SOUTHERN AREA HEALTH PROMOTION CONSORTIUM

YOUNG PEOPLE AND MENTAL HEALTH - Determining Issues for Organisations Which Provide Mental Health Promotion and Services for Young People

SUMMARY REPORT

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THE CONTEXT

Adolescence marks the key transition period from childhood to adulthood. It is a time when the physical changes of puberty occur alongside developments in young people's capacity to learn, changes in psychological and emotional development, a shift in the nature and focus of relationships and changed attitudes and reactions to the world around them. This admixture of stages, events and changes produces a period of challenge for young people which can produce negative physical and psychological consequences for those who fail to successfully negotiate specific stages in their development. Such consequences include teenage pregnancy, poor school performance and, more rarely, suicide. These, and many other effects of adolescence can also have crucial long-term consequences as foundations are laid down for adult life.

The Report of the Chief Medical Officer (DHSSPS, 1999) highlights the fact that approximately one in six adults between the ages of 16 to 64 will suffer from some type of mental health problem at some point in time. The cause of mental illness is still obscure. Some risk-taking behaviours such as alcohol and drug misuse contribute to mental health problems, but it is also becoming clear that a number of other factors, including genetics and the environment are likely to be implicated. Mental illness is responsible for enormous costs to the individual and society.

There are currently approximately 657,000 young people aged 25 and under living in Northern Ireland (NISRA, 1999). Northern Ireland has one of the youngest populations in the European Union with 24.2% of the population aged less than 15 years (ONS 1996). The mental health of young people is therefore an area of concern and interventions among young people have been identified as a priority (Design for Living, 2001).

Mental health problems are among the most common forms of ill health in Northern Ireland, with an increase in depression being notable among young people (DHSSPS, 1999). However, in spite of the recognition of the importance of mental health and wellbeing, physical health continues to attract more interest in terms of research funding; and attention is focused more on mental illness rather than mental wellbeing (HEA, 1996)

There are many factors which can impact upon the mental health and wellbeing of young people. Some of these factors are as follows: self-esteem, self-awareness, early bonding, feelings of security, interpersonal interaction, social participation, social responsibility and tolerance (International Union for Health Promotion and Education, 2000).

It is estimated that around one in five young people will experience mental health problems during adolescence, many of which can continue into adulthood (HPANI, 2001). Recent research carried out with young people in Northern Ireland indicated that they have particular worries which not only relate to their present circumstances but also relate to the future. Many of the young people expressed concerns about not being able to get a job, not having enough money, uncertainty about their future with regard to what job or course to choose, and many worry about schoolwork and exams (HPANI, 2001)

In the 1997 Northern Ireland Health and Well-being Survey, the general psychological well-being of respondents was assessed using the GHQ12 (General Health Questionnaire 12). A GHQ12 score of 4 or more is a measure of increased risk of mental illness. Results indicated that a greater proportion of the Northern Ireland population is at an increased risk when compared with other UK countries.

It was against this background that the Southern Health Promotion Forum, a multi-sectoral grouping of statutory agencies aiming to further promote the health of the population which they serve, responded to concerns expressed about the mental health of young people in their area. A rising trend in suicide, particularly in young men, was seen as an issue which needed to be addressed. This study therefore formed the first stage of developing a new response to the problem – assessing the current state of young people's mental health.

AIMS AND OBJECTIVES OF THE STUDY

The aim of the study was to examine the concerns of a defined population of Year 11 students, predominantly fourteen and fifteen-year-olds, relating to a range of issues affecting their mental wellbeing and self-esteem.

The objectives of the study were to:

1. ascertain the expressed concerns of the young people with regard to their mental wellbeing, including self-esteem;
2. explore their knowledge and perception of mental wellbeing including self esteem;
3. establish what barriers, if any, currently exist with regard to the uptake of services;
4. inform current practice with regard to the provision of services, i.e. education, housing, recreation, health etc. within the local area;
5. identify opportunities for improvement and to make recommendations for the way forward for all agencies represented in the consortium.

METHODOLOGY

The target population included all 14 – 15 year olds in the Southern Health and Social Services and Southern Education and Library Board areas who were in Year 11 of post-primary school. A stratified random sample of students (N = 1,100) was surveyed; the sample was constructed to as far as possible reflect the composition of the Year 11 population within the area bounded by the two Southern Boards.

The ages of respondents were 14 years (18.4%), fifteen years (79.8%), and sixteen years (1.7%). Females comprised 55.2% of the sample. Students attending mixed gender schools accounted for 60.6% of the sample, 26% attended all female schools and 13.4% were in all male schools. Only 2.8% of the sample was registered as having a disability.

