Effective Communication Only Part of the Strategy Needed to Promote Help-Seeking of Young People With Mental Health Problems

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ABSTRACT

Formative research was undertaken in the Illawarra region of New South Wales (south of Sydney, Australia) to identify local communication strategies to influence the help-seeking behavior of young people in relation to a new youth-focused general practice (or physician) led mental health service. Research with the target market (12–25years) revealed the need for a local campaign to address the stigma associated with the use of mental health services and the need to emphasize the central role of the general practitioner or physician to the service. The results also indicated that any overarching campaign should be complemented by segment-specific strategies which tailor not only communication variables and channels to reach different market segments, but also consider varying aspects of the product or service to reach a broad cross-section of the target group.

Introduction

Mental health problems, including depression and substance use disorders, are a leading cause of morbidity among young people in Australia, as in many other developed countries. In 2005–2006, 41,147 (8%) of hospitalizations for 15–24 year olds were for mental and behavioral disorders; among males predominantly substance use and schizophrenia, and among females depressive episodes and eating disorders (Australian Institute of Health and Welfare [AIHW], 2008). According to Sawyer et al. (2001), in 1997 only 25% of children and

young people with a mental health problem had attended a professional service during the six months prior to the survey. In 2007, only 35% of people who reported a mental illness had also accessed help for their condition (Australian Bureau of Statistics [ABS], 2007).

Help-seeking and young people

> Help-seeking is the process of actively seeking out and utilising social relationships, either formal or informal, to help with personal problems. (Rickwood, Dean, Wilson, & Ciarrochi, 2005, p. 8)

Young people are reluctant to seek formal help from mental health services, preferring to obtain informal help from nonprofessional sources, such as family members and friends (Rickwood et al., 2005). Some of the barriers to help-seeking that have been identified include negative attitudes toward professional help, lack of trust in the confidentiality of providers, fear of the stigma associated with mental health, and a sense of individual responsibility ("I should work out my problems") (Rickwood et al., 2005).

A consortium of service providers in the Illawarra region of New South Wales (south of Sydney, Australia) – including clinical services, community welfare, academic and educational organizations – are in the process of developing, implementing and evaluating a new evidence-based youth mental health service network in the Illawarra. The aim of the initiative is to establish a network of youth mental health services to improve the availability of appropriate mental health services for young people to and increase young people's utilization of these services, by providing a service that is perceived as relevant and safe for this target group. In the Illawarra, the service will target residents aged 12 to 25 years with a focus on access to general practitioner (GP) services, bulk-billed psychological services and outreach services to stakeholder organizations, together with supervision and education/training facilities for specialist health care providers and community gatekeepers such as parents and teachers.

The focus on GP services as the entry point is crucial, as it recognizes that young people may not see their reason for treatment as mental health and is designed to reduce the stigma associated with attending mental health services. The network will initially be focused at a central hub in an area close to the central business district. As part of the establishment of this local network, the consortium executive committee commissioned a project to assist with designing local communication strategies to inform the target audience of the new service and encourage them to access the local service.

Designing effective communication strategies

To promote a new health service for young people, it is important that communication strategies are designed with considerable care to convey appropriate messages about that product or service. The design of effective media strategies requires a careful consideration of the essential communication components in relation to what they communicate about the service being promoted. McGuire's Communication-Persuasion Model (1989, pp. 45–65) suggests that components requiring particular consideration include:

- Message source – the characteristics of the communicator of a message.
- Message factors – style of the message including aspects such as how it is framed, the language used, the amount of text, and visual images.
- Channel factors – how and where the message will be delivered.
- Receiver factors – informed by knowledge of the target audience demographics and useful segments within the market.
- Destination factors – messages should also clearly target the type of target behavior at which they are aimed (McGuire, 1989).

Rickwood et al. (2005) highlight that help-seeking behavior in young people pertaining to mental health services is influenced by many complex factors such as lack of emotional competence, negative attitudes and beliefs about help-seeking and fear of stigma. In reviewing these, it is unlikely that the target behavior of help-seeking will be initiated by a local communications campaign in isolation. However, Rickwood and colleagues' (2005) research also highlighted some facilitating factors which may positively influence help-seeking, such as supportive social influences and improving mental health literacy. Communication strategies therefore may benefit from considering how the various components of any campaign are informed by the help-seeking literature. For example, this could be through using established and trusted relationships as a communication channel or designing messages to address the impact of negative community attitudes and beliefs associated with seeking professional help. In this way, the local communications strategy will help to facilitate, not hinder, the desired attitude or behavior change in the local target audience.

