Community gatekeeper training for youth workers on help-seeking and referral practice
Tania Cartmill, Frank Deane and Coralie Wilson

Overview of introduction
Three main strands of research

1) help-seeking for mental health issues
   - young people
   - model of help-seeking

2) personal barriers and professional practice

3) gatekeeper training programs

Help-seeking amongst young people
• Highest prevalence rates of mental health problems (Andrews et al., 1999)

• Often do not seek help from adults… (Kalafat, 1997)

• Even less likely when experiencing suicidal thoughts (Carlton & Deane, 2000)
A help-seeking model

- Theory of Planned Behaviour (Azjen, 1991)

A shift to gatekeepers’ view of mental health issues

- Gatekeeper models of early intervention assume gatekeepers will be positively predisposed to promote mental health help-seeking

- Recent research identified areas of potentially negative predisposition:
  - religiosity (e.g. Leane & Shute, 1998)
  - perceived ability to intervene (King et al., 1999)
  - personal history of suicide (Neimeyer, 1999)

Personal help-seeking and professional practice

- gatekeepers may have the same barriers to help-seeking as young people (e.g. Wilson & Deane, 2000)

Youth work and the gatekeeper role
• Key gatekeeper group

• Predisposition may be influenced by…
  - social context
  - conflicting functions of the role
  - personal-emotional functioning due to working with troubled youth (e.g. Bourke & Evans, 2000; Snow, 1994)

**Gatekeeper programs**

• Have existed for 20 years in Australia and internationally (Frederico & Davis, 1996)

• Participant satisfaction surveys

• Single sample cross-sectional survey designs

• Pre-post designs suggest that the training can improve skills of knowledge about and response to suicide
  
  (e.g. Capp et al., 2001; Pfaff et al., 2001; Stuart et al., 2003)

**Personal help-seeking variables**

**Specialist skill**

• Actual help-seeking behaviour
• Barriers
• Intentions
• Social Problem Solving

**Professional help-seeking**

**Generalist skill**

• Referral skill

**Aims**

*Training Workshops for Community Gatekeepers*

• To evaluate the effects of an educational workshop on personal help-seeking and referral skill.
• To examine the relationship between personal help-seeking and referral skill

### Method

#### Design

<table>
<thead>
<tr>
<th></th>
<th>Pre-test</th>
<th>Post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workshop</td>
<td>n = 47</td>
<td>n = 24</td>
</tr>
<tr>
<td>Control</td>
<td>X</td>
<td>n = 26</td>
</tr>
</tbody>
</table>

(Time 1) — 5 months — (Time 2)

*Figure 1. Pre-post test design with post-test control*

### Sample characteristics

• 50% participation

• Mean age 35.8 (SD = 9.78) range 18-56

• All with tertiary qualifications, 65% directly related to youth work (e.g. welfare, social work, psychology)

### Sample characteristics

<table>
<thead>
<tr>
<th>% Demographic</th>
<th>Pre-test Total N = 47</th>
<th>Post-test Workshop n = 24</th>
<th>Control n = 26</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>33</td>
<td>15</td>
<td>39</td>
</tr>
<tr>
<td>Female</td>
<td>67</td>
<td>85</td>
<td>61</td>
</tr>
<tr>
<td>Workplace</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community</td>
<td>52</td>
<td>51</td>
<td>53</td>
</tr>
<tr>
<td>Outreach</td>
<td>34</td>
<td>34</td>
<td>36</td>
</tr>
<tr>
<td>Health/ Welfare</td>
<td>14</td>
<td>15</td>
<td>11</td>
</tr>
</tbody>
</table>
Procedure

• Convenience sampling - brochure invitation to Help-Seeking Workshops
• 3 workshops
• 3 hours duration
  1) appropriate help-seeking
  2) social problem solving
  3) adolescent mental health

Measures

• **Help seeking intention**
  (GHSQ; Deane, Wilson & Ciarrochi, 2001)

• **Help seeking behaviour**
  (AHSQ derived Rickwood & Braithwaite, 1994)

• **Barriers**
  (BASH-B; Wilson et al., 2003a)

• **Social Problem Solving**

• **Referral skill**
  (YRS; Deane, Wilson & Biro in Deane et al., 2002)

Results

• **Attrition bias**
  - Females in follow-up group
    – barriers lower
    – intentions for suicidal thoughts higher