When asked to indicate the description which best described the area in which they live, 41.3% stated that they lived in a housing estate, 36.3% in the countryside, 11.9% in suburbia, and 10.4% on a farm. In relation to the district council area in which they attended school, 38.7% of the sample attended schools in the Newry area, 25.4% in Portadown and the remainder from in Dungannon area. The largest grouping in the sample (38.7%) attended voluntary grammar schools, 23.3% attended maintained non-grammar schools, 19.8% attended controlled non-grammar schools, 13.8% controlled grammar schools and the remaining 4.2% were in the integrated sector.

Based on an extensive literature search, a questionnaire was developed incorporating three previously scientifically validated instruments that addressed the objectives of the study. The three elements of the survey were:

- Things I Worry About Scale (revised) – this part of the survey sought to explore those elements of young people's lives (e.g. home, school, friends) which have the potential to cause specific worry for them:
- The Brief Reasons for Living Inventory for Adolescents – this explored the factors which would prevent or reduce young people's likelihood of committing, or attempting to commit, suicide.
- The Rosenberg Self-Esteem Scale was used to assess levels of self-esteem, as this is a characteristic which is seen as inextricably linked to young people's mental health status.

In addition to these main sections, a number of questions were included which focused on perception of mental health services available and risk-taking behaviours.

The first section of the questionnaire looked at the emotional and social concerns of the young people. Derived from a previously utilised questionnaire *'Things I Worry About'*, a shortened version was created to enable participants to complete the questionnaire in reasonable time. This section focused on 10 separate constructs, each of which represented a specific area of worry as follows:

Academic and school work
Change and transition
Choosing a job
Communication at home

Home relationships
Information seeking
Money matters
Myself
Opposite sex
Verbal communication

These constructs were measured by asking the students to respond to 72 randomly ordered statements; each statement was linked to a specific construct.

Ten additional statements, which were analysed separately, were included at the request of the funders and focused on the following topics:

Becoming 'fat'
Being gay
Environment conducive to completing homework
High parental expectations
Inheriting the family business
Personal safety after school hours
Satisfaction with personal appearance
The re-emergence of 'the troubles'.
Travelling to and from school safely

Analysis for these statements was conducted on an idiosyncratic basis, highlighting significant findings according to the different demographic groupings.

Possible responses to statements on worry ranged from 1 (denoting 'not at all'), to 4 (denoting 'always worry'). Analysis was conducted with all 72 statements to identify the strength of worry relating to each of the ten constructs.

The second section of the questionnaire focused on the *'Brief Reasons for Living Inventory for Adolescents'*. Here, fourteen statements assessed the participants' views and attitudes regarding suicidal ideation. These focused on:

Fear of social disapproval
Fear of suicide
Moral objection
Responsibility to family
Survival and coping behaviour

Respondents are asked to indicate on a 6-point scale (1 = not at all important to 6 = extremely important) the importance of each item for living if suicide were considered. Higher scores suggest positive reasons for living.

The third main section focused on the Rosenberg Self-esteem scale. This scale comprised ten questions which addressed the level of self-esteem among the sample. Each question was rated on a scale of 1 to 4. Five statements are negatively worded and reverse scored. The lowest possible score was 10, the highest- 40; lower scores reflect higher self-esteem.

A final section of the questionnaire sought to ascertain young people's satisfaction with services dedicated to the promotion and maintenance of mental wellbeing and also the incidence of risk-taking behaviours in relation to substance use (tobacco, alcohol and other drugs).

A pilot study was conducted with a group of 60 students in a school outside the study area. No major issues emerged and only minor amendments were made to the wording of a number of questions. The results of the survey were analysed using SPSS 9.0.

After the questionnaire was completed in each school, a focus group was conducted with a group of 10 –12 students drawn from the Year 11 and 12 students who had completed the survey questionnaire. To encourage open and honest discussion, a number of ***vignettes*** were used. These vignettes were short descriptive stories of young people with whom the group could identify. In each vignette, the subject of the story had certain issues relating to their mental health, e.g. bullying and under-achievement at school, which acted as a focus for discussion. The motive for using the vignettes was to enable the young people to move in a non-threatening manner from commenting on the characters in the study to focusing on their own reactions and concerns. The discussion was used to ascertain current opinion on services which address mental health issues, and to inform strategies which would influence future policy and practice.

The focus group vignette discussions were audio-recorded, transcribed verbatim and analysed by content analysis using the NUD*IST software package.

RESULTS

Response and preliminary analysis to the survey

Of the 1,100 possible Year 11 participants in the study, an 81% (n = 895) response rate was achieved. After quality monitoring of the data, 79% (n = 874) of the target sample were included in the final sample. In schools of mixed gender, a brief analysis was conducted on how males and females differed in responding to each of the ten constructs. It was found that males scored their extent of worries well below that of females on all constructs and on the overall total score.