Effective media strategies have evolved to consider analysis of the effect of communications and the use of various media channels, not only at the individual level (such as the impact on attitudes and behaviors resulting from exposure to media messages) but also to consider community and social analysis that seeks

to understand and influence the context in which these values and behaviors are informed and reinforced (Finnegan & Viswanath, 2002). In this way, a community based intervention campaign approach recognizes the need to seek change across multiple levels of human experience – from individual to community (Rogers & Storey, 1987). Social marketing principles also prompt that alongside the important considerations associated with the promotion of a program or service, any campaign aimed at influencing consumer behavior must also necessarily consider the other three Ps of the marketing mix: place, price, and product (Kotler, Roberto, & Lee, 2002; Grier & Bryant, 2005).

Methodology

To explore the various components essential for an effective local communication strategy for the initiative, a series of discussion groups were conducted. Focus groups are a particularly useful methodological tool for in-depth examinations of adolescent attitudes (Balloon, Kirst, & Smith, 2004; Kefford, Trevena, & Willcock, 2005). The elaboration, agreement, disagreement, questioning, and support provided by other participants can uncover the social context of behaviors that would not otherwise be explained by quantitative surveys or one-on-one interviews. Furthermore, focus groups have been deemed especially useful in uncovering the ways in which adolescents and young people understand media images and messages (Kenyon, 2004).

Participants for focus groups were recruited via the snowballing method (Streeton, Cooke, & Campbell, 2004) which for this project involved approaching participants via already established networks or friendship groups from two local independent high schools, the University of Wollongong, and young people who were already clients of organizations involved in the Illawarra initiative. Use of a convenience sample resulted in some undersampling of public high school students and nonstudents (i.e. either employed or unemployed young people rather than students). However, participation from across the target age range and a balance of both genders were achieved in the final sample. Ethics approval was gained through the University of Wollongong Human Research Ethics Committee to conduct this research on the university grounds and at the locations of two of the consortium partner offices.

A comprehensive discussion guide was developed in consultation with a representative from the stakeholder executive committee. Discussions began around relatively broad topics such as reasons for visiting a GP and the types of things that make it easy or difficult for a young person to visit a GP about a mental health problem. This provided an opportunity for participants to begin feeling

comfortable speaking within the group and also to gain insight into the perceived barriers (and other issues) associated with visiting a GP. Discussions were then extended to consider participants' perceptions of, and responses to, the proposed service (product), how these young people believed the service might be effectively promoted (promotion), addressing the perceived barriers (price), and responses to the proposed site of the service (place). Discussions and activities were designed to allow the researchers to explore the essential components of a communications strategy using McGuire's communication model (1989), in addition to exploration of normative beliefs about mental health services and questions to inform our understanding of their current help-seeking behavior and supports.

Results

In total, 32 participants aged between 13 and 25 years participated in seven discussion groups. Three of the groups were with high school students (two female groups and one male group), two with university students (one male and one female group), and one with current youth service users (mixed gender group).

Framing the product – a holistic approach to mental health

Participants felt that the promotion of a holistic service for young people should be the emphasis, particularly if what was on offer was a service that considered young people's mental health in the context of their physical and social needs.

> But if they want sort of a health promotive kind of thing, then people should just be able to walk past it and just go hey look there's the GP I should go in and get a check up right now because I'm just here. If they really want to promote health, promote diet and mental well being and stuff like that I think that's how'd you do it. (female, university student)

Given that GP services are central to the local initiative, it is significant that none of the participants associated the proposed service with services provided by GPs:

> Just like what we were talking about before, like it sounds like a mental health service kind of, and not the physical or general health kind of thing. (male, university student)

High school students perceived mental health services were for "other people." When asked who such a service might be targeting they perceived it

as relevant to "marginalized" young people who were (in their view) more likely to suffer from psychological problems.

> Maybe it would be for those types of people who have psychological problems or something like that. (female, high school student)
>
> Cos usually they are involved in crime, they say that many prisoners have a psychological problem, with them. (male, high school student)

Even in the context of a more holistic health service for young people, they saw that they personally had no need for a new provider.

