

# Learning to reach out

Young people, mental health  
literacy and the Internet



A report on awareness, attitudes, knowledge  
and behaviour related to mental health and  
help-seeking, including help-seeking online.

Chambers D and Murphy F (2011).  
*Learning to reach out: Young people, mental health literacy and the Internet.*  
Inspire Ireland Foundation, Dublin.

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Published by Inspire Ireland Foundation 2011  
ISBN 978-0-9569399-0-6

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# Acknowledgements

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First and foremost, thanks to the young people from University College Cork, the University of Limerick, YouthReach Bantry, YouthReach Knocknaheeny and Crescent Comprehensive College secondary school in Limerick for taking part in our focus groups. We're also grateful to those who facilitated access to the groups including Padraig Rice, Derek Daly, Ronan O'Caoimh, Orla Butler and John Noonan.

Dr. Paul Corcoran from the National Suicide Research Foundation provided additional statistical analysis while Andy Osborn from Drugs.ie reviewed the section on 'The Internet and mental health'. Thanks also to our former interns Lisa O'Sullivan and Ian Lacey for sharing their stories which are included as Appendix 1 of the report and to all of the ReachOut.com team for your unique and vital contributions to our research and evaluation programme.

Finally, thanks to all of the visitors to ReachOut.com since we launched at the end of 2009, especially those who completed our user profile survey. We hope that we've helped you get through tough times.



# Foreword

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We've come a long way since the "great confinement" of recent centuries where mental illness in society was literally locked away in asylums, but we haven't come far enough, yet.

Mental health is central to the experience of being human but we don't talk about mental health in an everyday way. The conversation around mental health has to change because it is so fundamental to our shared, lived experience. It also has to change to prevent personal troubles from escalating to the point where crisis intervention is needed.

There is evidence that this change is beginning to happen among young people who are increasingly engaged in mental health and suicide prevention projects and who have embraced the mental health service that we recently introduced to Ireland, ReachOut.com. When the ReachOut.com service model was first dreamed up in Australia in the 1990s, the Internet was not the communication tool it is today, it wasn't part of most people's lives. The Internet is increasingly part of day to day communication while the need to support young people's mental health is more apparent than ever.

I'm delighted that the Inspire Ireland Foundation can share this report with the wider youth mental health sector, and with everyone who is interested in the mental health of our young people. While the organisation was only incorporated in 2009 a lot has been learned through the delivery of our flagship service, ReachOut.com, which is attracting over 3,000 unique Irish visits every week. It is clear that the Internet can provide a safe and accessible space to support anyone experiencing mental health problems or who simply wants to find out more about mental health. However, service delivery online must be clearly thought through, well-planned, resourced and safely managed.

This report provides an overview of mental health and the Internet, insight into attitudes to mental health among young people and findings from the first ever ReachOut.com user profile survey. I hope that the report provides the basis for informed public discussion of youth mental health and of the opportunity to use technology to provide support to young people in cost-effective and user-friendly ways. At a time when economic conditions require new thinking, a service like ReachOut.com should be nurtured and developed to scale so that any and every young person who is going through a tough time can get the advice they need that will get them through that difficult period. It is hoped that the commitment to in-depth research and evaluation of ReachOut.com can inform the direction of youth mental health online service developments in an evidence-based, responsible way.

I hope that the dissemination of the information in this report will contribute to the ongoing development of the ReachOut.com service so that more and more young people in Ireland can help themselves and help each other through tough times – without ever needing to resort to crisis intervention.

*Dr. Colin Hunt*  
Chairman  
Inspire Ireland Foundation



# Summary

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- Young people are more inclined to seek help for mental health problems if they have some knowledge about mental health issues and sources of help (Rickwood *et al.*, 2007).
- Mental health literacy relates to knowledge and understanding of the causes and signs of mental health problems.
- Mental health literacy also relates to knowledge and understanding of how, where and when to get mental health information and support.
- Over 70% of young people are willing to use the Internet for health information (Health Research Board, 2008).

## The Internet and mental health

- Just as there are many approaches to face-to-face mental health support, there are many approaches to mental health support online, including:
  - Information-based resources
  - Person-to-person / peer-to-peer support
  - Online counselling and therapy.
- Approaches to the moderation of communications online include:
  - Pre-moderation - when communications are checked before going live and becoming visible
  - Post-moderation - when communications are posted / go live instantly and are checked periodically for suitability by the organisation running the service
  - Reactive moderation - when online communities are encouraged to 'flag' or 'report' any content that is unsuitable. For example, major social networking sites such as Facebook operate on this basis.
- The providers of mental health support services online should have accessible data protection and privacy policies.

## Mental health literacy

- This report is based on work surrounding mental health case studies and focus group discussions with 6 groups of young people. These groups were single sex, with one male group and one female group for each setting, and were broken down as follows:
  - Two groups of third level students
  - Two groups of YouthReach attendees
  - Two groups of secondary school students.
- Mental health literacy scores were generated for each respondent based on answers to questions regarding fictional case studies which depicted depression, schizophrenia, anxiety and 'a tough time'.
- Results showed that scores from the young female group for mental health literacy were 20% higher than those for young males.
- In focus group discussions, young people suggested that mental health was something they generally think about in a reactive way, for example:
  - "You might hear about it (mental health) when it's already happened, when someone has committed suicide, as opposed to the prevention side of things".

- Young people identified a range of support services but were unsure about how to access them, for example, in relation to counselling:
  - “They’re the experts like, but they’re just hard to approach”.
- There is quite a high level of awareness among young people of advertising around mental health and its presence in the media, but not of the service providers behind the advertising.
- Many young people had a preference for getting support in everyday settings, including online. As one young male put it:
  - “If I thought I had a mental health problem I’d probably just go online”.

## Using the Internet to reach out

- This report also includes data from the first ever ReachOut.com Ireland user profile survey which is based on a survey instrument developed by ReachOut.com in Australia.
- 523 people consented to participate in the survey – of which 58% were female.
- Two thirds of respondents said they would recommend ReachOut.com to a friend while 67% agreed that it was “a site I can trust”.
- Nearly half of respondents rate their understanding of “who to talk to if you are going through a tough time” as only “ok” or “not good at all”.
- Encouragingly, 65% of respondents rated their understanding of how to help a friend through a tough time as “good”, “very good” or “excellent”.
- The most likely sources of mental health support from a list of suggestions were “a friend” and “ReachOut.com” (both rated as ‘very likely’ or ‘likely’ sources of support) by 61%.
- 72% of respondents had previously turned to a friend to get help through a tough time while 35% had spoken with a health professional.
- Worryingly, of those who had spoken to a health professional in the past, 41% reported that they were “unlikely” or “very unlikely” to look for help from a health professional in the future.
- While 91% agreed that “anyone can experience a mental health problem” well over half (59%) agreed that “I wouldn’t want others to know if it were me” (that had a mental health problem).
- A number of respondents reported high levels of psychological distress – in all 74% reported mild, moderate or severe levels of distress based on Kessler’s K-10 scale.
- Additional analysis was conducted looking only at those with mild, moderate and severe levels of distress. It was found that those with higher levels of distress were:
  - More likely to have spoken to a health professional already
  - Very unlikely to talk to a friend when going through a tough time
  - More likely to rate their understanding of who to talk to when going through a tough time as “not good at all”.
- Finally, these survey results highlight the fact that ReachOut.com is in the privileged position of being able to support people in psychological distress who feel they have nowhere else to turn – with this privilege comes a responsibility to deliver a safe and supportive service that can meaningfully guide visitors to ReachOut.com through a tough time.



## Recommendations

- Results related to mental health literacy suggest a need to target younger groups of males in particular with mental health literacy initiatives.
- Relevant support services need to be explained to young people clearly and in simple language so that they understand how to access them in times of need.
- Advertising of mental health services needs to better engage young people and provide them with a call to action that they remember.
- Online mental health services should be moderated safely and responsibly, and all online service providers should develop a set of clinical response guidelines for staff members.
- The willingness among young people to use the Internet to get mental health information and support should be encouraged – it is a cost-effective way of scaling up the response to meet the mental health needs of most young people.
- Online services like ReachOut.com provide a logical platform from which to increase the mental health literacy of young people, and to support them through tough times and this service model should be nurtured to achieve scale in order to impact meaningfully in the area of youth mental health in Ireland and help young people lead happier lives.



# Introduction

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This report presents findings from ReachOut.com's exploration of mental health with young people which involved the use of case studies, face-to-face group discussion and an online survey.

ReachOut.com is committed to changing public discourse around mental health based on the belief that mental health is something that matters to all of us. Furthermore, our work is driven by a conviction that a change in public discourse – towards a more open attitude to mental health as an everyday issue relevant to each and every one of us – will make it easier to get support and help. Many mental health difficulties are needlessly allowed to fester and worsen, and if we can change the culture that allows that to happen, we will go a long way towards making Ireland a happier place to be young.

## Setting the scene

The following is a fictional anecdote based on conversations that have taken place with ReachOut.com's Youth Advisory Network. Sean's story sets the scene for this report by highlighting the need to challenge the dominant risk discourse surrounding mental health and the Internet, an everyday communication platform that provides more opportunity to do good than to facilitate harm.

“Sean's parents were becoming increasingly worried about the fact that he wasn't communicating with them and when he spent time online on his laptop they had no idea what he was doing... Sean's parents rarely used a computer, so it was a world they didn't really understand. It's true that Sean was having difficulty communicating and there were a lot of things getting to him. However, Sean had found out about an online mental health resource where he could read real-life stories from other young people who had gone through tough times and find advice on managing problems. Through this online resource, Sean was beginning to make sense of the things that were getting to him and he soon felt more able to deal with his problems... after a while, Sean even decided to show the website to his Dad...”

## ReachOut.com

Inspire Ireland's flagship program, ReachOut.com aims to promote positive mental health, increase the mental health literacy of visitors, and signpost other support services. The website is developed in consultation with young people and the content is targeted towards young people. Where possible, the site features stories in order to help young people by showing them how others got through a tough time. With information on everyday issues that can affect young people's mental health, common mental illnesses and an explanation of health professions and health services, ReachOut.com is a comprehensive source of quality mental health information.

Our *Theory of change* illustrates the activities of ReachOut.com, and highlights the goals and outcomes we are working towards.

Figure 1 – ReachOut.com Theory of change



In order to deliver an effective service and to meaningfully connect with young people across Ireland, it is important to understand what mental health means to young people and to gain an insight into how an online service like ReachOut.com can make a positive impact. Qualitative and quantitative research was undertaken to gain these understandings and insights. The qualitative research involved speaking to different groups of young people in a range of settings, and one-to-one in-depth interviews with former ReachOut.com interns. The quantitative research was based around an online user profiling survey accessed via ReachOut.com. This report explores the findings of our research and also includes an overview of mental health and the Internet to help allay concerns or fears regarding a medium (the Internet) that is fast-changing and unequally utilised and understood across generations.

#### A note on ‘mental health’

There are many different ways of understanding mental health. This report is based on a public health model which asserts that mental health is a fundamental part of human existence and that anyone can develop a mental health problem. Such a model places personal mental health on a continuum from poor to good that can be applied to anyone at any point in their lives. Distinct and separate from the notion of a continuum, the theoretical framework underpinning this research also recognises diagnosis in mental health. This notion of diagnosis implies that it is useful and helpful to recognise certain disorders based on pre-defined symptoms and that there are ‘cut off’ points whereby a person can be diagnosed as having a mental disorder or mental illness based on the number and severity of symptoms that person has. In this way, mental health and mental illness can be seen as separable.

#### Young people and mental health

While the figure of ‘one in four’ remains widely publicised as an estimation of lifetime population prevalence of mental disorders, more recent prospective research is suggesting that a figure closer to ‘one in two’ will experience a mental disorder in our lifetime (Moffitt *et al.*, 2010). This prospective research is based on a study which followed up with over 1000 people born in New Zealand between 1972 and 1973 up to age 32 to assess their mental health – looking

specifically at depression, anxiety, alcohol dependence and cannabis dependence. Age of onset research has shown that 50% of mental health problems appear by age 14, and 75% by age 24 (Kessler *et al.*, 2005). The World Health Organisation states that around 20% of the world's children and adolescents are estimated to have mental disorders or problems at any one time, with similar types of disorders being reported across different cultures (WHO, 2005). The best available Irish research suggests that, at any one time, around one in five young people experience a mental health problem e.g. (Sullivan *et al.*, 2004).

Discussion of mental health and young people often turns to suicide and deliberate self-harm. Suicide and deliberate self-harm are issues of serious concern in Ireland, especially in relation to young people. In Ireland in 2009, there were 527 deaths by suicide registered by the Central Statistics Office with the highest numbers reported for young men. There were 11,966 presentations to hospital due to deliberate self-harm in 2009, with the peak rate for women at age 15-19 and the peak rate for men slightly higher at 20-24 (National Suicide Research Foundation, 2010). Furthermore, it is believed that cases which present to hospital are only the tip of the iceberg. For example, the National Suicide Research Foundation reports a lifetime history of self-harm as high as 9% among a large sample of 15 to 17 year olds (Sullivan *et al.*, 2004).

Young people face many prohibiting factors from seeking help for a mental health problem. Rickwood *et al.*, (2007) found that, in spite of the high prevalence of mental health problems that develop in adolescence and early adulthood, young people are not inclined to seek professional help. **Young people are more inclined to seek help for mental health problems if they have some knowledge about mental health issues and sources of help** and are less likely to seek help if;

- They are experiencing suicidal thoughts and depressive symptoms
- They hold negative attitudes toward seeking help or have had negative past experiences with sources of help
- They hold beliefs that they should be able to sort out their own mental health problems on their own.

Young people themselves are proactively raising concern and working to develop solutions in relation to the experience of mental health problems in youth. Year after year, Dáil na nÓg, Ireland's youth parliament, repeatedly selects mental health as one of its two priority issues to be tackled by Government. Further evidence of the importance of mental health as an issue among young people can be seen in the projects submitted as part of the Young Social Innovators schools-based competition every year (see [www.ysi.ie](http://www.ysi.ie)) and in the growing support among young people for services like Headstrong – The National Centre for Youth Mental Health and ReachOut.com.

As with many social and health issues related to young people, when solutions are sought to tackle youth mental health problems, the school is often identified as the most appropriate setting. Within schools, there is an opportunity through Social, Personal and Health Education (SPHE) to increase mental health literacy among young people, thereby increasing individual and collective capacity to respond to mental health problems. However, SPHE is not yet a compulsory subject for senior cycle students, and it is also resourced to different levels in different schools. Young people themselves have expressed a desire for mental health education in the context of SPHE at senior cycle (the final two years of secondary school). This was articulated in the recommendations from the 2009 Dáil na nÓg Delegate Report which stated that “the Government needs to implement a structured SPHE course for senior cycle students, incorporating positive mental health awareness, and develop an online support service” (Office for the Minister for Children and Youth Affairs, 2009). Mental health education can potentially play a huge role in creating positive attitudes to mental health and in increasing the mental health literacy of young people, ensuring that more problems are identified and responded to early, before situations are allowed to escalate.

## Mental health literacy

In relation to health literacy generally, it is believed that people with low health literacy levels are not as aware of the importance of preventive health measures and have an increased risk of hospital admission, while additional costs of limited health literacy range from 3-5% of the total health care cost per year. People with low levels of health literacy are often not as capable of effectively managing their own health, accessing health services effectively, and understanding the information available to them (Department of International Health, Maastricht, 2011). The same is true when looking specifically at mental health literacy. Low levels of mental health literacy can form a barrier to help-seeking and help-getting.

In 1997, Anthony Jorm and colleagues coined the term ‘mental health literacy’, and defined it as *“knowledge and beliefs about mental disorders which aid their recognition, management or prevention. Mental health literacy includes the ability to recognise specific disorders, knowing how to seek mental health information, knowledge of risk factors and causes, of self-treatments, and of professional help available; and attitudes that promote recognition and appropriate help-seeking”*.

