Exploring adolescent intentions to seek help before and after the implementation of a social emotional learning program


**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; Waddel 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.

**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 < 0.001, η² = .25). The main effect of gender was significant F (1, 98) = 4.195, p = .043, η² = .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: (χ² = 7.090, df = 1, p > .05, N = 96).

In informal Help-Seeking Intentions: (χ² = 12.157, df = 1, p < .05, N = 96).

No Intention to Seek Help: (χ² = 3.302, df = 1, p > .05, N = 96).

In informal x Formal Help-Seeking Intentions: (χ² = 7.090, df = 1, p > .05, N = 96).

**REFERENCES**


**TABLE 1: Intentions to Seek Help**

<table>
<thead>
<tr>
<th>Help-Seeking Type</th>
<th>Frequency Prior to Program Participation (N)</th>
<th>Frequency Post Program Participation (N)</th>
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<tbody>
<tr>
<td>Informal</td>
<td>80</td>
<td>85</td>
</tr>
<tr>
<td>Formal</td>
<td>50</td>
<td>57</td>
</tr>
<tr>
<td>No Intent</td>
<td>19</td>
<td>14</td>
</tr>
</tbody>
</table>

**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 relationships 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.

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