



Adolescents Perception of Barriers to Accessing Mental Health Services: A Cross Sectional Study



Introduction

This study aims to investigate and analyse adolescents perceptions of barriers to accessing mental health services.

Literature Review

Previous studies have shown that adolescence is a stage in a person's life where they are prone to suffer from mental health issues. Adolescents have the highest rate of mental health issues in all age categories surveyed (Dept. of Health, 2017). International studies show that mental health issues start to manifest at 14 years of age globally (WHO, 2018). Over one fifth of adolescents in the midlands were reported as experiencing some level of depression (CSO, 2015). Young women are reported as having the most frequent difficulties (Healthy Ireland Survey, 2016). However, research shows that young men struggle to navigate and become engulfed by a male 'macho' society. Henceforth, they are more prone to not sharing their problems (Naylor & Cowie, 1999).

International studies have identified many barriers to adolescents seeking help. Confidentiality, embarrassment and stigma were highlighted (Gulliver et al., 2010). Poor 'mental health literacy' was one of the biggest issues. Many young people do not know when they need help and try to normalise their issues (Biddle et al., 2007).

Global studies have also found that resources for adolescents are lacking. In many countries, there isn't specific mental health services for young people. It is generalised for all age groups. It was found that mental health issues in childhood carried onto adulthood can lead to a ten times greater cost to society (Suhrcke et al., 2007).

Overall, studies both in Ireland and further afield suggest more needs to be done as soon as possible as adolescence is a critical time in tackling mental health difficulties in young people and it is a growing concern.

Objectives

- The research objectives were:
- To understand adolescents awareness of mental health services available locally.
 - To determine if adolescents perceive barriers to accessing services.
 - To determine what these barriers are that exist.
 - To identify better ways to increase awareness of mental health services among adolescents.

Methodology

In order to fulfil the objectives, the experimental method chosen was a questionnaire. This decision was based on the number of questions in the literature review.

Survey design

A cross-sectional survey was undertaken. The questionnaire was comprised of three sections:

1st Section: This elicited background information on the participants.

2nd Section: This section identified adolescents awareness of Youth Mental Health Services and understanding of the services provided. It consisted of dichotomous, multiple-choice and open-ended questions based on services identified in the locality.

3rd Section: This section was designed to ascertain the participants' thoughts on their mental wellbeing and if they perceived barriers to accessing services. Questions were adapted from various previously validated scales and studies.

Pilot study

A pilot study was carried out on $n=26$ participants. The sample was collected from a mixed ability, mixed gender class. Participants identified flaws and over complexities in the initial questionnaire. Following our review of this feedback, these problems were rectified, and the revised questionnaire was piloted again. The results from this pilot showed satisfactory results and allowed us to continue with confidence. Reflecting on our pilot study allowed us to enhance the quality and accessibility of it.

Sampling

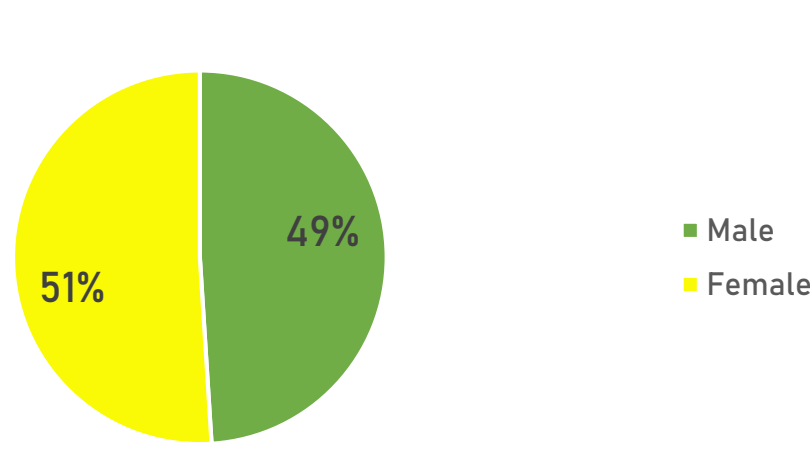
The sample population consisted of second level students in senior cycle (transition year, fifth year and sixth year) from all 17 Secondary Schools in two different counties in Ireland, yielding a sample population of 4324 students in senior cycle. The sample population was representative with respect to gender and age. A cluster sample was used in order to obtain accurate results, while also considering the limited resources available and the time frame of the study. Schools were requested to randomly distribute the questionnaire to their students.

