

## Promoting young people's health literacy and understanding their help-seeking behaviour

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### Welcome

One of the key challenges of adolescence is the transition to autonomy and independence that takes place across the second decade of life. Learning how to recognise health issues and manage the process of getting help is very important at this time. Supporting young people through this process means empowering them to take control of their health and giving them the information they need to seek appropriate services.

This is one of AYPH's new series of Exploring Evidence (see [www.ayph.org.uk](http://www.ayph.org.uk)). In this edition, we take this cross-cutting theme and look at what we know about health literacy and help-seeking behaviour in this age group. This is not an area where there is an obvious policy context, so in this update we have concentrated on summarising interesting new research and alerting you to useful resources.

### What is health literacy?

Health literacy is the degree to which individuals can understand health information and then act on this to get help where needed. This might include processing information about their own health status, in terms of recognising their own needs, and it might also include understanding where to go for support and input. Poor health literacy affects help-seeking behaviour.<sup>1</sup> Most definitions of health literacy<sup>2,3,4</sup> thus include the following elements:

- Understanding relevant health information
- Developing skills to manage risk and make lifestyle choices
- Understanding and recognising when help is needed
- Navigating the health system

Discussions about how to promote health literacy in young people have generally taken place under the heading of health promotion in schools.<sup>5</sup> There is very little that has been done outside the educational context, and there has been a fairly longstanding recognition that promoting health literacy can have other positive effects for schools such as better educational outcomes.<sup>6,7</sup>



## Help-seeking behaviour

Help-seeking is a life skill that needs to be developed by young people, so that they can get appropriate practical and emotional support from other people. Much of the research on help seeking has focused on mental health but it is also clearly relevant for physical health outcomes too. Help-seeking can be informal, involving drawing on family and friends, or it can be formal, involving professional services including teachers, youth workers and health practitioners.<sup>8</sup> Factors that affect help-seeking include personal knowledge and attitudes, past experience, emotional competence and supportive social influences.<sup>9</sup>

Young people are known to rely more on informal help, and young men in particular are reluctant to seek professional help especially for mental health problems.<sup>10</sup> Those who most need the help are those who are least likely to seek it.<sup>11</sup> The reasons are familiar to the youth health field; lack of trust, worries about confidentiality, difficulty accessing services that are appropriate to the age group, etc.<sup>12</sup> Box 1 presents the conclusions on barriers to help-seeking for mental health problems from a review of the literature, with stigma, confidentiality and trust the most common issues. Overall, studies estimate only around 18-34% of young people with mental health problems seek professional help.<sup>13</sup> Parents remain critically important but so too are schools.<sup>14</sup>

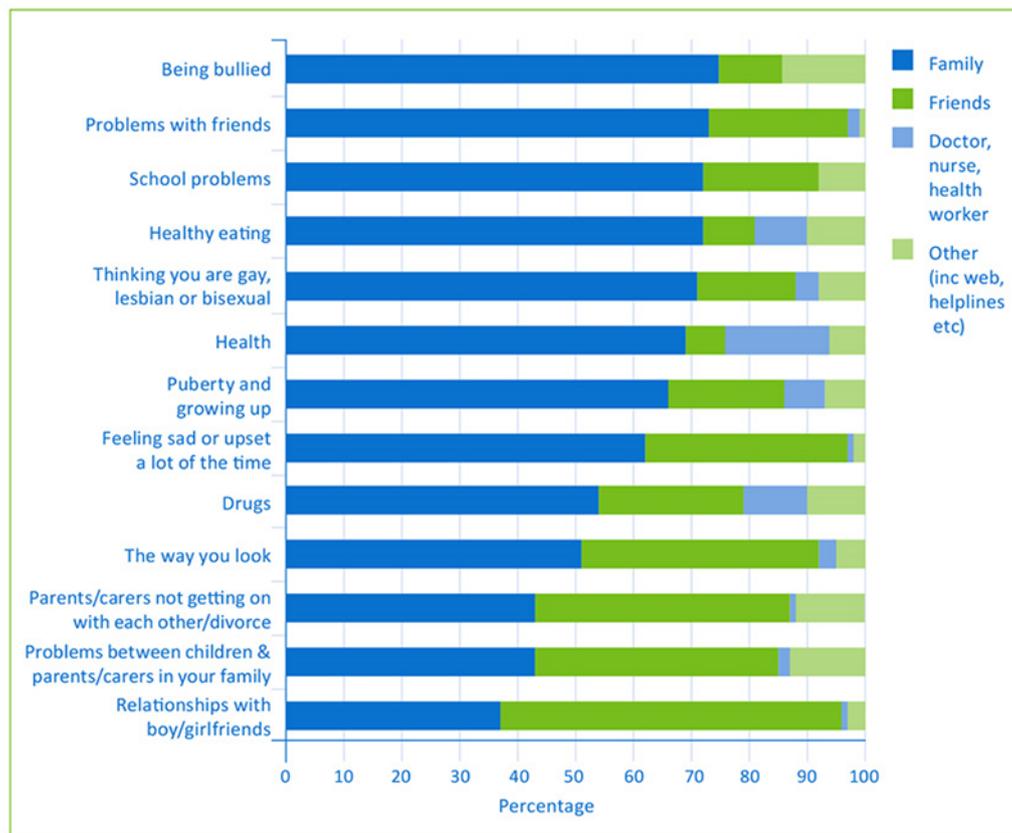
### ***Box 1: Barriers to young people's help-seeking for mental health problems (Gulliver et al 2010)***

