Quality and predictors of adolescents' first aid intentions and actions towards a peer with a mental health problem

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ABSTRACT

While peers are a common source of informal help for young people with a mental health problem, evidence suggests that the help they provide is inadequate. By examining predictors of the quality of mental health first aid provided by adolescents to their peers, future interventions can be targeted to adolescents most at risk of providing poor help. Students ($n=518$) from Australian secondary schools were presented with two vignettes, depicting persons experiencing depression with suicidal thoughts, and social phobia. Participants were asked what they thought was wrong with the person, and how they would help them. Stigma towards the person was also assessed. Additionally, participants were asked if they had recently helped anyone in their own lives with a mental health problem, and, if so, what they did. The overall quality of help reported in response to the vignettes or an actual person was low; a particular inadequacy was the low rate of engaging the help of an adult. Being female, and believing that the person is sick rather than weak, consistently predicted better help-giving.

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1. Introduction

Common mental disorders typically have their first onset in adolescence (Kessler et al., 2007), and the 12-month prevalence for common mental disorders in Australian adolescents aged 16–24 is up to 24% (Australian Bureau of Statistics, 2007). For some adolescents, such problems may become a recurring source of distress and impairment across the lifespan, adversely affecting educational outcomes, employment, and social functioning, especially if left untreated (McGorry et al., 2011).

The use of mental health services among adolescents is particularly low; just one in four young people with a mental health problem receive professional help (Sawyer et al., 2001). Mental health literacy (Jorm et al., 1997) is thought to be an important influence on help-seeking attitudes and behaviours (Burns and Rapee, 2006; Gulliver et al., 2012; Smith and Shochet, 2011); adolescents must recognise the nature of their problem and the benefits of receiving professional help before seeking such help. Additionally, a recent systematic review suggests that adolescents find mental health-related stigma, including stigma towards receiving treatment, a particularly challenging barrier to seeking professional help for mental health problems (Clement et al., 2015).

A consistent finding in the literature is that adolescents prefer to use informal sources of help, such and family and friends, instead of seeking professional help for mental ill-health (Raviv et al., 2009; Rickwood et al., 2005). Given this preference for seeking help from informal sources, it is important that people in a young person's social network are equipped to effectively assist an adolescent who may be developing a mental health problem or experiencing a mental health crisis, and encourage them to seek professional help where necessary. These skills have been referred to as 'mental health first aid skills' and are a major component of mental health literacy (Jorm, 2012).

Previous studies have found that the mental health first aid skills of adolescents are not ideal. One study used a random digit dialing method to interview Australian youth (aged 12–25) in 2006 about their helping actions towards a close friend or family member experiencing a mental health problem (Yap et al., 2011). Participants were then followed up two years later. Over 30% of the 2005 adolescents interviewed at follow-up had been in contact with a close friend or family member with a mental health problem. Only 15% of these adolescents reported encouraging professional help-seeking for the friend or family member who was the recipient of the first aid, and just 17% spent time or socialised with the person. Given that both these actions have been endorsed by an expert panel as useful first aid actions that are appropriate for adolescents to undertake (Ross et al., 2012), these figures suggest that the mental health first aid skills of adolescents are poor.

While studies of actual help-giving actions like Yap et al. (2011) are rare, a more common method of assessing knowledge of

people's mental health first aid involves establishing their intention to assist in a hypothetical situation. Participants are presented with a vignette depicting a person with a mental health problem, and then asked what they would do if the person in the vignette was someone they know and care about. Jorm et al. (2007) found that 21% of males and 19% of females aged 12–17 would encourage professional help-seeking in response to a vignette depicting an adolescent with depression. For a social phobia vignette, these numbers were 16% and 20% respectively. Similarly, Kelly et al. (2006) found that 19% of students in year 8–10 would engage an appropriate adult to help in response to a depression vignette. Of greater concern in the latter study is the finding that 20% of students would take no appropriate actions at all to help a friend. Overwhelmingly, these studies illustrate that the mental health first aid skills of adolescents need improvement.

While intentions to help a hypothetical person in a vignette provide only an indirect window on mental health first aid skills, there is evidence for the predictive validity of this type of assessment. Yap and Jorm (2012) found that adolescents' intentions can provide a valid indication of subsequent actions in a real-life situation. In this study, the quality of participants' first aid intentions (in response to a vignette) and actions (performed towards a close friend or family member) was assessed with a scoring scheme based on the action plan used in Mental Health First Aid (MHFA) training of adults (Kitchener et al., 2013). Each response was assigned a score between 0 and 12; higher scores indicate good quality responses, with lower scores indicating poor quality responses (see Yap and Jorm (2012) for a full explanation of the adult scoring scheme). While the overall quality of first aid intentions and actions was poor, intentions predicted actions for the steps of listening non-judgmentally, giving support and information, and encouraging other supports (such as self-help strategies and general social support). A similar study involving adults (Rossetto et al., 2014b) also found correlations between first aid intentions and actions, providing further evidence that first aid intentions can be used as a valid measure of future actions towards a person with a mental health problem.