• **Selection bias**
  - No demographic differences
  - Intentions P-E higher
  - Social problem solving lower
  - Actual help-seeking lower
### Pre-Post test comparisons

<table>
<thead>
<tr>
<th></th>
<th>Pre-workshop</th>
<th></th>
<th>Post-workshop</th>
<th></th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td></td>
</tr>
<tr>
<td>Actual</td>
<td>1.56</td>
<td>1.37</td>
<td>3.34</td>
<td>2.42</td>
<td>-4.01***</td>
</tr>
<tr>
<td>Intent PE</td>
<td>4.08</td>
<td>1.59</td>
<td>4.96</td>
<td>1.52</td>
<td>-2.27*</td>
</tr>
<tr>
<td>Intent ST</td>
<td>5.29</td>
<td>1.59</td>
<td>5.54</td>
<td>1.86</td>
<td>-.69</td>
</tr>
<tr>
<td>Barriers</td>
<td>2.44</td>
<td>.64</td>
<td>2.40</td>
<td>.46</td>
<td>0.36</td>
</tr>
<tr>
<td>Social PS</td>
<td>2.01</td>
<td>.37</td>
<td>2.97</td>
<td>.55</td>
<td>-7.81***</td>
</tr>
<tr>
<td>Referral</td>
<td>4.19</td>
<td>.51</td>
<td>4.36</td>
<td>.44</td>
<td>-1.19</td>
</tr>
</tbody>
</table>

n = 24, * p < .05; *** p < .001 (two tailed)

### Workshop and Control comparisons

<table>
<thead>
<tr>
<th></th>
<th>Workshop</th>
<th></th>
<th>Control</th>
<th></th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td></td>
</tr>
<tr>
<td>Actual</td>
<td>3.34</td>
<td>2.42</td>
<td>3.30</td>
<td>2.07</td>
<td>.35</td>
</tr>
<tr>
<td>Intent PE</td>
<td>4.96</td>
<td>1.52</td>
<td>3.12</td>
<td>2.41</td>
<td>3.26**</td>
</tr>
<tr>
<td>Intent ST</td>
<td>5.54</td>
<td>1.86</td>
<td>4.73</td>
<td>2.20</td>
<td>1.49</td>
</tr>
<tr>
<td>Barriers</td>
<td>2.40</td>
<td>.46</td>
<td>2.71</td>
<td>.59</td>
<td>-2.03*</td>
</tr>
<tr>
<td>Social PS</td>
<td>2.97</td>
<td>.55</td>
<td>3.19</td>
<td>.59</td>
<td>-1.57</td>
</tr>
<tr>
<td>Referral</td>
<td>4.36</td>
<td>.44</td>
<td>4.17</td>
<td>.62</td>
<td>.25</td>
</tr>
</tbody>
</table>

n = 20 (referral) to n = 26 (Barriers), * p < .05; ** p < .01 (two-tailed)

Intercorrelations between help-seeking and referral
### Intercorrelations between help-seeking and referral

<table>
<thead>
<tr>
<th>Help seeking</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Intent PE</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Intent ST</td>
<td>.21*</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Barriers</td>
<td>-.18</td>
<td>-.44**</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Auto</td>
<td>.06</td>
<td>.31**</td>
<td>-.14</td>
<td>--</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Orientation</td>
<td>-.11</td>
<td>.20*</td>
<td>-.23*</td>
<td>.31**</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>6. Solving Skill</td>
<td>.03</td>
<td>.29**</td>
<td>-.08</td>
<td>.46**</td>
<td>.54**</td>
<td>--</td>
</tr>
<tr>
<td>7. Referral</td>
<td>.34**</td>
<td>-.03</td>
<td>.02</td>
<td>-.25*</td>
<td>-.09</td>
<td>.01</td>
</tr>
</tbody>
</table>

n = 63 (referral skill) – 73 (Barriers) * p < .05; ** p < .01 (one-tailed)

### Discussion

**This study**

- Some capacity to enhance personal help-seeking predisposition
  - Intentions for personal-emotional functioning increased
  - Social problem solving increased
  - Barriers remained low
  - Awareness of impact of personal response

- No change or difference in referral skill

### Discussion

**Help-seeking and referral practice**

- Intentions to seek help for a personal-emotional problem
  - the potential impact of personal predisposition

- Automatic process
  - what has been done in the past?

### Future directions

- Compulsory training for gatekeeping
• Measurement of personal help-seeking response
• Measurement of professional practice
• Promotion of mental health help