Gatekeeper training for youth workers

Impact on their help-seeking and referral skills

Adults who act as gatekeepers for young people may have the same barriers to help-seeking for mental health issues as young people. This study investigated the personal help-seeking practices of 47 Australian youth workers prior to and after a training workshop on youth mental health issues. Pre–post workshop evaluation revealed some increases in behaviour, intentions and problem-solving capacity but no changes in belief-based barriers, intentions to seek help for suicidal thoughts, or referral skills. The relationships between help-seeking variables and referral skills were explored to investigate the impact that personal help-seeking may have on professional practice.

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Gatekeepers are "people in the community who are able to assist distressed young people to access appropriate professional support services" (Fredrico & Davis 1996, p.1). Youth workers have been identified as a key gatekeeper group in suicide prevention initiatives for young people (New South Wales Health Department (NSWHD) 2000). Across the literature there seems to be an underlying assumption that gatekeepers will themselves value, and be positively predisposed toward, help-seeking for mental health issues (e.g. Beckman & Mays 1985; Florio & Raschko 1998; Fredrico & Davis 1996), but this assumption has not been confirmed by research. Concern has been raised regarding gatekeepers' disposition toward mental health help-seeking in the light of findings that indicate, first, that teachers may have the same belief-based barriers to seeking psychological help as young people (Wilson & Deane 2001) and, second, that personal psychological functioning can have an impact on counsellors' effective provision of mental health care (Neimeyer, Fortner & Melby 1999). The impact of youth workers' personal help-seeking behaviour on the amount and form of assistance they offer young people is not known.

As a group, young people have consistently demonstrated the highest rates of mental health problems in Australia (Andrews et al. 1999). However, relatively few young people who need professional mental health care access such help or follow through on referrals for help for their mental health problems. Some estimates have suggested that only one in 20 psychologically

distressed young people actually obtain professional mental health care when they need it (e.g. Costello et al. 1993). In this context, gatekeeper training programs typically aim to increase gatekeepers' knowledge of warning signs and risks of mental health problems and their self-efficacy and intentions to offer help (e.g. King & Smith 2000; Wyman et al. 2008). Gatekeepers need to be proactive and identify help-seeking tendencies that might act as barriers. They also need to identify mental health problems, engage young people and refer them to appropriate help (e.g. Capp, Deane & Lambert 2001; Florio & Raschko 1998; Pfaff, Acres & McKelvey 2001; Wyman et al. 2008). Ideally, gatekeepers should have positive help-seeking attitudes and behaviours themselves in order to better model help-seeking and genuinely engage young people in a help-seeking process.

Youth workers as gatekeepers

Youth workers are gatekeepers with an important role in connecting young people to mental health services, particularly when the young people are disconnected from social supports (e.g. homeless) (Bourke & Evans 2000). Where other services fail, youth workers are able to engage young people by being highly accessible and "befriending" them, as well as acting as advocates (Sercombe 1997). As a consequence, they are "in an excellent position to identify suicide risk, manage crises, and refer to the health system where appropriate" (Wright & Martin 1999, p.39). But the gatekeeping role is perhaps especially onerous for youth workers. They are often confronted with disaffected young people, and, as a gatekeeper group, they have had "very little training in issues related to depression, self harm and suicidal behaviours", including the identification of mental health problems and the skills required to promote effective referral to other services (Wright & Martin 1999, p.39).

Study aims

The current study had several aims. It examined the ability of a targeted professional development training workshop (The 'YES!' (Youth Empowerment Series) workshops) (Wilson et al. 2000a, 2000b, 2000c) to reduce youth workers' belief-based barriers to help-seeking, to increase their personal help-seeking intentions and social problem-solving capacity, and to increase their skills for referring young people to other agencies. It was anticipated that there would be significant improvements in each of these variables as a result of the training.

The study explored youth workers' beliefs about professional psychological help-seeking and how these might impact on their role as gatekeepers for distressed young people. It also explored the relationship between these beliefs and the youth workers' intentions to seek help. It was anticipated that among the participating youth workers, lower scores on belief-based barriers would relate to higher scores on personal help-seeking intentions.

