

Australian rural adolescents' experiences of accessing psychological help for a mental health problem

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Abstract

Objective: *This study aims to explore Australian rural adolescents' experiences of accessing help for a mental health problem in the context of their rural communities.*

Design and setting: *A qualitative research design was used whereby university students who had sought help for a mental health problem during their adolescence were interviewed about their experiences. Interviews were conducted face-to-face at the university.*

Main outcome measures: *A semi-structured interview schedule was designed around the study's main research questions. Audio-taped interviews were transcribed and thematically coded using a constant comparative method.*

Participants: *Participants were first-year undergraduate psychology students between the ages of 17 and 21 years who sought help for a mental health issue during their adolescence and who at that time resided in a rural area.*

Results: *Participants highlighted various barriers to seeking help for mental health problems in the context of a rural community, including: social visibility, lack of anonymity, a culture of self-reliance, and social stigma of mental illness. Participants' access to help was primarily school-based, and participants expressed a preference for supportive counselling over structured interventions. Characteristics of school-based helpers that made them approachable included: 'caring', 'non-judgemental', 'genuine', 'young', and able to maintain confidentiality.*

Conclusions: *The findings support previous research that reveals barriers to help seeking for mental health problems that are unique to the culture of rural communities. The study raises questions about the merit of*

delivery of primary mental health care to young people via GPs alone and suggests that school-based counselors be considered as the first step in a young person's access to mental health care.

KEY WORDS: *help seeking, qualitative research, rural adolescent mental health, stepped care.*

Introduction

The literature has identified various characteristics of rural communities that create barriers for seeking help for mental health problems beyond those that exist in urban areas.¹ Understanding barriers to seeking help for rural adolescents is important, as delays in seeking effective help are known to poorly affect treatment outcome for a range of mental health problems that have their onset during this developmental period.²⁻⁴ Therefore, research that aims to understand the barriers that rural adolescents face in accessing mental health care is clearly in the national interest.

Although young people prefer informal sources of help (particularly peers) to formal sources,⁵ research has also revealed that when seeking formal help for mental health problems adolescents look for several characteristics in potential helpers; that they are 'nonjudgemental', able to 'relate to teens', and 'make themselves available'. Barriers to help seeking are created if the potential helper is perceived as 'psychologically inaccessible (acts superior)' or too busy.⁶

There is a distinct lack of data on young people's perceptions of GPs as formal sources of help, despite recent efforts in Australia to upskill rural GPs to address shortfall in mental health service delivery in rural areas.⁷ Furthermore, results from studies conducted overseas reveal that adolescents' perceptions of school-based mental health services are overwhelmingly positive.^{8,9}

In Australia, there is a need for research to gain a perspective on adolescents' experiences of seeking help for mental health problems within a rural context, where significant barriers to accessing care exist.¹⁰ The

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What is already known on this subject:

- *Characteristics of rural communities create unique challenges to young people seeking help for mental health problems.*
- *Adolescence is an important focus for mental health research as 75% of mental disorders have their onset in this developmental period.*
- *Delays in receiving effective treatment poorly affect treatment outcome.*

What this study adds:

- *Rural adolescent mental health issues are under-researched in Australia.*
- *This study begins an exploration of rural adolescents' experiences of accessing help for mental health problems.*
- *Results of this exploratory research suggest that school-based counselling has an integral role in improving rural adolescents' access to mental health care.*

present study uses qualitative research methods to begin to explore this important social issue.

Method

Participants

Participants were six first-year psychology undergraduate students from the University of Ballarat (one male and five female) with an average age of 20 years. This sample size was deemed sufficient for data saturation given the nature and scope of the study, which was grounded in an interpretive phenomenological approach.¹¹ The phenomenological approach to data collection typically produces a large volume of 'useable' data, and as such, data saturation can be reached with a small number of participants.¹²

Participants were invited to participate voluntarily in the study in exchange for participant pool credit if:

- they were between the ages of 17 and 21 years
- they lived in a rural area when they were at school, and
- when they were at school, they needed help with a mental health issue (e.g. feeling lonely, depressed, or anxious; family problems, difficult relationships, difficult life events such as death of someone close, accidents or illness).

