'a problem' in relation to mental health - if difficulties are interfering with everyday life, then it is worth seeking help**

Sometimes it can be unclear when to reach out for help or support with mental health difficulties. It can be easy to perceive a problem as not serious enough to need help or to feel unsure about whether what is being experienced is mental health related. During the pandemic many people do not want to be an extra burden to others or to stretched services. Sometimes problems might disappear on their own – but sometimes they won't. If a problem is getting in the way of day-to-day life in any way (e.g., causing distress, making it hard to do things, interfering with eating or sleep) then it is worth speaking to someone to get some support.

2. **It can be hard to put feelings into words, that's understandable and won't just apply to you**

It can be difficult to know what to say to others if you are worried about your mental health. This might especially be the case if someone is feeling ashamed or overwhelmed by the symptoms of their mental health difficulties.

Being equipped with the vocabulary to discuss mental health and wellbeing can be useful - some helpful conversation openers are: *"I want to tell you something, but I don't know how." "This is hard for me to say, but I have something important to tell you."* and *"I need some advice on something I'm stressed about."*

3. **It is a good thing to ask for help if it is needed, and try not to feel embarrassed or be put off by other people's reactions if they don't get it quite right straight away**

Embarrassment can make it feel difficult to talk about mental health. It is easy to expect other people to have negative views or attitudes towards mental health (even though this is often not the case). Believing other people will think or act negatively can make it harder to open up about mental health difficulties.

There is also perceived stigma and sometimes shame around disclosing mental health concerns, including worries about being seen as 'attention seeking' or weak, or feeling like there is pressure to be able to cope alone. People can be worried about upsetting/ angering other people if mental health difficulties are disclosed. Young people have reported particular concerns about the effect such disclosures might have on family members - particularly during the pandemic when families might be experiencing multiple additional stressors (e.g., parents/carers working from home/ financial/health worries). Losing status in a peer group might also be a concern. Therefore, it is important to normalise asking for help, making it clear that it is okay (and a brave thing) to ask for help.

Initial reactions from others might feel unhelpful/invalidating when first disclosing mental health difficulties, which can discourage further attempts to seeking help. Although people don't always react in ways that we would like them to, this does not mean that anyone's difficulties are not valid or worthy of support. It is important to recognise that others are unlikely to have deliberately responded in an unhelpful way – they might have just not known what to say. You might find they are more helpful when they have had time to think or that another person is more helpful.

4. **There are different types of help available, choose/try different options**

Many people do not know where to go for help or who to talk to about a possible mental health problem. It can be helpful to remember that there is help available and that there are different people to talk to. For example, informal support might be helpful from a parent or carer, a friend, a member of school staff, another trusted adult, helplines/ mental health support organisations, and formal mental health support might be accessible through your school or GP. It is also important to realise that there are options to choose from, and it is okay to try different ones until one feels right and that it is okay to use different types of help at different times.

Further considerations if considering professional help

Knowing what to expect after asking for help is important. There are understandable concerns about visiting healthcare settings during COVID-19 (or more generally, worries around the stigma or feelings of intimidation around visiting a healthcare setting), but many services are offering both remote or online and face to face appointments.

While there may be waiting lists for some sorts of help, this does vary. If you do need to wait it doesn't mean your concerns are not important, and some services might provide useful information with advice or about access to support groups that might be helpful right away. It may be that a particular service does not offer the right sort of support for you but if they can't help, they should be able to make other recommendations to help you get to the right place.

5. **Professionals will keep information about an individual's mental health confidential unless they think that there is a risk of harm to the individual or other people**

Reluctance to seek help sometimes comes because there are concerns about trusting others or disclosing personal information to someone unfamiliar. As above, it is helpful to be aware that there are options, and then to consider who it feels the most comfortable to talk to.

Be aware of what to expect when interacting with professionals and services. For example, mental health professionals are trained to listen to and respect everyone's views. Furthermore, a mental health professional will keep what someone says to them private and confidential where they can (i.e., unless they are concerned about the young person's safety).

3

It is a good idea (and absolutely ok) to check with a professional what sort of thing might be shared with other people (e.g., a family member).

6. **Mental health professionals want to help, try not to be put off if you don't feel better straight away, this might take time**

Sometimes individuals might not believe that talking to anyone will help and might doubt the effectiveness of professional help. It is important to have realistic expectations about what professional help might look like- for example, professionals *do* want to help, but that sometimes it takes time to feel better.

