



### 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	Frequency Post
	Program Participation	Program Participation
	(N)	(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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