The survey was carried out over a 4-week period during the academic year 2019-2020, receiving a student response rate of 10% ($n=447$).

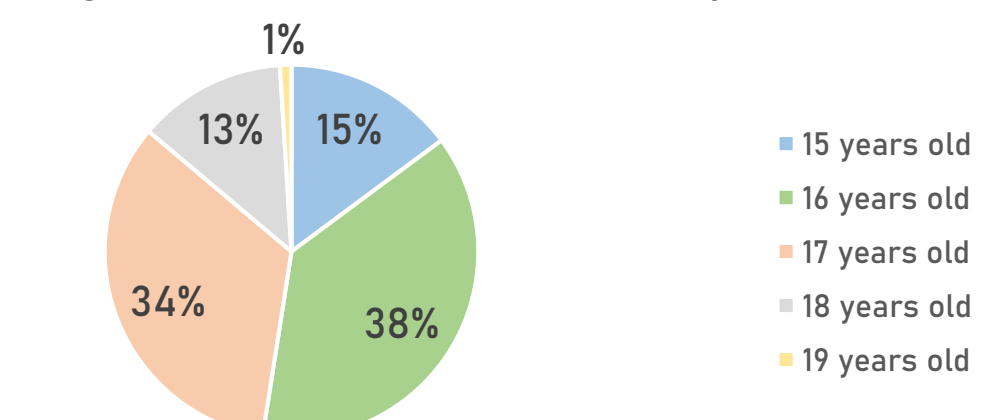
Participants

All the participants were aged between fifteen and nineteen years during the study. The survey was distributed to seventeen secondary schools, covering both urban and rural areas. Principals of each of the schools received an email that contained information describing the study. We also included consent forms for the students' parents/guardians and the survey code to be inputted online. Responses were received from ten mixed and single-gender schools.

Breakdown of Gender



Age breakdown of adolescent sample



Statistical analysis

Statistical analysis was performed using Microsoft Excel 2016. Reliability was calculated using Cronbach's alpha. A 95% confidence level was set for analysis of the questionnaire. The mean and standard deviation was calculated to understand the overall response to each question. The Mann-Whitney U test was applied to categorical ordinal data to compare the statistical significance between male and female respondents.