As a concept, mental health literacy is something that can focus the efforts of organisations and individuals that care about young people’s mental health. The specific elements of mental health literacy are usefully broken down as:

- Knowledge about mental disorders which aid their recognition / management
- Knowledge about mental disorders which aid their prevention
- Beliefs about mental disorders which aid their recognition / management
- Beliefs about mental disorders which aid their prevention
- The ability to recognise specific disorders
- Knowing how to seek mental health information
- Knowledge of risk factors and causes
- Knowledge of self-treatments
- Knowledge of professional help available
- Attitudes that promote recognition (of mental disorders)
- Attitudes that promote appropriate help-seeking.

There is an increasing awareness of the vital importance of early intervention in the area of youth mental health and an acceptance that *“people must be able to recognise signs and symptoms in themselves and others and this requires a high level of mental health literacy in the population”* (Lawlor *et al.*, 2008). The “people” referred to are in no way restricted to health professionals, and the shift in perception required in relation to mental health will represent a significant change in the way in which mental health itself is defined as a public health concern.

Among the small number of studies to date in an Irish context on mental health literacy, the study by Lawlor and colleagues conducted through the forum-based website, boards.ie, reported very encouraging results. Using an online survey based on case studies, the research reports that 78% of respondents correctly identified depression and 93% correctly identified psychosis/schizophrenia. This is quite a high level of recognition. However, recognition is not enough, and there needs to be an understanding of when, how and where to seek appropriate help, along with evidence of healthy attitudes to mental health.

## The Internet and the opportunity

There is potential for the Internet to play a huge role in increasing the mental health literacy of young people. With nearly 90% of young people aged 16-24 years old in Ireland using the Internet and 71% of these using the Internet every day (European Union, 2010), the Internet appears to be a logical platform to provide youth mental health information and support. Irish research has revealed that over 70% of young people would be willing in the future to use the Internet to look for health information (Health Research Board, 2008). This high level of willingness among young people should be capitalised on to facilitate access to mental health information and support.

As far back as 2000, Christensen and Griffiths explored and reviewed the role of the Internet in increasing mental health literacy, and concluded that “the Internet is likely to facilitate access to information to increase mental health literacy and to provide a broader range of information for those outside the medical sphere. Those who do not traditionally seek medical help may be helped and those with early symptoms may reach help earlier. Knowledge and treatment via the Internet may decrease unmet need” (Christensen and Griffiths, 2000).

This report on young people, mental health literacy and the Internet is built around the experience of delivering ReachOut.com in Ireland for just over one year. ReachOut.com is an Internet-based initiative that promotes the mental health and wellbeing of young people in Ireland and facilitates help-seeking through signposting face-to-face services as and when those services are needed. By providing quality and comprehensive mental health information, this psycho-educational resource can increase the mental health literacy of visitors and provide a safe source of peer support through a “share your story” feature and a carefully moderated comment facility to discuss mental health information and video content. ReachOut.com is also supported by a team of clinical advisers and expert contributors who support the delivery of an “Ask the expert” service.

## Report overview

This report has three main parts which can be categorised as: an overview of the Internet and mental health, a discussion of mental health literacy among young people and, learning from the ReachOut.com user-profile survey. It is intended that this report will be of use to agencies and organisations with an interest in youth mental health generally and the use of the Internet to support youth mental health in particular. Without knowing how young people make sense of mental health issues, it will not be possible to provide services that meaningfully address those issues. The report then presents the results of a survey of people visiting a youth mental health website (ReachOut.com) that provides valuable learning for anyone interested in the positive potential of the Internet to provide mental health services. Finally, Lisa’s story and Ian’s story are presented in Appendix 1 as a record of their experience as young interns interacting with and working for an online youth mental health service.



# The Internet & mental health

## Understanding and using online resources safely<sup>1</sup>

1. This section is based on a chapter that was contributed to Coughlan, H., & O'Brien, G. (2011) *Supporting Young People's Mental Health: a youth-centred practice guide*. Dublin, Ireland, Headstrong: The National Centre for Youth Mental Health

The Internet has become a part of everyday life for many people in Ireland and across the world. Online resources can assist us with a whole range of daily activities, from grocery shopping and banking, to doing homework or keeping in touch with family and friends. Yet, there can be considerable anxiety and uncertainty about using the Internet in certain settings or contexts, including that of youth mental health support. This section provides an overview of the safe use of online resources to support the use of the Internet and to increase the understanding of how the Internet may be used by young people for information or support.

### What is the Internet used for?

In the context of online support for mental health, Internet use is generally concentrated within two broad areas: *information mode* and *communication mode* (Edwards-Hart and Chester, 2010).

**Information mode** involves using the Internet to access information. For example, people use search engines such as *Google* to look up information. With *information mode*, it has been reported that people are more inclined to seek sensitive information on the Internet than anywhere else (e.g. Joinson & Banyard, 2002): it is where people go to find out about sensitive, worrying or potentially embarrassing things that are concerning them.

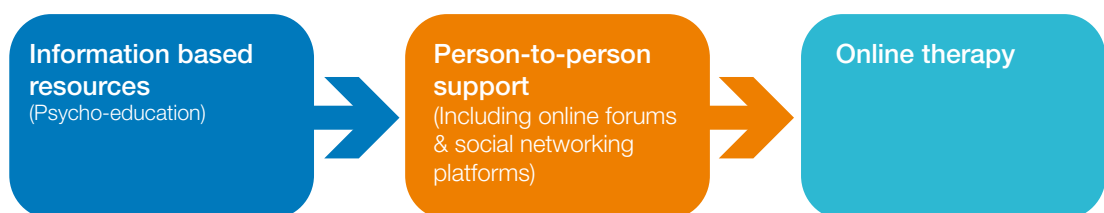
**Communication mode** is when people use the Internet to connect and interact with other people. It is thought that people see the Internet as providing a certain amount of protection in relation to their personal identity and people can, therefore, be less inhibited when communicating with others online.

Despite the fact that the Internet is such a central part of many of our lives and that it is used to communicate with others and to look for sensitive information, there can be a reluctance and fear of using online resources and accepting and recommending the use of online resources to young people. This is partly because the Internet is a relatively new communication tool that only our younger generations are growing up with and there is a lot of uncertainty surrounding elements of online communication among adults who may be less familiar with the Internet. This uncertainty is sometimes compounded by a dominant risk discourse in relation to the Internet (Holmes, 2009). However, Internet use looks likely to increase and it is important to understand the types of positive resources that are available in the area of youth mental health. Therefore, it is useful to understand the different types of online resources.

### Types of online service

Online mental health resources enable people to both access information and communicate with others. These resources can be further broken down as follows

Figure 2 – Types of online services:



These three categories can overlap and some organisations will provide support across a combination of possible service types.

2.

*The term 'psycho-educational' is used here in a broad sense to refer to mental health information that is provided to anyone who accesses it, rather than a more narrow definition which could be taken to mean a structured programme of information provision for a mental health service user as part of a care plan/treatment programme.*

## Information-based resources (Psycho-educational<sup>2</sup>)

Information-based resources are generally *psycho-educational* in approach, which means they are based around the provision of accurate information on mental health issues and difficulties. Information on mental health difficulties can be of benefit to young people who themselves are experiencing mental health difficulties by helping them to better understand and manage what they are experiencing. While traditionally aimed at people experiencing difficulties, psycho-educational resources can also be of use to people who are concerned about the mental health of others and can help to educate the population generally, contributing to higher levels of mental health literacy.

The advantages of this type of resource include the relative safety associated with accessing quality assured content. The main disadvantage or issue with this aspect of the Internet relates to the reliability of the information provided. Service providers should be clear on where, and by whom, their content has been created. As long as the content is from reliable and validated sources, information-based resources are relatively problem-free and are useful for both young people themselves and for those who care for, support and work with young people. Irish websites that are predominantly psycho-educational include [www.reachout.com](http://www.reachout.com) and [www.letsomeoneknow.ie](http://www.letsomeoneknow.ie). Many psycho-educational or information-based sites will also provide the opportunity for interaction, use social networking platforms and/or provide some further therapeutic intervention.

## Peer-to-peer / person-to-person support

Online support services based around person-to-person interaction can be delivered through dedicated websites covering specific issues or through more general social networking platforms. A common way of delivering this type of service is to provide space on a website for online forums where users discuss and comment on issues of interest or concern. A key issue in the delivery of these services is the nature of moderation employed in providing the service, i.e. are comments checked before or after they are posted on the site? A further key issue is the way in which conversation is regulated and shaped online, this is something that can be shaped in a healthy and safe way by encouraging members of online communities to follow responsible communication guidelines.

An advantage of peer-to-peer interaction about mental health issues includes the potential to generate a sense of community online and the opportunity to learn how other people managed to deal with mental health problems. Furthermore, it is possible to benefit from the shared experiences of an online community without engaging personally or sharing personal experience. However, peer-to-peer forums that are moderated after comments go live are open to abuse or inappropriate comments which may be distressing to other people using the site.

Such forums may also demonstrate the fact that some people are far less inhibited when communicating online, in a perceived state of anonymity, and deep personal disclosures, including thoughts of suicide, are sometimes communicated in such forums. On the other hand, forums that are moderated before comments go live can be less appealing because interaction does not take place in real time. To safely operate a healthy online community that discusses mental health issues, considerable resources and clinical expertise are required. In an Irish setting, [www.turn2me.org](http://www.turn2me.org) is an example of a website that provides peer-to-peer support through community forums.

Apart from dedicated mental health websites that operate forums, mental health is also discussed on general social networking platforms such as Facebook. Social networking websites are clear examples of communication mode in Internet use. These websites build online communities around common or general interests and the best known examples include MySpace, Twitter and Facebook. Currently, nearly 1.8 million of Facebook's 500 million users are Irish and the platform is particularly popular among young people. Youth mental health organisations can use social networking sites to build brand and service awareness. By joining



or ‘liking’ a mental health organisation’s social network online, young people can endorse and support the issue of youth mental health generally and support specific organisations. Using social networking sites in this way is relatively safe. However, social networking sites also encourage discussion and this can include discussion of sensitive or potentially distressing issues.

When it comes to moderating, social networking sites often rely on community regulation of content and a system of reactive moderating, whereby the community effectively moderates and manages the tone and nature of content on any given page. This provides the opportunity for the development of communities within communities to form around sensitive issues, including suicide, and discuss them in deeply personal and open ways. While there is little or no research into the overall effect of such a community, it should never be assumed that interaction on Facebook or other social networking communities is safe, healthy and regulated.

### Online therapy

While the support service types outlined above may provide a benefit, there are a range of therapeutic services that specifically target mental health problems, or pro-actively seek to enhance aspects of a person’s mental health. These services fall under the general category of “online therapy”. Edwards-Hart and Chester (2010) quote Carlbring and Anderson’s classification of online therapies as falling into one of the following four categories:

Figure 3 – Forms of online therapy



While there are a number of advantages associated with therapist led interventions, including the relative anonymity and therefore reduced inhibition on the part of the young person using the service, the absence of non-verbal communication and cues is a major disadvantage. For people at risk, this approach to service provision does not provide an immediate response and so organisations must be careful in managing expectations of potential users. Anyone investigating online counselling services should aim to determine the accreditation status of those delivering the service to ensure that they are suitably qualified and adhere to appropriate standards.

An emerging area, based on multi-disciplinary research across the world, is the area of self-administered online therapy programmes and applications. There is a growing evidence base supporting the efficacy of these interventions in dealing with less severe mental health problems. Some of these interventions can be accessed for free online. Most are based on the principles of cognitive behavioural therapy. It should be noted that these services are likely to benefit those with less severe problems. Examples of this type of service include *Beating the Blues*, *MOODGym* and *Living Life to the Full* (which is available for free through the Online Skills programme on [www.headsup.ie](http://www.headsup.ie)).

## What to look out for when assessing online resources

### Data protection and privacy policies

When assessing online youth mental health resources, it is important to consider the amount and types of information a visitor is required to provide to access the site / use the service. All reputable services will have a clear privacy policy or statement that can be accessed from the site's homepage (possibly via a corporate or organisation website) which will address the following types of issues:

- Storage of personal information
- Non-commercial use of information
- Consent issues
- Contact details (phone number, physical address) for any enquiries or complaints.

### Moderation policy

Moderation refers to the monitoring and review of communication online. The area of moderation is one where services need to balance the benefits of timely communications with the risk of allowing un-checked content to go live. There are three main approaches to moderating:

- *Pre-moderation* – when any communication to an online resource is checked by service providers before it is posted. This has the advantage of protecting the wider online community from any inappropriate or unhealthy content. It has the disadvantage of being resource intensive if the content is to be posted in a timely way, or of being unappealing to users who don't get to see their content being posted instantly, as it would be on other sites.
- *Post-moderation* – when content is reviewed at given intervals after it has gone live on the site. A user can post content on the site and it will automatically be uploaded to the relevant site for anyone and everyone to see. The content is then reviewed from time to time by the organisation running the service. This has the advantage of creating a vibrant community in real time, but has the disadvantage of being open to inappropriate or harmful content appearing on a site.
- *Reactive moderation* – when the online resource provider depends on the community of users to 'flag' or 'report' content that they consider to be inappropriate to the administrators. The site administrators can then review any reported content before deciding whether or not it should be removed. Major social networking websites like Facebook and YouTube operate on this basis.

### Crisis response guidelines

While they might not publish details online, all organisations that provide youth mental health support online should have a set of guidelines in place for staff and volunteers to refer to if they are contacted by a person in distress. These guidelines should detail the basic steps required in putting someone in touch with emergency services. Anyone with concerns about a particular service or resource should contact the organisation to ensure that these guidelines are in place.

For more information, or to discuss this section

email: [info@inspireireland.ie](mailto:info@inspireireland.ie)



3.  
YouthReach is an education and training programme for early school leavers aged between 15 and 20 years old.

# Mental health literacy

This part of the report is based on fieldwork conducted between October 2010 and February 2011 with groups of young people from a range of settings including colleges, YouthReach centres and a school, in both urban and rural areas. This fieldwork explored young people's understanding of mental health issues using a questionnaire related to fictional mental health case studies and also using a semi-structured group discussion.

The report will outline an analysis of responses to questions related to mental health case studies and discuss some of the responses in more depth to illustrate general findings. Ethical approval was granted by the Social Research Ethics Committee (SREC) of University College Cork.

## Analysis of mental health case studies

### Method

The same set of three open-ended questions were put to respondents in relation to four fictional case studies. The questions were framed to capture respondent's knowledge of mental health problems along with their understanding of sources of support. A scoring system was devised to gather data related to knowledge and understanding of mental health in order to calculate an overall score for mental health literacy for each respondent. This scoring system allowed for comparison between individuals and group settings while also enabling a comparison of understanding related to each of the case studies.

The case studies are fictional and intend to depict clinical depression, schizophrenia, anxiety and 'a tough time'.

### Study population

According to Kessler and colleagues (2005), 75% of people with a mental disorder experience the onset of the disorder by age 24. The ReachOut.com service targets those aged between 16 and 25 years old and is based on the principle that anyone can experience a mental health problem, and that, furthermore, every young person can potentially support a friend, sibling or peer who is experiencing a mental health difficulty. The parent population for this research then, is the general population of young people. In light of the increased vulnerability of some young people to mental health related problems, this research has taken account of the important sub-group of early school leavers in the sampling process.

### Sampling

A non-probability sample was considered appropriate for this research as the objective has been to explore a relatively complex concept, i.e. mental health literacy, rather than establish broad statistical trends – which would require a more rigorous probability sample. Specifically, a purposive criteria based sample was utilised given the need to target a range of 'ideal types'.

Purposive sampling allowed for the selection of young people in different contexts that represent the range of typical young people in Ireland. Ritchie and colleagues (2004) use the term "symbolic representation" to describe the choosing of an individual or group selected in purposive sampling because that person or group is intended to represent and symbolise features of relevance to the investigation and "picks up purposive representations of character" (p 82-83).

## Purposive selection criteria

Selection criteria for this general population research were socio-demographic. Specifically, the selection criteria included;

- Age – the full range in question is not homogenous developmentally or in terms of life circumstances and therefore groups were conducted separately for 16 to 19 year olds and 20 to 25 year olds.
- Gender – mental health problems, help-seeking and Internet use vary by gender.
- Education / employment circumstances – which has an influence on more general life circumstances and access to different levels of support.
- Area of residence – broadly taking account of levels of social deprivation and the availability of support services which vary between urban and rural areas.