Young People's Worries

The findings from this section of the questionnaire are summarised in Tables 1 and 2. The constructs are considered below in descending order, from the those most worried about, to those which give least cause for concern.

Academic and School Work
Females displayed higher levels of worry than males, but this decreased with age. Students in all-female schools displayed higher levels of worry than those in all-male schools, who in turn rated it higher than those at mixed gender schools. Those living in the suburbs felt more under pressure to perform well at school than did those living on farms. This was statistically significant to a level of $p < 0.05$ (see table 2). There was no difference between school location. Higher levels of worry were, however, reported among pupils at grammar schools ($p < 0.01$).

Change and Transition
This construct measured the respondents' anxieties about the future and coping with unexpected upheavals in their life. It contained statements focusing on issues such as *'Becoming very ill,'* and *'people close to me dying'*. Females were more concerned about the future; statistically significant differences in responses were present for the type of school ($p < 0.01$) and housing area ($p < 0.05$). All-female schools, students from housing estates and those at non-grammar maintained and integrated schools worried more about change and transition than did their counterparts.

Choosing a Job
The mean score of '*choosing a job'* was the third most worried about construct. Concerns here were universal with no statistical differences across age, gender, housing area, school management sector, and location of school. However females were unsure about their future career.

Myself
The eleven statements measuring attitudes relating to self-concept, negative thoughts, being criticised or talked about and lack of confidence. It was fourth in rank order of the things young people worry about. Small differences in responding were present between

the type of school attended, between grammar and non-grammar schools, and housing location with young people living in the suburbs being more concerned about their self-concept (see table 1 and 2).

Home relationships
This examined the relationship between the young people and their parents. Questions included were *'being treated like a child by my parents/ guardians'* and *' parents / guardians finding out something about me'*. Ranked fifth, students admitted to worrying sometimes about their relationships at home. There were no statistical differences in frequencies across the demographics.

Money matters
Young people from housing estates and/or those with a disability were more anxious about money matters ($p < 0.05$) as were pupils at all-male schools ($p < 0.01$). No other statistical differences were present for the other demographics.

Opposite Sex
There was little concern regarding matters relating to the opposite sex. Whether this was down to strong social confidence, reticence regarding a perceived threatening subject or lack of interest is unclear. Ranked seventh of ten, the average score falls between the *'never worry'* and *'sometimes worry'* categories. Observed worry decreased with increased age, and males were less concerned than females. Those at the all-female schools expressed concerns that reached a level of statistical difference ($p < 0.01$) as did young people from the suburbs ($p < 0.05$).

Verbal Communication
This dealt with social competence and the willingness to speak up for oneself. Statements relating to this construct included *'asking questions in class'* and *'speaking out in class'*. This was in the lower half of the worries of adolescents, and all groups reported limited concerns about their ability to communicate effectively. Slight variations in responding are evident in Table 1, but Table 2 shows statistically significant differences with the type of school attended and gender. All female schools having a higher mean score than the other two types of school, while overall the mean score of males was significantly lower than that of females.

Information Seeking
Ranked ninth, with little difference between it and communication at home, information seeking about further jobs/careers did not seem to concern the sample. Mixed schools and all-female schools shared an almost equal mean score of anxiety in looking for help or literature about future careers/studying. This was much higher than the all-male schools ($p < 0.01$).

Communication at Home
This was ranked least and explored how well the channels of communication work between young people and other members of their families. Males felt that there was less to worry about than females ($p < 0.01$). Students of all-male schools worried less that

those in all-female schools ($p < 0.01$). Young people from a farming background expressed less of a concern as to how well they got on at home.

Additional statements on key areas of potential worry

A number of interesting findings emerged here (see Table 3). First, it is evident in combining the 'often worry' and 'always worry' categories, that personal image is of great importance. Almost half of the sample expressed concerns about how they look and their body image. Forty four percent of the sample often or always worried about getting fat and an almost identical number worried about being happy with the way they looked. Females were particularly concerned about these two statements with 62.4% rating their level of worry regarding image as often or always, compared to 22.6% of males. Similarly, 69.5% of females were anxious about getting fat as compared to 22.8% of males. This has obvious implications for those who are working in the area of prevention for eating disorders.

Cross tabulation of the two statements on appearance and being fat with corresponding self-esteem levels show that a disproportionately high percentage of those with low self-esteem always worried about the way they looked and about getting fat. This was statistically significant ($p < 0.01$).

Other concerns of the young people when the 'often worry' and 'always worry' were combined included high parental expectations (29.5%), that the troubles will start again (30.6) and contracting a sexually transmitted disease (23.2%). Issues surrounding their sexuality i.e. being gay, were not reported to be of concern to the sample. Again, the reasons are unclear – reticence may have played a part. Cross-tabulation of results show that females were overly concerned on these statements to statistically significant level ($p < 0.01$ and $p < 0.05$ respectively).