Although social problem-solving (SPS) has not been traditionally studied as a help-seeking variable, the processes overlap (D'Zurilla & Nezu 1999; Saunders 1993) and the study explored whether youth workers' social problem-solving capacity and their help-seeking intentions were related. Problem-solving ability is of particular interest since it seems plausible that youth workers who are good at problem-solving might be more successful in helping young people overcome their help-seeking barriers. It was anticipated that in the group of youth workers who participated in the study, stronger social problem-solving capacity would relate to higher personal help-seeking intentions. To our knowledge there is no published research that has investigated youth workers' social problem-solving capacity and how this might impact on how effective they are at promoting help-seeking or referral for distressed young people. Finally, it was anticipated that this preliminary study of personal help-seeking and professional practice would provide useful data for the design and evaluation of future training programs for gatekeepers.

Method
Design

This study used a pre–post test design. Research participants completed the study questionnaire immediately prior to participating in the *YES!* workshops (Time 1) and again five months after the workshops (Time 2).

Problem-solving ability is of particular interest since it seems plausible that youth workers who are good at problem-solving might be more successful in helping young people overcome their help-seeking barriers.

Participants

A workshop invitation was mailed to 146 youth workers, who were contacted through a community services directory. Fifty-seven (39%) volunteered to attend the series of three *YES!* workshops and 47 (32%) consented to participate in the research. Of those who participated, most were female (n = 33; 70%) and the mean age of the total sample was 35.8 years (SD = 9.78), range 18–56 years. All of the participants had a tertiary education, and 65% had obtained a tertiary qualification related to youth work (e.g. welfare, social work, psychology). Participants were employed in a wide range of work settings including health, welfare and job agencies, education and outreach (n = 23; 49%), but the single largest category of work setting was local community centres (n = 24; 51%). Community centres provided a range of services including counselling, placement in accommodation and youth projects.

Procedure

Help-seeking and referral workshops. Three *YES!* workshops were delivered in local neighbourhood centres. They explored youth workers' personal beliefs about help-seeking and provided practical strategies to facilitate: 1) appropriate help-seeking in young people, 2) effective youth problem-solving, and 3) the identification of mental health needs in young people, as well as appropriate help-service engagement (i.e. referral). The overall aim of the workshops was to educate youth workers in ways that they could be more effective gatekeepers. Each workshop lasted for three hours. The first hour included an exploration of participants' own beliefs about help-seeking and the potential impact that negative beliefs may have on their professional practice. The following two-thirds of each workshop focused on providing practical strategies to improve help-seeking and social problem-solving in youth workers and young people, as well as to improve youth workers' identification of mental health problems and success in referral to professional mental health services. The workshops were facilitated by the third author (C.W.) and observed by the first author (T.C.).

Measures

Help-seeking intentions. Two items from the General Help Seeking Questionnaire (GHSQ) (Wilson et al. 2005) asked participants to rate, on a seven-point scale (1= extremely unlikely; 7=extremely likely), how likely it would be that they would seek help from a "mental health professional" for: 1) a personal–emotional problem and 2) for suicidal thoughts.

Help-seeking behaviour. The Actual Help Seeking Questionnaire (AHSQ) (Rickwood & Braithwaite 1994; Wilson et al. 2005) measures recent actual help-seeking behaviour. Participants were asked to indicate by a "Yes" or a "No" whether they had actually sought help from a variety of sources (e.g. partner, friend, relative, medical service, mental health service, teacher, telephone help line, another service not listed) in the previous six months.

Barriers to mental health help. Barriers to Adolescents Seeking Help-brief version (BASH-B) (Kuhl, Jarkon-Horlick & Morrissey 1997; Wilson, Deane & Ciarrochi 2005) is a measure that asks respondents to rate 11 beliefs that stop adolescents seeking professional psychological help. This brief measure has demonstrated acceptable reliability and validity in adolescent samples (Wilson, Deane & Ciarrochi 2005, Wilson et al. 2005). In the present study, item wording was modified slightly to better target youth workers and scores were reversed for analysis so that higher scores indicate higher barriers to seeking help from a mental health professional.