Given the differential in life experience across the broad age range of 16 to 25 and considering anticipated and known gender differences in relation to mental health experience, help-seeking and Internet usage was controlled within gender, i.e. age was ‘nested’ within gender (Ritchie et al., 2004, p99). Overall, the selection matrix developed identified up to 10 different ‘types’ of group. However, despite several attempts it was not possible to secure access to groups of young people in paid employment. This is a limitation of the present study.

The groups recruited are listed in Table 1, including one group that was not in the original selection matrix, i.e. 16 to 19 year old females in a YouthReach setting.

**Table 1 – Focus groups**

Age group	Full time education		Employed		Job-seekers / YouthReach	
	Male	Female	Male	Female	Male	Female
16 to 19	1	1	0	0	1	1
20 to 25	1	1	0	0	0	0
Area of residence						
	All groups included a mix of urban and rural backgrounds				1 Urban 1 Rural	

The recruitment was carried out through:

- A co-educational school in Limerick city
- Two universities through the respective Students Union Welfare Officers (University College Cork and the University of Limerick)
- YouthReach, a service for early school leavers, (1 in rural county Cork and 1 in Cork city).

## Procedure

Invitation to participate in the focus group was conducted through the respective ‘host’ organisation. A detailed outline of the study was provided along with confirmation of ethical approval for the study and an assurance that appropriate follow-up supports were available to all participants.

Young people willing to participate (and those under 18 years whose parent(s) signed an informed consent form) were invited to attend a 1½ hour focus group with seven to nine other young people. The focus groups were held in suitable locations (e.g. teaching rooms) and were

facilitated by a minimum of two researchers (a maximum of three) with relevant mental health or youth work experience following a semi-structured format based on a topic guide.

At the beginning of the session, the participants introduced themselves briefly before an 'ice-breaker' question utilising a 'word association' game with the term *mental health*. The researchers then explained the overall theme of the research, elaborating on the information already distributed in advance by the host organisation before referring to the topic guide for the group discussion. The mental health literacy case studies were introduced towards the beginning of the focus group discussion.

## Case studies

Much research in the area of mental health literacy comes from Australia and more specifically from Australian psychiatry, since Anthony Jorm and colleagues first reported on their survey of a general population sample in 1997, when they tested knowledge of various psychiatric diagnoses using vignettes. More recent vignette based research includes Leighton's work in England with school students, whereby five different scenarios depicting either the experience of a mental illness or a more general mental health problem were reviewed by school students who were asked to describe what was happening in the scenarios. Leighton used her research to shed light on conceptual understanding of mental health generally and more specifically of depression (Leighton, 2009).

For the purposes of this research, four unique and new case studies were developed and three common questions were identified for the case studies in order to gain an understanding of the respondents' levels of mental health literacy. Three of the case studies were designed to depict a mental illness (based on ICD-10 criteria) and a fourth case study described a young man going through a tough time. The definition of mental health literacy that was operationalised in this research was a narrow version of Jorm's 1997 definition concentrating in particular on knowledge of disorders and awareness of support services available. One of the case studies in particular (Niamh's story – schizophrenia / psychosis) draws on one of those case studies devised by Anthony Jorm and colleagues in their work in this area. A scoring system was then developed to measure the young respondents' levels of mental health literacy. A shortened version of this scoring system is presented below in Table 2.

A significant limitation of this research is the reliance on a narrow definition of mental health literacy which is based on a contestable psychiatric conceptualisation of mental health and mental disorders. Nevertheless, it is argued that such an approach is justified, relevant, and important on the basis that most modern health systems and services operate and deliver mental health services based on that psychiatric conceptualisation, and therefore it is necessary to understand the views of young people from within this *real world* perspective. Furthermore, by approaching an exploration of mental health literacy from the perspective of a psychiatric conceptualisation of mental health and mental disorders, subsequent strategies can be developed to increase mental health literacy thereby *popularising* (Martin, 1998) mental health among the general population. **In this way, young people, and the public generally, can be empowered to control and manage their own mental health in an informed way.**



## Case study 1

### Depression

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#### Liam's Story

Liam is an 18-year-old college student in the west of Ireland. He's always done well academically and at sport, but over the past two months, he's been finding it hard to concentrate on his course work and he keeps missing morning lectures because he's too tired to make it into college. He often wakes up early and that's when he feels at his worst. Even though he's tired all the time, he can't sleep at night and he's feeling miserable and hopeless. His girlfriend has told him that he's lost a lot of weight but he has little interest in food. He's spending less and less time with his friends, especially since he quit playing football.



## Case study 2

### Schizophrenia / psychosis

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#### Niamh's Story

Niamh is a 19-year-old from the north east of Ireland who lives at home with her parents and older brother. While she has always been quiet, over the past few months she has become more and more shy and withdrawn. She's stopped taking care of herself to the point where she doesn't shower or take a bath any more. She rarely leaves the house and, at night, her parents can hear her talking excitedly when she's alone in her room, as if she's arguing with someone. When her parents try to get her to go out and do things she whispers to them that she can't because the neighbours have set a trap for her.



## Case study 3

### A 'tough time'

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#### Rory's Story

Rory is a 22-year-old apprentice electrician from Dublin who shares a rented house with two friends. For the past couple of days, his friends have been a bit concerned about him as he's called in sick to work two days in a row and he is spending a lot of time on his own, usually just bringing his laptop upstairs and going online for the evening in his bedroom. He only comes downstairs to get more cans of cider from the fridge. His parents told him just last weekend that they're getting divorced and that's hit him pretty hard. He also found out last week that his long-term girlfriend has decided to stay in Australia for another year.



## Case study 4

### Anxiety

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### Róisín's Story

Róisín is a 24-year-old university graduate, working for an aid agency in the not-for-profit sector, who lives with her boyfriend in a nice house in the suburbs. She gets on well at work but every now and again she feels unable to leave her desk to chat with colleagues or go for coffee breaks because she gets nervous and light-headed. In a regular work team meeting recently, she noticed that her hands had become really sweaty and she could feel her heart pounding. Outside of work, she has a good social life and gets on really well with her boyfriend, although she worries a lot about him because he plays football and, when he goes to play a match at the weekend, she can't relax or eat anything until she knows he's home safe.



### Three questions asked in relation to each case study

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1. In one sentence, what, if anything, do you think is wrong with \_\_\_\_\_?
2. What do you think are the most relevant parts of \_\_\_\_\_'s story in deciding whether there is anything wrong?
3. What supports (formal or informal), if any, should \_\_\_\_\_ use to help deal with his / her problems?

*It is acknowledged that the phrasing of these questions may infer certain values or presumptions, i.e. based on the assumption that something is 'wrong'.*

**Table 2 – Mental health literacy scoring system**

<b>Question 1</b>	
<b>Interpreting case study / vignette responses</b> <i>(Does not apply in Rory's case)</i>	<b>Score allocated</b>
Identified the problem clearly	3
Understood the problem	2
Only partly understood	1
Didn't identify or understand the problem	0

<b>Question 2</b>	
<b>A score of 1 is allocated for each correct 'symptom' identified</b> <i>(Does not apply in Rory's case)</i>	
<b>For Example:</b>	
Symptom 1 poor concentration	
Symptom 2 disturbed sleep and early waking	
Symptom 3 feeling miserable and hopeless	
Etc.	

<b>Question 3</b>	
<b>Sources of formal and informal support identified</b>	<b>Score allocated</b>
Appropriate formal supports identified	3
Appropriate formal supports identified but without any certainty or clarity	2
Formal support unlikely to help / help sufficiently	1
Appropriate informal supports identified	3 <i>(Does not apply in Niamh's case)</i>
Appropriate informal supports identified but without any certainty or clarity.	2 <i>(Does not apply in Niamh's case)</i>
Informal support unlikely to help / help sufficiently	1 <i>(Does not apply in Niamh's case)</i>

**Notes:**

*Informal support is very important in Niamh's case (schizophrenia / psychosis). However, in this scenario, formal support is of particular importance and this weighting within the scoring system is designed to take account of this difference in the relative importance of formal compared with informal support.*

*Formal support is characterised by engaging another human being who is not already known to the person either face-to-face, online or by telephone. Informal support includes 'self-help'.*



## Results

A range from low through medium to high for overall mental health literacy levels was identified based on the distribution of scores across the sample as outlined in Table 3 below. The overall scoring system ranged from 0 to 43 and the highest score reported by any respondent was 39. The mean score for mental health literacy was 24.

**Table 3 – Mental health literacy scoring range**

Mental health literacy score	Rating	Percentage of sample
0–21	Low	33
22–26	Medium	41
27+	High	26

Statistical (one-way) analysis of variance was then used to determine gender, age and settings differences in relation to overall mental health literacy scores, knowledge of the disorders and knowledge of the relevant formal and informal supports available. The differences that were statistically different are reported below.

## Gender

Comparing all respondents, a statistically significant gender difference was found in relation to the overall score for mental health literacy (mean score for females of 26, and for males of 21,  $p = 0.04$ ). Thus, on average, **female scores were 20% higher than male scores.**

## Age

The strongest differences across the sample of respondents related to the broad age groups, with **the older age group reporting higher levels of knowledge and understanding for all measures except for understanding of the schizophrenia case study.** Table 4 below highlights the differences between the age groups, showing the mean scores for each group and also the 'p' value<sup>4</sup> which indicates statistical significance (the lower the 'p' value the more significant the finding).

**Table 4 – Mental health literacy scores by age groups**

Age group 1 = 16 to 19 yrs Age group 2 = 20 to 25 yrs	Age group	Mean	P value
Knowledge of depression	1	4.0	0.030
	2	5.5	
Knowledge of anxiety	1	2.7	0.011
	2	4.3	
Overall knowledge	1	10.7	0.003
	2	14.8	
Overall identifying of supports	1	11.3	0.040
	2	14.4	
Mental health literacy score	1	22.0	0.003
	2	29.2	

## Comparison across settings and groups

In relation to knowledge of anxiety, overall knowledge, understanding of support services and mental health literacy, **the group of female third level students consistently reported significantly higher scores than the other groups.** The female secondary school students reported the second highest scores for most of the categories analysed, including mental health literacy.

4. 'p' values refer to the level of probability of an event (finding) occurring – the lower the 'p' value, the more statistically significant (with a value of 0.05 or less typically accepted as statistically significant).

## Comparison in relation to the case study issues

Based only on the responses to question 1, where respondents were asked to state what is wrong with the character, the highest level of recognition was for 'depression' in Case study 1 (at 49%), followed by 'anxiety' (Case study 2) at 21% and 'schizophrenia / psychosis' (Case study 3) at 9%.

Looking at the combined responses to all of the questions, evidence of a difference in overall knowledge and understanding in relation to the three case studies depicting the symptoms of a mental disorder just failed to reach statistical significance ( $p = 0.08$ ). There was a higher level of knowledge and understanding in the relation to the schizophrenia case study, followed by the depression case study, with the lowest level for the anxiety case study.

## Discussion

This approach to exploring mental health literacy is somewhat crude. However, some useful insights have been uncovered and the coding system utilised reflects statistically significant differences in understanding of the mental disorders depicted in the fictional case studies by both gender and broad age groups. The fact that female levels of mental health literacy are significantly higher underlines challenges in relation to supporting young male's mental health needs and this is especially significant in the context of suicide rates in Ireland, whereby young men have consistently been the highest risk group for completed suicide in recent years (men in their early 20s showing the highest rates according to Central Statistics Office data).

It was also the case that the older groups that took part in the focus group research showed statistically significant higher levels of mental health literacy than the younger groups. This finding is unsurprising, especially given that the older groups were comprised of university students who are routinely targeted by mental health campaigns such as *PleaseTalk.ie*. It is likely that, in general, university attendance is a protective factor in relation to mental health given the availability of dedicated resources on campus to support students and the targeting of student populations by support organisations, including ReachOut.com. While it is vitally important that this higher level of support for students is maintained, [the findings from this research point to the need to target younger people in order to promote awareness and understanding of mental health issues and the available support services](#). Within the school setting, this is potentially achievable in the context of the Social, Personal and Health Education (SPHE) module on the curriculum, although it will be important to maintain and increase resources available to continually develop and deliver SPHE. ReachOut.com is endeavouring to support the delivery of SPHE by providing complementary information and materials related to the mental health components of SPHE curricula at junior and senior cycle (at senior cycle the available curriculum outline is draft only – available to download at the National Council for Curriculum and Assessment website, [www.ncca.ie](http://www.ncca.ie)). By facilitating access to quality mental health information, ReachOut.com has the potential to cost-effectively meet a gap in needs within in-service training and in the classroom setting around mental health in a way that both enables teachers and engages students.

In relation to the specific mental disorders depicted in the case studies, 'depression' was the most commonly identified disorder and this, perhaps, reflects the extent to which the term 'depression' is used both in a clinical context and in everyday language to explain low mood. Looking at the disorders depicted in relation to all three questions in order to get a sense of the overall understanding of each case study, the differences between the three disorders just failed to reach statistical significance. However, it is interesting that overall scores for mental health literacy were highest in relation to the 'schizophrenia / psychosis' case study. This perhaps reflects the scoring system, whereby respondents were asked to identify the elements of each case study (the 'symptoms') that suggested there was 'anything wrong' and in the case of 'schizophrenia / psychosis' the described behaviour is more clearly at odds with normally expected behaviour, i.e. it tends to be more obvious that something may be wrong. Understanding of the 'anxiety' case study was poor relative to the other case study issues, which is an interesting and important finding in the context of the relative frequency of anxiety within the general population and among young people (e.g. Sullivan *et al.*, 2004).

## Insightful responses

In adhering to criteria set out in diagnostic manuals to understand and make sense of a real life situation for someone, the room for human insight and understanding can be quashed. In the area of mental health, there is a constant tension between the ways in which the lived experience can be interpreted and understood, and this research has aimed to achieve a balance between gathering general information that can be readily classified, and more qualitative spoken and written responses from the young people that took part in the research.



## Liam's story

### Depression

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### In one sentence, what, if anything, do you think is wrong with Liam?

A lot of responses to this question were philosophical and attempted to locate Liam's feelings in the context of his life and "life in general":

- "He's becoming overwhelmed with life"
- "I think he's just at a point in his life where he doesn't really care about anything"
- "I don't really know but it is obvious from the passage that he is not happy with his life anymore"
- "He is tired of doing the same things again and again and wants to do something different"
- "Too much going on in his life"
- "He is depressed, there must be something else going on in his life that lead him to this".

Withdrawal can be a strong indicator of depression and many of the young people picked up on this element of Liam's story:

- "Distancing himself from life in general"
- "Becoming too inwardly focused / thinking too much"
- "Liam is having withdrawal symptoms from the social world and it is affecting his appetite".

Some of the responses speculated on tangible reasons to help understand and explain why someone might be feeling the way Liam is feeling:

- "I honestly don't know, I'd say it's something like he's not settling into college and finding it hard to cope with the change from secondary school into college"
- "He's finding it hard to adapt to college life".

Some of those tangible reasons were not implied in any way whatsoever in the fictional case study and it is possible that respondents were either projecting their own circumstances or experience onto Liam's story or communicating their perception as to the common reasons for feeling this way:

“He’s started a new drug”  
“He is getting stressed out about money, having problems with family, trouble paying his bills”  
“He could be having family problems”  
“He is probably getting bullied”  
“There could be family problems at home or maybe he has started taking drugs”  
“Someone close to him has died”.



## Niamh’s story

### Schizophrenia / psychosis

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In one sentence, what, if anything, do you think is wrong with Niamh?

One of the remarkable things about the responses to this question generally is that none of the young people we met said “I don’t know”. It would seem that everyone was engaged by the story and had an opinion as to what was going on for Niamh.

Some of the responses made use of stigmatising language and terms, for example:

“She is going crazy”  
“She’s gone nuts”  
“Insane”.

Other responses drew on colloquial expressions like “she’s very bad with her nerves” while one response drew on a previously common misconception about schizophrenia, asserting that “she has a double personality”.