In the qualitative element of the study, when young people explored worry through the eyes of the characters in the vignettes, a number of aspects of their daily life, particularly academic and schoolwork were highlighted;

> *''I get extreme pressure to do well in exams. I would put myself under pressure…''*

the uncertainty of the future in terms of change and transition and getting a job;

> *"I sometimes worry about what I'll do if I don't get my exams…where I'll get a job…"*

and how others perceive them, often in terms of appearance

> *"…some people would say* "oh look how skinny she is…" *some people would feel hurt by that…"*

This latter point is more evident among females from every demographic background.

It is also noteworthy that the vignette discussions mirrored the findings of the survey where almost half of the sample expressed concerns about how they look and their body image. There was a common perception that

"society expects girls to be thin"

Self-image is thus particularly important to girls as verbalised by one member of a focus group

> *''Girls would be more conscious because they read magazines and see pictures of superstars and models who are thin as sticks and they think that is the way they have to look…''*

Overall, the above results give the overall picture obtained from the survey and vignette focused groups. Individual findings, as detailed in the main report, showed variations according to gender, school management type, type of residence and geographical location.

Construct title	Age			Gender		Type of school attended			Disability		Housing area				
	14 years	15 years	16 years	Male	Female	Male	Female	Mixed	No	Yes	Housing estate	Suburbs	Country - side	Farm	Total
Academic and School	2.40	2.36	2.16	2.20	2.50	2.38	2.50	2.30	2.18	2.37	2.36	2.53	2.36	2.21	2.36
Change and Transition	2.29	2.30	2.13	2.10	2.45	2.07	2.40	2.30	2.46	2.29	2.35	2.29	2.29	2.13	2.29
Choosing a job	2.11	2.18	1.97	2.03	2.27	2.08	2.19	2.17	2.11	2.16	2.18	2.27	2.15	2.06	2.16
Myself	2.04	2.02	1.79	1.82	2.18	1.89	2.19	1.98	2.00	2.02	2.02	2.15	2.03	1.89	2.02
Home relationships	2.01	2.00	2.08	1.94	2.06	2.01	2.07	1.98	2.11	2.00	2.01	2.12	1.98	1.96	2.00
Money matters	1.80	1.90	1.97	1.80	1.96	1.74	1.97	1.88	1.81	1.88	1.95	1.93	1.83	1.77	1.88
Opposite Sex	1.90	1.88	1.63	1.73	1.99	1.75	2.05	1.83	1.85	1.88	1.83	1.96	1.92	1.80	1.87
Verbal communication	1.82	1.87	1.67	1.73	1.96	1.73	1.94	1.86	1.77	1.87	1.86	1.81	1.89	1.82	1.86
Information seeking	1.79	1.84	1.94	1.76	1.89	1.63	1.83	1.87	1.82	1.83	1.84	1.90	1.81	1.78	1.83
Communication at home	1.79	1.84	1.73	1.70	1.92	1.75	1.94	1.79	1.78	1.83	1.82	1.91	1.82	1.77	1.82
Total score of TIWA-R.	1.99	2.02	1.91	1.88	2.12	1.90	2.11	2.00	1.99	2.01	2.02	2.09	2.01	1.92	2.01

Table 1. Total mean scores and construct mean scores across age, gender, gender-type of school, disability and housing location.

Construct title	Age	Gender	Type of school attended	Disability	Location of school	Funding of school	Housing area
Opposite Sex	NS	NS	**	NS	NS	**	*
Academic and School	NS	NS	**	NS	*	**	**
Home relationships	NS	NS	NS	NS	*	*	NS
Choosing a job	NS	NS	NS	NS	NS	NS	NS
Verbal communication	NS	*	**	NS	NS	*	NS
Information seeking	NS	NS	**	NS	NS	*	NS
Money matters	NS	NS	**	*	NS	NS	*
Myself	NS	NS	**	NS	**	**	*
Communication at home	NS	**	**	NS	**	**	NS
Change and Transition	NS	NS	**	NS	NS	*	*
Total score of TIWA-R.	NS	NS	**	NS	NS	*	*

Table 2. Correlation analysis of '*Things I worry about*' constructs by age, gender, type of school attended and housing location.

** significant to a level of $p<0.01$

* significant to a level of $p<0.05$

NS indicates to significant differences in mean scores between the groups.