Social problem-solving. The Social Problem Solving Inventory for Adolescents (SPSI-A) (Frauenknecht & Black 2003) is a 30-item scale that assesses social problem-solving skills on a five-point scale (0 = not at all true of me; 4 = extremely true of me). The SPSI-A consists of three subscales: Automatic Processing (e.g. "To solve a problem I do what has worked for me in the past"), Problem Orientation (e.g. "I avoid dealing with problems in my life") and Problem-Solving Skills (e.g. "When I solve a problem I think of a number of options") that can be used individually or combined as a total scale of overall problem-solving capacity. The measure used either as subscales or as a total scale of

capacity has demonstrated acceptable reliability and validity (Frauenknecht & Black 2003).

Referral skills. The Youth Referral Survey (YRS) (Deane, Wilson & Biro, cited in Deane et al. 2002) is a 16-item self-report questionnaire designed for this study that asks youth workers to rate their current practice of specific referral activities when working with young people. Referral questions asked participants what referral activities they "do to convince a young person to seek help from a mental health professional". Each item is rated on a five-point scale (1 = never; 5 = always) where higher scores reflect a greater frequency of use. Examples of items are "I would be willing to accompany a young person to their first appointment with a mental health professional", "[I would] obtain and record the young person's consent to be referred", and "[I would] let the young person know why I think that seeing a mental health professional might be useful". The specific referral items were based on literature suggesting that the most effective referrals involve triangulated contact between the referrer, the young person and the referral source (King, Nurcombe & Bickman 2001), and on Cheston's (1991) comprehensive description of optimal referral practices.

Results

Assessing attrition bias
Although 47 people agreed to participate and completed the pre-test measures, only 24 completed post-test measures at the five-month follow-up. Independent samples t-tests were conducted to determine if there were differences in help-seeking and referral variables created by the loss of participants who did not complete post-tests following the workshops. This was necessary to rule out any attrition bias as an explanation for differences that might be found as a result of workshop participation.[1] In general, those who completed follow-up appeared to start out with lower perceived barriers to help-seeking, were more likely to seek help for suicidal problems and had higher frequency of self-reported help-seeking than those who did not complete the post-tests. As such, any pre–post differences found in the following results are likely to be an underestimation of potential intervention effects because those completing post-test measures started out with relatively positive help-seeking perspectives.

Pre- and post-test comparisons
Paired samples t-tests were conducted to investigate the changes in variables from pre-workshop to post-workshop. Table 1 provides the means, standard deviations and t-test results for these comparisons.[2]

Correlations between help-seeking variables and referral skills
In order to explore whether there was a relationship between the help-seeking intentions, barriers and problem-solving variables, a series of correlations was calculated using pre-test data. Correlation coefficients are provided in Table 2. Correlations between the problem orientation and

TABLE 1 Pre–post workshop comparisons of study variables

Variable	Pre		Post		
	M	SD	M	SD	t
Actual help-seeking (AHSQ)	1.56	1.37	3.34	2.42	-4.01***
Intentions MHP_PE (GHSQ)	4.08	1.59	4.96	1.52	-2.27*
Intentions MHP_ST (GHSQ)	5.29	1.59	5.54	1.86	-0.69
Barriers (BASH-B)	2.44	.64	2.40	.46	0.36
Total SPS (SPSI-A)	2.01	.37	2.97	.55	-7.81***
Referral skills (YRS)	4.19	.51	4.36	.44	-1.19

n = 19 (Referral) to n = 24 (Barriers), ***p < .001, *p < .05.
Note: Intentions MHP_PE = Intentions to seek help from a mental health professional for a personal–emotional problem. Intentions MHP_ST = Intentions to seek help from a mental health professional for suicidal thoughts. Barriers = mean of items from BASH-B. Total SPS = mean of the full Social Problem Solving Inventory (SPSI-A).

social problem-solving skills subscales and any of the help-seeking measures were not significant, so these subscales are not included in Table 2. As expected, help-seeking intentions were significantly negatively related to barriers such that the higher belief-based barriers were related to lower help-seeking intentions. The Automatic Processing SPS subscale had a moderate and significant correlation with both help-seeking barriers and intentions to seek professional mental health care for suicidal thoughts. In addition, automatic processing was the only variable to demonstrate a significant correlation with referral skills ($r = -.32$, $n = 33$, $p = .04$, 1-tailed).