Some responses reflected attempts to understand how Niamh might be feeling and what her circumstances are, for example:

“She is lonely and she has started to talk to a friend she made up in her mind but actually thinks is there”  
“She is feeling alone, isolated or paranoid”  
“Retreating into herself more and more”  
“There is definitely an issue with her mental health”.

As with Liam, some of the responses had an explanatory quality whereby respondents speculated as to why Niamh might be behaving the way she is:

“She’s fat or thinks so”  
“She’s being bullied”  
“Paranoia, could be from previous bullying”  
“Past drug problems making her insane”  
“Sounds as if she is on drugs”.



## Rory's story

### A tough time

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In one sentence, what, if anything, do you think is wrong with Rory?

Rory's story was associated with depression almost as often as Liam's story - nearly half of the respondents suggesting that he is depressed or experiencing depression:

"I think he's depressed"

"Rory is clearly suffering from depression".

Rory's story was intended to depict a tough time associated with life's ups and downs and some of the responses were very real and empathic from that point of view, including one girl who commented:

"He is feeling sad because his parents are getting divorced and he won't see his girlfriend for another year. That would make me sad anyway".

Many made reference to the inter-personal nature and context of Rory's tough time, with statements such as "he feels like he is being abandoned" while others picked up on the reference in the story to alcohol, sensibly pointing out that "his drinking is making things seem worse".



## Róisín's story

### Anxiety

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In one sentence, what, if anything, do you think is wrong with Róisín?

In contrast to the responses to all of the other case studies there was a general sense from the young people responding to Róisín's case study that her problems were more of her own making, or at least that she was in a position of control and had the power to change her feelings:

"She is not living her own life"

"She is too dependent on others"

"She always depends on others"

"She seems to over-think"

"She worries too much".

Róisín's perception of herself was identified as a problem by some respondents, who noted:

- “She is extremely self-conscious”
- “She has a lack of confidence”
- “Low self-esteem”.

A small number of respondents attempted to understand or explain why something might be wrong by pointing to Róisín's relationship and suggesting that she is “jealous of her boyfriend”, another respondent believed that “she's scared she'll lose her boyfriend”. One respondent suggested that she is being bullied, a recurring theme throughout the responses to all of the case studies.

Finally, two quite different responses capture the range of reaction to Róisín's story and, perhaps, the range of responses we have to mental health problems: one young person speculated that Róisín is “ready to have a nervous break down” while another pointed out that “she sounds very paranoid, apart from that things don't sound too bad.”

## Focus group discussions

Using the topic guide outlined below, the focus group discussions where responses to our case studies were gathered explored a range of issues related to mental health in a conversational and relatively informal manner, allowing participants to relay personal opinions as freely and openly as possible.

The tone and nature of the discussion varied considerably across the different groups. The order in which the focus groups were conducted was:

- Female university students (20–25 years)<sup>5</sup>
- Male university students (20–25 years)<sup>6</sup>
- YouthReach males (16–19 years)
- YouthReach females (16–19 years)
- Female secondary school students (16–19 years)
- Male secondary school students (16–19 years)

5.  
The group included one female under 20 years of age.

6.  
The group included one male over 25 years of age.

## Topic guide

*The topic guide was not framed as direct questions but instead written as ‘pointers’ to allow for more conversational guiding of the participants.*

Tell me about:

- Your understanding of the term mental health
- Your awareness of mental health issues in the media or in advertising
- Case studies – written exercise (reported on above)
- What are the formal supports available to people going through a tough time?
- What are the informal supports available to someone going through a tough time?
- Your opinion of ReachOut.com (following a description of ReachOut.com by the researchers)
- Your ideas for the development of ReachOut.com and other online support services
- Should mental health be discussed on social networking spaces, e.g. Facebook?
- Do you have any questions for us, or anything else you want to say?

Based on the topic guide, common themes emerging and interesting differences between the focus groups are highlighted below. While all of the group interviews were audio-recorded, the discussion was generally open and conversational and there were many incidences of participants ‘talking over’ other participants making verbatim transcription of the sessions difficult. In conducting research of this nature it is important to get a balance between allowing

the discussion to flow naturally while regulating and managing a coherent discussion. This was not always achieved in these sessions as priority was given at all times to the young people engaging with what is a sensitive and sometimes difficult subject – i.e. it was more important to allow participants to discuss the issues they wanted to discuss than stick rigidly to the research topic guide.

The focus group discussion, including common themes, important differences and insightful quotes is reported below under the headings:

- The term ‘mental health’ (word association)
- Mental health in the media
- Formal and informal support services
- A service like ReachOut.com.

### The term ‘mental health’ (word association)

As a warm-up exercise in the focus groups, participants were asked to partake in a game of word association based on the term ‘*mental health*’. The first respondent in the first group replied ‘happiness’, thereby shaping the subsequent responses which included a reference to ‘inclusiveness’ and an assertion that mental health is important to all of us. This was not the expected response, although it was a very healthy and positive response reflecting a view of mental health as more than the absence of mental illness. In order to test responses in a more general way with the remaining focus groups, this word association was subsequently based on individual written responses on ‘post it’ notes that were used to generate discussion.

Responses were generally related to mental illness and included the following terms that are, perhaps, indicative of the stigma surrounding mental health: ‘crazy’, ‘depressed’, ‘mad’, ‘psycho’, ‘sick’. In one group in particular, a number of respondents referred to ‘nerves’, or ‘being bad with the nerves’. Some of the responses reflected a more thoughtful response using everyday language expressed through words and phrases like ‘lonely’, ‘insecurity’, ‘someone acting strange and not themselves’ and ‘problems at home’. The link was made by some respondents to ‘suicide’, ‘alcohol’ and ‘medication’. There were some more neutral responses recorded including ‘how you feel inside’ and a small number of positive responses, one person simply writing the word ‘important’, with another writing ‘happy’. In general, then, the game of word association was in keeping with what might have been intuitively expected.

### Mental health in the media

While some of the groups required prompting, all of the groups had awareness of mental health advertising or of specific mental health organisations. **The most frequently referenced example of mental health in the media was “that ad on the telly about looking after your mental health with the different faces” as one female participant described the Health Service Executive (HSE) advert for their ‘Your Mental Health’ campaign.** This recognition of the television advert is undoubtedly related to the fact that the advert was being broadcast on television at the time when the fieldwork was taking place. The younger groups in particular mentioned the HSE’s advert targeting teenagers through their ‘Let Someone Know’ campaign. However, while most of the groups and participants were broadly aware of the HSE’s television advertising not one participant could recall who was behind either of the adverts or the ‘call to action’ (including campaign website address) made at the end of the adverts. One of the male groups in particular, when asked about mental health adverts, began to discuss road safety campaigns that are targeted at young men, which perhaps points to the importance of driving within young male culture in Ireland. Indeed, many of the road safety adverts broadcast in Ireland target young men and adopt a fairly direct approach that is likely to resonate in an impactful way with any young man who has been involved in a car accident.

More generally, there was awareness in most groups of local initiatives and of mental health organisations, including *Samaritans*. One of the male third level students suggested that mental health was ignored during the economic good times and that it was becoming

prominent again during the recession, commenting: “I remember when I was younger hearing a lot more about Samaritans and then we had the boom...and the (*Samaritans*) office in my home town was shut down...and it’s re-opened now in the exact same place – it had six years when it just wasn’t needed”. Overall, there was a sense from the participants as a collective that mental health is not something they think about, hear about or are made aware of on a day-to-day basis, best described by a young college student who remarked that “you might hear about it (mental health) when it’s already happened, when someone has committed suicide...as opposed to the prevention side of things”. Comparing the different settings, both groups of college students were the most aware of mental health campaigns and organisations.

## Formal and informal support services

Formal support was explained to participants as support based on interaction with someone not known to you personally, with “HSE services” mentioned as an example. Formal support also includes voluntary sector support services. A common theme across all of the settings was the high value placed on informal supports both in providing help and as a first step in getting access to more formal support services. Most respondents indicated a strong preference to seek support from more informal sources in the first instance, although the distinction was made between situations with varying degrees of seriousness requiring different responses.

More specifically in relation to formal support, in most groups there was a good degree of knowledge around voluntary support services including *Samaritans*, *Aware* and *Grow* although there was some confusion as to how these services operate. Participants were generally positive (or at least they weren’t negative) about voluntary sector support services but they were often unsure of, or critical about statutory services including HSE services generally, GPs and psychiatrists. In two of the groups there were negative comments about GPs in relation to a perceived tendency to prescribe medication unnecessarily. Counselling services were mentioned by many participants but there seemed to be some mystery surrounding access to counselling, with one female asking “but where would you find one of those?” and one male remarking (about counsellors) “they’re the experts, like, but they’re just hard to approach”.

In relation to informal supports, unsurprisingly, family and friends were cited as the most important and most regularly used supports. Some interesting observations emerged though in relation to turning to family and friends for support whereby in one of the female groups the point was made that it’s sometimes easier to talk to strangers about certain problems. The same group of females also recognised that sometimes it can be inter-personal problems with friends that are causing people difficulties. In one of the groups (the young males in *YouthReach*), there was a particularly insightful discussion about the ways in which friends can help each other by being easy to approach and by proactively asking their friends how they are. Support through friendship was described as “a two way thing”. One of the participants described a scenario he experienced as follows:

*“I had about 3 or 4 days when I just didn’t want to talk to anyone, (I was) just sitting on my own, but when someone did actually come and talk to me I was talking and they were just listening, it made me feel a lot better”.*

This concept of friends proactively reaching out to their friends who might be going through a tough time was further described using the statement: “If a mate comes and talks to you it’s easier, but it’s hard to go to them and talk to them” – to which one of the other participants immediately responded “oh yeah, you’d never do that”.

Interestingly, both of the school groups were very positive about getting support from teachers within the school setting – in contradiction of the findings reported in the *ReachOut* user profile survey which are outlined in the next section of this report. Four of the groups also mentioned “the Internet” as a source of informal support – as one young male put it “if I thought I had a mental health problem I’d probably just go online”.



## A service like ReachOut.com

In the course of the focus group discussions, the ReachOut.com service was explained to participants by one of the co-facilitators (rather than the lead facilitator). This part of the discussion was partly aimed at understanding the ways in which ReachOut.com could be developed in order to be as relevant and useful to young people as possible. All of the groups were resoundingly positive about ReachOut.com, although this has to be interpreted in the context of ReachOut.com staff asking the questions. In most of the groups, the participants suggested that more people need to know about ReachOut.com for the service to be effective, put simply by one student “if people knew about it, it would be a great service”. Both groups of school students, in particular, liked the service model as it was explained, and highlighted the fact that the ReachOut.com service model gets around cost issues and other traditional barriers to accessing support.

ReachOut.com was explained as a service that is managed safely within the resources available and as a service that, in the future, will explore developing new features and other forms of communication through the site. This facilitated a more general discussion of online support and the various forms it takes. In general, groups were unsure about the idea of online counselling, feeling that such a personal exchange is more appropriate face-to-face, while the idea of discussing mental health in chat rooms also seemed inappropriate. The idea of providing expert advice, for example through an ‘Ask the expert’ type feature, was suggested by two of the groups and this is something that has since been introduced to ReachOut.com. One of the young male groups liked the idea that it would make you feel you weren’t alone if you were experiencing a difficulty. One of the other male groups had some novel suggestions for ReachOut.com including the idea of letting visitors to the website know how many other visitors are also on the site at that moment in time. The same group suggested that ReachOut.com should include a listing of activities for people that could encourage them to engage in healthy distraction if they are worrying about something or are feeling down.

## Finally

In terms of overall learning, one of the most important findings from the focus group discussions was the fact that mental health is not something that the young people we met were enthusiastically interested in. Many people suggest that growing up can be a big struggle and that the journey to adulthood is a challenge to be endured, but the participants in the focus groups generally communicated a sense of well-being. The issue of mental health, initially at least, didn’t appear to be of central importance in the collective lives of the focus groups we met. Importantly, though, all of the groups we spoke with were very comfortable and seemed at ease when discussing mental health and related issues. From the point of view of mental health literacy, **during the focus groups we learned that young people have a reasonable knowledge of the support services that exist but that they don’t fully understand how most of those services work.** In terms of attitudes to mental health and help-seeking, they were generally open and healthy. However, it would seem that mental health issues are only considered in the context of negative events or circumstances and **there is considerable work to be done with young people to begin developing a more proactive, prevention focused way of thinking about mental health.**



# Using the internet to reach out

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This section of our report explores the use of the Internet to “reach out” to young people and discusses findings from the first annual ReachOut.com user profile survey. In 2010, the first full calendar year of operations, ReachOut.com had nearly 100,000 unique Irish visits and an average of 8,027 visits per month.

By the end of 2010, there were 550 registered site members, 75 volunteers (through our Youth Advisory Network) and 11 youth ambassadors.

## Findings from the first annual ReachOut.com user-profile survey

### Background

The survey aims were to explore:

- Demographics of visitors to ReachOut.com
- Views about ReachOut.com
- Help-seeking knowledge, preferences and behaviour
- Attitudes to mental health and mental health literacy
- Psychological distress.

### Method

Data was collected through an online questionnaire accessed via ReachOut.com and powered by SurveyMonkey<sup>7</sup>. The online questionnaire was designed based on a format used by ReachOut.com’s service in Australia with amendments made to reflect different priority areas of interest in the Irish context. A user-profile survey is conducted in Australia each year and the survey will also be repeated annually in Ireland. A target sample size of 300 young people aged 16-25 years old was set based on a 95% confidence level with reference to the general population in this age group. This sample size was set despite the self-selected nature of the sample and in full acknowledgement of the difficulties in generalising the results of this survey to the general population.

Participants were recruited through a “pop-up” invitation on the ReachOut.com homepage, and through an invitation posted on the ReachOut Ireland Facebook and Twitter profiles. Participants were advised to familiarise themselves with ReachOut.com before taking part if they had not visited the site before. Data collection took place between November 2010 and January 2011.

As mentioned above, it is intended that this survey will be repeated annually to enable the routine collection of data which will help to determine changes in levels of mental health literacy and help-seeking preferences among visitors to ReachOut.com over time. Given the lack of research in the general area of mental health and the online environment, it is hoped that this study of visitors to a psycho-educational website will be an important one and a step towards understanding how technology can be used to improve the lives of young people in Ireland and internationally.

7.  
www.surveymonkey.com,  
LLC, Palo Alto, California,  
USA.

## Ethics and consent

Ethical approval to conduct this survey was received from the Social Research Ethics Committee (SREC) of University College Cork. Consent was sought by asking potential participants to click a “yes” or “no” button. Only those who clicked on the “yes” button were eligible to access the questionnaire. Those who clicked “no” were directed to the ReachOut.com homepage.

Two forms of consent were required for participants under 18 years old. Potential participants were asked to show a parent the survey information and then ask the parent to click on the consent button as well as providing their own consent.

Participants were not required to provide their name or email address and computer IP addresses were not stored by the research team to protect the anonymity of survey participants (this storing of IP addresses is a feature that can be turned on or off when using the SurveyMonkey software).

## Questionnaire

The questionnaire consists of 30 items; a mix of multiple choice dichotomous, multichotomous, and open-ended questions. The format of the online survey allowed easy use of skip and filter questions. The questionnaire is reproduced here as Appendix 2.

## Survey results

523 people consented to participate in the survey; 274 (52%) of these were aged 16 to 25 years old. The survey was fully completed by around 40% of the overall sample which is a reasonable completion rate for an online survey.