Examining predictors of the quality of adolescents' first aid intentions and actions can assist in targeting efforts to improve mental health first aid skills in the future. Yap et al. (2011) found that adolescent males are less likely than females to encourage professional help-seeking, more likely to recommend self-help strategies, and less likely to provide general support. In an adult sample, encouraging professional help was less likely to be reported by males, respondents with higher levels of personal stigma towards those with a mental health problem, and respondents unable to correctly identify the problem in the vignette (Jorm et al., 2005). Higher personal stigma was also associated with a lower likelihood for listening/talking/supporting, and giving information about the problem (Jorm et al., 2005).

The current study aims to examine the quality and predictors of adolescents' first aid intentions and actions using a new scoring system based on the action plan of a newly developed course, teen Mental Health First Aid, which trains adolescents in basic skills to help their peers (see Section 2.3 for details of the scoring system and action plan). While Yap and Jorm (2012) evaluated adolescent intentions and actions using a scoring system based on a mental health first aid action plan for adults, the current study is the first to evaluate adolescent first aid skills using a teen-specific scoring system. This paper serves to introduce the teen mental health first aid action plan scoring system, which is used to evaluate the quality of adolescents' intended and actual responses to a peer, and to examine the predictors of better quality responses, with quality being determined using the key messages for adolescents to help peers in the Delphi study by Ross et al. (2012). The findings can then be used as a baseline description of intentions in an untrained sample and to identify sub-groups of adolescents most at risk of providing poor support to peers.

2. Method

2.1. Participants

The sample consisted of 518 year 10 and 11 students from high schools in the greater Melbourne area, aged between 14 and 17 ($M = 15.98$, S.D.$= 0.76$; 49% female, 68% year 11, 7% from a non-English-speaking background). Students were surveyed during regular class time at their respective schools, between February and November 2013.

2.2. Survey content

Knowledge and beliefs about mental health problems were assessed with an abbreviated Mental Health Literacy Interview, adapted for use in written form (Jorm and Wright, 2007). Participants were presented with two vignettes depicting an adolescent experiencing depression with suicidal thoughts (John), and social phobia (Jeanie) (see Supplementary materials). The vignettes were written to satisfy DSM-IV criteria and were validated by a survey of mental health professionals asking them what was wrong with the person portrayed (Wright and Jorm, 2009). The depression vignette was modified in the current study by adding suicidal thoughts as an additional symptom. Participants were asked to identify the problem in each vignette, and how confident they would feel providing help to the person in the vignette. The quality of the response towards the person in the vignette (first aid intention), was assessed with the question "If (John/Jeanie) was someone you knew and cared about, what would you do to help (him/her)?". These first aid intentions were scored against the teen MHFA action plan (see Section 2.3. for a description of the action plan).

Personal attitudes towards the person in the vignettes were assessed with the youth version of the personal stigma scale (Yap et al., 2014). Participants were asked to respond to the following statements on a Likert scale (1='strongly disagree' to 5='strongly agree'): (1) (John/Jeanie) could snap out of it if (he/she) wanted; (2) (John/Jeanie)'s problem is a sign of personal weakness; (3) (John/Jeanie)'s problem is not a real medical illness; (4) (John/Jeanie) is dangerous to others; (5) It is best to avoid (John/Jeanie) so that you do not develop this problem yourself; (6) (John/Jeanie)'s problem makes (him/her) unpredictable; (7) If I had a problem like (John/Jeanie)'s I would not tell anyone. Responses were then used to calculate scores on two stigma scales: 'weak-not-sick', which consists of answers to statements 1, 2, 3 and 5, and 'dangerous/unpredictable', which consists of answers to statements 4, 5 and 6. For further details on the construction and psychometric properties of these scales, see Yap et al. (2014).

A version of the social distance scale adapted for young people (Jorm and Wright, 2008) was used to measure the level of social rejection or acceptance held by the participant towards the people in the vignettes. The measure consists of five items that ask whether the participant would be happy to: (1) develop a close friendship with (John/Jeanie); (2) go out with (John/Jeanie) on the weekend; (3) go to (John/Jeanie)'s house; (4) invite (John/Jeanie) around to your house; (5) work on a project with (John/Jeanie). Each question is rated on a 4-point Likert scale (1='yes definitely' to 4='definitely not'). Data on the psychometric properties and validity of these items are reported in Yap et al. (2014).

The survey also contained a series of questions about mental health first aid actions performed by the participant, adapted from Hart et al. (2012a) by changing the wording of questions to ask