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Help seeking of adolescents when faced with a psychological problem.

A thesis

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Abstract

This thesis explored the help seeking of adolescents. In particular it focused on who adolescents seek help from for particular problems, the relationship between the options they selected, gender, previous help seeking and psychological distress, their experiences of seeking help for themselves, providing advice to friends and their opinions of help seeking for adolescents. One hundred and forty three adolescents between the ages of 15 and 18 who were attending two high schools in Hamilton, New Zealand, completed a Help Seeking questionnaire and the Youth Outcomes Questionnaire-30.2 (YOQ-30.2). Seven participants completed a semi structured interview focusing on their experience of seeking help. The results indicated that friends followed by parents were the help sources that were endorsed most frequently overall. Informal sources of help were selected more often than formal options. Of particular interest was the frequency with which 'no one' was selected as a first choice option. Males' YOQ-30.2 total scores were significantly higher compared to females. Females were significantly more likely to have sought professional help in the past. Significant relationships were found between the help seeking options selected for the respective questions and gender and previous help seeking from a professional. Key themes that emerged from the semi structured interviews included increasing awareness of help options, the helpfulness, trustworthiness and friendliness of help sources, closeness of the relationship, what adolescents have heard about the help source, and the reaction of the help source when being informed about the young person's difficulties. Males appeared to be more likely to encourage their friends to seek professional help and to feel confident in providing help to a peer. The implications of these findings were discussed in relation to the current literature.

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Introduction

Adolescence is the developmental period where young people move from childhood to adulthood. Adolescents experience physiological, social, cognitive, moral and emotional change and continue to develop their own identity (Drewery & Bird, 2004). They might experience some psychological difficulties during this new developmental period. An Australian study looking at current trends in mental health problems in adolescence found that there is an increase in the proportion of adolescents experiencing psychological distress and mental health problems (Rickwood & White, 2007).

Problems that can result in considerable distress to adolescents include family problems, interpersonal problems (including sexuality), health problems (include health, drugs and alcohol, depression and suicide) and educational problems. Females tend to be more likely to report problems with family, interpersonal problems and health; while males report educational and other problems. Younger adolescents (junior school and middle school) more frequently report problems with families. Older adolescents (senior school) report more problems with interpersonal relationships, see their problems as more serious than younger adolescents and they take more responsibility for their problems (Boldero & Fallonn, 1995).

Relationship problems include difficulties in romantic relationships (Weisz, Tolman, Callahan, Saunders & Black, 2007), relationships with parents and siblings, pregnancy, abortion (Ambuel, 1995), sexuality, peer pressure (van der Reit & Knoetze, 2005) and bullying (Martin & Gillies, 2004). Problems young people might experience in school include the school environment in general (van der Reit & Knoetze, 2005), not paying attention in class, not following the rules, not communicating with teachers and other students (Hennessy & Green-

Hennessy, 2000), learning difficulties and school dropout (Daniel, Walsh, Goldston, Arnold, Reboussin, & Wood, 2006). Some problems might result in significant impairment in the adolescent's life and mental health difficulties.

The most common mental health problems adolescents experience include depression, anxiety and substance use disorders (Rickwood & White, 2007; van der Reit & Knoetze, 2005). Other common problems include delinquency, attention-deficit-hyperactivity disorder (ADHD), conduct disorder, problems with body image, self evaluation, eating disorders, self harm and suicide (Rickwood & White, 2007).

The Christchurch Health and Development Study (CHDS) provide information about the prevalence rates of mental health difficulties in New Zealand. The study followed 1265 participants born in Christchurch during mid 1977 and gathered information about their health and development at birth, four months, one year, annual intervals to 16, and at 18 and 21 years of age (Fergusson & Horwood, 2001). The study found that children whose parents had separated were at increased risk of later developing internalizing (inward-focused experiences and behaviours like mood and anxiety disorders) and externalizing problems (outward-directed behaviours like attention-deficit/hyperactivity disorder [ADHD], conduct disorder [CD] and oppositional defiant disorder [ODD]; Fergusson, Horwood & Lynskey, 1992; Fergusson, Horwood & Lynskey, 1994; Kring, Davison, Neale & Johnson, 2007), but much of the increased risk was due to factors such as socioeconomic disadvantage, high rates of negative life events and high levels of interpersonal conflict which might have been present before the separation. At age 15, about one quarter of the cohort met the criteria for at least one mental health disorder (anxiety disorders, mood disorders, conduct disorder or substance abuse/dependence disorders) as defined in the Diagnostic and Statistical Manual of Mental Disorders- Third

Edition (DSM-III; Fergusson & Horwood, 2001). The rates were significantly higher for females compared to males, predominantly because of the higher rates of internalizing problems (anxiety and depression) among females. At age 18 years the rates of disorder increased and about 40% of the cohort met criteria for a disorder. This was possibly due to the increase in rates of internalizing disorders and substance –use disorders between age 15 and 18 years. Females had a higher rate of disorder compared to males (45% and 39% respectively), but it was not statistically significant (Fergusson & Horwood, 2001). Of concern is that adolescents with mental health disorders are at a high risk of experiencing a mental health disorder in adulthood (Feehan, McGee and Williams, 1993).

Adolescent Help Seeking

From the literature reviewed, it appears that intervention is needed to ensure that adolescents are able to cope with the problems they experience. One form of intervention is to encourage help seeking.

Help seeking is when an individual seeks advice, help, support, information and treatment from other people for a particular problem they are experiencing (Rickwood, Deane, Wilson & Ciarrochi, 2005). A process for help seeking has been proposed where the individual first becomes *aware* of their symptoms, the realization that they might be experiencing a problem and need to seek help. They then develop ways to verbally *express* their difficulties to someone else. The individual then seek out *available* sources of help and develop a *willingness* to disclose their problem to the source (Rickwood, Deane, Wilson & Ciarrochi, 2005). There is individual differences related to what adolescents define as a need for help, and there is often a mismatch between adult's perceptions of young people's needs and young

people's perceptions of their own needs (Berger, as cited in Barker, Olukoya & Aggleton, 2005). This might affect who seeks help, how many adolescents seek help and what specific difficulties they seek help for.

Help is often sought for problems with sexuality or intimate relationships; family violence; sexual abuse; substance use; emotional problems (serious self harm and suicidal ideation; Barker et al., 2005) and mental health problems (depressive disorder, anxiety related disorder and eating disorder; Sheffield, Fiorenza & Sofronoff, 2004). Treatment is more likely for individuals with mood disorders, a previous history of psychiatric contact and those with high levels of impairment related to their disorder (Fergusson & Horwood, 2001). Sheffield, et al. (2004) found that of their sample (254 secondary school students in Brisbane, Australia), 9.1% reported that they had sought help for a mental illness and 31.2% reported they had sought help for personal, emotional or behavioural problem in the past 12 months.

Males (Boldero & Fallonn, 1995), young people and people living in affluent areas are the least likely to seek help (Oliver, Pearson, Coe & Gunnell, 2005). A study by Husky, McGuire, Flynn Chrostowski and Olfson, (2009) included adolescents who were attending four public high schools in Western Pennsylvania. They found that adolescents who do not request help, even though they are at risk of common mental health problems, are more likely to be Caucasian, to have high grades, they have fewer school absences and detentions compared to those who seek help and they are significantly more likely to report suicidal ideation). Horwood and Fergusson (1998) reported that less than a quarter of the adolescents in the CHDS (at age 15 and 18 years) who met criteria for a disorder did not receive any treatment or assistance.

Young people at age 18 years said that the major reasons why adolescents with psychiatric

disorders do not seek help were that they believed that they did not have a problem, the problem would resolve itself or they did not think to seek help (Fergusson & Horwood, 1998).

Barriers to help seeking

Barriers adolescents experience in seeking help include stigma associated with having mental health problems, a belief that they should be able to solve their own problems, a lack of knowledge and information about mental health problems, available professional services and how these services work (Wade, Johnston, Campbell, & Littlefield, 2007), affordability (especially doctors, psychologists or psychiatrists) and perceived helpfulness of help sources (particularly of doctors; Sheffield, et al, 2004). Adolescents might share personal and embarrassing information and fear that confidentiality will not be maintained, especially from parents (Wade et al., 2007).

Other barriers include the inability to discuss problems with adults, overconfidence, fear of hospitalization, lack of closeness to school adults (Cigularov, Chen, Thurber & Stallones, 2008), the lack of emotional competence (ability to identify, describe, understand and manage emotions in an effective way; Rickwood et al, 2005) and the belief that family or peers are a sufficient source of help (Kuhl, Jarkon-Horlick & Morrissey, 1997). Barriers to seeking help for others include friendship concerns, inapproachability of school adults, fear of friend's hospitalization and underestimating a friend's problems (Cigularov, Chen, Thurber & Stallones, 2008). Kuhl et al. (1997) found that females perceived lower barriers to help seeking compared to males. According to focus group data from eleven male students (ages 15–17 years) and 12 female students (ages 14–17 years) most adolescents demonstrate a positive attitude towards help seeking (Wilson & Deane, 2001). Adolescents are more likely to seek

help from sources they know, trust, have an open and strong relationship with (Wilson& Deane, 2001), and feel comfortable with (Barker et al., 2005).

Facilitating help seeking

Help sources can facilitate help seeking by providing adolescents with positive help seeking experiences (Wilson& Deane, 2001) and building positive relationships with them (Rickwood, Deane, Wilson & Ciarrochi, 2005). Other factors that might facilitate help seeking include gaining more information about what professional help involve, what to expect, how to access the help sources, and being emotionally competent and able to identify problems, express feelings and seek out appropriate help (Rickwood et al., 2005). It would also be beneficial for adolescents to receive more information about what would be helpful help seeking options in relation to different problem types (Wilson& Deane, 2001).

This is evident in a study where adolescent participants received an interactive presentation about what general practitioners (GP's) can offer adolescents experiencing physical or psychological difficulties. The results indicated significant reductions in perceived knowledge and belief based barriers to consulting a GP, an increase in help seeking intentions and actual consultations with a GP for help (Wilson, Deane, Marshal and Dalley, 2008). Another study provided adolescents with a school-based presentation on the 'Reach Out!' website (www.reachout.com.au), which provides information to assist adolescents in managing a range of common difficulties, for example, bullying and relationship problems. Almost half of the adolescents who attended the presentation viewed the website after the presentation and ten percent of participants indicated that they were more likely to seek help after the

presentation. The young adolescents (females more so than males) were more aware of where they can seek help and who they can talk to (Nicholas, Oliver, Lee & O'Brien, 2004).

Help seeking preferences

There are different sources of help that can be drawn upon when experiencing a problem. 'Informal help seeking' involves seeking help from people with whom the individual has a close relationship, e.g. family and friends. 'Formal help seeking' include professionals like psychologists, general practitioners and teachers. Help seeking from sources that do not include direct face-to-face contact with other people include internet and telephone counselling (Rickwood, et al., 2005). Adolescents tend to seek help from informal sources before they turn to formal sources (Sheffield, Fiorenza, and Sofronoff, 2004) and they are generally not very willing to seek professional help (Tishby, Turel, Gumpel, Pinus, Lavy, Winokour & Sznajderman, 2001).

Friends tend to be the preferred help source followed by parents (Boldero & Fallon, 1995). Mothers are generally selected more than fathers (Sullivan et al, 2002; Sheffield et al., 2004). Other sources like teachers and health professionals (doctors and counsellors) are also used (Boldero & Fallon, 1995).

Adolescents choose a particular help source based on their age, gender (Boldero & Fallon, 1995) and the problem type (Sullivan, Marshal & Schonert-Reichl, 2002; Nicholas et al., 2004).

Younger adolescents tend to prefer parents for help and older adolescents prefer friends. Adolescents in the middle grades are more likely to report not seeking help from anyone if they felt depressed or had a social phobia (Tishby et al., 2001).

Females have higher levels of distress and are more likely to seek help than males (Farrand, Parker & Lee, 2007; Rickwood et al., 2005; Oliver, Pearson, Coe & Gunnell, 2005; Boldero and Fallon, 1995; Tishby et al., 2001). Females prefer to seek help from friends and males more from parents (Boldero & Fallon, 1995). Farrand et al. (2007) found that there was not a lot of difference between males and females when it came to seeking help from school based professionals (for example, form teacher, head of year/house, special educational needs coordinator, teaching assistant). When females were having difficulties with “feeling down for a long time” they were more likely to seek help from a health professional than a school based professional (Farrand et al., 2007, p469). Females are more likely to encourage their peers to seek professional help and feel more confident in providing help to a peer compared to males (Jorm, Wright & Morgan, 2007; Kelly & Jorm, 2007).