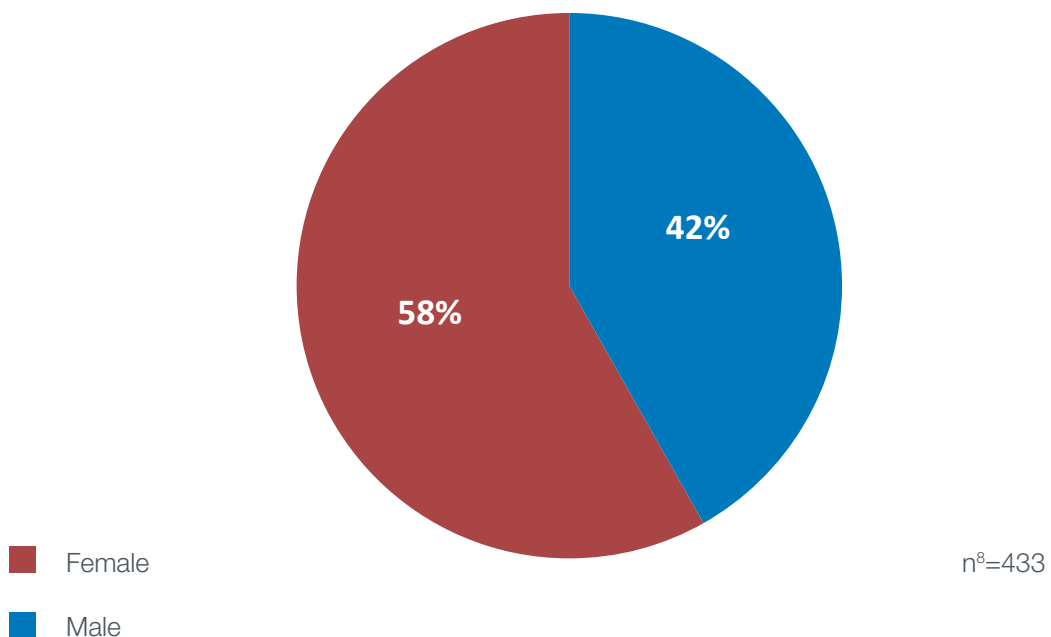
## Demographics of visitors to ReachOut.com

### Gender

The gender balance within the sample was good as **just over half of all respondents (58%) were female** (see Figure 4). In terms of comparison with the most recently available Australian data, the Irish sample is far more balanced given that 76% of respondents to the most recent Australian user-profile survey were female (Inspire Australia, 2010). From an Irish perspective, this is encouraging, specifically in the context of the gender ratio for completed suicide which is unusually high in terms of males typically accounting for 80% of suicide deaths.

Figure 4 – Gender

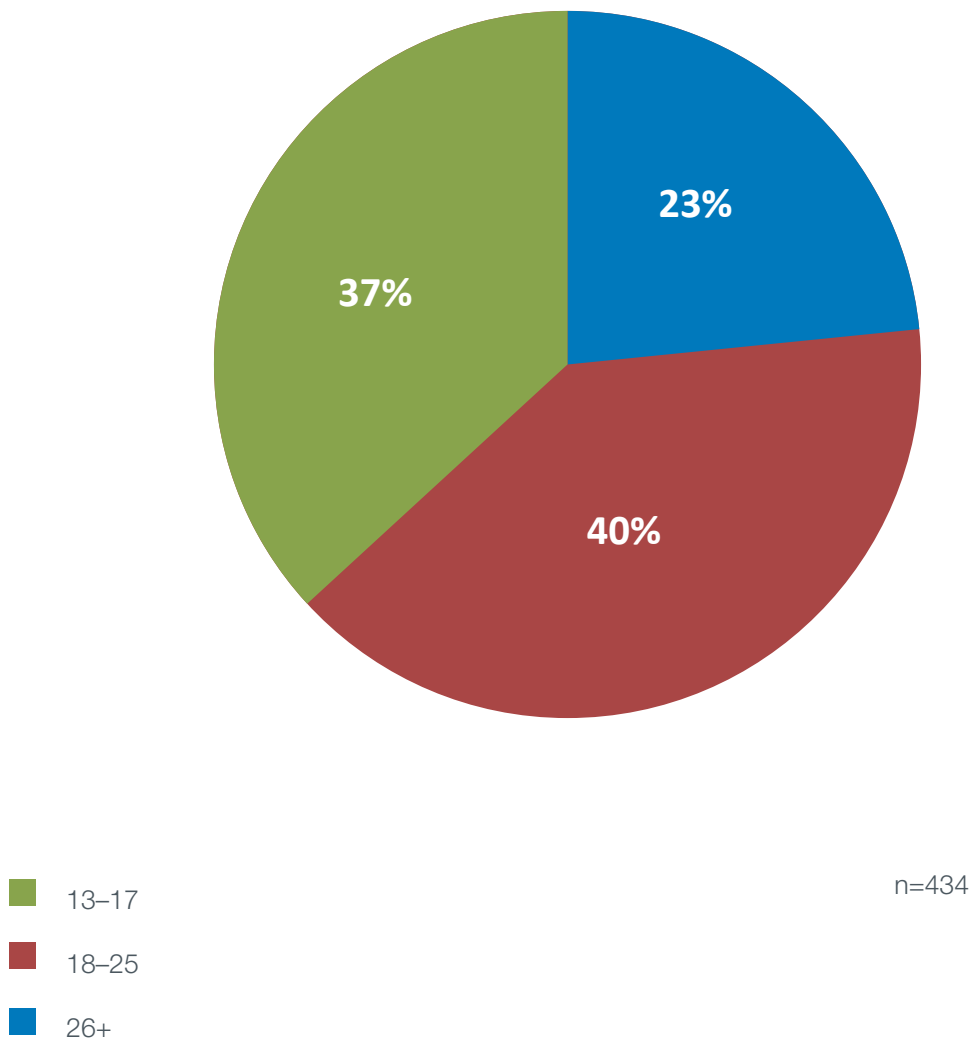
8.  
The use of 'n' in relation to the charts and graphs in the report refers to the total number from the sample that the data reported is based on, i.e. those who responded to the particular question.



### Age

While ReachOut.com targets people aged between 16 and 25 years old the user profile survey highlights the fact that people from all age groups are visiting the website. The respondents ranged in age from 13 to 67 years, the mean age being 25.6 years old. In terms of broad age groups, around a quarter were aged between 13 and 17 years, 40% were between 18 and 25 years old while a significant group, 37%, were aged 26 or more years old (Figure 5). A certain amount of this range in ages is accountable for by interest from parents and professionals who are visiting ReachOut.com because of concern about a younger person or because of more general interest in youth mental health. Female visitors to ReachOut.com tend to be younger than males (24.5 compared to 27 years, this difference is statistically significant based on an *independent t-test*,  $p=0.01$ ).

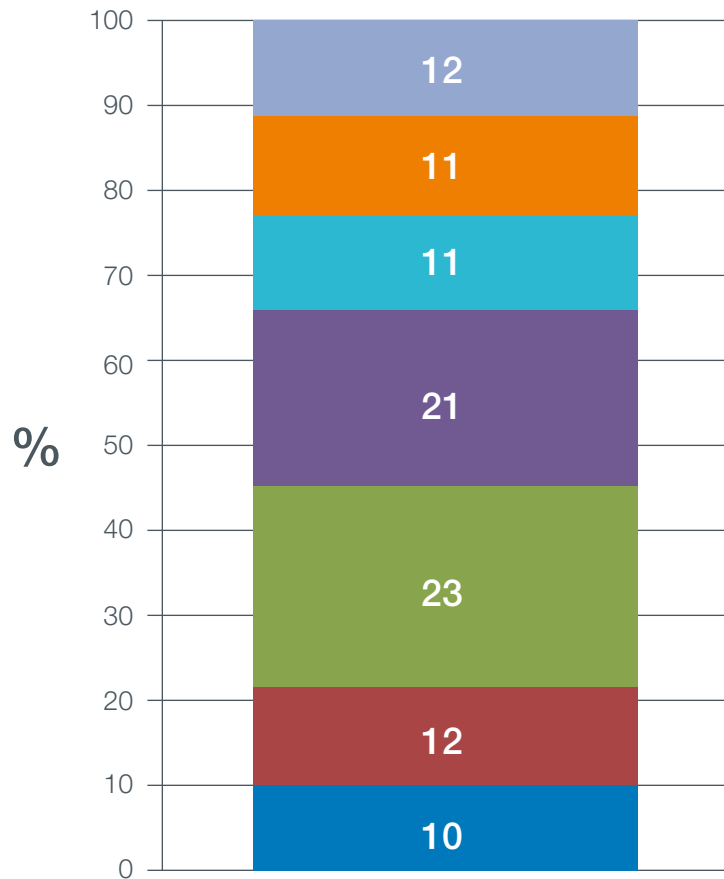
Figure 5 – Age



### Education and employment status

Just over half of all visitors to ReachOut.com (51%) are students, a further 23% are employed full time. The education and employment status of visitors to the website are important when it comes to community engagement and also in guiding marketing, advertising and communications strategies (see Figures 6 and 7).

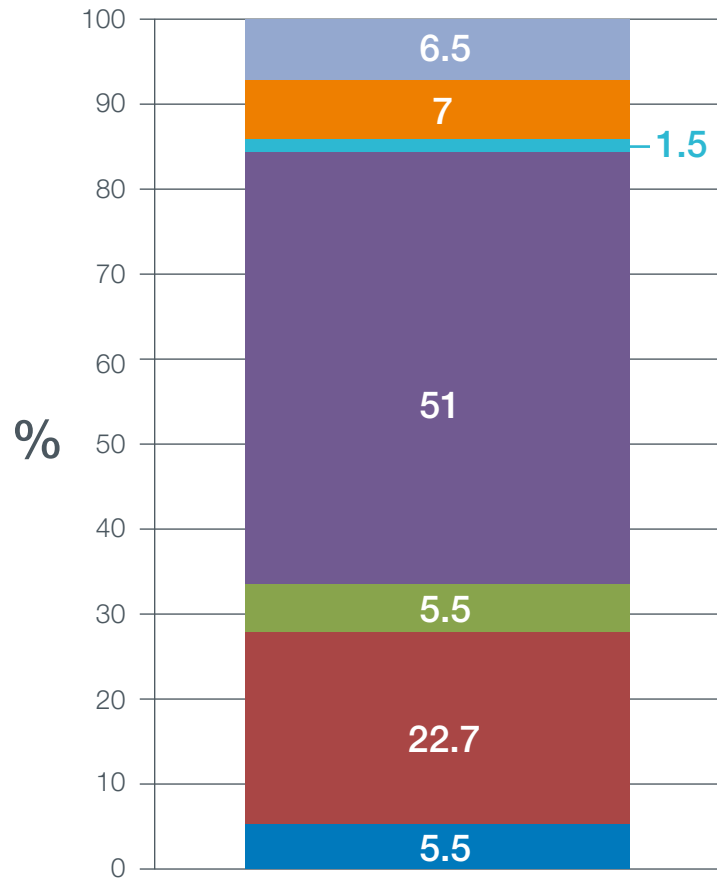
Figure 6 – Educational achievement



- IT/University postgrad degree
- IT/University undergrad degree
- Trade cert or diploma
- Completing a third level qualification
- Leaving cert
- Junior cert
- Secondary school (pre-junior cert)

n=184

Figure 7 – Employment



n=198

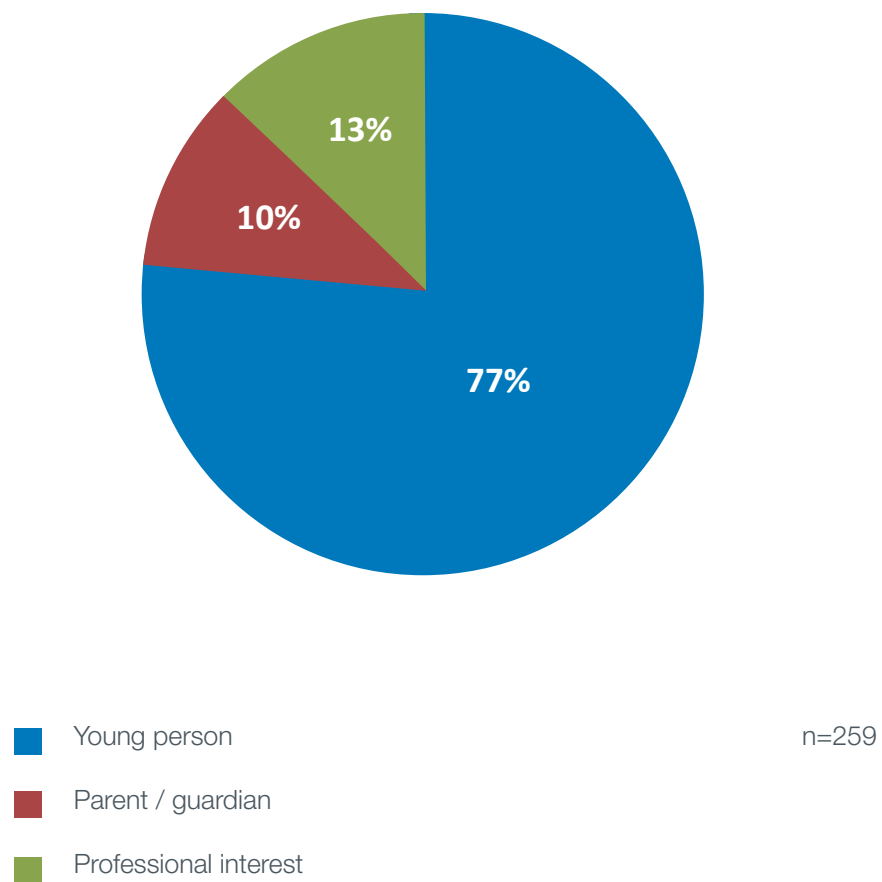
- Other
- Unemployed
- Retired
- Student
- Employed part time
- Employed full time
- I care for a child, family member or friend

### Screening question

Participants completing the survey out of professional interest or as interested parents were screened out of questions relating to content on ReachOut.com, help-seeking, attitudes to mental health and psychological distress.

In all, 77% of respondents identified themselves as a “young person completing the survey out of personal interest”, 13% were visiting out of professional interest and just 10% identified themselves as a parent.

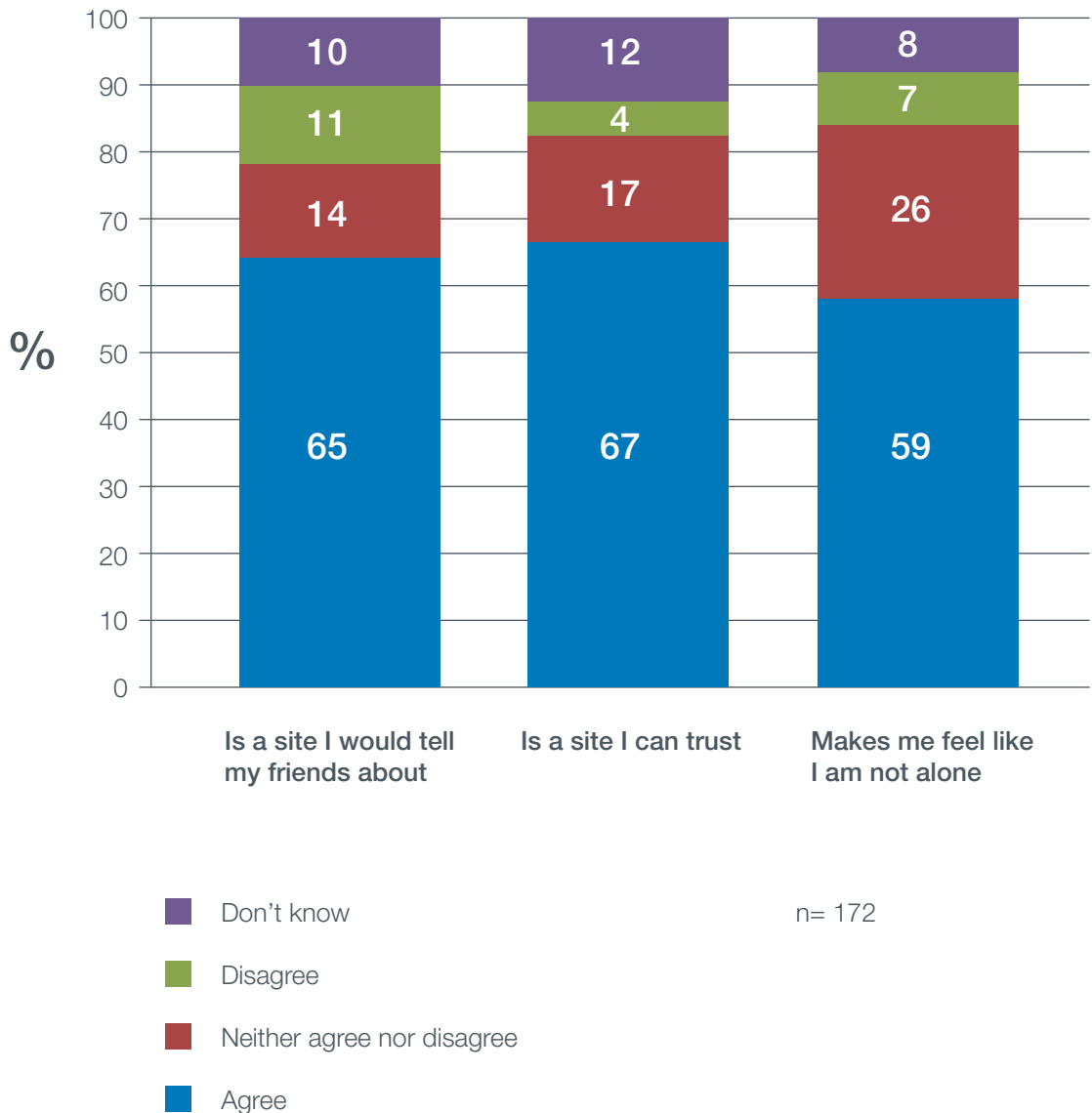
Figure 8 – Which of the following best describes you?