Overview

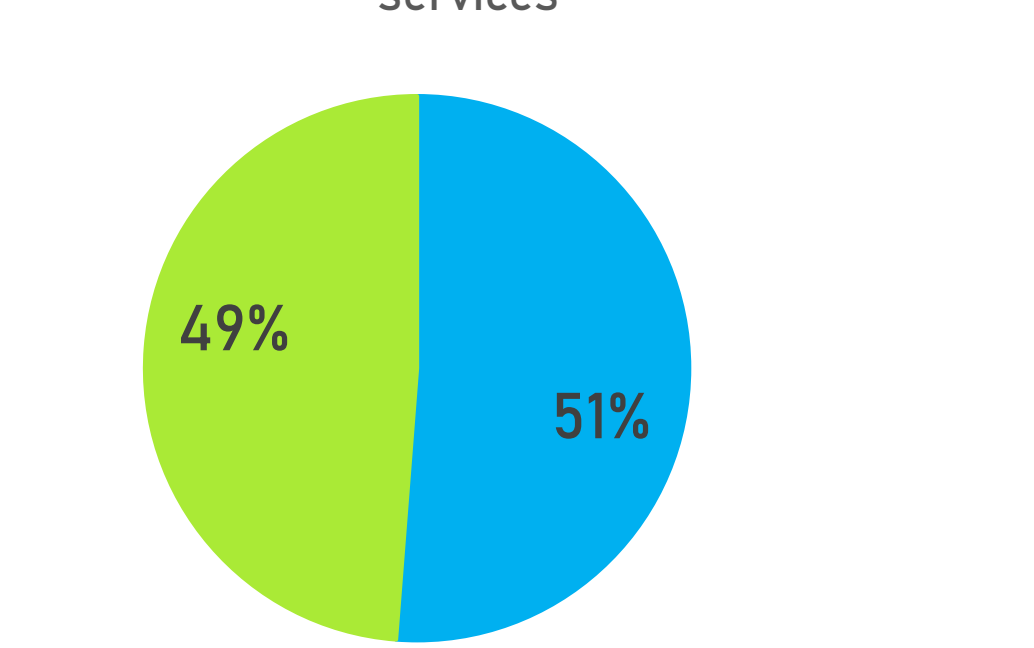
This section describes the characteristics of the adolescent sample who took part in the study. The data is analysed for the overall sample and by gender. Statistical findings were reported at the 0.05 level of significance. The margin of error was calculated to be 4%. Percentages reported in the graphs were rounded to the nearest whole number.

Reliability of survey items

Reliability of survey items was determined using Cronbach's alpha. This measured the internal consistency of the answers for the overall sample. All items had acceptable rates of consistency as seen in table (≥ 0.7).

Scales used in this study	Number of Items in Scale	Cronbach's Alpha
Experiences of issues scale	6	0.8
Dist. Z scale	6	0.7
Preferred confident scale	7	0.7
Perceived barriers scale	6	0.8
Formal Help-seeking scale	1	N/A

Adolescent's indication of awareness to services



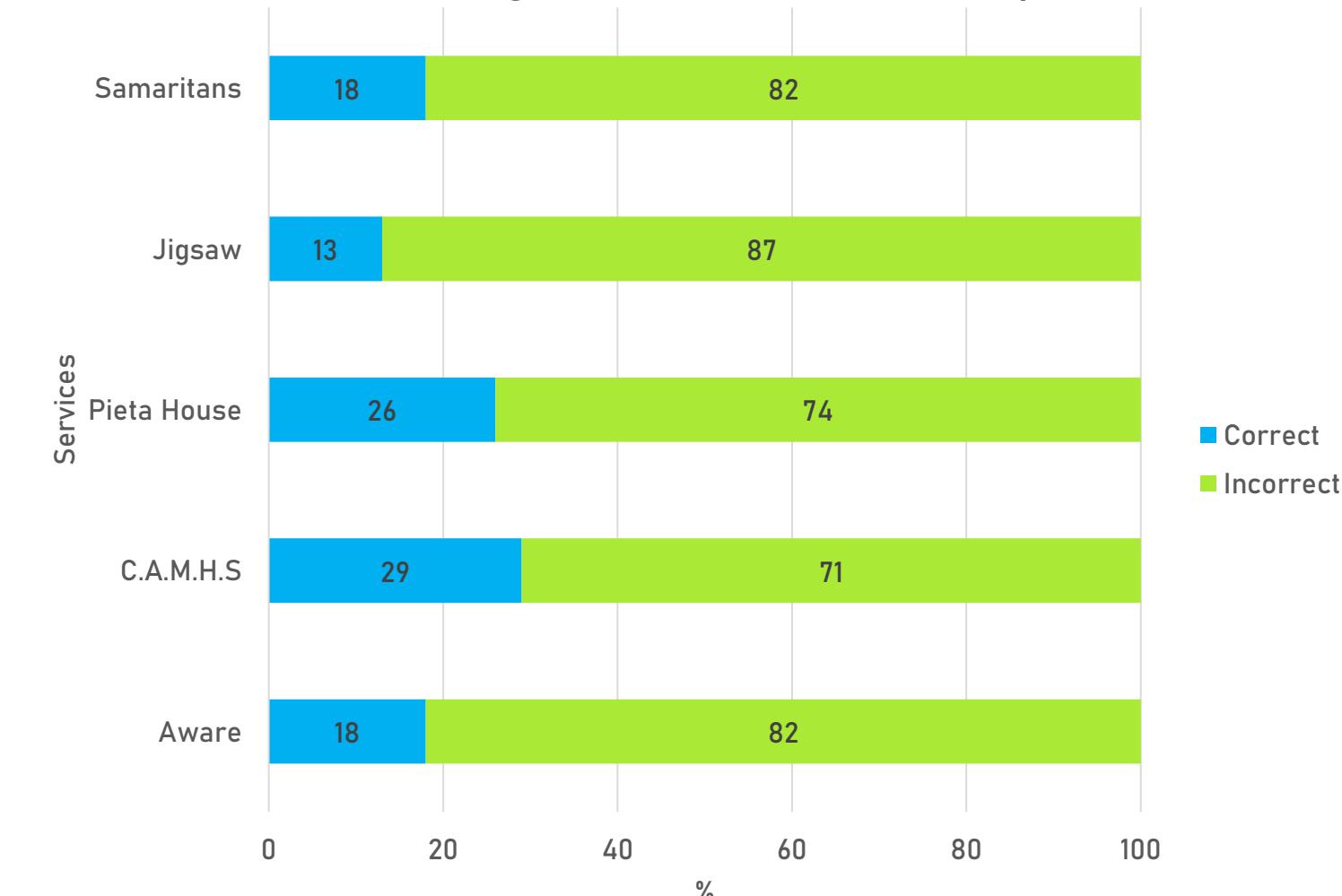
49% of those indicating no awareness highlights the need for mental health service education.

