



By Anthony Klarica – Elite Performance, Six-Star Student Wellbeing & Engagement Survey

# Student Help-Seeking and Proactive Wellbeing Development

Proactive wellbeing development and early intervention are vital in preventing many difficult challenges for students and young people. Education and specific skill development on social-emotional wellbeing topics such as resilience, mood, communication and engagement can have a lasting impact on recipients of effective personal development programs. In the process, help-seeking can also be developed and encouraged.

## Age Of Onset Of Mental Health Concerns

The importance of proactive wellbeing development is highlighted through research investigating the age of onset of mental health concerns. It has been estimated that approximately 50% of all lifetime mental disorders start by age 14 and 75% by age 24 (1) (2). Data from the World Health Organisation has indicated that half of lifetime anxiety and impulse control concerns begin as early as 11 years; while half of substance abuse disorders begin by 20; with mood disorders by 30 years of age (2) (3).

More recent investigation, specifically into the onset of anxiety, highlights the complexity of accurately estimating age of onset (4). This research indicated that the age of onset for anxiety was around 21 years, although specific anxiety concerns had different onset ages. Specific phobias and social phobia had an onset age of 15, while panic disorder and generalised anxiety disorder were more likely to have an onset between 21 and 34 years (4).

With regards to overall mental health in Australia, it has been identified that 16-24 years of age is the age group with the highest proportion of mental disorders across the lifespan (5). In this group 26.4% or about 1 in 4 people will experience a mental health disorder. The rates are even higher for “distress” (6). While some variation in research reflects complexities in estimating age of onset, it is clear that many mental health concerns that people experience across their life begin before 25 years of age and often during adolescence. This age group is clearly a challenging time, and the data reflects an unacceptable situation. In turn, it has been identified that considering “many mental disorders begin in childhood or adolescence, interventions aimed at early detection and treatment might help reduce the persistence and severity of primary disorders and prevent the subsequent onset of secondary disorders” (7).

From a practitioner perspective, proactive education and early detection of individual concerns will both reduce the severity of issues during childhood and adolescence and be likely to better equip young people for challenges in life after school.

# Barriers To Student Help-seeking

Unfortunately, yet understandably, many students and young people are unskilled and unfamiliar with help-seeking. I consider that seeking help, particularly for personal or emotional challenges is a higher order emotional skill. However, asking for help is too readily seen as negative rather than something that strong, achieving people do regularly and well.

A study by the Australian Government into child and adolescent mental health and wellbeing found a range of barriers to help-seeking in 4 to 17 year-olds with a mental disorder (6).

Most common barriers reported by parents and carers for not seeking or receiving help for 4-17 year olds with a mental disorder included:

- Not sure where to get help (39.6%)
- Could not afford help (37%)
- Preferred to handle the issue alone or with family/friends (31.1%)

Reasons for not seeking or receiving help based on reports from 13-17 year olds with depression were:

- Concerned what others would think or not wanting to talk to a stranger (62.9%)
- Thought the problem would get better by itself (61.7%)
- Wanting to work out the problem on their own or with family and friends (57.1%)

Interestingly, the study also found that one third of 4-17 year olds needed “life skills training” but for the majority (60.9%) this need was not met (6).

Another study by Mission Australia investigating where 15-19 year old youth with mental illness would go for help, found that teachers and school counsellors were equally as likely (30%) to be contacts they would reach out to. Friends, parents, family (including relatives or family friend) and the internet were more likely contacts where help would be sought (47-74%) (8). This data reflects some positives as well as challenges. The priority is clearly to ensure young people who require help have access to appropriate support.

# Facilitators To Help-seeking In Young People



It has been recognised that facilitators to help-seeking in young people as compared to barriers, is comparatively under-researched (9). Evidence however identified that facilitators include:

- Perceived positive past experiences with help-seeking
- Social support and encouragement from others
- Confidentiality and trust in service provider
- Positive relationship with service provider

In this particular study, the authors concluded that “strategies for improving help-seeking by adolescents and young adults should focus on improving mental health literacy, reducing stigma and take into account the desire of young people for self-reliance” (9).

A specific investigation into barriers or facilitators to help-seeking in young elite athletes aged 16-23 gives insight to strategies that may be useful for schools (10). While stigma was the most perceived barrier, a range of facilitators were identified including:

- Encouragement from others
- Having an established relationship with a provider
- Pleasant previous interactions with providers
- Positive supportive attitudes of others, such as coaches
- Access to the internet

More recently, it was highlighted that coaches and sporting bodies play a crucial role in helping de-stigmatise mental ill-health in elite athletes (11). There is a clear parallel here with schools playing an equivalent and vital role to support students.