## Views about ReachOut.com

The responses to questions about ReachOut.com were positive and show that **ReachOut.com is a site that two-thirds of respondents would recommend to a friend.** Meanwhile, 67% agree that 'ReachOut is a site I can trust' (Figure 9). These results are very encouraging given that ReachOut.com had only been operating for one year at the time of the survey, underlining the sense that ReachOut.com is well placed to become the first service that young people think of and turn to when they are going through a tough time.

Figure 9 – I agree that ReachOut.com:

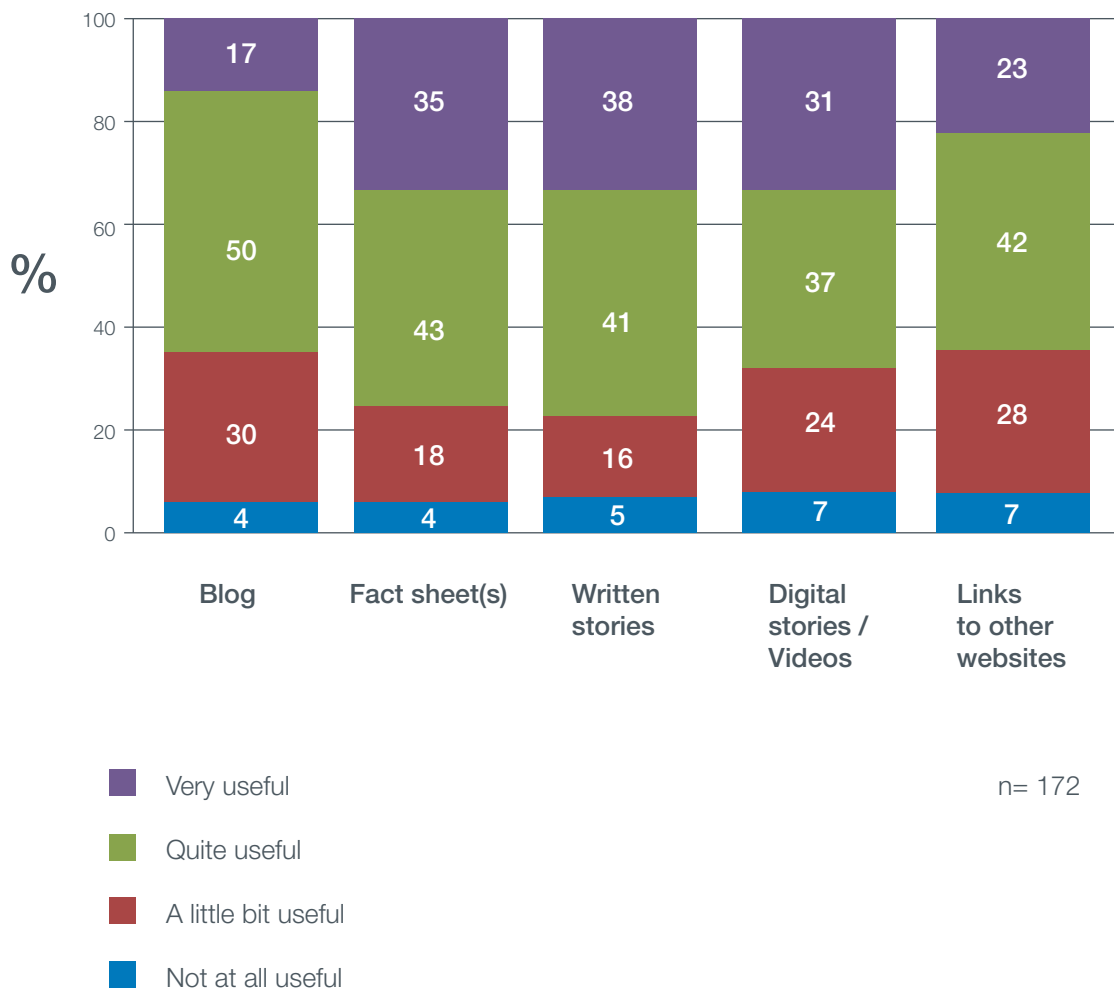




### Getting through a tough time

Respondents were also asked about the usefulness of ReachOut.com in providing information to help get through a tough time. Figure 10 below shows the relative usefulness of each element of ReachOut.com – the fact sheets and written stories were both reported as “very useful” or “quite useful” by over three quarters of the sample. Statistical analysis found that females are significantly more likely than males to report ReachOut.com factsheets, written stories and links to other sites as useful in providing information on getting through a tough time ( $p \leq 0.005$ ). Content is being reviewed in light of this finding to ensure that the content is of equal benefit to both males and females.

Figure 10 – How useful do you think the following features on ReachOut.com would be/are in providing information on getting through a tough time?



## Help-seeking knowledge, preferences and behaviours

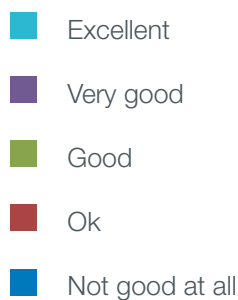
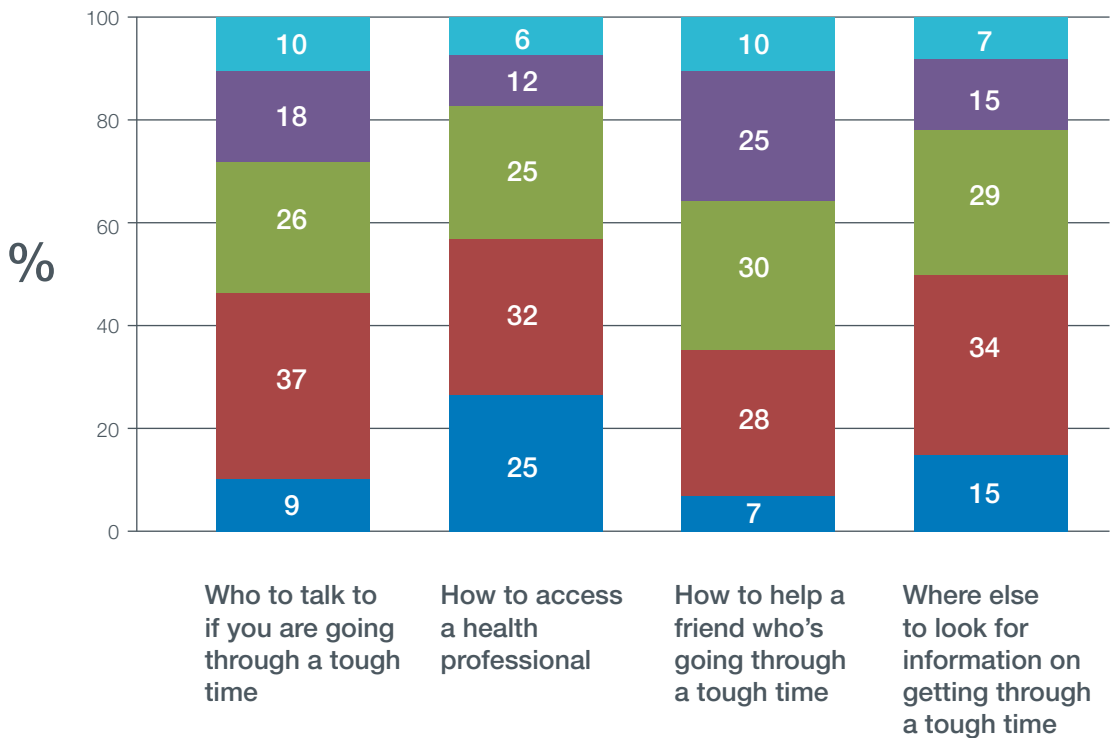
### Help-seeking knowledge

Over a quarter of survey respondents admitted that their understanding of how to access a health professional is “not good at all”, while a further 32% rated their understanding as “Ok”.

Nearly half of the sample (46%) rated their understanding of “Who to talk to if you are going through a tough time” as either “Ok” or “not good at all”. This finding is in keeping with the experience ReachOut.com has had when talking to young people through our community engagement work and it is also in keeping with the findings of partner agencies like Headstrong.

More encouragingly, the highest levels of self-reported understanding related to “How to help a friend who is going through a tough time” with 30, 25 and 10% respectively reporting “good”, “very good” or “excellent” understanding. It would seem that **there is a strong level of confidence across the sample in the ability to support someone else** which should be reinforced and facilitated by support services.

Figure 11 – How would you rate your understanding of:

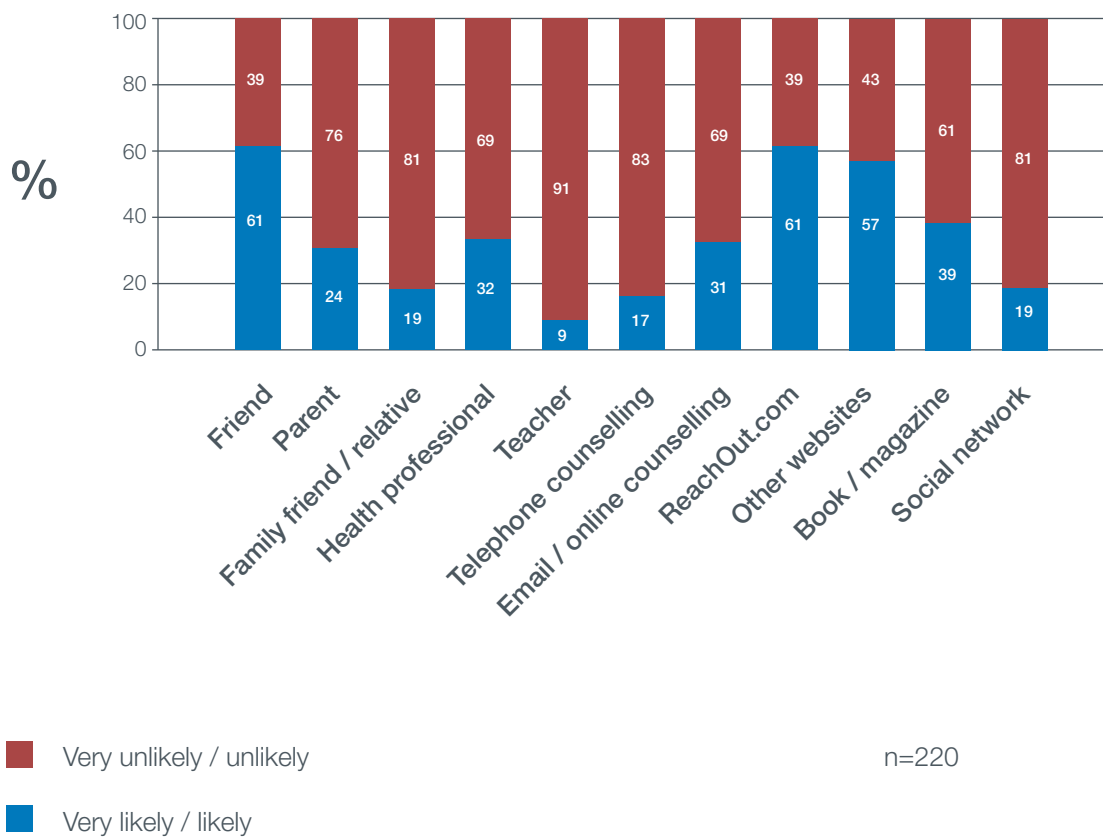


n=189

### Help-seeking preferences

Many young people who are in need of support never actually access it; therefore, understanding the help-seeking preferences of young people will help us to develop and promote services and supports in ways that will make them accessible, and encourage the use of services. To find out about help-seeking preferences, participants were asked how likely they are/would be to talk to a range of people and services when/if they were going through a tough time. A tough time was explained to respondents as: “a time when you might feel anxious, stressed or down and need extra support”. Figure 12 below shows how likely or unlikely respondents were to look for help from a range of possible supports if/when they were going through a tough time.

Figure 12 – How likely are you to look for help from the following to get through a tough time?



### Where people are likely to turn

Unsurprisingly, a ‘friend’ was reported by 61% of the sample as a “likely” or “very likely” source of support – the same proportion of respondents that said they would seek help through ReachOut.com. Notwithstanding the bias in the sample, these results emphasise the importance of facilitating help and support in everyday places and everyday settings – support must be available to young people in the places and settings where they interact on a day-to-day basis. While ‘other websites’ (i.e. other than ReachOut.com) were reported as a “likely” or “very likely” source of support by 57% of respondents it is noteworthy that ‘online counselling’ and ‘social network’ were less likely to be identified as a possible source of support. These results highlight the need to refine our collective understanding of the online environment in the context of mental health support whereby important differences in the nature of online supports are more fully understood in the same way, for example, that ‘face-to-face’ support services can range from sharing a cup of tea with someone to psychiatric assessment and intervention.

There is a very real and important opportunity to harness this willingness to turn to websites like ReachOut.com for help and support through a tough time, and to foster online communities that provide safe and supportive spaces to get information and / or communicate about mental health issues. The online environment is simply an extension of everyday space for many of us. In the same way societies learn to negotiate the most appropriate ways to deal with, discuss, and respond to sensitive issues in face-to-face interaction, we are currently in the process of figuring out what works online. Throughout this process, the most important thing is that people are safe and feel supported, especially those people who may feel they have nowhere else to turn, who are withdrawn or are beginning to isolate themselves. At a time when international research is showing that a virtual presence is akin to a physical presence for young children (Tarasuick *et al.*, 2011) **it is more important than ever to ensure there is a safe and well moderated online service for young people to get mental health information and advice.**

### Where people are unlikely to turn

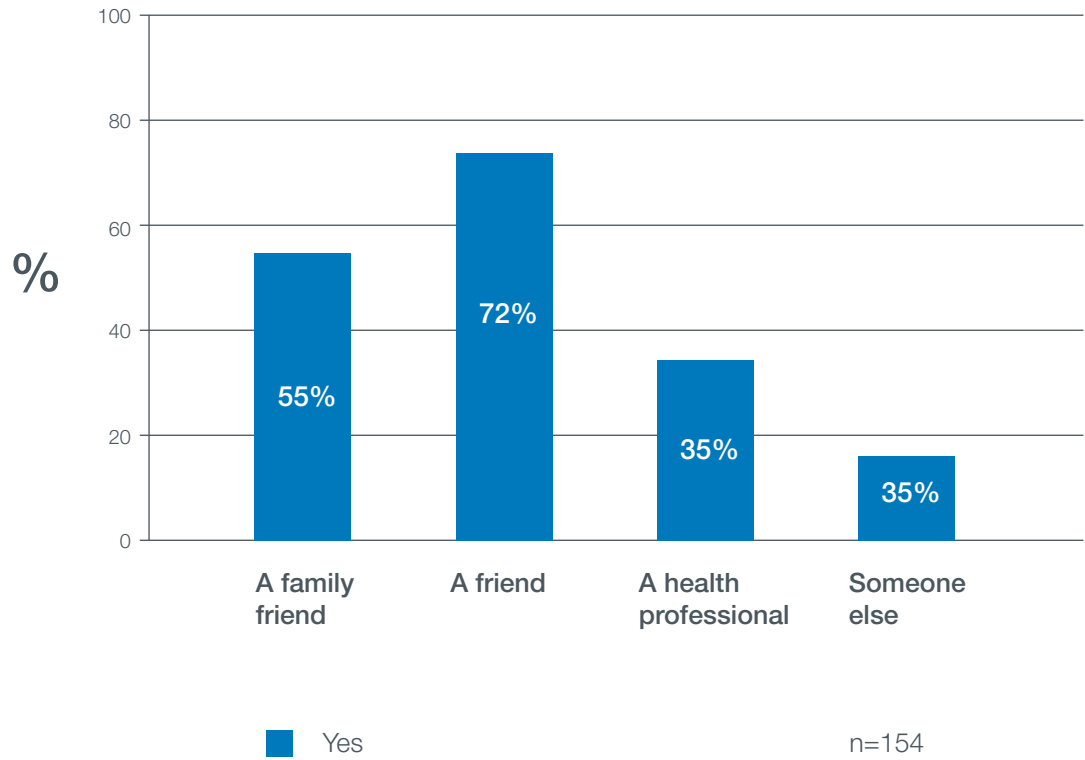
A large majority of the respondents (many of whom are students) reported that they were “very unlikely” or “unlikely” to turn to a teacher for support. ReachOut.com is working with organisations within the education sector to ensure that teachers are supported in their work with young people to be able to identify and respond to mental health need. From this perspective, ReachOut.com now incorporates a “Teacher’s section” which provides access to mental health information relevant to the Social, Personal and Health Education (SPHE) curriculum.