Statement	Never worry	Sometimes Worry	Often Worry	Always Worry
Contracting a sexually transmitted disease	37.6%	39.1%	14.0%	9.2%
My parents expect too much from me	38.8%	31.8%	17.5%	12.0%
That I am gay	89.9%	4.9%	1.5%	3.7%
I will inherit the family business	85.2%	9.0%	4.1%	1.7%
Having peace to do my homework	64.2%	26.7%	6.8%	2.3%
Being happy with the way I look	24.5%	31.1%	22.6%	21.8%
Getting Fat	33.8%	20.0%	19.1%	27.1%
Getting to and from school safely	79.6%	15.2%	3.1%	2.1%
Being safe when I go out after school	56.5%	30.0%	9.3%	4.2%
The troubles will start again	36.4%	33.0%	16.4%	14.2%

Table 3. Frequencies of responses to additional statements included in *'The Things I Worry about'* Questionnaire.

YOUNG PEOPLE'S REASONS FOR LIVING

When this section of the questionnaire was analysed a number of interesting findings emerged in the total scores on The Reasons for Living – Adolescent Inventory (see Figure 1). The total mean score of the Reasons for Living Questionnaire was 51.77 out of a potential 84. This is skewed slightly to the positive side, with over half the sample (53.4%) scoring above 50, and a median score of 53, which is encouraging. Age, disability and housing area did not have a significant difference on the overall scores. Small variations were, however, present (see Table 4). Statistical differences were found between gender, location of school, housing area ($p<0.01$) and type of school ($p<0.05$). Males were less happy with life than females. Adolescents with a disability felt that they had more reasons for living, and those from the sample living in the Portadown area or attending controlled grammar schools were more pleased with life with a mean score of 55.18 and 54.90 respectively.

It is clear from Figure 1 that the participants' responsibility to family is the most important reason for staying alive. This was closely followed by survival and coping behaviour. Fear of social disapproval was ranked last. The funding-type of the school had an influencing effect on how the respondent rated each construct with significant differences being recorded on all five (see Table 4). Location of school was significant on three out of the five, namely responsibility to family, survival and coping behaviour and moral objectives.

Responsibility to Family

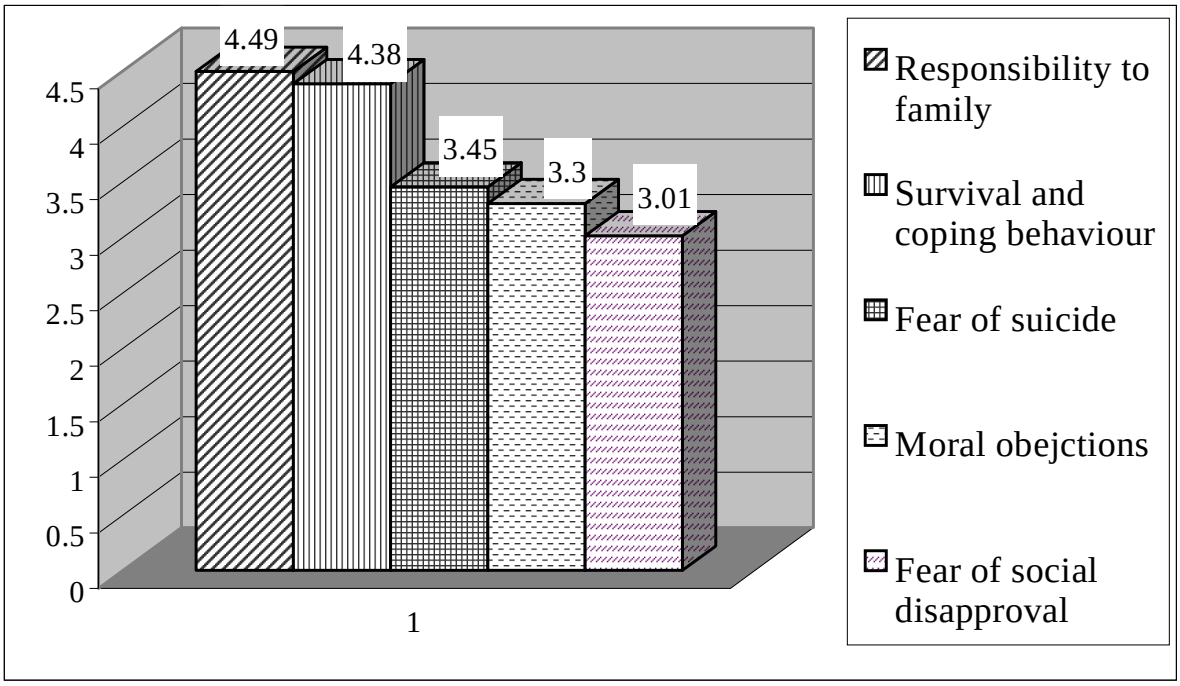
This construct comprised three statements examining the strength of positive family relationships. It scored highest as providing a good reason for living, with a mean score of 4.49. Responding decreased slightly with age, but still remained the construct that scored highest. It was less important to males, who scored it lower than females, and those without a disability rating it second out of the five constructs. The difference in gender scoring is reflected in the mean scores when types of schools are compared. All-male schools scored it below the all-female schools. The difference here is statistically