When providing help to a peer, social support is the most common help option adolescents in years 8, 9 and 10 would provide their friend who showed behaviours of depression and seeking help from an adult was the most common option for conduct problems (Kelly, Jorm and Rodgers, 2006). Kelly and Jorm (2006) found that 53% of their sample would provide their friend with positive social support, gather information about the problem, seek help from an adult and/or distract their friend by for example going shopping or playing sport. Females were more likely than males to consult with an adult about their friend’s problems (28.1% and 18.6% respectively), especially for conduct disorder behaviours. Males were more likely than females to provide inappropriate help to their peer (30% and 10.2% respectively) and did not vary their helping type according to the problem presented.

Adolescents will approach different help options depending on the problem they are experiencing.

Adolescents tend to turn to friends for interpersonal problems (for example, social or romantic problems; Sullivan et al., 2002), if they feel depressed and if they need information about contraception (Tishby et al., 2001). They tend to turn to parents for help when dealing with family issues, health concerns, or abuse (Tishby et al., 2001). Fathers are less likely to be selected for an interpersonal problem with a friend, interpersonal problem with parents, a school-related problem and a health-related problem. Mothers are selected as a help source for school- and health-related problems (Sullivan et al., 2002). As the level of depressive symptoms experienced by the young person increase, their intentions to seek help from parents decrease and intentions to seek help from no one increase (Wilson, Rickwood & Deane, 2007).

It is worth noting that adolescents' willingness to seek help from a school counsellor are low compared to other formal help sources, but it was the most frequently used formal source of help for both mental illness and personal, emotional and behavioural problems (Sheffield et al., 2004). According to focus group discussions, sources of help that was less frequently mentioned include boyfriends/girlfriends, extended family members, siblings and no one (Van der Reit & Knoetze (2005).

Heperi's (1996) thesis focused on the help seeking of 47 individuals, 17 years and older who are of Māori decent and resides in New Zealand. She found that her sample's most preferred choice of help when faced with a problem (relationship problem, dealing with the death of a loved one, financial problem and emotional problems) were family followed by friends, which illustrates that there is no difference compared to other ethnic groups in New Zealand. When participants were faced with a health problem; they preferred to seek

assistance from a medical doctor followed by a hospital/medical clinic and then a religious leader.

Professional helpers are often asked for specific problems (for example, teacher about educational problems and other professionals for health difficulties; Boldero & Fallon, 1995; Tishby et al., 2001). Help sources' expertise in providing help and young people's expectations of how nurturing the help sources is play a role in who adolescents select as help sources. Expectations of nurturance or that the help source will be supportive are influential when deciding if an adolescent should seek help from a friend. Expectations of expertise or that the help source will know how to help are more influential when considering help from a parent. For interpersonal problems with a friend, males are likely to consider nurturance of friends and expertise of mothers when accessing help (Sullivan et al., (2002). Adolescents who found professional mental health care helpful in the past are more likely to intend to seek professional help in the future than those who found it unhelpful (Wilson, Rickwood & Deane, 2007).

Psychological distress and help seeking

It is not clear if higher psychological distress will result in a greater willingness for adolescents to seek help. One study found that higher psychological distress and adaptive functioning were connected to a greater willingness to seek help for mental illness from formal and informal sources (Sheffield, et al, 2004). Another study (of Israeli adolescents) found that distressed adolescents were not more likely to express a willingness to seek help than non distressed adolescents. Distressed and non distressed adolescents preferred friends to parents and a larger percentage of distressed adolescents than non distressed adolescents

reported that they would not seek any help (Tishby et al., 2001). Frojd, Marttunen, Pelkonen, von der Pahlen & Kaltiala-Heino (2007) found that one third of the adolescents in their study who met the criteria for depression on a Finnish modification of the 13-item Beck Depression Inventory (R-BDI-13) at baseline, still perceived a need to seek help for depression two years later, but only a fifth of them had sought professional help. When considering the health of adolescents, their families, friends and the community, more research is needed about the help seeking of adolescents and how it can be encouraged.

The present study

The current study will focus on who adolescents seek help from for particular problems, if gender, age, previous help seeking and psychological distress affect their choices, why they chose a particular option and what would make other help sources more helpful.

When considering who adolescents would select as a help source when experiencing a problem, the researcher hypothesize that they will select friends as their most preferred help seeking option, followed by parents. Adolescents will tend to seek help from informal sources before they turn to formal sources. Professional help sources will be selected for specific problems relating to their area of expertise. School counsellor will be the most frequently used professional source of help. They will select parents for problems within their family, health concerns and if a friend is experiencing a problem. Friends will be selected as a help source for inter personal problems and if the young person feels depressed.

When considering gender differences, the researcher hypothesize that males will prefer to seek help from parents and females would prefer to seek help from friends. Males will be most likely to seek help from no one. Females will have higher levels of psychological

distress. Females will be more likely to encourage their peers to seek professional help and feel more confident in providing help to a peer compared to males.

It is not clear if higher psychological distress will result in a greater willingness for adolescents to seek help and thus this should be explored.

Themes that are hypothesized about facilitating help seeking is likely to include the importance of having an open relationship with the help source; the importance of trustworthiness of the help source; that help sources should provide young people with information about help options.

It is hoped that this study will inform parents, teachers and practitioners about early intervention, how to encourage help seeking and minimize barriers to help seeking.

Method

Participants and procedure

Schools in Hamilton, New Zealand, received an information pack that included semi structured interview questions (see Appendix 1.1), sample questionnaires (see Appendix 1.2), a help seeking information sheet (see Appendix 1.3), a letter for parents (see Appendix 1.4), and a letter for the school principal describing the study (see Appendix 1.5), measures used and how the school can be involved. The schools' consent and ethical procedures were followed and two schools (School A and School B) indicated that they would like to participate in the study. The participants' parents and/or caregivers received a letter to inform them of the study. This provided them with the opportunity to contact the researcher about any questions they might have and to discuss the advantages and disadvantages of participating in the study with their son or daughter. They could also discuss with their child if they would prefer for them not to participate in the study.

Passive consent procedures were used because it would allow participants to feel free to express their views and attitudes; there was no intervention and the data was anonymized. Research shows that passive consent yields a high participation rate and the results will be more representative of the population of study (Carrol-Lind, Chapman, Gregory & Maxwell, 2006). Thus, the findings can be generalized to the general population with increased accuracy.

The study included two questionnaires and a semi structured interview with the young people who were in sixth and seventh form (aged 15 to 18 years).

The questionnaires were administered in a class room setting at the respective schools so the students could feel comfortable and open to give their best responses. There were 143 participants who completed the anonymous questionnaire. Eighty six participants indicated that they were male (60.1%), 52 indicated as female (36.4%) and five did not complete this question (3.5%). The participants selected as either 15-, 16-, 17- or 18-years of age. One participant responded as being 15 years old (0.7%), 85 participants as 16 years old (56.4%), 45 participants as 17 years old (31.5%) and 12 participants as 18 years old (8.4%). When indicating their ethnicity, 88 participants indicated as being New Zealand European (61.5%), 21 as New Zealand Māori (14.7%), four as New Zealand European and New Zealand Māori (2.8%), one as New Zealand European and Pacific peoples (0.7%), seven as Pacific peoples (4.9%), 20 selected other (14.0%) and two participants did not complete this question (1.4%).

School A had 65 participants who completed a questionnaire (45.5% of the sample). Forty seven participants indicated they were male (72.3%), 16 indicated they were female (24.6%) and two participants did not respond (3.1%). No one in school A identified as being 15 years old, 47 indicated as 16 years old (72.3%), 14 as 17 years old (21.5%) and four as 18 years old (6.2%). Forty-one participants indicated that they were New Zealand European (63.1%), 11 as New Zealand Māori (16.9%), two as New Zealand European and New Zealand Māori (3.1%), three as Pacific peoples (4.6%) and eight selected other (12.3%).

School B had 78 participants who completed a questionnaire (54.5% of the sample), 39 indicated they were male (50%), 36 indicated they were female (46.2%) and three participants did not respond (3.8%). One participant indicated being 15 years old (1.3%), 38 as 16 years old (48.7%), 31 as 17 years old (39.7%) and 8 as 18 years old (10.2%). Forty-seven

indicated that they were New Zealand European (60.3%), 10 as New Zealand Māori (12.8%), two as New Zealand European and New Zealand Māori (2.6%), four as Pacific peoples (5.1%), one as New Zealand European and Pacific peoples (1.2%), 12 selected other (15.4%) and two participants did not indicate their ethnicity (2.6%).

The participants were provided with information about what the study involved and its aim. The instructions of the questionnaires were explained and an example provided. Participants were told that there were no right or wrong answers, their participation was voluntary and they could choose not to participate in the study by not filling in the questionnaire. The researcher encouraged the participants to seek help if anything in the study raised concerns for them about their own or someone else's health and well being. Participants were provided with information about the counselling services at their school and they were given an information sheet about possible help seeking options, for example, call lines, websites and people like their family, General Practitioner (GP) and a psychologist (see Appendix 1.3).

Participants were informed that that they can volunteer to participate in a semi structured interview by filling in their details on the form attached to the questionnaire and that four participants will be randomly selected from each school. The questionnaire and the interview form were separated in order to maintain anonymity of the questionnaire data. The researcher phoned the individuals selected from each school to confirm if they would still like to participate in an interview. They were informed of the time, date and location that were arranged with the school.

Semi structured interview

There were seven participants who took part in a semi structured interview, four male and three female. One participant indicated their ethnicity to be New Zealand Māori, five as New Zealand European and one as New Zealand European and New Zealand Māori. School A had four participants who participated in an interview, three males and one female. All four participants indicated their ethnicity to be New Zealand European. School B had three participants who participated, one male and two females. One participant indicated his/her ethnicity to be New Zealand Māori, one as New Zealand European and one as New Zealand Māori/New Zealand European.

The semi structured interview took place in a quiet room at the respective schools. At School A an empty classroom was used and at School B an office was used. The interviews were voice recorded in order to ensure accurate data analysis. The participants filled in the University of Waikato Consent form (see Appendix 1.6) and were told that they could withdraw their data at any time during the project. They were provided with the opportunity to ask questions.

Measures

The measures used for this project was a Help Seeking Questionnaire, the Youth Outcome Questionnaire- 30.2 (YOQ-30.2; Burlingame, Dunn, Hill, Cox, Wells, Lambert & Brown, 2004) and a semi structured interview.

1. *Help Seeking Questionnaire*

The help seeking questionnaire (see Appendix 1.2) was developed by the researcher and input from her supervisors. It focused on who young people seek help from for particular problems and the participants' demographic details.

The questionnaire described ten problems young people might experience and seek help for. These problems came from different problem types which included personal difficulties (mental health difficulties, substance use and pregnancy); home difficulties (parents fight and parents divorce); school difficulties (bullying, academic performance and career choices) and difficulties of friends (talk about suicide, self injurious behavior and trouble with the law).

Participants ranked the top five options they would seek help from for the problem described, for example, write the number "1" in the box corresponding to the help seeking option 'friends in general' to indicate this as their first choice if they were to experience the problem 'Your friend is driving illegally and dangerously', write the number '2' in the box corresponding to the help seeking option 'Kaumatua' as their second choice, and so forth until they reach their fifth choice.

The help seeking options included family (parents, other adult in their family and siblings); friends (friends in general and boy/girlfriends); school (teacher and school counselor);

health professionals (doctors and psychologists, mental health services); spiritual person (Kaumatua and priest/ minister/ youth leader) and no one.

Demographic details that were recorded included the participant's age (15-, 16-, 17- or 18-years old); gender (male or female); ethnicity (New Zealand European, New Zealand Māori, Pacific peoples and other), and if the participant have previously sought help from a professional (e.g. counselor, psychologist, general practitioner; Yes or No). Participants ticked the box that applied to them.

2. *Youth Outcome Questionnaire- 30.2 (YOQ-30.2; Burlingame et al., 2004)*

The YOQ-30.2 is a self-administered questionnaire for young people between the ages of 12 and 18 years. Participants indicate how true the 30 statements described in the questionnaire has been for them in the past seven days, for example, for the question 'I have headaches and feel dizzy', select 'never or almost never', 'rarely', 'sometimes', 'frequently', or 'almost always or always' (see Appendix 1.2). Other statements include, for example, 'I argue or speak rudely to others', 'I have a hard time finishing my assignments or do them carelessly' and 'I lie or steal'.

The measure yields a total score indicative of the participant's level of psychological distress and six subscales. The subscales include the (1) Somatic scale, assessing change in somatic distress a young person might be experiencing, for example headaches, trouble sleeping and dizziness; (2) Social isolation scale, assessing change in the young person's social isolation and friendships; (3) Conduct problems subscale, assessing change in problematic behaviors that are socially related; (4) Aggression subscale, assessing the level of aggression displayed by the young person; (5) Hyperactivity/Distractibility subscale, assessing the young person's

ability to organize tasks, complete assignments and concentrate; and (6) Depression/Anxiety subscale, assessing changes in depressive and/or anxiety related symptoms in the young person. This standardized measure has good validity and reliability (Burlingame et al., 2004).