Key References:

- **Radez, J., Reardon, T., Creswell, C., Lawrence, P. J., Evdoka-Burton, G., & Waite, P. (2020). Why do children and adolescents (not) seek and access professional help for their mental health problems? A systematic review of quantitative and qualitative studies.** *European Child & Adolescent Psychiatry*, 1-29. https://doi.org/10.1007/s00787-019-01469-4

This is a systematic review of 53 studies reporting on the barriers and facilitators to young people accessing professional help for their mental health problems. The review identified four main barrier/facilitator themes across papers. Commonly identified barriers related to young people's individual factors, such as limited mental health knowledge and perceptions of help-seeking. The second most reported theme related to social factors, for example, perceived social stigma and embarrassment. The third theme related to young people's perceptions of the relationship with professionals, including perceived confidentiality and ability to trust an unknown person. The fourth theme related to systemic and structural barriers and facilitators, such as the availability of professional help. The review concludes that there are a complex range of factors which determine whether young people seek and access help for mental health difficulties. In addition to making effective support more available, targeted evidence-based interventions are required to reduce perceived public stigma and improve young people's knowledge of mental health problems and available support, including what to expect from professionals and services.

- **Radez, J. Reardon, T., Creswell, C., Orchard, F., Waite, P. (2021). Adolescents' perceived barriers and facilitators to seeking and accessing professional help for anxiety and depressive disorders: A qualitative interview study.** *European Child & Adolescent Psychiatry* **(in press)**

This is an interview-based study which explored the barriers and facilitators to seeking and accessing help as perceived by young people with anxiety and depressive disorders. The main factors which emerged from interviews with young people as influencing their help seeking behaviour were: making sense of difficulties- struggling to recognise anxiety and depressive symptoms; problem disclosure- feeling scared or embarrassed to tell other people how they feel due to high levels of shame or stigma around discussing mental health or struggling to vocalise how they are feeling; ambivalence to seeking help- uncertainty around whether they want help from professionals, feeling that they 'should be able to cope' by themselves; the role of others- family and school engagement helps young people seek and access support. These factors need to be addressed when thinking about how to increase treatment access and uptake rates for young people struggling with their mental health.

- **Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review.** *BMC psychiatry*, *10*(1), 113. DOI:10.1186/1471-244X-10-113

Gulliver et al. (2010) is a systematic review of 22 studies examining the perceived barriers and facilitators to mental health help-seeking in young people. The main findings of this review were that young people perceived stigma and embarrassment, problems recognising symptoms (poor mental health literacy), and a preference for self-reliance as the most important barriers to help-seeking. Young people perceived positive past experiences, and social support and encouragement from others as aids to the help-seeking process. The review concludes that strategies to improve young people's help-seeking should focus on improving mental health literacy, reducing stigma, and considering the preference of young people for self-reliance.

- **Wu, M. S., Salloum, A., Lewin, A. B., Selles, R. R., McBride, N. M., Crawford, E. A., & Storch, E. A. (2016). Treatment concerns and functional impairment in pediatric**

anxiety. *Child Psychiatry & Human Development*, *47*(4), 627-635.
https://doi.org/10.1007/s10578-015-0596-1

This is a questionnaire-based study which explored the concerns of 119 young people seeking help for anxiety. Young people commonly worried that therapy would 'take too much time' and that if their anxiety decreased with therapy, then others might judge that they had 'never had a problem in the first place'. Young people also worried about what treatment for their anxiety might involve. Establishing realistic expectations with the young person prior to them starting therapy is an important way to reduce these concerns- for example, providing the young person with age-appropriate information about the typical therapy process.

- **Tharaldsen, K. B., Stallard, P., Cuijpers, P., Bru, E., & Bjaastad, J. F. (2017). 'It's a bit taboo': a qualitative study of Norwegian adolescents' perceptions of mental healthcare services.** *Emotional and Behavioural Difficulties*, *22*(2), 111-126. https://doi.org/10.1080/13632752.2016.1248692

This is an interview- based study which explored young people's perspectives on mental healthcare services, potential barriers for help-seeking and services to which they have access. The main findings of the interviews were that the adolescents had limited knowledge of available resources and that stigma- related factors may prevent adolescents from seeking help for mental health problems. In relation to limited knowledge of available resources, it was found that young people had limited and/or inaccurate information regarding mental health disorders and where and who they could go to for help. In relation to stigma-related factors, mental health problems were seen as undesirable and something 'taboo' and/or 'embarrassing' meaning that young people were reluctant to talk about mental health problems with their peers or family. School was viewed as a good place for informing about and carrying out interventions to increase adolescents' mental health literacy. Online platforms were also seen as important ways to communicate information about mental health.