> (Interviewer): Would you choose this place over the regular GP that you visit now?
>
> I don't know because I have been with my GP for a while and he is like a really good family friend and I would probably stick with him. (female, high school student)

The university students were more open to visiting a GP who provides mental *and* physical health services and were less committed to a particular GP. Current service users were interested in a youth-friendly GP service. They saw mental health problems more a part of their everyday lives (whether in relation to themselves or their peers).

Pricing the product – the stigma barrier

For high school students the costs of using the proposed services (particularly the stigma) clearly outweighed any potential benefits. This group does not see themselves as vulnerable to mental health problems, and they have a strong sense of loyalty to their current family doctor. The stigma associated with seeking help for mental health problems was also the primary cost (barrier) identified by the university students and the current service users.

> I would never ever, ever be seen walking into the mental health clinic, you know . . . then someone might see you, and then someone might go to you, . . . why are you going to the mental health clinic? It's personal, you don't want people to know that. (female, current service user)

Participants suggested that some of this stigma could be ameliorated by incorporating the mental health service within the context of a holistic health service.

> With the you know [proposed service], people might be frightened walking into a clinic because people would assume the worst. If it is a sort of a more holistic

> place and you could go there for you know nutrition information or whatever, you wouldn't necessarily get that . . .. (female, university student)

The current service user group also saw the financial costs as an important barrier, including both the transport costs and any potential service fee.

Placing the product – location, location, location

For a service such as this one, a key component of place (or service distribution) is the physical location of the service. The proposed location raised some significant barriers for uptake of the service among some groups (but served as a facilitator for others). High school students focused on the unfamiliar, undesirable, and inconvenient location of the service:

> We would prefer it to be newer, cleaner [all laugh] and less scary. (female, high school student)
>
> Well I guess in the university would be good or somewhere in the mall . . . Yeah, the convenience, like if you're already here then. (male, university student)

University students also saw the proposed location as undesirable, with various suggestions that the area was not safe due to other nearby facilities and a preference for a more central location. Female university students said:

> "It's a bit of a dodgy street."
>
> "Meth clinic's on there. I live right there and I'm scared to walk home, it's not umm, it's just a dodgy street."
>
> "It's because I guess it's so close to the train."
>
> "You just want somewhere that's going to be fresh; I don't know, friendly, and where you're not going to have to be worried."

Interestingly, they also saw the unfamiliar and unappealing location of the service as conveying the message that the service was not for them.

> Like what we were saying before, we don't know if we would be eligible for it . . . Like you'd kind of feel bad going there thinking I'm using these services when someone else might need them more. (female, university student)

Current service users, on the other hand, described the proposed location as familiar and comfortable and saw this as a facilitator to utilization of the service. This is not surprising, as the location was adjacent to an existing service which many already attend for other services.

> Like you know how you can go into [the location] and you can like sit on a couch and just relax . . . I don't mind coming . . . because it's comfortable you can kind of do your own thing, it's easy access to everything. It's a comfy place that looks like a lounge room where most kids are comfortable in the lounge watching TV you know what I mean . . .. (female, current service user)

Promoting the product – message factors and communication variables

Table 1 provides an overview of each group in relation to the key communication factors (McGuire, 1989), and the following section describes the key results for each group in relation to message factors and communication variables.

TABLE 1

Communication Factors

	HIGH SCHOOL STUDENTS	UNIVERSITY STUDENTS	CURRENT SERVICE USERS
Message source	Interpersonal (parents, family GP, Internet)	Official-credible (endorsement), peers	Peers and staff within already established youth organizations
Message factors	Style of the message (colors, images of young people)	Therapeutic, holistic themes; emphasis on service qualities (e.g., youth friendly, confidential, participatory)	Promote service characteristics (e.g., youth friendly, confidential, participatory)
Channel factors	Interpersonal (parents, GPs), pamphlets, Internet (e.g., My Space)	Peers, Internet, convenience advertising	Interpersonal channels preferred; also Internet, convenience advertising
Receiver factors	Unaffected and loyal to own GP	Uncommitted to GP; unfamiliar location	Familiar location and associated service networks
Destination factors	Negative attitude; negative behavior	Neutral-negative attitude (stigma); neutral behavior	Neutral-positive attitude (although still stigma); neutral-positive behavior

High school students clearly communicated the important role of their parents in decisions concerning health service usage, and the significant role of many family GPs. Thus, any effective communication strategy should consider targeting parents (or other GPs) as a secondary audience (or message source) as a means of influencing the health behaviors of these young people.