3. *Semi structured interview*

The semi structured interview (see Appendix 1.1 for the questions) provided qualitative data on why young people choose particular options more than others and provide young people with the opportunity to share their experiences and views on help seeking.

Results

The first part of this section describes the frequency (number and percentage) with which each of the twelve help seeking options was selected for the ten different questionnaire questions (problems). The data is presented in tables and the main findings highlighted. The tables represent the *total* frequency with which each help seeking option was selected for the problem, irrespective of the rank order, and then the frequency with which each help seeking option was ranked as a *first, second, third, fourth, and fifth choice*. The frequency scores in the *total* column is presented in descending order, with the most frequently selected options presented first. A bar graph is included in Appendix 2 which graphically presents the rank order choices for each question (figure 1 to 10).

Secondly, the frequency with which the participants in this study have previously sought help from a professional is described.

Thirdly, the relationships between variables (i.e., previous help seeking, gender, psychological distress and the different help seeking options selected) that were found to be significant is described.

Fourthly, the main themes from the semi structured interviews are summarized and finally, the results are presented in relation to the research hypotheses.

1. Who adolescents would select as a help source when experiencing a problem according to the ten questions.

Question 1: "Your friend is driving illegally and dangerously."

When considering the frequency with which each help seeking option was selected, irrespective of their rank order, 'friends in general' was the help seeking option that was selected most frequently for the problem 'Your friend is driving illegally and dangerously' (see Table 1). Other options that were also frequently considered included 'parents', 'siblings', an 'adult in their family' and 'boy/girlfriend'.

'Friends in general' was selected as the most frequently endorsed first choice option, followed by 'no one', 'parents' and an 'adult in their family' (see Figure 1 in Appendix 2). 'Teacher', 'school counsellor', 'priest/ minister/ youth leader' and 'psychologist, mental health services' were not selected as a first choice option by any of the participants and was also representative of the help seeking options that was selected the least over all, also included in this group was the options 'kaumatua' and 'doctor'. As evident in Figure 1 there were clear preferences in the options adolescents would choose as a first choice option, but this declined gradually across the rest of the rank choices.

Of particular interest was that 'siblings' and 'parents' were rated as a frequently selected option overall for this question, but was not rated high as a first choice option. However, 'friends in general' and 'parents' were rated equally as a second choice option. Also, 'no one' was frequently chosen as a first choice option, but markedly declined as an option for the subsequent rank choices. 'Psychologist, mental health services' was only selected as a fourth and fifth choice.

Table 1

The frequency with which each help seeking option was selected overall and selected as the first, second, third, fourth and fifth choice for question 1: 'Your friend is driving illegally and dangerously'.

	Total	First choice	Second choice	Third choice	Fourth choice	Fifth choice
Friends in general	134 (93.7%)	54 (37.8%)	34 (23.8%)	27 (18.9%)	12 (8.4%)	7 (4.9%)
Parents	114 (79.7%)	20 (14.0%)	34 (23.8%)	25 (17.5%)	20 (14.0%)	15 (10.5%)
Siblings	87 (60.8%)	2 (1.4%)	18 (12.6%)	20 (14.0%)	29 (20.3%)	18 (12.6%)
Adult in their family	80 (55.9%)	18 (12.6%)	21 (14.7%)	17 (11.9%)	13 (9.1%)	11 (7.7%)
Boy/girlfriend	79 (55.2%)	9 (6.3%)	18 (12.6%)	20 (14.0%)	18 (12.6%)	14 (9.8%)
No one	69 (48.3%)	37 (25.9%)	2 (1.4%)	5 (3.5%)	5 (3.5%)	20 (14.0%)
Teacher	51 (35.7%)	0	4 (2.8%)	12 (8.4%)	18 (12.6%)	17 (11.9%)
School counsellor	34 (23.8%)	0	2 (1.4%)	8 (5.6%)	12 (8.4%)	12 (8.4%)
Priest/Minister/youth leader	15 (10.5%)	0	1 (0.7%)	1 (0.7%)	2 (1.4%)	11 (7.7%)
Kaumatua	9 (6.3%)	2 (1.4%)	2 (1.4%)	1 (0.7%)	2 (1.4%)	2 (1.4%)
Psychologist, mental health services	8 (5.6%)	0	0	0	4 (2.8%)	3 (5.6%)
Doctor	4 (2.8%)	1 (0.7%)	1 (0.7%)	0	0	2 (1.4%)

Question 2: "You are worried because you are failing at school"

For the problem 'You are worried because you are failing in school', participants indicated that 'teacher' was the help seeking option that was most frequently selected overall and was closely followed by 'parents' and 'friends in general' (see Table 2).

Table 2

The frequency with which each help seeking option was selected overall and selected as the first, second, third, fourth and fifth choice for question 2: 'You are worried because you are failing in school'.

	Total	First choice	Second choice	Third choice	Fourth choice	Fifth choice
Teacher	127 (88.8%)	64 (44.8%)	28 (19.6%)	19 (13.3%)	9 (6.3%)	7 (4.9%)
Parents	118 (82.5%)	21 (14.7%)	47 (32.9%)	22 (15.4%)	17 (11.9%)	11 (7.7%)
Friends in general	112 (78.3%)	18 (12.6%)	28 (19.6%)	34 (23.8%)	20 (14.0%)	12 (8.4%)
Siblings	69 (48.3%)	7 (4.9%)	6 (4.2%)	9 (6.3%)	30 (21.0%)	17 (11.9%)
No one	66 (46.2%)	16 (11.2%)	2 (1.4%)	4 (2.8%)	10 (7.1%)	34 (23.8%)
School counsellor	65 (45.5%)	5 (3.5%)	5 (3.5%)	21 (14.7%)	20 (14.0%)	14 (9.8%)
Boy/girlfriend	63 (44.1%)	6 (4.2%)	14 (9.8%)	20 (14.0%)	11 (7.7%)	12 (8.4%)
Adult in their family	42 (29.4%)	4 (2.8%)	7 (4.9%)	6 (4.2%)	12 (8.4%)	13 (9.1%)
Priest/Minister/youth leader	17 (11.9%)	1 (0.7%)	1 (0.7%)	3 (2.1%)	6 (4.2%)	6 (4.2%)
Kaumtua	9 (6.3%)	1 (0.7%)	1 (0.7%)	2 (1.4%)	3 (2.1%)	2 (1.4%)
Psychologist, mental health services	9 (6.3%)	0	2 (1.4%)	1 (0.7%)	2 (1.4%)	4 (2.8%)
Doctor	4 (2.8%)	0	1 (1.7%)	0	1 (0.7%)	2 (1.4%)

Figure 2 indicated that there was a decline in the frequency with which the remaining options were endorsed. 'Doctor', 'psychologist, mental health services', 'kaumatua' and 'priest/ minister/ youth leader' were the help sources that were selected the least.

'Teacher' was the help seeking option that was most frequently chosen as a first choice option and represented almost half the first choice options (see figure 2). 'Parents' was also selected frequently as a first choice, but was chosen significantly less than 'teachers'.

'Parents' was the help source most often selected as the second option and 'friends' in general

the help seeking option most frequently selected as the participant's third choice.

'Psychologist, mental health services' and 'doctor' were not selected as a first choice and were the help seeking options that were chosen the least, irrespective of their rank order.

Question 3: 'You have been feeling down, unhappy and do not enjoy doing the things you used to like doing'

'Friends in general' was the help source that was selected most frequently for the problem 'You have been feeling down, unhappy and do not enjoy doing the things you used to like doing' (see Table 3). Other help sources that were also often selected for this problem included 'parents', 'siblings', 'boy/girlfriend' and 'no one'. The least frequently endorsed options were 'kaumatua', 'priest/ minister/ youth leader' and 'doctor'.

'Friends in general' was the help seeking option that was selected most as a first choice, followed by 'parents' and 'no one' (see Figure 3). The doctor was selected as a first choice option more often than the option 'psychologist, mental health services'. 'Friends in general' was the most frequently selected second ranked choice, followed by 'boy/girlfriend' and 'parents'.

Table 3

The frequency with which each help seeking option was selected overall and selected as the first, second, third, fourth and fifth choice for question 3: 'You have been feeling down, unhappy and do not enjoy doing the things you used to like doing'.

	Total	First choice	Second choice	Third choice	Fourth choice	Fifth choice
Friends in general	131 (91.6%)	45 (31.5%)	36 (25.2%)	23 (16.1%)	19 (13.3%)	8 (5.6%)
Parents	107 (74.8%)	27 (18.9%)	26 (18.2%)	27 (18.9%)	14 (9.8%)	13 (9.1%)
Siblings	85 (59.4%)	8 (5.6%)	14 (9.8%)	29 (20.3%)	22 (15.4%)	12 (8.4%)
Boy/girlfriend	79 (55.2%)	15 (10.5%)	28 (19.6%)	16 (11.2%)	13 (9.1%)	7 (4.9%)
No one	69 (48.3%)	21 (14.7%)	9 (6.3%)	6 (4.2%)	5 (3.5%)	28 (19.6%)
School counsellor	63 (44.1%)	13 (9.1%)	11 (7.7%)	12 (8.4%)	15 (10.5%)	12 (8.4%)
Teacher	45(31.5 %)	2 (1.4%)	6 (4.2%)	8 (5.6%)	18 (12.6%)	11 (7.7%)
Adult in their family	33 (23.1%)	2 (1.4%)	2 (1.4%)	6 (4.2%)	12 (8.4%)	11 (7.7%)
Psychologist, mental health services	30 (21.0%)	2 (1.4%)	1 (0.7%)	3 (2.1%)	8 (5.6%)	16 (11.2%)
Doctor	23 (16.1%)	7 (4.9%)	5 (3.5%)	2 (1.4%)	2 (1.4%)	7 (4.9%)
Priest/Minister/youth leader	19 (13.3%)	2 (1.4%)	2 (1.4%)	5 (3.5%)	4 (2.8%)	6 (4.2%)
Kaumatua	9 (6.3%)	0	2 (1.4%)	2 (1.4%)	4 (2.8%)	1 (0.7%)

Of interest was that choosing 'friends in general' gradually declined across the rank order options. 'Parents' remained stable as a help seeking source across the first three rank order preferences, then gradually declined. Selecting 'siblings' as a help source gradually increased with the rank order preferences, peaked at the third choice and then gradually declined in the frequency with which it was selected. 'Boy/girlfriend' had the fourth highest frequency of the help sources selected as a first choice, it was rated as the second most frequently selected option for the second choice and then gradually decreased across the

remainder of the rank choices. This indicated that 'siblings' might have been selected more overall compared to 'boy/girlfriend', but 'boy/girlfriend' was selected more often as a first and second choice rank order.

Question 4: 'You are being bullied at school'

"Friends in general", and 'parents' were selected equally as the most frequently selected help options for the problem 'You are being bullied at school' (see Table 4). Seeking help from a 'teacher' was also often selected as a help source.

When considering the rank order of the options selected, 'friends in general' were selected as the participants' first choice for this problem, its frequency declined gradually and increased slightly for the fourth choice (see Figure 4). Those who did not select friends as their first choice were likely to select 'teacher', 'no one' and then 'parents'. 'Teachers' were the most frequently selected second choice option, closely followed by 'friends' in general.

The frequency of choosing 'parents' increased from the first to third choices and then gradually decreased for the remainder of the choices. For 'teachers' the frequency gradually decreased and then increased again for the fourth and fifth choice. Of particular interest was that 'boy/girlfriend' significantly increased in the frequency with which it was selected as a first, second and third choice when compared to the other help seeking options, and then it significantly declined as a fourth and fifth choice. Also, no one was selected frequently as a first choice option. 'School counsellor' was the highest rated professional help source for this problem.

Table 4

The frequency with which each help seeking option was selected overall and selected as the first, second, third, fourth and fifth choice for question 4: 'You are being bullied at school'.

