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ABSTRACT:

The "Do It Together Kit" (Dit Kit): Evaluation of a Brief Informational Intervention To Promote Help Seeking for Adolescent Problems

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Abstract

Objectives: Young people do not seek professional help when they experience mental health problems. This is alarming because help seeking is a generic protective factor that may prevent children and adolescents developing more serious mental health difficulties. The "Do It Together Kit" (DIT Kit) is an evidence-based learning tool that was developed to promote appropriate help-seeking for a variety of adolescent problems, including personal-emotional and suicidal problems. The DIT Kit is a product of a partnership between the Illawarra Institute for Mental Health (iiMH) and Illawarra high school students and teachers. The DIT Kit targets the reduction of help-seeking barriers, such as negative help seeking attitudes and beliefs, aversive emotions and limited knowledge about appropriate help-providers, offers strategies for overcoming these barriers and provides information about available help sources and the usefulness of help-seeking.

Method: To evaluate the effectiveness of the DIT Kit, 100 Illawarra high school students (aged 12- 17 years) completed a questionnaire before (pre) and after (post) exposure to the DIT Kit. The questionnaire comprised six self-report scales, measuring social problem-solving orientation, psychological distress, suicidal ideation, help seeking intentions, actual help-seeking, and barriers to adolescents help-seeking. In addition, a number of questions that measured students' knowledge of available health care services was included.

Results: Pre-post DIT Kit questionnaire scores were compared to determine changes in the variables. Overall, there were no significant changes in help-seeking related variables. However, correlations between the variables provide preliminary evidence for the role of problem orientation in the help-seeking process.

Implications for Practice: The results of this study have implications for the prevention of severe mental health problems and suicide through promoting appropriate help-seeking in young people. Those attending will be more aware of the role of various attitudes, beliefs and perceived barriers as impediments to young people seeking appropriate help for psychological problems. Identification of these predictors will allow participants to better address these issues with young people to improve uptake and engagement in helping services.

Powerpoint presentation:

The “Do It Together Kit” (DIT Kit)

Evaluation of a brief informational intervention to promote help seeking

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Overview

1. What is the DIT Kit?
2. Development of the DIT Kit
3. DIT Kit aims
4. Evaluation of the DIT Kit
 - Measures
 - Hypotheses
 - Timeline
5. Results
6. Discussion

What is the DIT Kit?

- A booklet that helps promote appropriate help-seeking in young people
- An information, or learning, tool which targets identified help-seeking barriers in at risk youth populations
- The product of a partnership between the Illawarra Institute for Mental Health (iiMH) and Illawarra High School students and teachers

What is the DIT Kit?

- Contains five sections
 - Places
 - Problems
 - Feelings
 - Thoughts
 - Experiences

What is the DIT Kit?

- Who is available to help me with particular problems?
- When should I get help?
- Why is getting help useful?
- What can I expect from a professional who gives help?
- Where can I find the right professional to help?

What is the DIT Kit?

- Identifies specific cognitions and emotions that inhibit help-seeking
- Offers strategies for overcoming these barriers

DIT Kit Development

- Students and staff at an Illawarra high school identified suicidal behaviour among students attending the school as a serious problem that needed to be addressed
- The Staff Coordinator of the Student Representative Council asked iiMH to direct the design and development of an intervention program to be run within the school

DIT Kit Development

- October 1999: Several focus groups were conducted with students and teachers
- Focus group discussions identified:
 - participants' shared experiences and previously unreported factors affecting responses to health care service engagement
 - health care professionals recently accessed
 - potential entry points into the helping system
 - processes leading to service engagement
- Some of the results from focus groups in:
- Wilson, C., & Deane, F. P. (in press). Adolescent opinions about

reducing help-seeking barriers and increasing appropriate help engagement. *Journal of Educational & Psychological Consultation*.

Aims of the DIT Kit

1. To provide early intervention at prodromal points on the pathways leading to suicidal behaviour
2. Increase the probability that youth most in need of assistance seek help appropriately (particularly when in distress or experiencing suicide ideation)

Evaluation of the DIT Kit

Measures

- Part A: Anonymous
- Part B: Non anonymous (students will be identifiable)

Evaluation of the DIT Kit

Measures - Part A

- Social Problem-Solving Inventory for Adolescents (SPSI-A)
- General Help-Seeking Questionnaire (GHSQ)
- Barriers to Adolescents Seeking Help - Brief questionnaire (BASH-B)
- Actual Help-Seeking Questionnaire (AHSQ)
- Hopkins Symptom Checklist-21 (HSCL-21)
- Suicidal Ideation Questionnaire (SIQ)

Evaluation of the DIT Kit

Measures - Part B

- Suicidal Ideation Questionnaire (SIQ)
 - 8 critical items
- General Help-Seeking Questionnaire (GHSQ)
 - Part 2 (suicidal problems)
 - Part 3 (would you like to see a school counsellor?)