Adolescents Familiarity with the names of Mental Health Services by Gender



Pieta House and a Psychologist were the most familiar services amongst both male and females. Interestingly males showed significant familiarity with Samaritans services in contrast to females.

Understanding of mental health service provisions



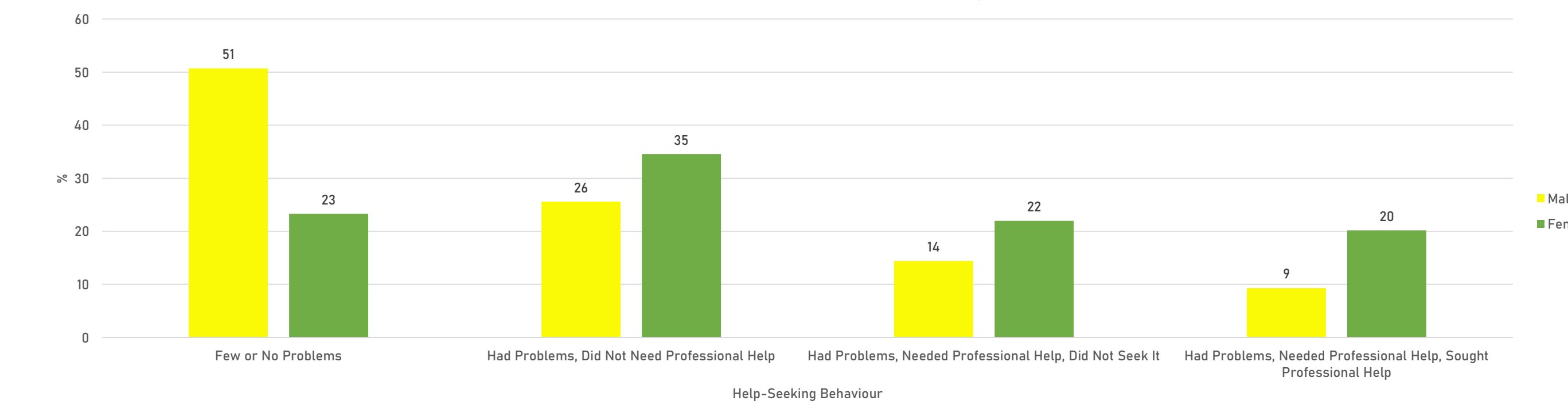
Adolescents demonstrated a low awareness of Mental Health Service's provisions. Overall, females depicted a greater understanding of these services in comparison to males.