	Total	First choice	Second choice	Third choice	Fourth choice	Fifth choice
Friends in general	121 (84.6%)	39 (27.3%)	30 (21.0%)	20 (14.0%)	23 (16.1%)	9 (6.3%)
Parents	121 (84.6%)	22 (15.4%)	31 (21.7%)	31 (21.7%)	23 (16.1%)	14 (9.8%)
Teacher	113 (79.0%)	29 (20.3%)	24 (16.8%)	18 (12.6%)	20 (14.0%)	22 (15.4%)
School counsellor	83 (58.0%)	9 (6.3%)	15 (10.5%)	13 (9.1%)	28 (19.6%)	18 (12.6%)
Siblings	75 (52.4%)	11 (7.7%)	13 (9.1%)	14 (9.8%)	20 (14.0%)	17 (11.9%)
Boy/girlfriend	62 (43.4%)	4 (2.8%)	20 (14.0%)	28 (19.6%)	4 (2.8%)	6 (4.2%)
No one	52 (36.4%)	23 (16.1%)	3 (2.1%)	4 (2.8%)	3 (2.1%)	19 (13.3%)
Adult in their family	30 (21.0%)	3 (2.1%)	1 (0.7%)	8 (5.8%)	8 (5.8%)	10 (7.0%)
Priest/Minister/youth leader	13 (9.1%)	0	1 (0.7%)	3 (2.1%)	2 (1.4%)	7 (4.9%)
Psychologist, mental health services	12 (8.4%)	0	1 (0.7%)	0	4 (2.8%)	7 (4.9%)
Kaumatua	6 (4.2%)	2 (1.4%)	0	1 (0.7%)	3 (2.1%)	0
Doctor	2 (1.4%)	0	0	0	1 (0.7%)	1 (0.7%)

Question 5: 'Your friend is drinking more and more alcohol'

The help seeking option that was selected most frequently, irrespective of its rank order, for the problem 'Your friend is drinking more and more alcohol' was 'friends in general' (see Table 5). Other options that were also frequently considered included 'parents', an 'adult in their family', 'no one' and 'siblings'. Help sources that were chosen the least included a 'kaumatua', 'priest/ minister/ youth leader', 'psychologist, mental health professional and 'doctor'.

Table 5

The frequency with which each help seeking option was selected overall and selected as the first, second, third, fourth and fifth choice for question 5: 'Your friend is drinking more and more alcohol'.

	Total	First choice	Second choice	Third choice	Fourth choice	Fifth choice
Friends in general	123 (86.0%)	69 (48.3%)	26 (18.2%)	17 (11.9%)	8 (5.6%)	3 (2.1%)
Parents	101 (70.6%)	16 (11.2%)	25 (17.5%)	27 (18.9%)	19 (13.3%)	14 (9.8%)
Adult in their family	81 (56.6%)	11 (7.7%)	28 (19.6%)	17 (11.9%)	12 (8.4%)	13 (9.1%)
No one	68 (47.6%)	24 (16.8%)	5 (3.5%)	9 (6.3%)	4 (2.8%)	26 (18.2%)
Siblings	66 (43.2%)	2 (1.4%)	9 (6.3%)	15 (10.5%)	22 (15.4%)	18 (12.6%)
Boy/girlfriend	66 (46.2%)	5 (3.5%)	22 (15.4%)	22 (15.4%)	16 (11.2%)	1 (0.7%)
School counsellor	57 (39.9%)	5 (3.5%)	6 (4.2%)	13 (9.1%)	16 (11.2%)	17 (11.9%)
Teacher	47 (32.9%)	3 (2.1%)	3 (2.1%)	9 (6.3%)	18 (12.6%)	14 (9.8%)
Psychologist, mental health services	20 (14.0%)	2 (1.4%)	2 (1.4%)	4 (2.8%)	5 (3.5%)	7 (4.9%)
Doctor	31 (21.7%)	6 (4.2%)	4 (2.8%)	5 (3.5%)	7 (4.9%)	9 (6.3%)
Priest/Minister/youth leader	19 (13.3%)	1 (0.7%)	4 (2.8%)	0	6 (4.2%)	8 (5.6%)
Kaumatua	9 (6.3%)	0	6 (4.2%)	1 (0.7%)	1 (0.7%)	1 (0.7%)

'Friends in general' was selected as the most frequently endorsed first choice option (see Figure 5). Alternative first choice options were selected more than half as often as 'friends in general' and included 'no one', 'parents' and 'adult in their family'. The option 'no one' was selected less for subsequent rank order choices, but increased again as a fifth choice. The frequency with which 'parents' was selected increased as a second and third choice and then declined again.

'Adult in their family' was the most frequently selected second choice option, followed by 'friends in general' and 'parents'. 'Adults in their family' decreased in the frequency with which it was selected for the remainder of the rank choices.

Question 6: 'A friend said that they are thinking of ending their own life'

The help seeking option that was selected most often for the problem 'A friend said that they are thinking of ending their own life' was 'friends in general', closely followed by 'parents', 'adult in their lives' and 'school counsellor' (see Table 6).

Of particular interest was the increased representation of 'psychologist, mental health services' as a help source compared to the other questions in the questionnaire, but 'school counsellor' still preceded this option. Help seeking options that were selected the least include the 'doctor', 'kaumatua', and 'priest/ minister/youth leader'.

The participants indicated that 'friends in general' would be their first choice (see Figure 6). Of those who did not select 'friends in general' as their first choice, the most frequently endorsed first choice alternatives were 'adult in their family', 'school counsellor' and 'parents'. These four help seeking options were rated highly across the first, second and third choices and were selected as a second choice at a higher rate compared to the rest of the options. The frequency with which 'friends in general' and 'adult in the family' were selected gradually decrease across the rank choices, but the later increased as a fifth choice.

'School counsellor' was rated high as a first choice and second choice and was well represented throughout all the rank choices. The frequency with which 'parents' were selected increased across the rank choices and then decreased as a fourth and fifth choice. Of particular interest was that the frequency with which 'psychologist, mental health services' was

selected significantly decreased as a second choice when compared to the frequency with which it was chosen as a first choice and then it increased for the remainder of the rank choices.

Table 6

The frequency with which each help seeking option was selected overall and selected as the first, second, third, fourth and fifth choice for question 6: 'A friend said that they are thinking of ending their own life'.

	Total	First choice	Second choice	Third choice	Fourth choice	Fifth choice
Friends in general	109 (76.2%)	40 (28.0%)	21 (14.7%)	18 (12.6%)	17 (11.9%)	12 (8.4%)
Parents	102 (71.3%)	16 (11.2%)	24 (16.8%)	28 (19.6%)	18 (12.6%)	15 (10.5%)
Adult in their family	99 (69.2%)	27 (18.9%)	21 (14.7%)	18 (12.6%)	13 (9.1%)	19 (13.3%)
School counsellor	97 (67.8%)	24 (16.8%)	24 (16.8%)	17 (11.9%)	19 (13.3%)	12 (8.4%)
Psychologist, mental health services	67 (46.9%)	12 (8.4%)	17 (11.9%)	14 (9.8%)	10 (7.0%)	13 (9.1%)
Teacher	62 (43.4)	3 (2.1%)	8 (5.6%)	12 (8.4%)	18 (12.6%)	20 (14.0%)
Boy/girlfriend	50 (35.0%)	7 (4.9%)	6 (4.2%)	17 (11.9%)	11 (7.7%)	8 (5.6%)
Siblings	46 (32.2%)	3 (2.1%)	6 (4.2%)	9 (6.3%)	19 (13.3%)	8 (5.6%)
No one	28 (19.6%)	5 (3.5%)	2 (1.4%)	2 (1.4%)	6 (4.2%)	12 (8.4%)
Priest/Minister/youth leader	27 (18.9%)	0	4 (2.8%)	4 (2.8%)	3 (2.1%)	15 (10.5%)
Kaumatua	8 (5.6%)	1 (0.7%)	2 (1.4%)	1 (0.7%)	1 (0.7%)	2 (1.4%)
Doctor	3 (2.1%)	3 (2.1%)	6 (4.2%)	4 (2.8%)	4 (2.8%)	3 (2.1%)

Note: There was one missing value (0.7%).

Question 7: 'Your parents often fight and you do not know what to do'

The most frequently selected help seeking options for the problem 'Your parents often fight and you do not know what to do' were 'friends in general' followed by 'siblings', the 'school counsellor', 'boy/girlfriend' and 'no one (see table 7)'. Of these options 'friends in general' was the most frequently endorsed first choice, followed equally by 'siblings' and 'no one' (see Figure 7).

Table 7

The frequency with which each help seeking option was selected overall and selected as the first, second, third, fourth and fifth choice for question 7: 'Your parents often fight and you do not know what to do'.

	Total	First choice	Second choice	Third choice	Fourth choice	Fifth choice
Friends in general	109 (76.2%)	29 (20.3%)	30 (21.0%)	21 (14.7%)	15 (10.5%)	12 (8.5%)
Siblings	96 (67.1%)	24 (16.8%)	26 (18.2%)	14 (9.8%)	11 (7.7%)	19 (13.3%)
School counsellor	85 (59.4%)	16 (11.2%)	13 (9.1%)	20 (14.0%)	20 (14.0%)	14 (9.8%)
Boy/girlfriend	70 (49.0%)	11 (7.7%)	18 (12.6%)	21 (14.7%)	12 (8.4%)	6 (4.2%)
No one	67 (46.9%)	24 (16.8%)	9 (6.3%)	5 (3.5%)	4 (2.8%)	23 (16.1%)
Adult in their family	62 (43.4%)	10 (7.0%)	6 (4.2%)	16 (11.2%)	16 (11.2%)	12 (8.4%)
Parents	60 (42.0%)	10 (7.0%)	11 (7.7%)	13 (9.1%)	16 (11.2%)	8 (5.6%)
Teacher	46 (32.2%)	5 (3.5%)	11 (7.7%)	6 (4.2%)	17 (11.9%)	5 (3.5%)
Psychologist, mental health services	29 (20.3%)	1 (0.7%)	4 (2.8%)	6 (4.2%)	9 (6.3%)	7 (4.9%)
Priest/Minister/youth leader	25 (17.5%)	4 (2.8%)	4 (2.8%)	2 (1.4%)	4 (2.8%)	9 (6.3%)
Kaumatua	19 (13.3%)	3 (2.1%)	2 (1.4%)	6 (4.2%)	3 (2.1%)	3 (2.1%)
Doctor	9 (6.3%)	2 (1.4%)	2 (1.4%)	0	2 (1.4%)	1 (0.7%)

Note: There were two missing values (1.4%).

'Friends in general' and 'siblings' were the most frequently selected second choice options and friends the most frequently selected third choice. The frequency with which they were selected declined across the rank choices, except 'siblings' had an increase as a fifth choice. They were selected high across all the rank choices when compared to the other help seeking options. The frequency of selecting 'boy/girlfriend' increased from the first rank choice till the third rank choice and then declined again.

Of particular interest were the low frequency with which 'parents' was selected as a help source for this difficulty and the higher frequency of selecting no one as a help option across the rank choices but particularly as a first (and fifth) choice.

Question 8: 'You are unsure about your future career choices'

When considering the problem 'You are unsure about your future career choices' the help seeking option that was endorsed most frequently, irrespective of the rank choice, was 'parents' (see Table 8). Of those who did not select 'parents', 'friends in general' and 'teacher' were also frequently chosen. 'Kaumatua' was not selected as a first choice option by any of the participants. Help seeking options that were selected least included 'doctor', 'psychologist', 'mental health services' 'kaumatua' and 'priest/ minister/ youth leader'.

'Teacher' was the most frequently selected first choice option, followed by 'parents' and to a lesser frequency 'no one' and 'friends in general' (see Figure 8). As a second choice, 'parents' was selected most, followed by 'teacher' and 'friends in general'.

Table 8

The frequency with which each help seeking option was selected overall and selected as the first, second, third, fourth and fifth choice for question 8: 'You are unsure about your future career choices'.

	Total	First choice	Second choice	Third choice	Fourth choice	Fifth choice
Parents	118 (82.5%)	40 (28.0%)	38 (26.6%)	16 (11.2%)	15 (10.5%)	7 (4.9%)
Friends in general	109 (76.2%)	14 (9.8%)	22 (15.4%)	28 (19.6%)	26 (18.2%)	18 (12.6%)
Teacher	115 (80.4%)	48 (33.6%)	26 (18.6%)	12 (8.4%)	16 (11.2%)	12 (8.4%)
Siblings	72 (50.3%)	6 (4.2%)	8 (5.6%)	22 (15.4%)	14 (9.8%)	21 (14.7%)
Boy/girlfriend	60 (42.0%)	4 (2.8%)	12 (8.4%)	20 (14.0%)	17 (11.9%)	6 (4.2%)
No one	57 (39.9%)	18 (12.6%)	6 (4.2%)	1 (0.7%)	3 (2.1%)	28 (19.6%)
School counsellor	56 (39.2%)	5 (3.5%)	9 (6.3%)	16 (11.2%)	12 (8.4%)	13 (9.1%)
Adult in their family	46 (32.2%)	2 (1.4%)	8 (5.6%)	13 (9.1%)	13 (9.1%)	9 (6.3%)
Priest/Minister/youth leader	17 (11.9%)	1 (0.7%)	1 (0.7%)	0	10 (7.0%)	4 (2.8%)
Kaumatua	12 (8.4%)	0	3 (2.1%)	3 (2.1%)	2 (1.4%)	3 (2.1%)
Psychologist, mental health services	9 (6.3%)	1 (0.7%)	1 (0.7%)	1 (0.7%)	1 (0.7%)	4 (2.8%)
Doctor	4 (2.8%)	1 (0.7%)	0	0	1 (0.7%)	1 (0.7%)

Note: There was one missing value (0.7%).