### Help-seeking behaviour

To explore previous help-seeking behaviour, respondents were asked to report with who (if anyone) they have ever spoken to get help through a tough time. Many respondents had spoken to more than one person while 13% of respondents indicated that they had either “never” or “not yet” spoken to anyone to get help through a tough time. Interestingly, the main reasons cited for this were not that they have never gone through a tough time, but instead related to embarrassment or the view that they could “handle it myself”.

Significantly, over a third of respondents have spoken to a health professional to get help through a tough time. This is higher than would be expected in a general population sample and suggests that many visitors to ReachOut.com are looking for mental health support and information from a variety of sources. It has always been envisaged that ReachOut.com can provide complementary support to other support services and this finding is in keeping with that overall model of integrated support.

Figure 13 – Have you ever spoken with any of the following to get help through a tough time?



As the percentage of respondents that had already spoken to a health professional for help in dealing with a tough time was quite high (35%) it was decided to look at help-seeking preferences among that particular sub-group. Worryingly, of those who have spoken to a health professional in the past, 41% would be “unlikely” or “very unlikely” to look for help from a professional to get help through a tough time in the future.

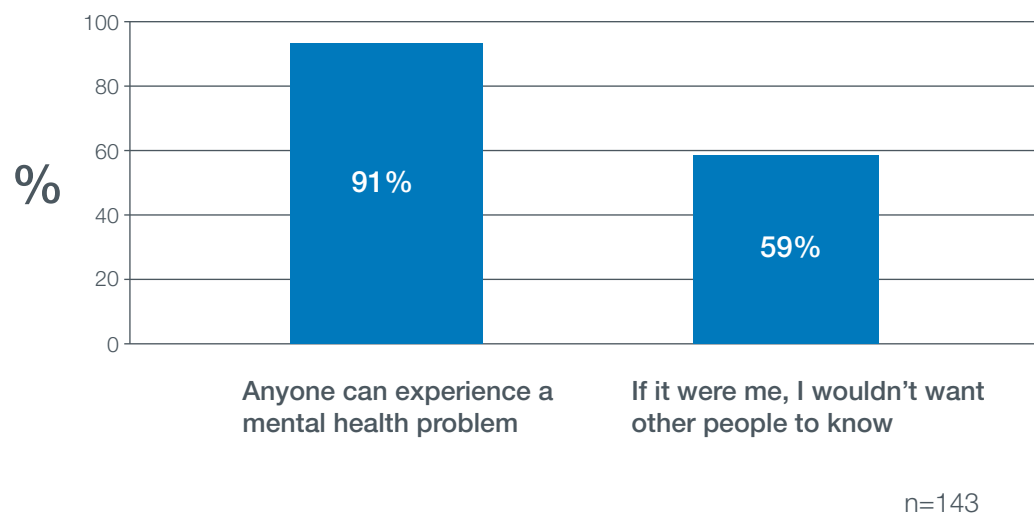
## Attitudes to mental health and mental health literacy

### Attitudes to mental health

Figure 14 shows responses to questions that explore attitudes to mental health generally. These results suggest that a certain level of stigma exists among ReachOut.com visitors in their attitudes to mental health. A Health Service Executive (HSE) general population survey in 2007 found results which were slightly more indicative of stigma in an Irish adult sample. Specifically, the gap between the high percentages agreeing that “anyone can experience a mental health problem” and those agreeing that “if it was me (that had a mental health problem) I wouldn’t want other people to know” should increase if levels of stigma are seen to decline, i.e. the bigger the gap in response to these two statements, the healthier our collective attitude will be. This finding in the present survey highlights the challenge faced by ReachOut.com and other mental health organisations in making an impact at a general population level, while also highlighting the challenge faced by primary care and mental health services.

Making mental health mainstream is one of the aims of ReachOut.com and the Internet is a huge part of everyday life for many young people. The hope is that the more mental health is discussed online, the more stigma will be challenged and openness encouraged through everyday conversation in safe, responsibly managed online spaces.

Figure 14 – Indicate your level of agreement with the following statements:

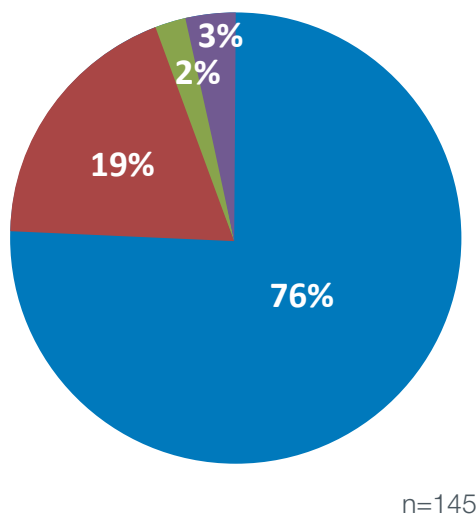


A separate statistical analysis suggests that females in this sample were significantly more likely to agree that “anyone can experience a mental health problem” (using independent t-tests  $p=0.01$ ). Having a positive attitude towards mental health facilitates and encourages help-seeking. This finding, along with the insights from the mental health literacy case studies, reinforces the need to work with young men around attitudes to mental health and help-seeking, especially in the context of the patterns of suicidal behaviour by gender in Ireland.

### Mental health literacy

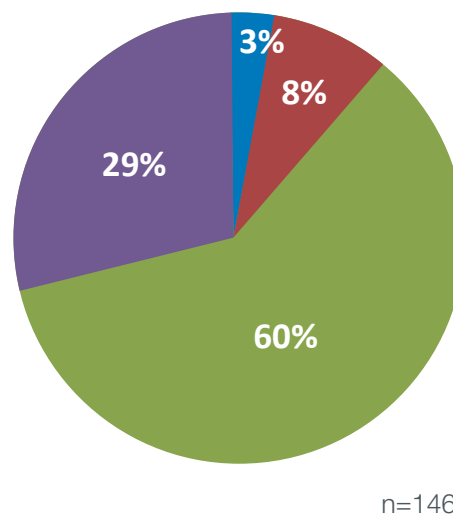
The mental health literacy of respondents was explored through one of the case studies used in the focus groups reported on above (i.e. ‘Liam’s story’) and two structured questions related to its content. The first question asked respondents to decide “what is wrong with Liam” from the description given in the case study. This question adopted a “tick the box” response style, with multiple choice answers presented to participants. The second question asked for respondents’ level of agreement as to whether Liam should be encouraged to seek help, and again multiple choice answers were presented.

Figure 15 – Which of the following best describes what is wrong with Liam?



- Depression
- He's just going through a tough time
- Nothing really
- Other

Figure 16 – Should Liam be encouraged to see a health professional?



- Strongly disagree
- Disagree
- Agree
- Strongly agree

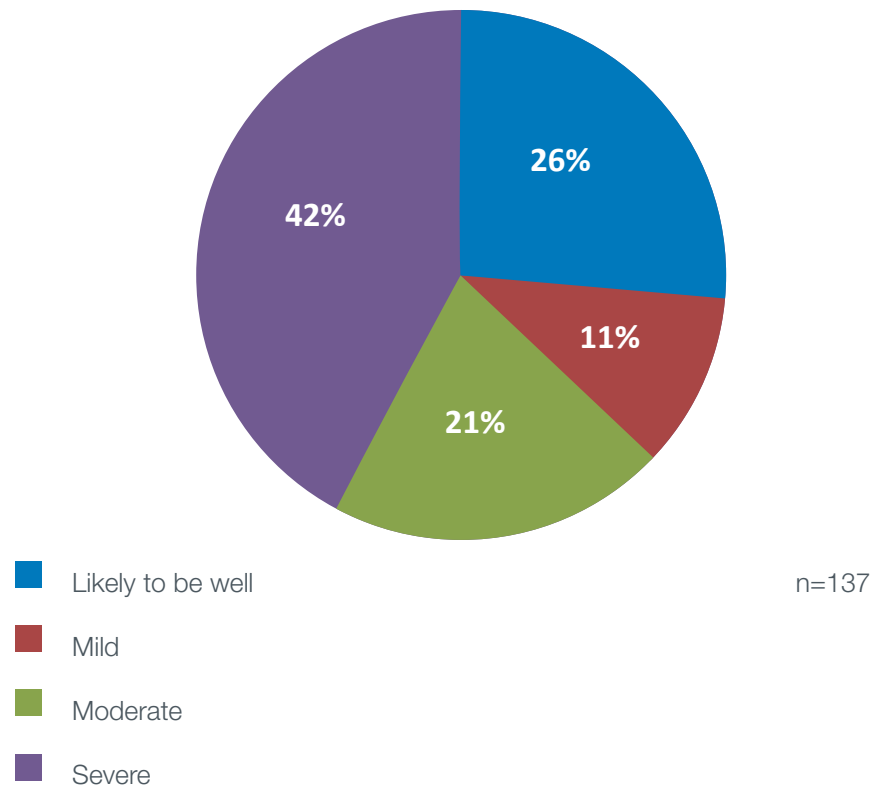
These results show quite a high level of mental health literacy among visitors to ReachOut.com. These findings are consistent with previous Irish research conducted by Lawlor *et al.*, (2008) which found that 78% of respondents to their survey on the website “boards.ie” identified the symptoms of depression. Interestingly, a significant minority of 11% of respondents “disagree” or “strongly disagree” that Liam should see a health professional. While this approach to measuring mental health literacy is narrow and relies on a reductionist, psychiatric model, there is a real value in measuring the extent to which the general population understand diagnostic categories and the symptoms used to determine diagnoses. If even a basic level of knowledge was routinely learned then the ability to recognise mental health problems early would be greatly increased across the population.

### Psychological distress

The psychological distress of participants was measured using Kessler’s psychological distress scale (Kessler *et al.*, 2003). This 10-item validated scale is a measure of psychological distress based on questions about anxiety and depressive symptoms that a person has experienced in the previous four weeks. Typically 13% of the adult population will score mild, moderate or severe levels of distress and about 1 in 4 patients seen in primary care will score mild, moderate or severe levels of distress (www.gpcare.org, 2011). **The results in the present survey showing 74% are experiencing mild, moderate or severe levels of psychological distress are much higher than the general population or even primary care population and strongly suggest that ReachOut.com is**

being accessed by people who are currently going through a tough time and are in need of support. The results from the user profile survey here in Ireland are in keeping with results from the Australian data where 86.2% of survey participants were found to be experiencing mild, moderate or severe levels of psychological distress.

Figure 17 – Levels of psychological distress



Considering the high levels of psychological distress reported by visitors to ReachOut.com, further analysis was conducted to explore differences in demographics, attitudes, help-seeking behaviours and help-seeking preferences between those with different levels of distress.

It was found that those with higher levels of psychological distress were:

- more likely to have answered “yes” when asked “have you ever talked with a health professional to help you get through a tough time.”
- very unlikely to talk to a friend when/if going through a tough time compared to people with lower levels of psychological distress.
- More likely to rate their understanding of who to talk to when/if going through a tough time as “not good at all” on a 5-point Likert scale ranging from “Not good at all”, to “excellent” than those with lower distress levels.

*(results are all statistically significant at  $p \leq 0.05$ ).*

The results of this additional analysis suggests that a significant proportion of visitors to ReachOut.com are currently experiencing psychological distress, they have engaged with traditional health services, they are unlikely to talk to a friend when they are going through a tough time and they rate their own understanding of who to talk to as not good. Overall, this places ReachOut.com in a place of privilege in being able to support people who may feel they have nowhere else to turn. With this privilege comes responsibility to deliver a safe and supportive service within the resources available to ensure people are meaningfully helped through tough times.





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## Appendix 1



### Lisa's story

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The following is based on an interview with Inspire Ireland Youth Ambassador and former intern, Lisa O'Sullivan

#### My background

My name is Lisa O'Sullivan, I'm 23-years-old and I'm from Dublin. I first came across ReachOut.com when I saw a big poster at a bus stop. I was very impressed by it so I took the details, went home and I emailed Vince and pretty much got a reply straight away. I went into the office the next day to talk about volunteering, and I was really interested in what Inspire were doing and the direction they were taking.

My background is in psychology and I was the chairperson of SUAS society in UCD. I've always been involved in charity work so that helps to explain my interest. By getting involved with *ReachOut* I also had a sense that it might assist me in my future career and provide valuable experience.

#### My different roles with ReachOut.com

I started volunteering in February 2010 and I was doing mainly marketing distribution at first. I also went to the Dáil na nÓg (youth parliament) event which was the first event I got involved with. It was a bit rough and tumble but it went really well and I enjoyed it! The more I was involved, the more attached I became and the more pride I took in what I was doing. When I was offered the internship I had more responsibility and I had an involvement that I hadn't had before so I was kind of adopted and made to feel a part of the team.

#### Learning about mental health

I come from a psychology background and my friend actually died by suicide when I was in college. So, especially in third year psychology, I got very involved in researching about bereavement and things like that. I think I had a good mental health background and insight.

My understanding of *ReachOut* is that it emphasises the positive, putting a more positive spin on mental health instead of accentuating or addressing the negative. It's a new approach which I think is really great. The message should be about the upkeep of good mental health and keeping yourself in a good stable place in your mind.

#### A service for everyone

I think it's very **revolutionary to have all of the information on mental health in one place**. Mental health issues do not just affect those who suffer from them, but so many people around them, including parents, family members and friends too. I think ReachOut.com, having all that information in one place and being a neutral place, is really beneficial and will help a lot of people, I mean every single person goes through these kinds of things.

## Staying involved

Overall, it's been a resoundingly good experience and it continues to be. I'd still like to stay involved as the organisation grows, when more exciting things will be happening and we become more confident in what we do as an important service in the sector.

## Advice for other young people thinking about getting involved

**I would say definitely get involved!** Obviously people are different but I love it when enthusiastic people get involved. I think that makes a huge difference. If you're talented in different areas, we're always looking for people to contribute.

## The people I've met along the way

Anyone who I've met directly, or through the other staff members, are just really nice, genuine people who are eager to get involved. We're lucky that **what we do is something that people are excited about and passionate about.**

The staff have been very welcoming and I really am privileged to be the first intern for ReachOut. I think that anyone who comes after me will be a happy person, involved in a good work environment.

## Advice for ReachOut.com

I'd like to see the service being promoted more. I know that the team does workshops, but I'd like to see more of that and not just in certain schools and certain areas. **ReachOut should be out there talking to people more and spending less time in the office.** Obviously it's an online service but the way that we're going to create a rapport, create a trust and establish the brand as something that people want to become involved in, something they are passionate about, is by being out there at events showing that we're nice people!