Frequency of the following issues: (5 point Likert scale)

Issue	n	Mean (s.d.)	Mann-Whitney U
Stress	215	2.07(0.95)	Z=6.83, P=0.00001
Anxiety	215	1.83(1.14)	Z=6.44, P=0.00001
Loneliness	215	1.32(1.17)	Z=3.61, P=0.0003
Depression	215	1.04(1.82)	Z=2.68, P=0.00734
Self-harm	215	0.24(0.68)	Z=1.00198, P=0.32
Suicidal thoughts	215	0.5(0.94)	Z=0.71958, P=0.47

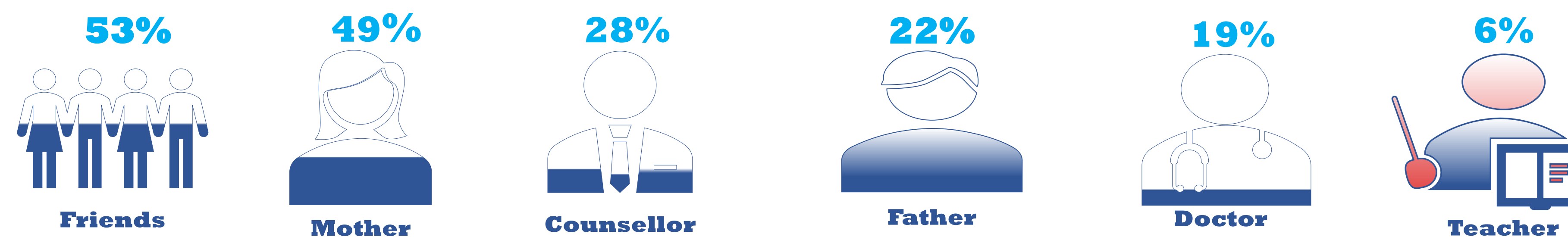
This table analyses the gender difference between each of the issues. From our questions which utilised a 5 point Likert scale (0-4). Using the Mann-Whitney U test, we were able to obtain information on whether males and females indicated similar levels of frequency for these issues. It was found that stress, anxiety, loneliness and depression had significantly different responses from males and females, while self-harm and suicidal thoughts did not have significant variance. Frequently experiencing Stress was most common amongst both males (31%) and females (60%).

Formal Help-Seeking Behaviour by Gender



This figure analyses the subjects reporting on their formal help seeking behaviour. It required them to indicate whether they had any personal, emotional or behavioural problems over the past year. Clearly, there is a disparity between the genders as 28% more females report having had problems in the past year than males. Males (49%) were less likely to indicate that they had problems over the past year. Contrastingly, 77% of females reported experiencing problems, with only 20% of them seeking help.

Who would teenagers talk to if they had an issue?



The infographic above shows the subjects rating of seven people who they may talk to if they had an issue. Subjects were asked to rate on a five-point Likert scale, from 'definitely not (0) to 'definitely (4), how likely they would be to talk to that person. Subjects said they would most likely talk to a friend (53%) or their mother (49%) if they had an issue. Teacher (6%) was noted as having the least likelihood for adolescents to talk to from the overall responses. Females indicated higher mean responses compared to males, however most of the differences did not have statistical significance. Adolescents reported having significantly greater likelihood to discuss issues with family and friends as opposed to professional people such as G.P.s.