Discussion
Workshop outcomes

Each workshop session began with a discussion about personal views of help-seeking and the impact that beliefs may have on seeking professional mental health help. The aim of this approach was to identify and facilitate the reduction of belief-based barriers that youth workers may have had to seeking professional help. Those who completed the follow-up seemed positively predisposed to seeking mental-health help at baseline with low barriers and high intentions to seek help, but, as a result, the effectiveness of the training may have been diluted. Although there have been concerns voiced that gatekeepers may have the same barriers as young people, it appears that a substantial proportion of this gatekeeper group was already positively predisposed to mental health help-seeking.

Pre–post workshop intentions to seek help for personal–emotional problems significantly increased. Participants were asked to explore their beliefs about when it might be appropriate to seek professional help for mental health problems. Consistent with prior research reporting that youth workers can feel overwhelmed with their job as a result of dealing with disaffected young people on a daily basis (Bourke & Evans 2000), a number of participants commented that coming into regular contact with suicidal young people had increased personal–emotional feelings associated with burnout. It could be speculated that this training raised awareness of personal–emotional functioning in general, and provides

evidence of the need to explore the place of personal intentions in facilitating gatekeepers' awareness of the process of help-seeking behaviour.

It was theorised that social problem-solving skills are related to the help-seeking process (Saunders 1993). It was encouraging that overall social problem-solving skill increased post-workshop. Since actual help-seeking and intentions to seek help for a personal–emotional problem increased post-workshop, it is possible that improvements in social problem-solving were related to these changes. It could be speculated that as problem-solving improves (e.g. "I recognise that I have a problem that needs to be solved"), there are concomitant increases in intentions and help-seeking behaviour. Replication of the problem-solving training with other youth work and gatekeeper groups is needed to strengthen the case for social problem-solving being a core skill in gatekeepers' modelling of help-seeking behaviour.

Pre–post workshop comparisons indicated that there was an increase in actual help-seeking behaviour and a higher frequency of consultations with formal health care (mental health professionals and general medical practitioners) following the workshop. It is possible that more participants made routine visits (e.g. for flu) to their GPs in the five months between questionnaires. However, the slight increase in number of times help was sought from a mental health professional suggests that there may have been an overall increase in the seeking of professional physical and mental health care. Future studies need to examine the help-seeking process for youth workers and other community gatekeepers in more detail, not only to raise awareness of possible help sources for different

TABLE 2 Pearson's correlations between intentions to seek help from a mental health professional, barriers, automatic process problem-solving, and referral skill

Measure	1	2	3	4
1. Intentions MHP _ PE (GHSQ)				
2. Intentions MHP _ ST (GHSQ)	.47**			
3. Barriers (BASH-B)	-.46**	-.38**		
4. Automatic processing (SPSI-A)	.24	.53**	-.30*	
5. Referral skill (YRS)	.13	-.02	.05	-.32*

n = 36 to n = 45, **p < .01, *p < .05 (1-tailed).

problems, but also to highlight the process by which help is sought.

Contrary to expectations, there was no change in referral skills from pre- to post-test. This finding is consistent with a recent large randomised trial of a gatekeeper program for suicide prevention in secondary schools. In that study, researchers also found no significant increase in referral behaviours (e.g. "Notified the appropriate referral resources") between the trained and untrained gatekeeper groups (Wyman et al. 2008). Clearly, this is an area needing future program development and it has been suggested that training may need to add "role playing and other active learning techniques" in order to "facilitate transfer of knowledge and efficacy into more direct action" (Wyman et al. 2008, p.114). In addition, the measures of referral behaviour have been predominantly self report; actual behaviour has not been monitored by assessing referral frequency. Nor do measures assess how many referrals were actually successful (e.g. the young person attended the referral service for one or more sessions). A distinction may need to be made between referral practice or skill, and referral outcome and success. Investigation of other aspects of the referral process, such as ongoing contact between referee and referrer, and how network-building between services facilitates the referral process (e.g. Cheston 1991), may also enhance our understanding of youth workers and their effectiveness as gatekeepers.