Evaluation of the DIT Kit

Hypotheses

a. Intentions to seek help will increase

Post GHSQ > Pre GHSQ

Evaluation of the DIT Kit **Hypotheses**

b. The frequency of help seeking behaviours will increase

Post AHSQ > Pre AHSQ

Evaluation of the DIT Kit **Hypotheses**

c. Knowledge of available health care services will increase

Post knowledge > Pre knowledge

Evaluation of the DIT Kit **Hypotheses**

d. There will be a decrease in perceived barriers to help-seeking

Post BASH-B > Pre BASH-B

Evaluation of the DIT Kit **Hypotheses**

e. As suicidal ideation increases, intentions to seek help will decrease

High SIQ = Low GHSQ (suicidal problems)

Evaluation of the DIT Kit Hypotheses

- f. As suicidal ideation increases, social problem solving ability will decrease

High SIQ = Low SPSI

Evaluation of the DIT Kit Timeline

Term 1 (Year 7 and 10)

Baseline survey: 19 March

Post DIT Kit survey: 10 April

Term 2 (Year 8 and 9)

Baseline survey: 21 May

Post DIT Kit survey: 26 June

Evaluation of the DIT Kit Timeline

Term 3 (Year 11)

Baseline survey: 20 August

Post DIT Kit survey: 10 September

Results

- N = 105
- Response rate very low at 10%
- After excluding subjects with missing data, n = 60

- Paired t-tests were used to determine changes in the variables

Results

- Intentions to seek help did *not* change for
 - personal-emotional problems
 - suicidal problems

- The frequency of actual help seeking behaviours did *not* increase
- Knowledge of available health care services did *not* increase
- Perceived barriers to help-seeking did not decrease

Results

- BUT
- Social problem-solving orientation significantly decreased in full sample...but...
- Pre-SPSI (2.41) was larger than Post-SPSI (2.19) $p = .005$ for $n = 10$ sample who received full 40 minute presentation & the DIT Kit

Results

Results

- Need to analyse intentions by separate help sources
- How do overall help seeking intentions magnitude compare to other samples of high school students?

Signs of help negation?

- *At pre-test (T1)*
- Intentions to seek help for suicidal problems (Mean = 3.08) were significantly lower than intentions to seek help for personal-emotional problems (Mean = 3.33) ($p = .011$)

Signs of help negation?

- *At post-test (T2)*
- Intentions to seek help for suicidal problems (Mean = 3.05) were significantly lower than intentions to seek help for personal-emotional problems (Mean = 3.23) ($p = .011$)

Results

- The negative relationship between suicidal ideation and intentions to seek help was *not* significant overall ($r = -0.13$, $p = .220$) $N = 98$ T1...but...
- as suicidal ideation increases, intentions to seek help from parents significantly decrease ($r = -.22$)
- Similarly, as suicidal ideation increases, intentions to seek help from other family members/relatives also decrease ($r = -.20$)

- Suicidal ideation and social problem solving ability were negatively correlated ($r = -0.29$, $p = .004$)

Is problem solving ability related to help seeking intentions?

- SPSI was positively correlated with GHSQ1 (personal-emotional) ($r = .43$, $p = .00$)
- SPSI was positively correlated with GHSQ2 (suicidal) ($r = .42$, $p = .00$)

Results

- Suicidal ideation and social problem solving ability were negatively correlated ($r = -0.29$, $p = .004$)
- This is consistent with other research which found psychological distress and problem solving were negatively correlated

Discussion

- DIT Kit did not appear to change help seeking variables as delivered
 - Limitations of study
 - Inconsistent administration of intervention (length of presentation: 10 – 80 minutes)
 - Small sample size
 - Help negation effects evident
 - Problem solving related to suicidal ideation
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- Problem solving negatively related to suicidal ideation
 - Problem solving positively related to help seeking intentions
 - Does problem solving moderate the relationship between suicidal ideation and help seeking intentions?