The frequency with which 'friends in general' was selected gradually increased till the third rank choice and then decreased for the remainder of the rank choices. The frequency with which 'parents' was selected decreased across the rank choice options. 'Siblings' were not highly rated as a first or second choice, but its frequency increased for the remainder of the options. Also, 'boy/girlfriend' was represented similarly across all the rank choices.

Question 9: 'You noticed some cuts on a friends arm'

The help seeking source that was selected most frequently for the problem 'You noticed some cuts on a friends arm' was 'friends in general' (see Table 9). Other options that were also selected included 'parents', 'school counsellor' and 'adult in their family'. The options that were endorsed least included 'Kaumatua', 'priest/ minister/ youth leader', 'doctor' and 'psychologist, mental health services' (see Figure 9). Other options that were also selected, but at a lesser frequency, were 'no one' and 'adult in the family' and 'school counsellor'.

Table 9

The frequency with which each help seeking option was selected overall and selected as the first, second, third, fourth and fifth choice for question 9: 'You noticed some cuts on a friends arm'.

	Total	First choice	Second choice	Third choice	Fourth choice	Fifth choice
Friends in general	116 (81.1%)	63 (44.1%)	15 (10.5%)	17 (11.9%)	10 (7.0%)	9 (6.3%)
Parents	89 (62.2%)	7 (4.9%)	23 (16.1%)	24 (16.8%)	19 (13.3%)	14 (9.8%)
School counsellor	88 (61.5%)	11 (7.7%)	22 (15.4%)	23 (16.1%)	18 (12.6%)	12 (8.4%)
Adult in their family	70 (49.0%)	10 (7.0%)	10 (7.0%)	19 (13.3%)	17 (11.9%)	12 (8.4%)
Teacher	66 (46.2%)	7 (4.9%)	14 (9.8%)	13 (9.1%)	16 (11.2%)	14 (9.8%)
No one	55 (38.5%)	15 (10.5%)	6 (4.2%)	3 (2.1%)	6 (4.2%)	23 (16.1%)
Boy/girlfriend	50 (35.0%)	3 (2.1%)	21 (14.7%)	11 (7.7%)	11 (7.7%)	2 (1.4%)
Siblings	48 (33.6%)	7 (4.9%)	8 (5.6%)	9 (6.3%)	11 (7.7%)	11 (7.7%)
Psychologist, mental health services	42 (29.4%)	6 (4.2%)	9 (6.3%)	7 (4.9%)	10 (7.0%)	8 (5.6%)
Doctor	36 (25.2%)	10 (7.0%)	6 (4.2%)	4 (2.8%)	5 (3.5%)	9 (6.3%)
Priest/Minister/youth leader	13 (9.1%)	1 (0.7%)	0	1 (0.7%)	5 (3.5%)	4 (2.8%)
Kaumatua	10 (7.0%)	0	2 (1.4%)	1 (0.7%)	2 (1.4%)	3 (2.1%)

Note: There were two missing values (1.4%).

Of interest is that 'friends in general' was rated high as a first choice, but decreases in the frequency as a second choice and was more similar in frequency to the other help seeking options selected. The frequency with which 'parents', 'school counsellor' and 'adult in their family' was selected increased until the third rank choice and then declined again. The frequency of the help seeking options was similar, except for 'friends in general' as a first choice.

Question 10: 'You (girl) or your girlfriend might be pregnant and you do not know what to do'

The help seeking option that was selected most frequently, irrespective of its rank order for the problem 'You (girl) or your girlfriend might be pregnant and you do not know what to do' was 'parents', closely followed by 'friends in general' and then less frequently, 'doctor' and 'school counsellor' (see Table 10).

The help seeking options that were selected most as a first choice was 'doctor' and 'boy/girlfriend' equally, followed by 'friends in general' and 'parents' (see Figure 10). 'Psychologist, mental health services' was not selected as a first choice by any of the participants.

'Doctor' and 'boy/girlfriend' was equally selected as a first choice for this problem and was closely followed by 'friends in general' and 'parents'. The frequency with which 'doctor' was chosen decreased as a second option when compared to the other help seeking options, increased as a third choice and then gradually decreased for the rest of the rank choices. The frequency of 'boy/girlfriend' gradually decreased over the rank choices, but was represented most as a first and second choice.

Table 10

The frequency with which each help seeking option was selected overall and selected as the first, second, third, fourth and fifth choice for question 10: 'You (girl) or your girlfriend might be pregnant and you do not know what to do'.

	Total	First choice	Second choice	Third choice	Fourth choice	Fifth choice
Parents	105 (73.4%)	27 (18.9%)	22 (15.4%)	16 (11.2%)	17 (11.9%)	19 (13.3%)
Friends in general	104 (72.7%)	28 (19.6%)	26 (18.2)	25 (17.5%)	14 (9.8%)	7 (4.9%)
Doctor	90 (62.9%)	30 (21.0%)	15 (10.5%)	22 (15.4%)	14 (9.8%)	5 (3.5%)
School counsellor	80 (55.9%)	9 (6.3%)	17 (11.9%)	14 (9.8%)	20 (14.0%)	16 (11.2%)
Boy/girlfriend	80 (55.9%)	30 (21.0%)	18 (12.6%)	8 (5.6%)	9 (6.3%)	11 (7.7%)
Siblings	64 (44.8%)	3 (2.1%)	11 (7.7%)	19 (13.3%)	15 (10.5%)	12 (8.4%)
No one	56 (39%)	8 (5.6%)	6 (4.2%)	2 (1.4%)	6 (4.2%)	30 (21.0%)
Adult in their family	46 (32.2%)	3 (2.1%)	7 (4.9%)	13 (9.1%)	10 (7.0%)	9 (6.3%)
Teacher	41 (28.7%)	8 (5.6%)	7 (4.9%)	17 (11.9%)	5 (3.5%)	4 (2.8%)
Priest/Minister/youth leader	20 (14.0%)	2 (1.4%)	2 (1.4%)	0	3 (2.1%)	9 (6.3%)
Psychologist, mental health services	18 (12.6%)	0	3 (2.1%)	3 (2.1%)	6 (4.2%)	2 (1.4%)
Kaumatua	11 (7.7%)	1 (0.7%)	3 (2.1%)	1 (0.7%)	2 (1.4%)	4 (2.8%)

Note: There were four missing values (2.8%).

As a second choice, 'friends in general' was selected most, followed by 'parents'. Of interest was that 'friends in general' was the most frequently chosen second and third choice and then its frequency as a fourth and fifth choice gradually decreased. Parents were frequently considered as a source of help across all the rank choices. It was most frequently selected as a first rank choice, its frequency gradually decreased until the third choice and then slightly increased again for the remainder of the rank choices.

Total help seeking

'Friends in general' was the help seeking option that was selected most frequently across all the problems (see Table 11). Other options that were also frequently considered included 'parents' and 'teacher'. 'Friends in general' was selected as the most frequently endorsed first choice option, followed by 'parents', 'no one' and 'teacher'.

Of particular interest was the increased representation of 'no one' being selected as a first choice option.

Table 11

The frequency with which each help seeking option was selected overall and selected as the first, second, third, fourth and fifth choice for all the questions.

	Total	First choice	Second choice	Third choice	Fourth choice	Fifth choice
Friends in general	1158	399	268	230	164	97
Parents	1025	207	281	229	178	130
Teacher	703	161	132	116	167	127
School counsellor	698	97	124	157	180	140
Boy/girlfriend	649	94	177	183	122	73
Siblings	632	71	110	145	171	135
Adult in their family	579	90	111	133	126	119
No one	577	191	50	41	52	243
Psychologist, mental health services	234	24	41	39	59	71
Doctor	214	60	40	37	37	40
Priest/Minister/youth leader	175	12	20	19	45	79
Kaumatua	94	8	21	21	22	22

Note: There were 10 missing values.

2. Previous help seeking from professionals

The results showed that forty five participants (31.5%) indicated that they have sought help from a professional in the past, 93 participants (65.0%) indicated that they have not sought help from a professional in the past and five participants (3.5%) did not complete this question.

3. Relationship between variables

There were five participants who did not indicate their gender, five who did not indicate if they have sought help from a professional in the past and two who did not indicate their ethnicity. The data from these individuals were excluded when the respective variables were analysed.

Gender and Psychological Distress

The Mann-Whitney U test was used to see if the mean of the respective ranked scores was statistically significant for the variable(s) under investigation (Field, 2009; Pett, 1997). The results indicated that males' ($M=76.84$) YOQ-30.2 total scores indicative of psychological distress were significantly higher compared to females ($M=57.37$), $z=-2.773$, 2-tailed $p=.006$. Participants who have previously sought help from a professional had significantly higher psychological distress scores ($M=87.21$) compared to those who have not ($M=60.93$), $z=-3.621$, 2-tailed, $p=.000$.

Gender and Previous help from a professional

The Chi-square test was used to analyse the relationship between the frequencies of one variable compared to another variable and if the observed frequencies was significantly different from what was expected based on the general psychometric properties of the data. That is, if the variables were independent or dependant. The significant findings from this study will be described below.

The results indicated that the obtained relationship between the variables 'previous help seeking from a professional' and 'gender' were significantly different from what was expected, $\chi^2 (1, N=133) = 5.79, p = .016$. Thus there was a significant difference between the professional help seeking of males and females. Twenty one males (25.9%) and 24 females (46.2%) indicated that they have previously sought help from a professional and 60 males (74.1%) and 28 (53.8%) indicated that they have not.

Gender and Questionnaire responses

Males (n=57, 55.3%) selected 'friends in general' for the problem 'Your parents often fight and you do not know what to do' at a higher frequency compared to females (n=46, 44.7%), $\chi^2 (4, N=103) = 11.61, p = .021$. The strength of the relationship between gender and selecting friends for this problem was low ($\Phi=34$) and this indicated that other factors beside gender might have influenced adolescents' choice. The obtained rank order scores of males and females respectively were 12 (21.1%) and 16 (34.8%) as a first choice; 12 (21.1%) and 17 (37.0%) as a second choice; 17 (29.8%) and three (6.5%) as a third choice; nine (15.8%) and six (13.0%) as a fourth choice; and seven (12.3%) and four (8.7%) as a fifth choice.'

For the same problem, males (59.7%) selected 'no one' more often than females (40.3%) and this was significantly different from what was expected, $\chi^2(4, N=63) = 10.37$, $p = .035$. The strength of the relationship was low ($\Phi = .41$). The rank order scores for males and females respectively were 18 (48.6%) and five (20.0%) as a first choice; seven (18.9%) and two (8.0%) as a second choice; one (2.7%) and three (12.0%) as a third and fourth choice; and 10 (27.0%) and 12 (48.0%) as a fifth choice.

Males ($n=53$, 55.2%) selected 'friends in general' for the problem 'You (girl) or your girlfriend might be pregnant and you do not know what to do', more often compared to females ($n=43$, 44.8%), $\chi^2(4, N=96) = 1.81$, $p = .007$. The strength of the relationship was low ($\Phi = .39$). The rank order scores for males and females respectively were eight (15.1%) and 19 (44.2%) as a first choice; 14 (26.4%) and 11 (25.6%) as a second choice; 16 (30.2%) and 9 (20.9%) as a third choice; eight (15.1%) and four (9.3%) as a fourth choice; and seven (13.2%) and none as a fifth choice.

Males (57.5%) compared to females (42.5%) select 'parents' for the problem 'You are unsure about your future career choices' more often, $\chi^2(5, N=113) = 11.88$, $p = .018$. The strength of the relationship was low ($\Phi = .32$). The rank order scores for males and females respectively were 20 (30.8%) and 17 (41.7%) as a first choice; 18 (27.7%) and 19 (39.6%) as a second choice; 10 (15.4%) and six (12.5%) as a third choice; 13 (20.0%) and none as a fourth choice; and four (6.2%) and three (6.3%) as a fifth choice.

Males (64.1%) were more likely than females (35.9%) to select 'adult in their family' for the problem 'Your friend is driving illegally and dangerously' and the strength of this relationship was low ($\phi = .46$). The rank order score within males and females respectively were 14 (48.6%) and 4 (20.0%) as a first choice; 14 (28.0%) and six (21.4%) as a second choice; 11

(22.0%) and five (17.9%) as a third choice; two (4.0%) and 11 (39.3%) as a fourth choice; and nine (18.0%) and two (7.1%) as a fifth choice.