> No I wouldn't go [to a GP at the proposed location], I would want to ask my mum and dad first . . . people don't go because they think that they have to ask their mum about it first (female, high school student)

University students (like high school students) also clearly communicated that they did not feel that the service or the location of the youth network was targeting them or their needs. Therefore, suggestions given in the group were clearly regarding the marketing of a *different* and more appropriate service for university students and *not* factors that would influence their willingness to consider the use of the proposed service in the proposed location. University students emphasized the importance of source credibility more than any other group, emphasizing the importance of identifying appropriate message sources for information (whether on Internet, pamphlets, or backs of toilet doors). The Internet was suggested as an effective communication channel with advantages including convenience and privacy. Similar to high school students, university students indicated that recommendations made by friends, particularly from those who had experienced the service themselves, would significantly influence their decision to try out the new GP service:

> I think that's the best way for people to find out about things as well, like if people go and say "oh they were nice," they'd spread the word and say this is a good place to go. (female, university student)
>
> If I had a friend that went there and they said it was really good and they recommended it then I might go. (male, university student)

Current youth service users suggested that information communicated via staff and clients within already established youth organizations would be perceived as credible and thus an ideal method of promoting the service. Moreover, the message (if the service was of high quality) would be further carried by word-of-mouth among peers:

> I think in a service is a good place to start, cause that's were we find out about everything . . . but that's not just us cos, what happens is we find out in the service and we can tell our friends. (female, current service user)

Discussion

Despite some methodological limitations associated with undersampling of public high school students and nonstudents, this community-based research provides valuable insights for the service provider looking to engage its target audience. Results from the investigations highlight that factors addressed within a local promotion should consider the development of messages that aim to address common attitudinal issues for all segments at a community level, such as decreasing the stigma associated with seeking assistance for mental health issues. For both high school students and university students, mental health issues were associated with other people, particularly marginalized groups. Messages that position mental health within a holistic framework or approach to overall or total health may be received favorably. Promoting the GP as central to this holistic approach may also be beneficial, with the need for a message that emphasizes the GP services as central to the local initiative.

The use of interpersonal communication channels should be prioritized (e.g., parents, peers, teachers, or service providers), with all groups suggesting that this was likely to increase the perceived credibility and trustworthiness of the service. These recommendations are consistent with mental health help-seeking literature which emphasizes the importance of established and trusted relationships, and designing messages to address the impact of negative attitudes and beliefs associated with seeking professional help (e.g., Rickwood et al., 2005).

Despite some common responses for all segments, the presence of segment-specific preferences for source, message, channel, and destination factors indicates the need for a tailored suite of communication resources and strategies within a local campaign to reach all segments of the target audience. As a starting point for the Illawarra, current service users appear to have the least number of barriers to the use of the new service in its proposed location. It is the existing relationships with key service networks that allow the possibility for immediate promotion of the service via these networks. The development of a local website promoting the service may also be a successful primary communication vehicle. However, to reach all segments of the market, the proposed service may need to consider offering services from alternative locations (other than just the proposed "hub") if providers are to reach a broad cross-section of the target group. Providing such a flexible response, however, may be beyond the capacity of local service providers due to funding and workforce limitations which may limit the capacity of an initiative to provide services at multiple locations.

Notwithstanding the possible benefits of a coordinated local communication campaign, participants from all segments revealed that, in the end, there was

no promotional strategy for the network that could be better than to offer a relevant, quality service. The target group was united in the perspective that good services would become known by word of mouth and that the experience of the service (both the surroundings and the staff) was the ultimate promotional strategy.

Implications for social marketing and conclusions

The promotional strategy for the proposed campaign should attempt to address the stigma associated with help-seeking for mental health and position the service as part of a holistic approach to health (mind and body). Message developers should also consider the importance of segmentation, including tailoring of communication channels (e.g., parents for high school students, staff for current service users) to ensure that all segments of the target market are reached. The results from this small scale study also underscore the need for those involved in service delivery to consider all 4 Ps of the marketing mix, rather than just focus on the promotional strategy. The results highlight that significant segments of the target market for this service perceive substantial barriers with both the product and place of the proposed service. Potential problems may arise if consultations with the target market are delayed or if local services are not granted the flexibility they need to respond to local target market needs and wants.

Social marketing efforts have been criticized in the past for being too focused on the activities of the entity providing the product/service. The results from this research again emphasize that our success in promoting behavior change will improve if we respond to consumer needs and wants, rather than being limited to the promotion of an exchange that the target market does not perceive as desirable.

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