Procedure

Data collection was carried out using a semi-structured interview schedule (Appendix). The series of eight open questions were designed to elicit participants' retrospective accounts of seeking help for a mental health problem as an adolescent residing in a rural town. As the principal researcher was also a lecturer at the university, a third-year doctoral student in clinical psychology conducted the interviews (so that participants' identities were not known to the principal researcher). Interviews were conducted face-to-face for approximately one hour in a private interview room at the

School of Behavioural and Social Sciences at the University of Ballarat. The interviews were audio-taped and later transcribed by an external person who signed a confidentiality agreement prior to commencing the task. Transcribed data were thematically coded using a constant comparative method.¹¹ Rigour was enhanced by taking a team approach to reflexivity.¹³

Results

Barriers to seeking psychological help

An area of concern expressed by all participants related to a lack of anonymity as a result of living in a small community. There was agreement among participants that 'you couldn't go anywhere without people knowing who you were'. Interviewees explained the difficulty of keeping aspects of their lives a secret when 'the whole area that I lived in everyone basically sort of had an idea of who everyone else was and their business'.

Another issue raised by participants was a rural culture of self-reliance. Interviewees explained that talking about emotional problems was construed as demonstrating a weakness in character and an inability to deal with problems on your own. As one participant stated: 'it's harder for people to explain what they're feeling because it's a sign of weakness'. Consequently, discussing mental health problems was also out of the question, because 'you can't be weak in the country you know . . . you know you can't be weak, you can't have mental illness, that's what fairy tales are made of'.

Participants mentioned being uninformed about the availability of services in their rural towns. A common response was 'I guess I didn't really know what was here, I didn't know what help there was'.

Although some participants said they visited GPs at times for various reasons, there was a common perception that GPs were not the appropriate help source for mental health problems. For example, one participant explained: 'I had to go to the doctors a bit. It was a bit;

I didn't really tell them much, like nothing personal'. Another participant stated: 'I never had any experience with my GP about problems like that, only just coughs and colds'.

A reluctance to seek help because of a perceived stigma attached to help seeking for mental health problems was described by interviewees as an influencing factor on the decision to seek help. Visiting a mental health professional was perceived to be equivalent to admitting to having a mental health problem, which was thought to not be viewed favourably by others. This common opinion is apparent in a statement from one participant: 'they probably have the same kinda perceptions of a psychologist as I did like crazy people go and see them'.

Characteristics of helpers and the nature of the help they offered

Those who received help commonly discussed experiences in which helpers had noticed that they were distressed and had approached them to offer assistance. To illustrate, one participant described how her helper 'came up to me and said if you want to come and see me later, so that's when everything sort of just came out when I . . . went to see her so, yeah'. It was often the case for participants that they received help following on from this initial encounter.

Another facilitating factor in relation to helpers was their availability. The extent to which a helper was readily available for the young person was mentioned as a positive attribute. Helpers who were easily accessed in times of need were considered especially helpful. As one interviewee explained: 'just availability I suppose, she's always there if you've got a problem'.

Other helper characteristics that were discussed by participants included: caring, non-judgemental, genuine, young and professionals who were obligated to keep confidentiality. For example, statements such as 'I would be able to approach them and them not judge me', and 'they were just the sort of people who would help in any way they could and they were really, they really um cared about how you went and what you were doing and that sort of thing', illustrate the qualities interviewees looked for in potential helpers. Specifically regarding mental health professionals, some participants explained that knowing these helpers had an obligation to keep confidentiality was reassuring. As one interviewee stated: 'I suppose I was a bit more comfortable with the psychologist because I felt like she had this anvil looming over her head that sort of said you can't tell anyone'.