Males (71.4%) compared to females (28.6%) were more likely to select 'teacher' for the problem 'You noticed some cuts on a friends arm', $\chi^2 (4, N=63) = 11.94, p = .018$. The strength of the relationship between gender and selecting teacher for this problem was low ($\Phi = .44$). The rank order scores within males and females respectively were 6 (13.3%) and 1 (5.6%) as a first choice; 13 (28.9%) and none as a second choice; nine (20.0%) and four (22.2%) as a third choice; seven (15.6%) and nine (50.0%) as a fourth choice; and 10 (22.2%) and four (22.2%) as a fifth choice.

Previous help seeking from professionals

The Chi-square analysis indicated that participants who selected 'siblings' as a help source for the problem 'You have been feeling down, unhappy and do not enjoy doing the things you used to like doing' were more likely not to have sought help from a professional in the past (72.6%) compared to those who have (27.4%). This difference was significantly different from what was expected, $\chi^2 (4, N=84) = 19.85, p = .001$. The strength of the relationship between previous professional help and selecting siblings for this problem was low ($\Phi = .49$). Thus, indicating that other variables beside previous professional help may have influenced their choice.

Participants who selected 'siblings' as a help source for the problem 'Your friend is drinking more and more alcohol' were more likely to indicate that they have not previously sought help from a professional (74.6%) compared to those who have sought help (25.4%), $\chi^2 (4, N=63)=10.43, p = .034$. The strength of the relationship was low ($\Phi = .41$).

There was a significant difference between the expected and obtained frequency by which those who have sought help from a professional in the past (31.3%) and those who have not sought help (68.8%) selected 'teacher' as a help source for the problem 'Your friend is driving illegally and dangerously', $\chi^2(4, N=48) = 7.92, p = .042$. The strength of the relationship was low ($\Phi = .41$).

The analysis indicated that the obtained relationship between the variables 'previous help seeking from a professional' and selecting 'boy/girlfriend' for the problem 'Your friend is driving illegally and dangerously' were significantly different from what was expected, $\chi^2(4, N=77) = 17.98, p = .001$. The strength of the relationship was low ($\Phi = .48$).

The obtained and expected distributions were also significantly different for 'previous help seeking' and selecting 'friends in general' as a help source for the problem 'You have been feeling down, unhappy and do not enjoy doing the things you used to like doing', $\chi^2(4, N=127) = 11.47, p = .022$. The strength of the relationship was low ($\Phi = .30$). There was also a significant difference between the obtained and expected frequency for 'previous help seeking from a professional' and selecting 'friends in general' for the problem 'A friend said that they are thinking of ending their own life', $\chi^2(4, N=103) = 15.15, p = .004$. The strength of the relationship was low ($\Phi = .38$).

Participants who have sought professional help in the past (31.9%) were less likely than those who have not (68.1%) to select seeking help from 'parents' for the problem 'You are being bullied at school', $\chi^2(4, N=116) = 12.22, p = .016$. The strength of the relationship was low ($\Phi = .33$) which indicates that other variables beside previous professional help may have influenced their choice.

Participants who have not sought professional help in the past (68.4%) were more likely than those who have (31.6%) to select seeking help from 'parents' for the problem 'Your friend is drinking more and more alcohol', $\chi^2 (4, N=98) = 10.25, p = .036$. The strength of the relationship was low ($\Phi = .32$).

Those who have not sought professional help in the past (70.1%) were more likely than those who have (29.6%) to select seeking help from 'parents' for the problem 'A friend said that they are thinking of ending their own life', $\chi^2 (4, N=97) = 12.85, p = .012$. The strength of the relationship problem was low ($\Phi = .36$).

Participants who have not sought professional help in the past (70.1%) were more likely than those who have (29.6%) to select seeking help from 'kaumatua' for the problem 'You are unsure about your future career choices'. This difference was significantly different from what was expected, $\chi^2 (3, N=9) = 9.00, p = .029$. The strength of the relationship between previous professional help and selecting a kaumatua for this problem was very strong ($\Phi = 1.00$). The participants who have sought professional help in the past selected a Kaumatua for this problem once as a fourth choice, and those who have not sought professional help selected it three times (37.5%) as a second choice; twice (25.0%) and three times (37.5%) as a fifth choice.

Age

The chi square analysis indicated that there was a significant difference between the expected and obtained frequency by which those who indicated as aged 15 (.8%), 16 (60.3%) 17 (32.2%) and 18 (6.6%) selected 'parents' as a help source for the problem 'You are being bullied at school', $\chi^2 (12, N=121) = 25.11, p = .014$. The participant who indicated as 15 years

old selected parents as a first choice (100%). Of those who indicated who were 16 years old, 16 (21.9%) indicated parents as a first choice, 20 (27.4%) as a second choice, 24 (32.9%) as a third choice, 10 (13.7%) as a fourth choice and 3 (4.1%) as a fifth choice. Of those who indicated as 17 years old six (15.4%) selected parents as a first choice, 9 (15.4%) as a second, 6 (15.4%) as a third choice, 9 (23.1%) as a fourth and 9 (23%) as a fifth choice. None of the participants who were 18 years old selected parents as a first or third choice, 2 (25.0%) selected as a second choice, 4 (50.0%) as a fourth choice and 2 (25.0%) as a fifth choice. It appeared that those aged 16 years selected parents as a first choice more often than expected and those and those 18 years old selected it less than expected.

Limitations to the data analysis

Some of the analyses investigating the help seeking option 'doctor' could not be performed, possibly because it was selected at a low frequency. A Mann-Whitney U test was attempted for the respective rank order choices, but there were not enough valid cases and thus the results were not adequate.

4. Semi structured interview

The researcher made notes about the semi structured interviews with the participants and the key themes and comments for the questions were recorded.

The results indicated that adolescents would know that a personal issue that upsets them was a problem when it affected other areas of their life, if the difficulty was present for a particular amount of time and if the problem was constantly on their mind.

The effects the difficulty has on other areas of the young person's functioning and how long they have been experiencing the difficulty were also common themes when considering if they should talk to someone about their difficulty.

Adolescents suggested that different help seeking options could be made more approachable by increasing awareness of different options available to them (especially those outside the school environment), if the help source was friendly and approachable. A suggestion was made that presentations at school might be helpful. Of particular interest was that one participant commented that it was "better to talk to someone you do not know, they do not judge you that much" while another suggested it would be better to talk to "people you are closer to".

Factors that would make adolescents more likely to choose one option over another was trust, closeness of the relationship, the way the help source interacted with them, what they have heard about the help source (for example, their helpfulness), the age of the help source, the expertise of the help source and the help source's reaction when being informed that the young person was experiencing difficulties.

Of the seven participants who receive an interview, five have seen a professional for help with a problem, one have not and one was going to, but decided that he/she felt better and would not consider this option anymore. Four participants said that they sought help from a counsellor and one participant was not sure of the training of the individual from whom he received help. All of the participants who have seen a professional for help had a good experience, even though for one participant it was a bit "scary" to share information with someone they do not know. The counselling environment appeared to be important to them,

for example a “safe “and “laid back” environment. The adolescents commented that professional help was accessible within their school environment.

When considering adolescents’ experience of giving advice to a friend who was experiencing a problem, it was clear that they wanted to be careful about the information or advice they gave their friend, especially if it was situations they have not been in before. Of interest was that a participant highlighted male stereotypes and that males do not talk about their emotions and he would not really provide help to a friend and would generally say “just deal with it”. A female participant said that she might suggest to a friend to seek help from a school counsellor or look for information on the internet. Another participant said she might ask her parents for advice about how they can help their friend (with the friend’s permission).

Adolescents thought it was important for adults to know that they were often hesitant to approach adults for help, for fear of being judged or that they might be too busy. At times it might be helpful to approach a young person if they appeared to be feeling down, but participants said that they did not want adults to assume they know the young person, that they would need a therapist and would want to talk about their difficulties. A participant said that males and females were different (“guys do not usually ask for help” and “girls are more likely to go for help and accept that they need help”). They also mentioned the importance for parents to maintain a strong relationship with their child and try to be “in their child’s life”.

General comments adolescents made during the semi structured interview will be integrated into the discussion section.

5. Results relevant for the respective hypotheses

The current study focused on who adolescents would seek help from for particular problems, the influence of gender, age, previous help seeking and psychological distress on their choices, why they would chose a particular option and what would make other help sources more helpful. In light of the research hypotheses, the following conclusions can be drawn.

When considering who adolescents would select as a help source when experiencing a problem, it was hypothesized that adolescents would select friends as their most preferred help seeking option, followed by parents. The results indicated that 'Friends in general' was the most frequently selected help source, irrespective of the rank order choice, for seven of the 10 questions ($n=1158$), followed by 'parents' for two questions ($n=1025$) and 'teacher' for one question ($n=703$). 'Friends in general' was the most frequently selected first choice option ($n=399$), followed by parents ($n=207$) and no one ($n=191$). However, when considering the results of the problems individually, it was found that friends was the most frequently selected first choice option for seven questions (for one question friends were equally rated as a first choice with 'adults in the family'), teacher for two questions and parents for one question.

It was hypothesized that adolescents would tend to seek help from informal sources before they turn to formal sources and that professional help sources would be selected for specific problems relating to the help source's area of expertise. Adolescents appeared to have selected informal sources of help (friends, parents, siblings, adult in the family, boy/girlfriend) more often than formal help sources (doctor, psychologist, mental health services, teacher, priest/minister/youth leader, kaumatua).

Professional help sources were selected for specific problems relating to their area of expertise. This was seen in question 10: 'You (girl) or your girlfriend might be pregnant and you do not know what to do' where the most frequently selected first choice option was a doctor and for question 2: 'You are worried because you are failing in school' teachers were selected most often overall.

It was hypothesized that the school counsellor would be the most frequently used professional source of help. This hypothesis was not supported as indicated in table 11 where Teachers were the formal help source that were most frequently selected over all and as a first choice option, followed by school counsellors.

It was hypothesized that adolescents would select parents for problems within their family, health concerns and if a friend was experiencing a problem. When a problem was described where a friend was experiencing a problem and for a problem relating to mental health difficulties ('You have been feeling down, unhappy and do not enjoy doing the things you used to like doing'), parents were rated as the second most frequently selected help choice. Problems that was related to their physical health ('You [girl] or your girlfriend might be pregnant and you do not know what to do') parents were rated the most. Of interest was that they were selected less frequently for the family problem 'Your parents often fight and you do not know what to do'

It was hypothesized that friends would be selected as a help source for inter personal problems and if the young person feels depressed. The results indicated that friends were selected most as a help source for question 3 relating to depression ('You have been feeling down, unhappy and do not enjoy doing the things you used to like doing') and question 4 relating to interpersonal difficulties ('You are being bullied at school').

When considering if gender affects adolescents' help seeking, it was hypothesized that males will prefer to seek help from parents and females would prefer to seek help from friends. Males will be most likely to seek help from no one. Females will have higher levels of psychological distress. Females will be more likely to encourage their peers to seek professional help and feel more confident in providing help to a peer compared to males. The results of the current study indicated that there were two questions for which males selected friends significantly more than females and one question where they selected parents more often, but there were no significant findings for females selecting friends or parents.

There was one question where males selected 'no one' significantly more than females, thus one cannot conclude that males over all selected no one significantly more frequently.

Information presented in the semi structured interview indicated that females compared to males appeared to be more likely to encourage their friends to seek professional help and to feel confident in providing help to a peer.

When considering the influence of psychological distress on help seeking, it was hypothesized that it was not clear if higher psychological distress would result in a greater willingness for adolescents to seek help and thus this needed to be explored. Males were found to have significantly higher levels of psychological distress compared to females. This finding was not expected and does not confirm the research hypothesis.

Participants who experienced higher psychological distress were more likely to have previously sought professional help, thus indicating that higher psychological distress might result in a greater willingness to seek help.

Themes that are hypothesized about facilitating help seeking is likely to include the importance of having an open relationship with the help source; the importance of trustworthiness of the help source; that help sources should provide young people with information about help options. The semi structured interviews found that having an open relationship with the help source and trust was important and that help sources should provide adolescents with information about help options.

Factors that influenced who young people would select as a help source were trust, closeness of the relationship, the way the help source interacted with them, what they have heard about the help source (for example, their helpfulness), the age of the help source, the expertise of the help source and the help source's reaction when being informed that the young person was experiencing difficulties.