Combined conclusions from 13 papers addressing the topic:

- Public, perceived and self-stigmatising attitudes to mental illness
- Confidentiality and trust
- Difficulty identifying the symptoms of mental illness
- Concern about the characteristics of the provider
- Reliance on self, do not want help
- Knowledge about mental health services
- Fear or stress about help-seeking or the source of help
- Lack of accessibility, eg, transport
- Difficulty or unwillingness to express emotion
- Do not want to burden someone else
- Prefer other sources of help (family, friends)
- Worry about effect on career
- Others not recognising the need for help

The Exeter Schools Health Education Unit conducts a widespread series of surveys in secondary schools on a regular basis. Box 2 below presents what young people aged 12-15 in the UK say about where they go for help about a range of emotional and physical health issues. Peers feature strongly as sources of information and support, but also many young people report turning first to their family.

**Box 2: Where 12-15 year olds first go for help or information about emotional and physical health issues 2011 (from AYPH, Key Data on Adolescence 2013)**



Source: Balding and Regis (2012), 'Young People into 2012' Exeter: Schools Health Education Unit

## Recent research on promoting health literacy

### **Teachers' role breadth and perceived efficacy in supporting student mental health**

**Mazzar K and Rickwood D (2015) *Advances in School Mental Health Promotion*, 8, 29-41**

Qualitative interviews with 21 teachers in Australia about how they regarded their role and self-efficacy when it came to supporting their students' mental health. They emphasised the need to work within a broader coordinated pastoral care system and reported that they needed additional training in mental health.

### **Talk about alcohol: impact of a school-based alcohol intervention on early adolescents.**

**Lynch S, Dawson A and Worth J (2014) *International Journal of Health Promotion and Education*, 52, p283-299.**

Independent evaluation of the Alcohol Education Trust's Talk about Alcohol school-based health literacy intervention delivered in English secondary schools. A follow-up of 18-24 months with approximately 4,000 young people showed statistically significant delay in the age teenagers started to drink if they received the intervention, and a significant association between the intervention and knowledge of alcohol and its effects. Students were keen on learning in personal, social and health education (PSHE) lessons.

***Effects of a classroom-based educational resource on adolescent mental health literacy: A cluster randomised controlled trial.*** 4

**Perry Y, Petrie K, Buckley H et al (2014) *Journal of Adolescence* 37 1143-1151**

An Australian randomised control trial (RCT) of a school-based educational intervention called 'HeadStrong', which intended to improve mental health literacy and help-seeking in young people at secondary school. The intervention included training for teachers, use of booklets, a slideshow, and various activities delivered in approximately 10 hours of class time over several weeks. Headstrong proved to result in more improved health literacy and stigma reduction than those just receiving the usual PSHE classes (although the latter also had a positive effect).

***Coping with cancer: supporting young people's resilience***

**CLIC Sargent (cancer charity for young people) (2014) London: CLIC Sargent.**

Looks at how information and support can develop young people's self-confidence and ability to manage their illness. Stressed the importance of giving young people enough information, providing a range of support options as they will vary in how they want to receive help, making sure that face-to-face support is available as well as on-line information, and allowing young people to communicate and share with other young people in similar situations

***Health literacy, self-efficacy, food label use and diet in young adults***

**Cha E, Kim K, Lerner H, Dawkins C et al (2014) *Am J Health Behav* 38(3) 331-9**

Young adults aged 18-29 took part in a survey that suggested an association between higher levels of health literacy and more use of food labels, which was then associated with better diet.

***Adolescent health literacy and the internet: challenges and opportunities.***

**Jain A and Bickham D (2014) *Curr Opin Pediatr* 26(4) 435-9**

The extent to which adolescents can benefit from using the internet as a source of health information will be determined in part by their health literacy. This review suggested that challenges are posed by functional literacy (reading levels not high enough), critical literacy (not being able to critically evaluate information) and interactive literacy (not being able to translate on-line information to off-line health behaviours).