Construct title	Age			Gender		Type of school attended			Disability		Housing area			
	14 years	15 years	16 years	Male	Female	Male	Female	Mixed	No	Yes	Housing estate	Suburbs	Countryside	Farm
Responsibility to family	4.61	4.48	4.36	4.45	4.53	4.39	4.51	4.52	4.17	4.51	4.48	4.56	4.55	4.32
Survival and coping behaviour	4.44	4.32	4.64	4.28	4.40	4.25	4.23	4.43	4.46	4.35	4.30	4.46	4.36	4.33
Fear of suicide	3.62	3.43	3.27	3.29	3.59	3.43	3.60	3.41	3.05	3.47	3.48	3.32	3.49	3.44
Moral objection	3.37	3.29	3.13	3.45	3.19	3.36	2.82	3.52	3.14	3.31	3.26	3.14	3.35	3.50
Fear of social disapproval	3.10	3.06	3.58	3.22	2.97	3.17	2.77	3.21	3.19	3.08	3.16	3.09	2.99	3.03
Total score of Reasons for living score.	53.13	51.60	53.13	51.47	52.25	50.68	50.02	52.06	48.37	52.00	51.71	51.32	52.33	52.00

Table 4. Total construct mean scores for the RFL-A across age, gender, gender of school, disability and housing location.

significant to a level $p<0.01$ (see Table 4). In all, demographic influences did not alter the mean scoring significantly, other than in ranking order.

Figure 1. Total scores for the Reasons for Living Adolescents Inventory.



Survival and Coping Behaviour

Three statements measured the participant's courage and enthusiasm to face up to the future. Survival and coping was ranked top of the five constructs for those without a disability, students in controlled non-grammar schools, and young people working on farms. Scoring between this construct and 'responsibility to family' were very similar. Together these two constructs had a mean score considerably higher that the remaining three. As with scoring on the participants' responsibility to family, mean scores on survival and coping behaviour decreased with age.

Fear of Suicide

Third in ranking, this construct consists of two statements that look at fear of death and the unknown. It had a mean score of 3.45 (see figure 1). Males played down their fears of suicide, as did those coming from farming backgrounds while students attending mixed schools rated it fourth in their rankings. Differences in scoring between the location of the schools as well as the funding of the school were to a statistical level $p<0.01$, indicating significant variations of means between the groups (see table 4).

Moral Objection

Scoring on this construct was interesting. The construct comprised three statements and ranked fourth with a mean score of 3.07. Males rated it in third position, as did young people from farming backgrounds. Interestingly, the statement 'my religious beliefs forbid it' was the lowest scoring statement of the fourteen across all demographic details. When a mean score was generated for the remaining two statements, it rose considerably to a mean of 3.63, above that of fear of suicide and extended further in the controlled school sector to 4.07 for grammar schools and 4.05 for non-grammar. It is evident that this one statement deflates the total score for the construct.

Fear of Social Disapproval

This construct was rated consistently lowest in all but one demographic detail i.e. disability. Those without a disability scored 'fear of suicide ' lowest. Like all the other constructs, the mean score decreased with increasing age. Males scored it higher than females, likewise for those living on housing estates when compared to the other housing locations.

YOUNG PEOPLE AND SELF-ESTEEM

The Rosenberg Self-Esteem Scale produced an average score for the total sample of 22, indicating a slightly higher than average number of young people who are at ease with themselves. Males had a higher mean of 20.3 than females at 23.7. This finding was linked to the type of school attended and all-male schools had high levels of self-esteem at 20.6. All- female schools were below the overall mean at 24.2. There was no significant difference in self-esteem levels in the remaining demographic categories.

If the results of the Rosenberg Self-esteem scale are summarised, where scores of 10-20 = high self-esteem, 21-30 = medium self-esteem and 30-40 = low self-esteem, statistical comparisons can be made across many of the other variables in the study. Figure 2 demonstrates the size of each of the categories with 6.5% of the sample falling into the low self-esteem category. Of this 6.5%, females accounted for 5.3% while the remaining 1.2% was male. Young people in mixed schools had a disproportionately greater percentage level of high self-esteem when compared to the other two school types. All-girls schools were the inverse, this may be partly due to the gender effect mentioned above. As is the case with regional differences, the effect of gender differences is evident here also.