Discussion

The current study focused on who adolescents seek help from for particular personal problems along with their personal opinions about help seeking. Also, it was of interest whether gender, age, previous help seeking and psychological distress affected adolescents' choices in terms of help seeking, what would make help sources more approachable and minimize barriers about help seeking in general. Comments made by the interview participants will be integrated into the discussion and used as examples.

Problems adolescents might experience that were explored in this study included personal difficulties (e.g., mental health difficulties, substance use and pregnancy; Ambuel, 1995; Rickwood & White, 2007; van der Reit & Knoetze, 2005; Boldero & Fallonn, 1995); home difficulties (e.g., parental conflict and divorce; Boldero & Fallonn, 1995); school difficulties (e.g., bullying, academic performance and career choices; (van der Reit & Knoetze, 2005; Hennessy & Green-Hennessy, 2000; Daniel et al., 2006) and difficulties of friends (e.g., talk about suicide, self injurious behavior and trouble with the law; Boldero & Fallonn, 1995; Martin & Gillies, 2004; Rickwood & White, 2007). Of importance was from whom they would seek help when experiencing these difficulties.

The current study suggested that adolescents would know if an issue they were experiencing was a problem if: it affected other areas of their life; if the difficulty was present for a particular amount of time; if it was constantly on their mind; or, if it affected another person. These aspects also helped the adolescents decide if they needed to seek help and indicated that emotional competence was important to facilitate help seeking (Wilson & Deane, 2001). The literature highlights that adolescents first become aware of their symptoms and then

develop ways to express their difficulties, seek out appropriate assistance and then develop the willingness to disclose their problem to a help source (Rickwood et al., 2005). It would be important to pay attention to the process of seeking help and individual differences in defining a need to seek help (Barker et al., 2005).

The results of the questionnaire found that the help options that would be approached most frequently overall and as first choice options were friends followed by parents (Boldero & Fallon, 1995) or 'no one'. This finding supported the general contention in the literature that adolescents tend to seek help from informal sources before turning to formal sources (e.g., Sheffield et al., 2004) and they were more likely to seek help from sources they know, trust, have an open and strong relationship with (e.g., Wilson & Deane, 2001), and feel comfortable with (e.g., Barker et al., 2005). It was possible that adolescents chose a help source based on the problem type (Sullivan et al., 2002; Nicholas et al., 2004) because when considering the help seeking preferences of the ten questions separately, friends was the most frequently selected first choice option for seven questions (for one question friends was equally rated as a first choice with 'adults in the family'), teacher for two questions and parents for one question.

During the semi structured interviews adolescents commented that "friends know me more personally" and they found it "harder to talk to people [who were] older". This supported the findings of Sullivan et al. (2002) that adolescents' expectations of nurturance or that the help source would be supportive would be influential when deciding to seek help from a friend. Of concern was if adolescents have the appropriate problem solving skills to assist their friend and the emotional capacity to take on "extra baggage" (i.e., extra problems) as one of the interviewees said.

Some interview participants suggested that “friends might not give you the right ideas” and “parents have more life experience than my friends”. They appeared comfortable to talk to their parents and participants commented that they can “go to parents, won’t really hesitate”; “know [they] can trust them; and “parents are easy to talk to”. This confirms that adolescents’ expectations of the expertise of a help source or that the help source will know how to assist them would be important when considering help from a parent (Sullivan et al., 2002). What appeared to be of concern to one of the participants in the current study was parents’ response to hearing that the he was experiencing difficulties. He commented that “I don’t like getting [them] involved in problems, they take it way overboard”. Thus, it might be helpful to know how parents react in these situations, how parents can be supported to provide effective advice to their child, gain access to appropriate resource and maintain a positive and open relationship with them. This might help to decrease the mismatch between adult’s perceptions of adolescents’ needs and adolescents’ perceptions of their own needs (Barker et al, 2005).

Some help sources might have been selected less frequently because adolescents believed family and friends were a sufficient source of help (Kuhl et al., 1997). There might have been barriers to seeking help from particular sources (Sullivan et al., 2002), and the help option selected might have been influenced by the different problems presented (Sullivan et al., 2002; Nicholas et al., 2004) and the adolescents’ backgrounds, for example previous help seeking experience (Wilson & Deane, 2001), age, gender (Boldero & Fallon, 1995) and psychological distress (Sheffield, et al, 2004; Tishby et al., 2001).

A barrier that appeared to be of concern to adolescents in this study was a fear of being judged for experiencing problems. A participant commented that “sometimes [we] teenagers might need help, but we are too scared to ask for it, we are worried about being

judged". This highlighted the importance of reducing the stigma attached to seeking help and making help seeking options more acceptable to adolescents (Wade et al., 2007). Participants mentioned that it might be helpful to increase awareness of different help seeking options available to them, especially those outside the school environment. This supported the findings in the literature which suggested that adolescents need more information about what professional help involves, what to expect and how to access the help (Rickwood et al., 2005; Wade et al., 2007). Information about mental health problems and what would be helpful help seeking options for specific problems were also highlighted in the literature (Wilson & Deane, 2001; Wade et al., 2007).

A participant commented that "presentations that come in to school are more effective than posters". Presentations have been found to be an effective way to inform adolescents, increase their awareness of help sources and increase their willingness to seek help (Wilson et al., 2008; Nicholas et al., 2004). Presentations by professionals could also normalize the help seeking experience and build positive relationships with adolescents which would facilitate future help seeking (Wilson & Deane, 2001).

When considering the ten different problems described in the questionnaire, the results indicated that adolescents would: frequently turn to friends, no one or parents as a first choice when experiencing the problem 'Your friend is driving illegally and dangerously'; turn to teachers or parents for the problem 'You are worried because you are failing in school'; turn to friends, parents or no one for the problem 'You have been feeling down, unhappy and do not enjoy doing the things you used to like doing'; turn to friends, teacher or no one first for the problem 'You are being bullied at school' ; turn to friends, no one or parents for the problem 'Your friend is drinking more and more alcohol'; turn to friends, an adult in their family or

school counsellor for the problem 'A friend said that they are thinking of ending their own life'; turn to friends. Participants indicated they would turn to siblings or no one first for the problem 'Your parents often fight and you do not know what to do'; turn to teachers, parents and no one for the problem 'You are unsure about your future career choices'; turn to friends or no one for the problem 'You noticed some cuts on a friends arm'; and turn to boy or girlfriend ,equally as often, friends or parents as a first choice for the problem 'You (girl) or your girlfriend might be pregnant and you do not know what to do'.

Of particular interest was that for some questions adolescents would not seek help from anyone as a first choice. The literature suggested that males (Boldero & Fallonn, 1995), adolescents and people living in affluent areas were the least likely to seek help (Oliver et al., 2005), but it might be beneficial to gain more knowledge on specific characteristics and barriers and adolescents' opinions about why some might not seek any help.

A third of the overall sample and five of the seven interview participants had previously sought professional help with one commenting that it was "better to talk to someone you do not know, they do not judge you that much". This indicated that the participants appeared to be willing to seek professional help and did not support the findings of Tishby et al. (2001). A possible explanation was that the adolescents in the current study could access a free counselling service at their respective schools (Wade et al 2007). The interview participants reported positive experiences when accessing professional help (Wilson& Deane, 2001) and commented that "I am not ashamed to tell people that I go to the guidance counsellor" and I "come away feeling real happy". They perceived counsellors as "someone that [!] can unload everything to" and "everyone knows they are nice, approachable and friendly" and adolescents "know that [counsellors] know what they are talking about".

It was also evident that professional helpers were approached for help with specific problems (Boldero & Fallon, 1995; Tishby et al., 2001). Teachers were the formal help source that were most frequently selected over all and the most frequently endorsed first choice option for the problem 'You are worried because you are failing in school' and the second most selected first choice for the problem 'You are being bullied at school'. School counsellors were selected second most frequently as a first choice option for the problem 'You noticed some cuts on a friends arm', and the third most frequently selected first choice for 'A friend said that they are thinking of ending their own life'. Also, 'Doctor was selected most as a first choice option (equally with 'boy/girlfriend') for the problem 'You (girl) or your girlfriend might be pregnant and you do not know what to do'.

Of particular interest was the gender representation of those who have and have not sought professional help. Almost half of the females and a quarter of the males indicated that they have previously sought professional help and this was significantly different from what was expected. This difference was also highlighted in a comment made by one of the interview participants "guys do not usually ask for help" and "girls are more likely to go for help and accept that they need help". Another highlighted that males do not talk about their emotions "because of general male stereotypes". This indicated that the findings by Kuhl et al. (1997) that females showed lower barriers to help seeking were generally supported by the current results and that more research might be needed to explore gender specific barriers to help seeking.

Gender also played a role in who adolescents would select as a help source (Boldero & Fallon, 1995). Males were found to be significantly more likely than expected to have selected 'friends in general' for the problems 'Your parents often fight and you do not know

what to do' and 'You (girl) or your girlfriend might be pregnant and you do not know what to do'. They were also more likely than females to have selected 'parents' for the problem 'You are unsure about your future career choices'; selected 'adult in their family' for the problem 'Your friend is driving illegally and dangerously'; and select 'teacher' for the problem 'You noticed some cuts on a friends arm'.

This indicated that different approaches might be needed when encouraging help seeking and providing help to males and females. The adolescents who received an interview commented that "guys don't usually ask for help, they get over it"; "guys are different to girls" and "girls are more like to go for help and accept that they need help".

The results showed that males' YOQ-30.2 total scores indicative of psychological distress were significantly higher compared to females. This finding was not consistent with the current literature which found that females had higher levels of psychological distress compared to males (Sheffield et al., 2004; Farrand et al, 2007; Rickwood et al., 2005; Oliver et a.l, 2005; Boldero and Fallon, 1995; Tishby et al., 2001). A possible explanation was that different measures of psychological distress were used in the studies, for example, Sheffield et al (2004) used the Depression Anxiety Stress Scale-21 (DASS-21) total score as a measure of psychological distress. It could be argued that the YOQ-30.2 is a more suitable measure for this type of study as the focus is not on the presence or absence of psychiatric symptoms, but on more generic signs that a young person is experiencing psychosocial difficulties. If this is the case then we may need to reconsider our stereotype regarding male experiences of distress.

The literature appeared to be unclear if higher psychological distress would result in a greater willingness for adolescents to seek help (Sheffield, et al, 2004; Tishby et al., 2001).

The current findings were that participants who have sought help from a professional in the past had significantly higher mean psychological distress scores. This might indicate a greater need for young people to seek help for problems and appeared to support the findings of Sheffield et al. (2004) that higher psychological distress was connected to a greater willingness to seek help. A possible explanation could be that the participants in the current study were from New Zealand, the participants in Sheffield et al's (2004) study from Australia and those in Tishby et al's (2004) study from Israel. It might be helpful to investigate if there were particular cultural differences that influence adolescents' psychological distress and help seeking behaviour.

The investigation of psychological distress is particularly important, because Rickwood and White (2007) found that there is an increase in the proportion of adolescents experiencing psychological distress and mental health problems.

The study found that when providing help to a friend experiencing a problem, adolescents commented that it was "hard to help people who are in situations I have not been through"; "I try not to tell them what to do" and they would generally just "Winged it". It appeared that they would mostly provide their friend with social support and/or seek help from someone else such as an adult (Kelly et al., 2007).

A barrier to providing help to a friend included that the adolescents were concerned that they might provide their friend with unhelpful advice, especially about situations they have not experienced before. This extends the findings on barriers for seeking help for others (Cigularov, Chen, Thurber & Stallones, 2008; Rickwood et al, 2005). Also, a participant commented that when providing advice to a friend he would "generally just say just deal with it". This was also evident in the literature that males are more likely to provide inappropriate

help to a friend. These findings should be interpreted with caution because of the small sample size of the interview participants and because the main focus of the study was on *who* they would turn to for specific problems, not what they would *do* to help their friend (Cigularov et al., 2008).

The current study supported and/or extended the findings in the literature about adolescents' help seeking behavior, who they would turn to when experiencing particular problems, how other factors, like age, gender, previous help seeking and psychological distress, influence their help seeking and adolescents' experiences opinions of help seeking.

There were several limitations to this study which should be considered when interpreting the findings. Some questions in the questionnaire described a difficulty experienced by a friend of the participant (i.e., 'your friend is driving illegally and dangerously'), but the help seeking 'friends in general' did not specify if the participant would go to the person experiencing the problem or any friend.

The help-seeking option parents did not specify if it would be the participant's mother or father. The study did not include help sources like the internet, chat rooms and telephone counselling.

Any conclusions that were drawn from the semi structured interview should be interpreted with great caution because the sample was small.

There were several implications to the findings of this study. The study can inform parents, teachers and practitioners about how to encourage help seeking and minimize barriers to help seeking. Of particular interest was the importance of building positive relationships with adolescents that is characterized by trust and that adolescents might need more information about different help seeking options available to them and how they can access these.