***The effectiveness of school mental health literacy programs to address knowledge, attitudes and help-seeking among youth.***

**Wei Y, Hayden J, Kutcher S, Zygmunt A and McGrath P (2013) *Early Interv Psychiatry* 7(2) 109-21**

Systematic review drawing together information from 27 articles including 5 randomised control trials. Quality of the evidence for knowledge and help-seeking behaviour outcomes was very low, as many studies had moderate levels of bias. Research into school-based mental health literacy was conclude to be still in its infancy.

***Speaking Up: Teens voice their health information needs***

**Smart K, Parker R, Lampert j and Sulo S (2012). *The Journal of School Nursing*, 28(5) 379-388.**

American study of junior high and high school students who took part in a series of focus groups. They raised a range of health issues and emphasised desire for high-quality and personally relevant information, delivered in an active way. They wanted to know and trust the people delivering the information, and stressed their need for privacy.

## **Recent research on help-seeking behavior**

***Youth Mental Health Report***

**Ivanic L, Perrens B, Fildes J, Perry Y and Christensen H (2014) *Mission Australia and Black Dog Institute***

Large (14,000+) survey of Australian young people aged 15-19, covering psychological distress and help-seeking behaviour. A fifth had mental health problems, and those with these problems felt more uncomfortable than the remainder in seeking information, advice and support from everywhere. This included those feeling uncomfortable accessing help from a telephone hotline (69.5%), a community agency (60.2%) or an online counselling service (61.7). Young people's preferred source of help was friends and the internet.

***Factors that influence young people's mental health help-seeking behaviour: a study based on the Health Belief Model.***

**O'Connor P, Martin B, Weeks C and Ong L (2014) *Journal of Advanced Nursing*, 70(11) 2577-2587.**

A study of 180 young people aged 17-25 revealed that extraversion, perceived benefits of seeking help, extent of the barriers and social support all predicted help-seeking behaviour. Perceived benefits were more important than perceived barriers, and should be a focus of health promotion programmes.

***Young people and the Learning Partnerships Program***

**Cahill H and Coffey J (2013) *Youth Studies Australia*, 32(4) Downloadable from <http://journals.sfu.ca/ysa/index.php/YSA/article/view/22/167>**

Interesting Australian project taking young people from high schools into universities to teach trainee doctors and teachers how to communicate effectively about health with young people. The workshops had a positive impact on the way in which the high school students themselves regarded the teachers and doctors, giving them greater understanding and trust and making them more likely to seek help.

***Rural adolescents help-seeking intentions for emotional problems: The influence of perceived benefits and stoicism.***

**Rughani Janaki Deane Frank and Wilson C (2011) *Australian Journal of Rural Health* 19(2) 64-69**

A cross-sectional questionnaire was completed by 778 adolescents in New South Wales, showing that 17% of male participants and 29% of female reported that they would be likely to seek help from doctors if they were to experience emotional problems. Some (15% and 23% respectively) would seek help from other health care professionals. They were all more likely to seek help if they held a positive view that it would be beneficial.

***Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review.***

**Gulliver A, Griffiths K and Christensen H (2010) *BMC Psychiatry* 10:113.**

Identified 22 studies that were subject to a thematic analysis. Young people perceived stigma and embarrassment, problems recognising symptoms, and a preference for self-reliance as barriers to help-seeking. Positive past experiences, social support and encouragement all helped. Concludes that there should be a renewed focus on improving mental health literacy, reducing stigma and acknowledging young people's need to feel self-reliant.

## Useful resources

**e-Bug for Senior Schools.** A Public Health England initiative to provide resources for teaching health literacy in secondary schools, part of a wider European Union activity available in 19 languages with 21 partner countries. [http://www.e-bug.eu/senior\\_pack.aspx?cc=eng&ss=3&t=Senior%20Schools-e-Bug%20Lesson%20Pack](http://www.e-bug.eu/senior_pack.aspx?cc=eng&ss=3&t=Senior%20Schools-e-Bug%20Lesson%20Pack)

**Monkey Wellbeing.** A set of storybooks and supporting materials for use by a range of partners to improve children's knowledge, health and wellbeing. [www.monkeywellbeing.com](http://www.monkeywellbeing.com)

**Make Waves digital badges scheme.** A digital badges initiative where young people are accredited with on-line 'badges' for which they undertake a series of activities. Including badges on flu, stress and dental health, as well as one on getting to know the school nurse. [www.makewav.es/badgesabout](http://www.makewav.es/badgesabout)

## Conclusions

From young people's point of view, informal sources of support and help are critical in developing health literacy and getting input for physical and mental health problems. It is also important to appreciate the demands of this age group – with heightened self-awareness and the need to feel self-reliant. Positive past experiences, social support and encouragement all help young people to develop trust in more formal sources, and promoting health literacy is a critical activity for improving young people's wellbeing and longer-term health outcomes.

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