## The last word

It's been a really great experience and I'm happy that it's continuing. I can see my involvement continuing for a long time because it's something that I am passionate about. I want everyone to understand what I say when I tell them what I do, that I work at ReachOut.com. It seems like it's going the direction that we want it to go in and, even to see the impact we were having at Oxegen, it was really worthwhile. I'm really glad to be involved in it and it's something that I'll be happy to be associated with in the future, which is a testament to everyone's hard work.



## Ian's story

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### The following is based on an interview with Inspire Ireland former intern Ian Lacey

#### My background

My name is Ian Lacey. I'm 24 and I'm from Gorey, Co. Wexford. I first heard about ReachOut.com when I was looking for a job last August and I saw the job listing on [activelink.ie](http://activelink.ie). I had a look at the criteria for selection, did my research and realised I really wanted the job and I applied for it.

#### My involvement with Inspire Ireland

My role was in community engagement, so I was on college campuses mostly and bringing *Note to Self* to different events like Comhairle na nÓg, and Dáil na nÓg. I also held information stands at different conferences and seminars.

#### The part of my role I most enjoyed

I got to meet a lot of young people and got to chat to them, in a really informal environment and make a connection with them and that connection sort of feeds into ReachOut.com.

It's nice to get out of the office for your own well-being. It's nice to be able to chat and make a connection with people. If you're behind a computer all the time you might lose that connection with your audience, so it's nice to refresh yourself and also re-evaluate why you're doing things, that's a really important part.

#### How I think about mental health now

Mental health literacy and things like that were terms I may not have completely understood before, so since I've been at Inspire it's really opened up a whole new world, a world I reckon most people should be aware of. I've increased my own knowledge from anxiety to depression to suicide; it's been a bit of a crash course, considering it's only been 5 months. The gravity of issues and the services that maybe aren't provided in Ireland, and especially the links to young people are something I'll always consider now and **I'll be more aware of my own mental health now too.**

From talking with young people involved with Inspire, and people who themselves would have gone through difficult times, I've learned that often people don't know where to turn, they don't know how to access a certain service or even how to approach a GP or family member or a friend because they feel like others wouldn't understand or they just can't talk about them. There are a lot of different people in the mental health sector and it can be confusing to know who's who. The signposts need to be clearer to services that can help. When you go through a tough time obviously you want to know immediately where to turn.

#### Where I would like to see ReachOut.com going

I'd like the majority of young people to know that it's a service for them, to help them get through difficult times. It's about making sure that the right information is on the website, and also if we can't help, to make sure that the signposts are there to point to someone who can.

## Changes I would make

Maybe other people in the office who don't interact with young people as much could actually get out to community events. It really does bring it home why you're doing things and also provides fresh insights and another perspective just by chatting to people about the way you work and why you work in that way.

## My experience of working with the staff of Inspire

I've learned more from the people in Inspire than any other group or place I've been before. I think that's down to two things; first of all how naturally great and interesting and amazing all the people are here and secondly that everyone wants to see us succeed and be the best we can be because we're so young, and with Elaine as CEO, the vision and the way she operates is great. Communication is something we do well, the way we talk to people within other organisations, TD's and representatives and young people is fantastic. I've learned a lot from Vince in that sense of how to engage with others whether it's the FAI over a football thing or a youth service in Kildare.

## On Inspire and advocacy work

For a relatively young organisation I think we're making a big enough stamp and the Get On Board campaign which just happened, showed what we can do in a short space of time with an issue that's really important because it affects everyone. I'm very impressed with the campaign. It could be very positive as an advocacy thing.

I think that more groups in this sector should really be working together on an advocacy level. We need a more creative way to make stuff happen. I don't know what that is, but I'd love to be a part of it in some sense. **Organisations need to start sitting down and talking to each other because the country's in a bad enough state and funding is going to be running out for a lot of things.**

## Interning with Inspire

We're still a young organisation and so much is changing, **so your ideas and your passion can really feed into the shape of where Inspire and ReachOut.com goes in the future.** I still might not know every aspect of how government policy deals with mental health, and stuff to do with funding but I know how to interact with people who are involved on our level, I know what the issues and concerns are, and communication is the big thing, I've learned how to communicate with people.

I'd stay on for my extra month only I have to start planning my cycling trip. I want to stay involved as much as possible which shows how much I have enjoyed it.



## Appendix 2

### ReachOut.com User Profile Survey

#### Introduction to the ReachOut.com User Profile Survey

Hey there! This survey asks what you think about ReachOut.com and asks about your understanding of mental health issues and the things you might do to get mental health information and support.

There are no right or wrong answers. The survey will take about 15 minutes to complete and the information that you give is completely anonymous (in other words, we won't know who you are).

If this is your first time to ReachOut.com or if you haven't checked out much of the site, please leave this window open and fill out the survey after you've had a look around the site.

We hope to conduct this survey annually to explore what people think of ReachOut.com from year to year.

If you would like to take part in a similar follow up survey in six months time, please follow the instructions at the end of the survey.

Before you begin, please read the following Participant Information

#### PARTICIPANT INFORMATION

(1) What is the study about?

The Inspire Ireland Foundation is conducting research to examine the effectiveness of the ReachOut.com service, along with the background information of visitors, their views about the website, their wellbeing, mental health literacy and help seeking behaviour.

(2) Who is carrying out the study?

The study is being conducted by Derek Chambers, who works for Inspire Ireland, and this research will be used both to inform his doctoral research with the Department of Applied Social Science at University College Cork and also to inform the work of the Inspire Ireland Foundation. Inspire Ireland is a charitable organisation which helps young people lead happier lives. Inspire Ireland is part of an international network of foundations with the same mission, operating in Australia and the USA. Inspire Ireland achieves its mission through the delivery of ReachOut.com, an online service to help young people get through tough times, i.e. a time when people might feel anxious, stressed or down and need extra support. Inspire Ireland is not a counselling service.

(3) What does the study involve?

This study involves completing an online survey.

(4) How much time will it take?

The survey will take about 15 minutes to complete.

(5) Can I withdraw from the study?

Being in this study (i.e. completing the survey) is completely voluntary - you do not have to participate. If you decide to participate, you are free to withdraw your consent and to exit the survey without impacting your future relations with the Inspire Foundation or any other service for young people. You do not have to give a reason for not wanting to complete the survey. You may also skip survey questions to which you do not wish to respond.

(6) Will anyone else know the results?

All aspects of the study, including the results, will be strictly confidential and only the researchers will have access to survey information. The online survey response data will be stored securely and will be destroyed once the purpose for which the data was collected is finished. A report of the study may be submitted for publication, but individual participants will not be identifiable in any way.

(7) Will the study benefit me?

Yes, the survey results will help to improve ReachOut.com to better suit our visitors. The results will also help to inform

## ReachOut.com User Profile Survey

key stakeholders, including the HSE and the Dept. of Health and Children about the effectiveness of Reach Out.com in helping young people get through tough times.

(8) What if I require further information?

If at any stage you would like to know more about this study, please feel free to contact ReachOut.com's research team by emailing [research@inspireireland.ie](mailto:research@inspireireland.ie)

(9) What if I have a complaint or concerns?

Any person with concerns or complaints about the conduct of Inspire Ireland research can contact our Chief Executive Officer on +353 (0)1 474 4840 or email: [info@inspireireland.ie](mailto:info@inspireireland.ie)

Ethical approval has been received from the Social Research Ethics Committee (SREC) of UCC.

We need your consent to proceed with this survey...

If you are under 18 years of age, there is another version of the survey available for you. Please visit [www.surveymonkey.com/s/reachout\\_ups\\_u18](http://www.surveymonkey.com/s/reachout_ups_u18)

**1. I am over 18 years of age and I have read and understood the Participant Information and wish to continue with this survey.**

**If you answer 'Yes' you will be directed to the survey. If you answer 'No' your participation will end.**

Yes

No

## About you...

Thank you for providing your consent to take part in this survey!

The next few questions are all about you...

**2. How old are you?**

**3. And are you...**

Male

Female



## ReachOut.com User Profile Survey

### 4. Where did you hear about this survey?

- Facebook
- Twitter
- A 'pop up' on ReachOut.com
- Other (please specify)

## ReachOut.com - first visit

### 5. When did you first visit ReachOut.com?

- Today
- 1 day - 1 month ago
- 2 - 6 months ago
- 7 - 12 months ago
- More than 12 months ago

## ReachOut.com - Frequency of Visits

### 6. Since your first visit, roughly how regularly have you visited ReachOut.com?

- Every day
- Couple of times a week
- Once a week
- Once a fortnight
- Once a month
- Every couple of months
- Less often

## ReachOut.com - Website Evaluation

# ReachOut.com User Profile Survey

## 7. How would you rate the ReachOut.com website on the following:

	Not good	OK	Very good
Easy to read content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Usefulness of the content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Credibility of the information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The range of information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall rating of ReachOut.com	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 8. How useful do you think the following features on ReachOut.com would be/are in providing information on getting through a tough time\*?

\* A 'tough time' can be described as a time when someone might feel anxious, stressed or down and need extra support.

	Not at all useful	A little bit useful	Quite useful	Very useful
ReachOut.com blog	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Factsheets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written stories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Digital stories/videos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Links to other websites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 9. Please tick the box which best applies to you:

- I am a young person completing the survey out of personal interest
- I am completing this survey as a parent/guardian
- I am completing this survey out of professional interest

ReachOut.com

## ReachOut.com User Profile Survey

### 10. To what extent would you agree or disagree with the following statements about ReachOut.com?

	Disagree	Neither agree nor disagree	Agree	Don't know
I would tell a friend about ReachOut.com if they were going through a tough time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ReachOut.com is a site I trust	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ReachOut.com makes me feel like I am not alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ReachOut.com is genuine and honest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ReachOut.com has a good sense of community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Help-Seeking Preferences

We want to ask you some questions about going through a tough time\*

\*A 'tough time' can be described as a time when someone might feel anxious, stressed or down and need extra support.

### 11. When/if you're going through a tough time, how likely are you/would you be to:

	Very unlikely	Unlikely	Likely	Very likely
Talk to a friend about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to your parents about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to a family friend or relative about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to a professional, like a GP or a counsellor about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to your teacher about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to someone through telephone counselling (e.g. Childline or Samaritans)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to someone through email or online counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Look for help on ReachOut.com	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Look for help on websites other than ReachOut.com	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Look for help in a book or magazine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Look for help by using a social networking tool (e.g. facebook or twitter)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Getting through a tough time

## ReachOut.com User Profile Survey

**12. Have you ever talked with any of the following to get help through a tough time:**

	Yes	Not Yet	No
A family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A health professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

please specify

**13. If you answered No or Not Yet to all four choices on Q12 (the previous question), then why not? (If you answered Yes to any of the choices on Q12, please click the 'Next' button below.)**

- I've never gone through a tough time
- I don't need to, I can handle it myself
- I am too scared
- I am too embarrassed
- ReachOut.com has given me enough information to manage my tough time
- Other (please specify)

## Understanding Mental Health

**14. We'd like to know about your understanding of how to get help or help others.**

**How would you rate your understanding of:**

	Not good at all	OK	Good	Very good	Excellent
Who to talk to if you're going through a tough time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to access a health professional?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to help a friend who's going through a tough time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Where else to look for information on getting through a tough time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Case Study

## ReachOut.com User Profile Survey

Liam's story (This story is fictional and is not based on any individual)

Liam is a 19 year old college student in the west of Ireland. He's always done well academically and at sport but over the past two months he's been finding it hard to concentrate on his course work and he keeps missing morning lectures because he's too tired to make it into college. He often wakes up early and that's when he feels at his worst. Even though he's tired all the time he can't sleep at night and he's feeling miserable and hopeless. His girlfriend has told him that he's lost a lot of weight but he has little interest in food. He's spending less and less time with his friends, especially since he quit playing football.

### 15. Which of the following best describes what is wrong with Liam:

- Depression
- He's just going through a tough time
- Nothing really
- Other (please specify)

### 16. Do you think Liam should be encouraged to see a health professional?

- Strongly disagree
- Disagree
- Agree
- Strongly agree

## Understanding Mental Health

Indicate your level of agreement with the following statements:

### 17. Anyone can experience a mental health problem

- Strongly agree
- Agree
- Not sure
- Disagree
- Strongly disagree

## ReachOut.com User Profile Survey

**18. If I was experiencing a mental health problem I wouldn't want other people to know**

- Strongly agree  
 Agree  
 Not sure  
 Disagree  
 Strongly disagree

### Personal Well-Being

**19. Please indicate, for each of the five statements, which is closest to how you have been feeling over the last two weeks**

	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
I have felt cheerful and in good spirits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt calm and relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt active and vigorous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I woke up feeling fresh and rested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My daily life has been filled with things that interest me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Personal Well-Being (2)

The following questions ask for your views about how you feel. If you are unsure about how to answer a question please give the best answer you can (i.e. the response that is best for you).

**20. In the past 4 weeks, how often did you feel...**

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Tired out for no good reason?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
So nervous that nothing could calm you down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
So restless that you could not sit still?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
So depressed that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
That everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# ReachOut.com User Profile Survey

## Background Information

We're nearly there, just a few more questions to go...

### 21. What is the highest level of education you have attained?

- I am in Primary school
- I am in Secondary school (pre Junior Certificate)
- Junior Certificate
- Leaving Certificate
- Currently completing a Third Level qualification
- Trade certificate or diploma
- IT /University undergraduate degree
- IT/University postgraduate qualification
- Other (please specify)

### 22. Which of the following best describes you?

- I care for a child, family member or friend
- Employed full time (more than 20 hours)
- Employed part time (20 hours or less)
- Student
- Retired
- Unemployed
- I do not do any of these things
- Other (please specify)

## ReachOut.com User Profile Survey

### 23. What are your current living arrangements?

#### Do you live:

- With your husband/wife/partner
- With parents/close family
- With other family members
- With friends
- With flatmates
- In a hostel/shelter
- Alone
- Other (please specify)

### 24. Where is your household situated?

- Rural (In open countryside or in a village)
- Urban (in a town 1,500+)
- In a city other than Dublin
- In Dublin
- I don't live in Ireland

### 25. What country were you born in?

### 26. Have you joined ReachOut.com's Facebook page?

- Yes
- No

### 27. Are you a member of ReachOut.com?

- Yes
- No

**For members of ReachOut.com**



## ReachOut.com User Profile Survey

**28. What new topics would you like to see explored on the Blog?**

**29. What do you think could be done to improve ReachOut.com?**

### Follow-up and comments

If you would like to take part in a similar follow up survey with ReachOut.com in six months time, please copy and paste the sentences below and email it to: [research@inspireireland.ie](mailto:research@inspireireland.ie)

You do not need to add anything to this email; just send it as it is.

Dear ReachOut.com

I have completed the 2010 ReachOut.com User Profile Survey and would like to take part in a similar follow-up survey in six months time.

I understand that by sending this email I will be under no obligation to participate in the follow-up survey when ReachOut.com contacts me in six months time.

Email to: [research@inspireireland.ie](mailto:research@inspireireland.ie)

**30. Do you have any other comments/suggestions for us? (Enter into box below)**

### End

Thank you for your interest in ReachOut.com's User Profile Survey.



“This report is a very fine piece of work as it opens up the issues in a very logical and progressive manner. Each element is well introduced, explained and evidenced. It’s great to see the vignettes and examples placed in an Irish context which improves readability and relevance. The language is very accessible and builds the readers knowledge base as it progresses without feeling in any way patronising – the tone is very well pitched and I would imagine would appeal to a mental health novice as well as more familiar readers. The ReachOut message is encouraging and clearly demonstrates that young Irish people are both interested and concerned about mental health issues. This illustrates the real benefits of delivering brief and timely mental health promoting messages online. Congrats to the ReachOut team for this work and for applying the research in an Irish context”.

*Mr. Martin Rogan*  
*Assistant National Director for Mental Health*  
*Health Services Executive*



The ReachOut.com programme is run by the Inspire Ireland Foundation. For more information visit [www.reachout.com](http://www.reachout.com)  
Published by the Inspire Ireland Foundation 2011.