Another implication to consider was if different help sources have the appropriate skills and knowledge to provide help to adolescents. These could include emotional competence, problem solving skills, knowledge about common problems adolescents experience and intervention options available. This was particularly important because the most preferred help options were informal help sources (i.e. friends and parents).

The participants appeared to be willing to seek professional help and reported positive help seeking experiences. It was possible that the free counselling service at the respective schools might have encouraged help seeking and reduced stigma and difficulties with accessing help, but more research is needed to confirm this hypothesis.

The frequency with which no one was selected as a help source was also of interest. This might have indicated that adolescents would not consider the remaining help seeking options or that they might consider using other coping strategies for the particular problem they are experiencing.

There were also differences in help seeking by males and females. This would indicate that more research is needed on gender specific barriers to help seeking, gender specific stereotypes about help seeking and help provided by school based professionals.

This study provided more knowledge about adolescent's help seeking when experiencing particular problems and how gender, age, psychological distress and previous professional help seeking influence help seeking.

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Appendix 1.1

This appendix contains the semi structured interview questions that were used with the seven interview participant in this study.

Interview questions

- How would you know if a personal issue that upsets you is a problem?
- How would you know if you should talk to someone about it?

- What can be done to make different help seeking options more approachable?
- What makes you more likely to choose one option over another?
- What influences your choice when considering who to seek help from?

- Have you ever seen a professional (counselor, psychologist, general practitioner) for help with a problem?
 - What was your experience like?

 - Was it easy to access?

 - What do you think would make professional help seeking options a better choice?

 - How available is professional help sources to you?

- Have you ever given advice to a friend about a problem they are experiencing?
 - What was this experience like?

 - Was it easy to access resources or help?

Appendix 1.2

This appendix contains the Help Seeking Questionnaire that was developed by the researcher and the Youth Outcome Questionnaire- 30.2 (YOQ-30.2; Burlingame, et al., 2004).

When you have a personal problem, from whom would you seek help?

Everyone experience personal problems during their lives and might need some help, advice or information. This questionnaire will focus on who you would seek help from when faced with a particular problem. In the boxes below **rank the five options** who you would seek help from for each of the scenarios described, “1”, being your first choice when faced with that problem; 2, your second choice until you reach your fifth choice.

Who would you seek help from for the following scenarios?	Doctor	Siblings	Teacher	Friends in general	Adult in their family (eg grandparents/ aunty/ uncle)	Kaumatua	Psychologists, Mental health services	School counsellor	Boy/girfriends	Parents	Priest/ Minister/ youth leader	No one
1. Your friend is driving illegally and dangerously.												
2. You are worried because you are failing in school.												
3. You have been feeling down, unhappy and do not enjoy doing the things you used to like doing.												

Please tick the option that applies:

Age: 15 years 16 years 17 years 18 years

Gender: Male Female

Ethnicity: NZ European NZ Maori Pacific peoples Other

Have you ever sought help from a professional (for example a counsellor, psychologist and general practitioner)? Yes No

If you would like to participate in an individual interview, please fill in the attached form.

When you have a problem, from who would you seek help?

If you would like to partake in an individual interview please fill in your personal details bellow

Name: _____

Surname: _____

Male/female: _____

Ethnicity: _____

Contact number: _____

Email: _____

YOUTH OUTCOME QUESTIONNAIRE (Y-OQ®-30.2)

Purpose: The Y-OQ®-30.2 is designed to describe a wide range of situations, behaviors, and moods that are common to adolescents. You may discover that some of the items do not apply to your current situation. If so, please do not leave these items blank but check the "Never or almost never" category. When you begin to complete the Y-OQ®-30.2 you will see that you can easily make yourself look as healthy or unhealthy as you wish. Please do not do that. If you are as accurate as possible it is more likely that you will be able to receive the help that you are seeking.

Directions: Read each statement carefully. Check the box that most accurately describes the past week. Decide how true this statement is during the past 7 days. Check only one answer for each statement and erase unwanted marks clearly.

Directions for parents/guardians completing questionnaire: If your child is under 12, the parent or other responsible adult is asked to complete this questionnaire. In this case, respond to the statements as if each began with "My child..." or "My child's..." rather than "I..." or "My..." It is important that you answer as accurately as possible based on your personal observation and knowledge.

<i>PERSON COMPLETING FORM (PLEASE CHECK):</i>	Never or Almost Never	Rarely	Sometimes	Frequently	Almost Always or Always
<input type="checkbox"/> Adolescent <input type="checkbox"/> Parent/guardian <input type="checkbox"/> Other	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
1. I have headaches or feel dizzy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This questionnaire could not be reproduced due to copy right restrictions.

Appendix 1.3

This appendix contains the Help seeking information sheet that was given to the participants.



....I have a problem!!

What can you do?

Ask for help!

What does it mean ask for help?

Ask someone for advice, help, support, information and/or treatment.

How can you seek help?

- Become aware that you have a problem and need to seek help.
- Gather information about what sources of help is available to you
- Tell someone that you need help.

**Everyone experiences a problem at some point during their lives.
It is ok to ask for help!**

Here are some places and people where you can seek help



People

Parents, family doctor (GP), school teacher, siblings, other family members (e.g. grandparents, aunts, uncles, cousins), boy/girlfriend, youth leader/minister/priest, Kaumatua, psychologists and friends and School counsellor (insert location)



Call lines

Lifeline 0800 543 354
Youthline 0800 37 66 33
Depression helpline 0800 111 757



Websites

www.thelowdown.co.nz
www.youthbeyondblue.com
www.reachout.com

Current study

The aim of this study is to find out who young people seek help from for particular problems and why they prefer certain options more than others. It will inform adults about young people's help seeking behaviour, early intervention and how barriers to help seeking can be overcome. There are no right or wrong answers and the study is voluntary and all information will be anonymized.

This study has been reviewed and approved by the Psychology department Ethics committee at the University of Waikato and has received the consent of your school.

Appendix 1.4

This appendix contains the letter given to parents about the study.

(Insert date)

Dear parent/caregiver,

I am a Masters student from the University of Waikato and I will be doing a research project at (insert school name).

This study has been reviewed and approved by the Psychology department Ethics committee at the University of Waikato and has received the consent of your school. It is an anonymous and voluntary study which will focus on psychological problems young people deal with and from who they seek help for particular problems. The study will include year 12 and year 13 students who are attending (insert name of school). It will include males and females and people of any ethnic group. The practical application of the study is informing parents, teachers and practitioners about young people's help seeking, early intervention and how barriers to help seeking can be overcome. It can also make students aware of help seeking options they might not have considered.

The project will involve a questionnaire where personal problems young people might experience are described and the participants select who they would prefer to seek help from if they were in a similar situation. I anticipate having about 150 completed questionnaires. The young people will indicate on a form attached to the questionnaire if they would like to participate in an interview. The interview will focus on why young people would choose particular help sources more and what would make other help sources more helpful. I anticipate having about eight participants for an individual interview (four male and four female) and include at least one male and one female participant who is from Maori descent.

We are not seeking any specific mental health information. Your child can choose not to participate in the project by not filling in the anonymous questionnaire and/or not volunteering for an interview. They will give consent for the interview by filling in the University of Waikato consent form and can withdraw their interview data at any time during the research project.

If you would not like your child to participate in the project, please discuss your concerns with them. This will ensure that they can make an informed decision to participate or decline participation in the study.

If you have any concerns please feel free to contact me on 0212618662 or your school.

Yours Sincerely
Lily de Bruin

Supervisors:

Associate Professor Doug Boer
(07) 858 5157

John Fitzgerald
Director/Consultant Clinical Psychologist

Ethical concerns contact person, Robert Isler, 0800waikato, extension 8401

Appendix1.5

This appendix contains the letter given to school principals to inform them of the study, what it involves and how they can be involved.

(Insert date)

Dear Principal,

I am a Masters student from the University of Waikato and I am looking for participants for my research project.

This study has been approved by the Psychology department Ethics committee at the University of Waikato. It is an anonymous and voluntary study which will focus on personal problems young people deal with and from who they seek help. The school will not be identified in the report or thesis. The practical application of this study is informing parents, teachers and practitioners about young people's help seeking, early intervention and how barriers to help seeking can be overcome. It can also make students aware of help seeking options they might not have considered.

The study will include a questionnaire for year 12 and year 13 students who are attending school. It will include males and females and people of any ethnic group. The participants will select from who they would seek help for the different personal problems described. I anticipate having about 150 completed questionnaires. The questionnaire will take about 20 minutes to complete and will be administered in a classroom setting. Participants will receive the questionnaire, a form they can fill in if they would like to participate in an interview and an information sheet about where they can seek help if they or someone they know are experiencing any of the problems mentioned in the study. The young people will then indicate on a form attached to the questionnaire if they would like to participate in an interview with the researcher. The interview will focus on why young people would choose particular help sources more and what would make other help sources more helpful. I anticipate having about eight participants for an individual interview (four male and four female) and include at least one male and one female participant who is from Maori descent. The interview will be conducted at the participant's school in a room that is relatively free of distractions. It will take approximately 15 minutes to complete. The interview will be voice recorded to aid in data collection and analysis. The data will be accessed by the researcher and supervisors.

The study will ensure that participants are treated with respect and that no harm is done. They will receive appropriate information about what the study involves. This will ensure that they can make an informed decision to consent or decline participation in the study. Confidentiality and privacy will be upheld by maintaining the anonymity of the participants. The researcher will be available after the questionnaire for any questions or comments. The participants will receive an information sheet about where they could seek help if the study raised any issues for them or someone they know.

Parents will receive a letter about what the study involves and they can discuss any concerns with their child. The young person can choose not to participate in the study by not filling in the questionnaire and/or not volunteering for an interview. They will give consent for the interview by filling in the University of Waikato consent form and can withdraw their data at any time during the research project. If they choose to participate it will be assumed that the young

person and their parents give their consent. This process will allow for a higher participation rate, the group will be more representative of the general population and that findings can be generalized with more accuracy. It will also ensure that young people are given the opportunity to give their opinion and express their views on aspects of life that affect them.

On completion of the study, your school will receive a copy of my thesis and a summary of the findings. I will also be available to present the findings to the school community if you so wish. The school will not be identified in the report or thesis.

If you would like your school to participate in my research project please feel free to contact me on 0212618662 or lily1610@hotmail.com.

Looking forward to hearing from you in the future.

Regards
Lily de Bruin

Supervisors:
Associate Professor Doug Boer
(07) 858 5157

John Fitzgerald
Director/Consultant Clinical Psychologist

Ethical concerns contact person, Robert Isler, 0800waikato, extension 8401

This acceptance letter will be kept for The University of Waikato Psychology department's records.

I (principal)_____ give consent that my school

_____ may participate in the Master of Social sciences (MSocSc) thesis of Lily (Marizanne) de Bruin.

I understand that it is a voluntary study about who young people would seek help from for psychological problems and why they prefer some options more than others. It will involve a questionnaire and a semi structured interview. The students will consent to the questionnaire by filling it in anonymously and for the interview by filling in the attached form and taking part in the interview. Students can withdraw their interview data at any point during the study and all interview data will be anonymized. The name of my school will not be mentioned in the thesis and I will receive a copy of the thesis and a summary of the findings from the researcher.

Signature Principal

Date

Appendix 1.6

This appendix contains the University of Waikato Consent form that was completed by interview participants.

University of Waikato
Psychology Department
CONSENT FORM

PARTICIPANT'S COPY

Research Project:

Name of Researcher:

Name of Supervisor (if applicable):

I have received an information sheet about this research project or the researcher has explained the study to me. I have had the chance to ask any questions and discuss my participation with other people. Any questions have been answered to my satisfaction.

I agree to participate in this research project and I understand that I may withdraw at any time. If I have any concerns about this project, I may contact the convenor of the Research and Ethics Committee (Dr Robert Isler, phone: 838 4466 ext. 8401, e-mail r.isler@waikato.ac.nz)

Participant's Name: _____ Signature: _____ Date: _____
=====

University of Waikato
Psychology Department
CONSENT FORM

RESEARCHER'S COPY

Research Project:

Name of Researcher:

Name of Supervisor (if applicable):

I have received an information sheet about this research project or the researcher has explained the study to me. I have had the chance to ask any questions and discuss my participation with other people. Any questions have been answered to my satisfaction.

I agree to participate in this research project and I understand that I may withdraw at any time. If I have any concerns about this project, I may contact the convenor of the Research and Ethics Committee.

Participant's Name: _____ Signature: _____ Date: _____

Appendix 2

This appendix contains figures representing the frequency with which each help source was selected for the ten questions in the Help Seeking questionnaire.



















