



BACKGROUND

Youth help-seeking behaviour has been associated with a reduction in long term effects of bullying, dating violence and substance misuse, like low academic achievement and life satisfaction (Ballon, Kirst & Smith, 2004; Boldero & Fallon, 1995; Leach & Rickwood, 2009; Waddell et al., 2005; Zartaloudi & Madianos, 2010). Unfortunately, many youth struggle in accessing help resources when they are required (Zartaloudi & Madianos, 2010). In recent years, a number of social emotional learning programs have been developed and understanding their association with youth help-seeking behaviour is important.

HYPOTHESES

It was predicted that social emotional skills training would be related to higher intentions to participate in help-seeking behaviour. It was also hypothesized that knowledge of help-seeking issues and awareness of help-seeking resources would increase after participation in the HRPP.

THE HEALTHY RELATIONSHIPS PLUS PROGRAM

The HRPP focuses on teaching adaptive coping strategies for various youth-related wellbeing issues, including relationship issues, substance misuse, mental illness, peer pressure and bullying. The program consists of 15 one-hour sessions. There is a major focus on developing social and emotional competency, specifically in regards to the promotion of help-seeking. Strategies are practiced to encourage youth to support their friends when help-seeking is required and the importance of forming and maintaining healthy relationships is taught.

METHOD

School districts across Saskatchewan, Alberta and Ontario participated in a help-seeking questionnaire prior to and after participation in the Healthy Relationships Plus Program (HRPP; Townsley, Hughes, Crooks, Wolfe & Kirkham, 2012).

PARTICIPANTS

- $N = 142$ students, age: 11 - 17 ($M = 13.24$, $SD = 1.26$).
- Ethnic background: Caucasian (71.1%), First Nations, Inuit or Metis (9.9%); the remainder identified as Asian (2.8%), African (2.1%), Arab (1.4%), or other (7.0%).
- Gender: 44.4% identified as male ($N = 63$), 47.2% identified as female ($N = 67$), and 8.4% did not disclose their gender or reported as "other" ($N = 12$).

MEASURES AND DESIGN

Independent variable: The Healthy Relationships Plus Program (Townsley et al., 2012)

Dependent variables:

- The General Help Seeking Questionnaire (GHSQ; Wilson, Deane, Ciarrochi & Rickwood, 2005; modified) was utilized to measure reflections of participants' intentions to seek help from formal or informal sources when experiencing personal, emotional or social problems. 7 options were listed: parent/guardian, school support, community support, mental health professional, medical professional, other, or no intention to seek help, in a yes/no format. Responses were grouped and dichotomized: a "yes" response to any question that listed a source of help was coded as 1, while no intention to seek help was coded as 0.
- 10 questions were designed to measure knowledge acquisition based on content specifically taught within the HRPP related to promoting help-seeking. Within the HRPP, several mental health myths were discussed. The intention of discussing these myths was to encourage youth to recognize the circumstances that required help-seeking. Accurate responses on this measure, in congruence with what was taught in the HRPP, illustrated knowledge acquisition of help-seeking promotion content.

*For further information, please request a copy of the survey items.

RESULTS

Repeated Measures ANOVA. The two-way interaction between gender and time was not significant ($F(1, 98) = 1.379$, $p = .243$). The main effect of time was significant ($F(1, 98) = 31.592$, $p < .0001$, $\eta^2 = .25$). The main effect of gender was significant $F(1, 98) = 4.195$, $p = .043$, $\eta^2 = .04$). Furthermore, pairwise comparisons indicated that males had lower knowledge scores regarding mental health myths than girls did ($p = .043$). The hypothesis was supported.

McNemar Nonparametric Test.

No model was significant

Formal Help-Seeking Intentions: ($\chi^2 = 7.090$, $df = 1$, $p > .05$, $N = 96$).

Informal Help-Seeking Intentions: ($\chi^2 = 12.157$, $df = 1$, $p > .05$, $N = 96$).

No Intent to Seek Help: ($\chi^2 = 3.302$, $df = 1$, $p > .05$, $N = 96$).

Informal x Formal Help-Seeking Intentions: ($\chi^2 = 7.090$, $df = 1$, $p > .05$, $N = 96$).

TABLE 1 : Intentions to Seek Help

Help-Seeking Type	Frequency Prior to Program Participation (N)	Frequency Post Program Participation (N)
Informal	80	85
Formal	50	57
No Intent	19	14

DISCUSSION

- The results of this analysis demonstrated that an increase in help-seeking program content was evident between prior and post program testing results as it was associated with mental health myths. This finding supports an association between HRPP participation and help-seeking promotion.
- No difference existed between time 1 and time 2 intentions to seek help from any help resources. Help-seeking intentions were high prior to program participation. Therefore this result could be due to a performance asymptote, ceiling effect or moderated by social desirability. It remains a limitation of the research that intentions to seek help were measured instead of overt behavioural action.

IMPLICATIONS

Findings from this report advise educators and health promoters on the importance of healthy relationship skills on the promotion of adolescent help-seeking; Youth who participate in healthy relationships training are more knowledgeable about help-seeking resources and recognize the inaccuracy of common mental health myths.

REFERENCES

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