Results

Comparison between Help Seeking Behaviour and Experience of Issues

We decided to compare the results between respondents' answers in their tendency to formally seek help with their indication of issues. Included below are two tables of this comparison. The data that emerged from this analysis showed interesting findings on the issues that adolescents felt they had if they:

A) didn't seek help even though they felt they needed to.
B) did seek help.

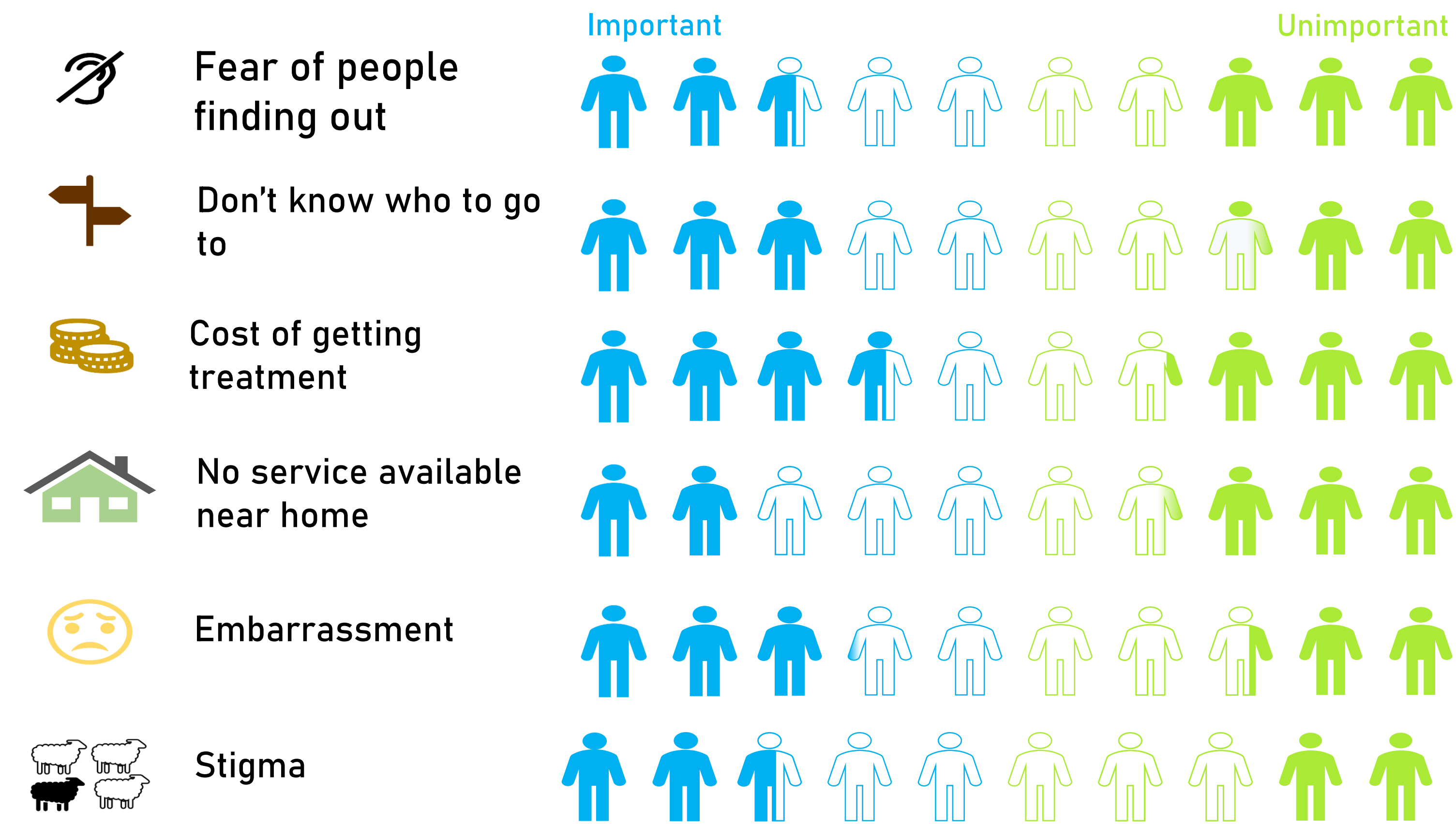
Problems/need help/ didn't seek help	n	Mean (s.d.)	Mann-Whitney U
Stress	20	2.31(0.93)	Z=3.21, P=0.00132
Anxiety	20	2.25(0.81)	Z=1.77, P=0.077
Loneliness	20	2.26(1.29)	Z=0.17, P=0.87
Depression	20	1.97(1.36)	Z=0.62, P=0.54
Suicidal thoughts	20	1.26(1.04)	Z=-0.23, P=0.82
Self-harm	20	0.35(0.83)	Z=0.88, P=0.38