Barriers, help-seeking intentions, automatic processing and referral skills

The results of this research are similar to those found in adolescent samples (e.g. Wilson, Deane & Ciarrochi 2005) in that higher barriers were moderately related to lower intentions to seek help. A moderate-to-strong positive relationship was found between intentions to seek help for suicidal thoughts and the automatic processing aspect of problem-solving (e.g. "I do what has worked for me in the past"). This may be a positive finding for those who are predisposed toward seeking help because it suggests they may automatically consider help-seeking as a way to resolve problems. However, it raises concerns for gatekeepers who may not be positively predisposed toward help-seeking. For this group,

their automatic problem-solving capacity may serve as a barrier, and there is a need for future research to test this potential interaction.

Automatic processing also had a moderate-to-small inverse relationship with barriers. This suggests that the greater the likelihood that a youth worker will respond somewhat automatically to problems as they have in the past, the lower their belief-based barriers to seeking professional help.

Finally, automatic processing was the only variable to be significantly related to referral skills. This relationship was of moderate-to-small magnitude and suggests that the more the problem-solving approach of youth workers was automatically patterned, the poorer were their referral skills. Although these results are preliminary, they raise concerns that those with a non-reflective automated problem-solving stance may be less inclined to engage in a process involving supportive referral practices and follow-up.

Limitations of the study

The study had several limitations. Since the third and first authors were involved in both training and observing the training, it is possible that the results were influenced by social desirability effects as a result of participants potentially providing favourable responses to questions regarding their personal predisposition to mental health help-seeking and referral skills. For example, referral skills were found to be high even before training (M = 4.19 out of 5). As noted, there is a need for, first, more objective measures of referral skills to address the possibility of potential social desirability responding and, second, measures of actual referral practices. Further, there may be a need for more action-oriented approaches to training in referral skills to make the intervention more effective. Finally, future assessment of gatekeepers' personal help-seeking attitudes, intentions and behaviours requires randomised trials with larger sample sizes.

Conclusion

The gatekeeper training workshops conducted in the present study showed some potential to influence personal help-seeking variables. It is speculated that this training approach, including the raising of awareness of personal responses

to mental health and suicide, may be effective in reducing negative beliefs about seeking mental health help and consolidating the gatekeeper role in other samples of community gatekeepers. It remains for future research to investigate whether increases in personal help-seeking translate into improvements in professional practice, such as assertively facilitating help-seeking skills in young people, and in outcomes, such as increases in successful referrals to mental health services.

Acknowledgments

Notes

1. At pre-test (Time 1) the "follow-up group" had significantly lower mean barrier (BASH-B) ratings (M = 2.41, SD = .64) compared with the group who did not complete the post-tests (M = 2.89, SD = .71), t(45) = -2.40, p < .05). The follow-up sample had significantly higher intentions to seek help for suicidal thoughts (M = 5.28, SD = 1.58) than those who did not complete the post-tests (M = 3.23, SD = .53), t(45) = -2.78, p < .01. There was a significant difference in the frequency of actual help-seeking between follow-up (M = 1.56, SD = 1.20) and non post-test groups (M = 2.06, SD = .97), t(42) = 2.40, p < .05. There were no significant differences between groups for either intentions to seek help for a personal–emotional problem (GHSQ_PE), social problem-solving (SPSI-A) or referral skills (YRS) variables.

2. The frequency of help source access (AHSQ) increased significantly by an average of 1.8 contacts (p < .001). Similarly, there was a significant increase in mean intentions to seek help for a personal–emotional problem (p < .05) and overall problem-solving capacity (p < .01). No significant differences were found for intentions to seek help for suicidal thoughts, barriers or referral skills (all p > .05).

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