All participants expressed a desire to have talked about their problems with someone, particularly at the

time they were experiencing distress. For instance, one participant said, 'if I had of been able to talk about it at the time I would have got all of that out of my system instead of holding onto it and onto it for four months'. Participants felt that their school did not support them as much as they would have liked when they were experiencing mental health problems. For example, one participant commented: 'I think . . . [there] could have been a bit more help within the schools'.

The majority of interviewees who had received help found it helpful. Although different treatment techniques were discussed across cases, basic supportive counselling as well as the professional giving the young person advice was considered most helpful. For example, one interviewee described how 'the counsellor, she was trying to say like give me hints'. Another participant commented: 'She'd just ask questions, that like I don't know she just made me talk about things that I wouldn't really want to talk about and ask me questions that I hadn't really, like suggesting things that I hadn't really thought about'.

Discussion

Keeping the limitations inherent in qualitative research designs in mind as the caveat (i.e. the results obtained cannot be generalised to other people in different contexts), the findings of this study raise several issues worthy of note.

First, the study confirms the picture which has emerged from rural mental health research in the past decade that rural communities present unique challenges to young people seeking help for mental health problems.¹⁰ In particular, social visibility, lack of anonymity, a culture of self-reliance, and social stigma of mental illness are all thought to be more prevalent in rural environments^{1,14} and each of these was raised by participants in this study as significant issues for young people in seeking psychological help.

Second, the present study questions the merit of delivery of primary mental health care to young people by GPs. In a study by Wrigley and colleagues, it was found that the best predictor of attitudes to seeking help from a GP for mental health problems was perceiving the GP to be helpful.¹⁵ In addition, focus group research with young people has shown that young people identify a range of potential helpers in the context of a rural community.¹⁶ Further research is needed to determine whether the perception of the participants in the present study – that GPs are not a useful source of help – is a common perception of rural young people. Furthermore, participants in this study indicated that they had only been able to access help for their mental health problems because the counsellor had approached them,

and it is unlikely that a GP in a busy rural practice would be in a position to extend an offer of help to a young person in this way.

Third, despite what we know about psychological 'treatment-of-choice' for young people with mental health difficulties,¹⁷ participants in this study indicated a clear preference for supportive school-based counselling, particularly in the early phase of experiencing a mental health problem. Consistent with past research, participants in this study also identified some of the characteristics of school-based counsellors which had made them approachable (e.g. caring, non-judgemental and genuine). They also indicated a preference for young professionals as well as those who were ethically obligated to keep confidentiality. A model of stepped care for rural adolescents with mental health problems that includes supportive general counselling as a first step – before access to a GP and/or allied health services at the next step – might have utility for adolescents with emerging mental health problems while still at school. This view is supported by results from overseas studies which have revealed that school-based mental health services are highly valued by adolescents.^{8,9}

In conclusion, improvements in access to mental health treatment in rural and regional areas have focused on adults and the role of the GP in provision of services.⁷ In the case of young people, this neglects what might be an important first step in accessing psychological help. In keeping with the principles of stepped care, lack of attention to the first step and its role in the preventing the development of more complex problems leads to unnecessary pressure being placed on the subsequent steps.¹⁸ School-based counsellors have yet to be duly recognised as a possible first step in access to mental health care for Australian rural adolescents.

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Appendix

Interview schedule

Question 1: Can you tell me about the neighbourhood that you grew up in?

Question 2: Who were the people in your town that you could go to if you had a problem?

Question 3: What was it about these people that made them approachable?

Question 4: Were there other people in your town in a position to help you, but you were reluctant to approach them?

Question 5: What are some of the reasons for your reluctance to approach these people?

Question 6: Tell me about a time when you had to seek help for problem.

Question 7: Were you satisfied with the help you received?

Question 8: As a young person who grew up in the country, what do you think are the issues that face rural adolescents in getting help for their problems?