In my opinion, athletes in sporting environments and high-achievers in general are ideal role-models to promote the notion that help-seeking is healthy and is used by strong and performing characters, rather than being something that is negative and stigmatised. Perhaps Roger Federer and Serena Williams have large support teams because they have the funds to enable this? Or perhaps they are champions because they have a positive attitude to help-seeking including building and utilising a support team?

## Proactive Wellbeing and Help-Seeking Programs



Many schools and sports are now embracing proactive wellbeing programs to develop social and emotional skills that will likely reduce the impact of primary and the potential likelihood of secondary mental health concerns. Such programs vary significantly and do not need to be overly expensive or time invasive.

In sport, such a model has been specifically identified to promote early detection and intervention of mental health concerns (12). This approach builds cultures around acknowledging that mental health needs are as important as physical needs to benefit both athlete wellbeing and performance. It is suggested that such programs help athletes develop a range of self-management skills to deal with psychological distress. They add that mental health screening should be included alongside routine physical health checks (12).

One potential model for building effective student wellbeing programs comprises:

- Screening all students utilising a multi-dimensional wellbeing tool
- Utilising group data to direct group feedback and education
- Following-up with individuals identified to have potential concerns and starting a conversation on wellbeing

Of course, there are many variations to this model, depending on a specific school situation.

Some of the benefits and features of such processes include:

- Increase wellbeing and positive psychology literacy
- Foster a culture that values and emphasises wellbeing
- Facilitate relationship building opportunities between students and staff/service providers on social-emotional topics
- Create opportunities to integrate wellbeing education into a curriculum or program



- Build skills of the student population in wellbeing and positive psychology areas
- Create avenues for identifying potential vulnerable students with wellbeing concerns
- Utilise student data to monitor changes to wellbeing over time

The integration of wellbeing screening and education into school programs also appears to have a beneficial impact on student achievement. In a recent meta-analysis it was identified that attitude and self-concept had a moderate impact on student achievement. Anxiety had a negative impact (13). Similarly, subjective wellbeing and resilience have been identified as “decisive psychological variables in school engagement and the prediction of perceived performance” (14).

In an unpublished project I conducted with a group of 180 year 9 students, the Six-Star Student Wellbeing Survey demonstrated a correlation between all six sub-categories of the survey with student quality of work and attitude with English, as rated on mid-year reports by teachers. In addition resilience, school engagement and positivity were correlated with quality of work and student attitude in the three other subjects assessed: maths, physical-education and science.

## Six-Star Wellbeing



Based on my experience in working with a wide variety of schools, over a number of years I have developed the Six-Star Wellbeing Survey. The survey provides an avenue to gain insight to student mood, resilience, engagement, relaxation, communication and positivity (15). There is also a staff and sport version (16, 17). The information assists to drive models of proactive group wellbeing development as well as provide avenues to follow-up with individuals, if desired. Such a model both facilitates help-seeking and promotes a culture that embraces help-seeking.

The tool is a sub-clinical, multi-dimensional survey rather than a uni-dimensional mental health survey. Multi-dimensional tools are more applicable to an entire student or athlete population. In addition, multi-dimensional tools intrinsically lead to group education due to the inclusion of positive psychology topics. Such programs not only assist to develop individual social and emotional skills but also impact the overall climate of an organisation.

This survey may be conducted with individuals across their life-span in a school. Information on wellbeing is also feedback to school leadership on existing wellbeing and student support processes.

# Summary

It is clear that help-seeking, particularly for young people with social-emotional concerns, is challenging and too often lacking. Schools that emphasise proactive development of a range of positive psychology and mental health management skills create an opportunity to reduce the impact of wellbeing concerns.

Such proactivity can be supported with data and is likely to impact the culture of a school and simultaneously build and promote help-seeking.

Considering research on the onset of mental health issues and the identified barriers and facilitators to help-seeking it would appear to be beneficial for schools to be proactive with wellbeing screening, early intervention and wellbeing education. This is not only to support young people during their time within a school, but also for their, and community benefit beyond your care.



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Anthony has worked in education, sport and corporate environments in wellbeing and performance for over 20 years

**Want to know more?**



Six-Star Wellbeing surveys are available through the Australian Council for Education and Research (ACER) **E:** [sales@acer.org](mailto:sales@acer.org) **T:** +61 3 9277 5447



MOOD



RESILIENCE



ENGAGEMENT



COMMUNICATION



RELAXATION



POSITIVITY

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