An analysis of variance was conducted on the overall score of the five constructs within the Reasons for Living Adolescent Inventory. As before, the level of self-esteem was used as the independent variable. Statistically significant differences were reported on the overall scoring and on four of the five constructs ($p < 0.01$). Those with lower ratings of self-esteem displayed lower mean scores on their reasons for living except for '*fear of suicide'* where those with lower self-esteem scored it higher than those with high self-esteem (see Table 5 below). Fear of social disapproval was the only construct that did not achieve a level of significance.

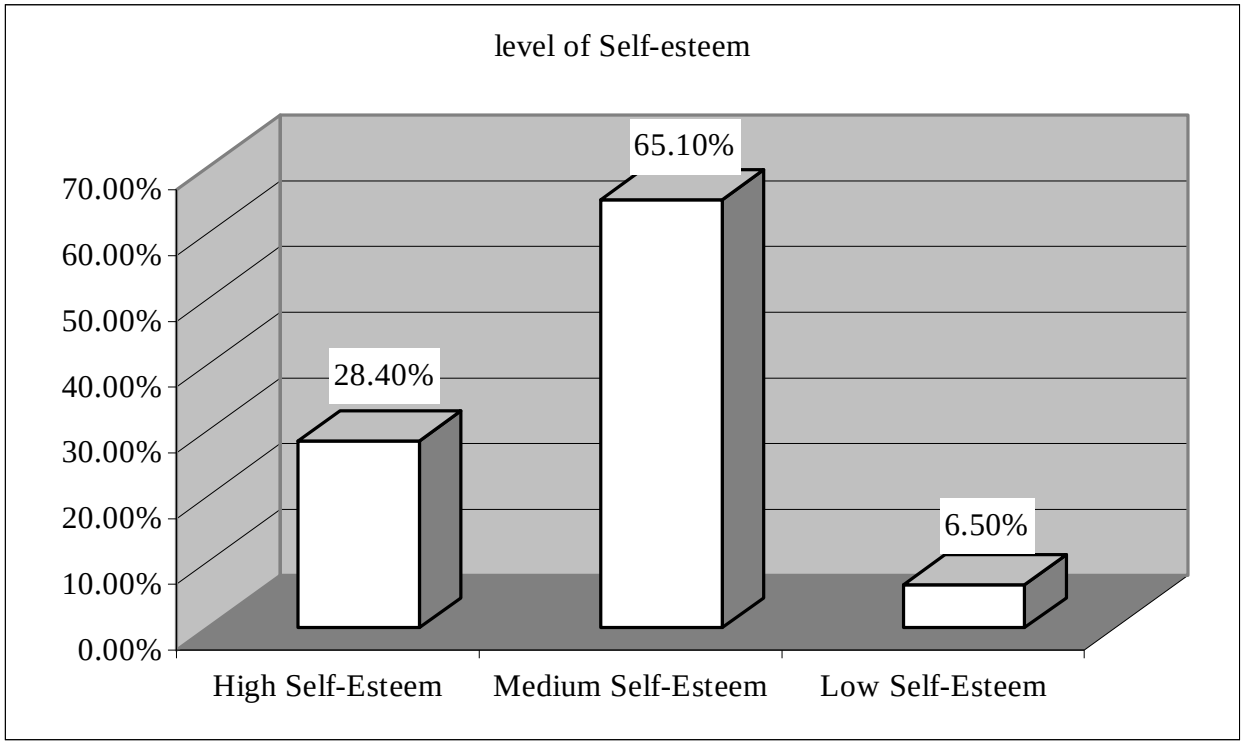


Figure 2. Categories of self-esteem for the total sample.

Construct/ esteem levels	High self-esteem	Medium self-esteem	Low self-esteem	Mean Score
Fear of Social Disapproval	3.17	3.05	3.04	3.08
Moral Objection	3.63	3.23	2.61	3.31
Survival and Coping Behaviour	4.79	4.25	3.29	4.34
Responsibility to family	4.89	4.36	4.03	4.49
Fear of Suicide	**3.23**	**3.55**	**3.50**	**3.46**

Table 5. Mean scores of Reasons for Living Adolescent Inventory by level of self-esteem.