Had problems/sought help	n	Mean (s.d.)	Mann-Whitney U
Stress	20	2.31(0.93)	Z=3.21, P=0.00132
Anxiety	20	2.25(0.81)	Z=1.77, P=0.077
Loneliness	20	2.26(1.29)	Z=0.17, P=0.87
Depression	20	1.97(1.36)	Z=0.62, P=0.54
Suicidal thoughts	20	1.26(1.04)	Z=-0.23, P=0.82
Self-harm	20	0.35(0.83)	Z=0.88, P=0.38

(A) All respondents indicated considerably higher frequency rates in both 'Loneliness' and 'Self-harm' comparison to the mean of the overall responses.

(B) Both genders reported experiencing 'stress' and 'anxiety' the most frequently, however, females indicated significantly greater levels of both issues. 'Loneliness', 'depression', 'suicidal thoughts' and 'self-harm' all had higher mean calculations than the overall sample.

What do teenagers say stops them from seeking help?



Males (33%) reported "embarrassment" as the largest barrier to seeking help. While females (38%) reported "not knowing who to go to" as their primary barrier to seeking help. Cost of getting treatment was the second highest for both males and females.

Conclusion & Recommendations

This study set out with the aim of assessing the perception of barriers to accessing mental health services amongst adolescents. The current study found that the majority of adolescents indicate some level of awareness to mental health services and also indicated substantial familiarity with these services. However, an interesting finding revealed that adolescents did not have sufficient understanding of what these services provide. Consistent with the literature, we found that female participants reported frequently experiencing a greater number of issues compared to male participants. This could suggest that these services are not seen as relevant to adolescents. Raising important questions about the nature of these services as an increased level of severity is needed in order to access help.

The results indicate that there are considerable barriers to seeking help and one of the most significant findings to emerge from this study is that a large number of adolescents would indicate that they required help in the past year, however, a minority of those actually sought professional help, similar to those in the My World Survey (2019). It can therefore be suggested that females have a greater tendency to avoid seeking help even when they are aware of their issues. Previous research relates to this with adolescents normalising issues until they have reached crisis level. These findings also suggest a strong self-reliance amongst adolescents, which is not always a positive factor.

The second major finding was that school teachers were regarded as having the lowest likelihood for an adolescent to discuss their issues with, although having one of the highest access rate to adolescents. Interestingly, it was found that friend and mother were the most likely candidates to be chosen by adolescents. Henceforth, we would encourage support in these areas and a natural progression of this work is to analyse why adolescents would talk to these people.

Through our analysis of the data with the Mann-Whitney U test, we found that males and females reported statistically significant differences throughout this study. Therefore, these findings suggest several courses of action which are needed. One example of this which appears to be of vital importance is gender specific research. In summary, these findings suggest a role for more adolescent focused campaigns in promoting mental health literacy and decreasing barriers to help-seeking. Future investigations are necessary to validate the findings that can be drawn from this study. Increased awareness could be achieved through better engagement with the needs of this group, in-school talks, and targeted information packs for stakeholders. In conclusion, the barriers identified and the high level of adolescents indicating issues leads us to believe there is a significant requirement for increased mental health support for this age group.