- **Doyle, L., Treacy, M. P., & Sheridan, A. (2017). 'It just doesn't feel right': a mixed methods study of help-seeking in Irish schools.** *Advances in school mental health promotion*, *10*(2), 113-126. https://doi.org/10.1080/1754730X.2017.1285710

This study used surveys and focus group interviews to explore young people's views about help-seeking in schools. The main findings of this work were that young people did not regard teachers and school counsellors as a potential source of help. Barriers to help seeking were that young people did not like the dual role of a teacher as a counsellor (particularly an issue for young people who felt they did not have a good relationship with teachers); were afraid of negative evaluation from their peers if they were seen to be accessing help and were concerned about the confidentiality of anything they disclosed. Young people preferred an independent source of counselling within their school. An important implication of this work is the need for independent school counselling; increased awareness around what help is available and education around what to expect from seeking help (e.g. issues around confidentiality).

- **Wilson, C. J., Deane, F. P., Marshall, K. L., & Dalley, A. (2008). Reducing adolescents' perceived barriers to treatment and increasing help-seeking intentions: effects of classroom presentations by general practitioners.** *Journal of Youth and Adolescence*, *37*(10), 1257-1269. DOI: 10.1007/s10964-007-9225-z

This study explored the effects of classroom presentations by GPs on young people's perceived barriers to talking to a GP about physical and psychological problems. The aims of the presentations were to take the 'face' of General Practice into young peoples' school environments, where GPs are presented as friendly, non-threatening, non-judgmental, caring, and understanding. The presentations aimed to normalise the process of consulting a GP, suggest different ways GPs can help with problems and provide suggestions of how to overcome experiences that students perceive as unhelpful

when seeing a GP in the future. Results showed that presentations by GPs were an effective way of reducing the number of perceived barriers to seeking help and increasing intentions to consult a GP for psychological problems. There was also a significant correlation between increased intentions and subsequent GP consultations. This suggests that the presentations improved adolescents' beliefs, intentions and behaviour related to consulting a GP about physical and mental health problems.

- **McAndrew, S., & Warne, T. (2014). Hearing the voices of young people who self-harm: Implications for service providers.** *International journal of mental health nursing*, *23*(6), 570-579. **DOI:** [10.1111/inm.12093](10.1111/inm.12093)

In this study, interviews were conducted with young people who had experience of self-harm, in order to explore perceived barriers to help seeking. One of the main themes which emerged from the interviews was that having the courage and confidence to ask for help was often difficult for young people. Accessing help was also difficult, with young people often reporting that they did not know where to go to ask for help. Young people reported that they were often referred to services via their GP, but that many felt embarrassed when being referred for a mental health problem, as they perceived a GP as someone who only deals with physical health problems. Young people were more likely to seek help if they perceived professionals as: listening to their concerns, understanding, trustworthy, non-judgemental and able to keep information confidential.

- **Hassett, A., & Isbister, C. (2017). Young men's experiences of accessing and receiving help from child and adolescent mental health services following self-harm.** *Sage open*, *7*(4), 2158244017745112. https://doi.org/10.1177%2F2158244017745112

This study explored young men's experiences of seeking help from a Child and Adolescent Mental Health Service (CAMHS) following self-harm. The main barriers which emerged were stigma, gender norms, desire to maintain an independent self (i.e., not seen as a 'patient'), inability to verbalise need and poor ability to recognise need. The main facilitators of seeking help were external adults recognising, normalising and initiating help-seeking. Seeking help was described as having two stages: initial access and then ongoing engagement, during which the presence and timing of external influences, such as parents/ teachers, and internal influences, such as personal beliefs and attitudes, were important. These findings highlight the need for increased education in the area of self-harm and help-seeking. For parents, peers, and teachers, this may include information about how to identify when young people might need help and ways to access services.

General guidelines for developing resources to support young people:

<u>**Content**</u>

- Keep the tone **informal, conversational** and **direct**
- Content needs to be **accessible**, so not too academic or long
- Include **authentic youth voice** – incorporate young people's experiences and real-life stories
- Include **practical** and **tangible** advice
- Include onward **signposting** from reliable sources

<u>**Format**</u>

- Video resources should be a) **short and snappy**, and b) on topics that can be shared on social media
- Written resources should be **600-800 words maximum** with headers and sub headers to **break up the text** into theme
- Consider having **social media** content prepared to share alongside any resources that sit on specific websites as an effective way to steer young people towards the resources
- Resource needs to reach young people through **existing networks**