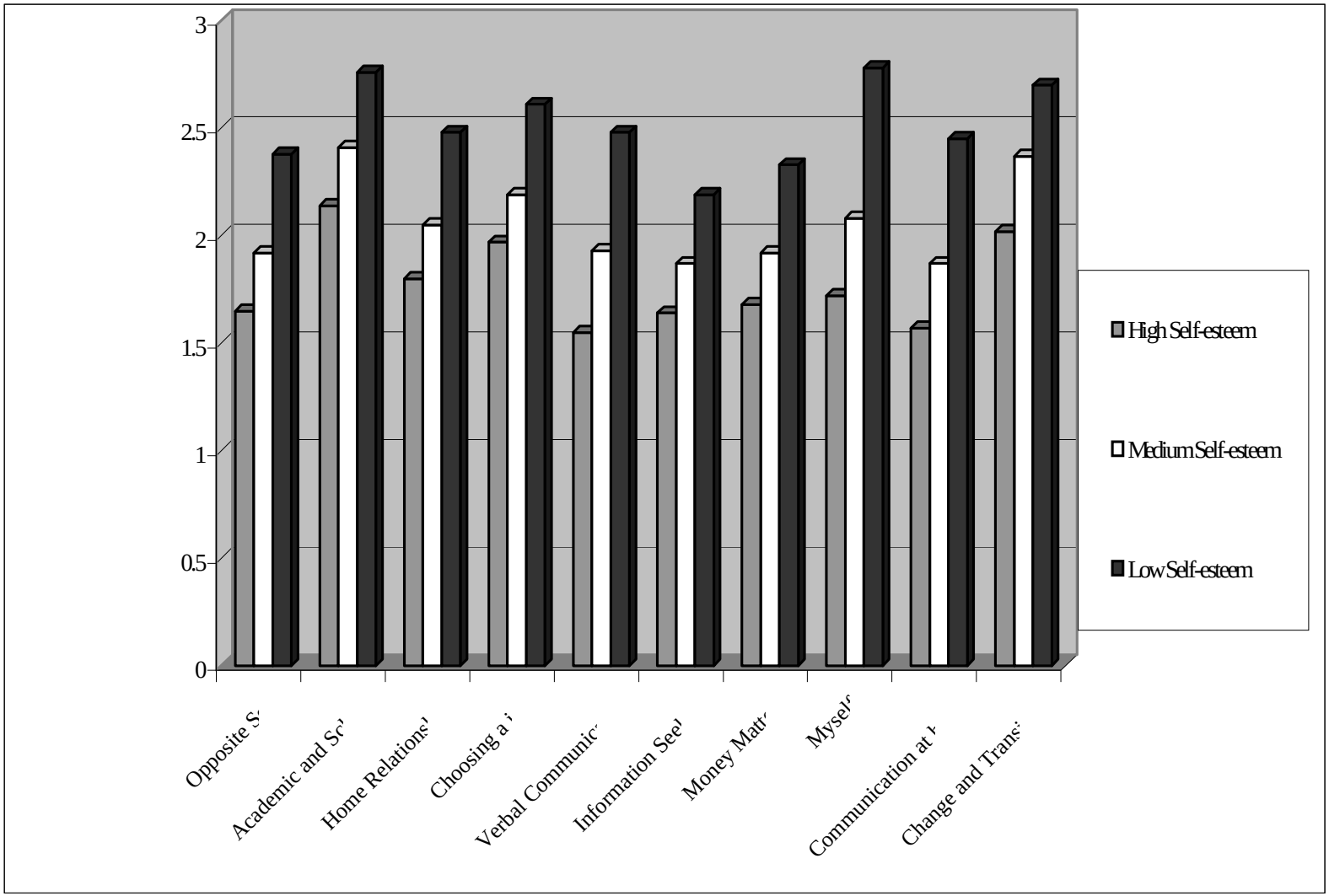


Figure 3. Mean score of each construct of the things I worry about questionnaire by differing levels of self-esteem.

Young People and Risk Taking Behaviours Related to Substance Use

A number of questions in the study addressed the sample rate of risk-taking behaviour, smoking, alcohol consumption and drug use. The results for smoking showed prevalences which, while confirming patterns which have been observed in most other studies, were nonetheless much lower than might have been expected when comparing survey figures from studies such as the Health Behaviour of School Children survey (HPANI, 1998). It was found that overall 15.1% smoked, consuming on average 8 cigarettes per day. An equal percentage from each gender smoked, while those attending single sex schools were less likely to smoke compared to mixed gender schools, with a prevalence rate of 17.9%. There was a higher prevalence rate for adolescents living on housing estates (21.7%) which those living in the suburbs having a prevalence rate below 10%. There was higher rate of smoking among teenagers in the Newry area at 16.1%, with Dungannon having the lowest rate at 13.4%. Prevalence was highest in the non-grammar maintained schools where the rate of smoking among adolescents was 23.2%. The highest risk group could be profiled as a 15-year-old female attending a mixed gender, non-grammar school and living on a housing estate in the Newry area.

Over half of the sample consumed alcohol (55.3%) once or twice a week. The maximum number of occasions within a week was 5 times. As with smoking, the percentage increased with age, however most had begun experimenting with alcohol by the age of fourteen. Little separated the percentage of males and females who drank, with the male percentage being slightly higher. Surprisingly, those attending an all-male school were less likely to drink (43.1%). Also, 60.6% of young people from housing estates had

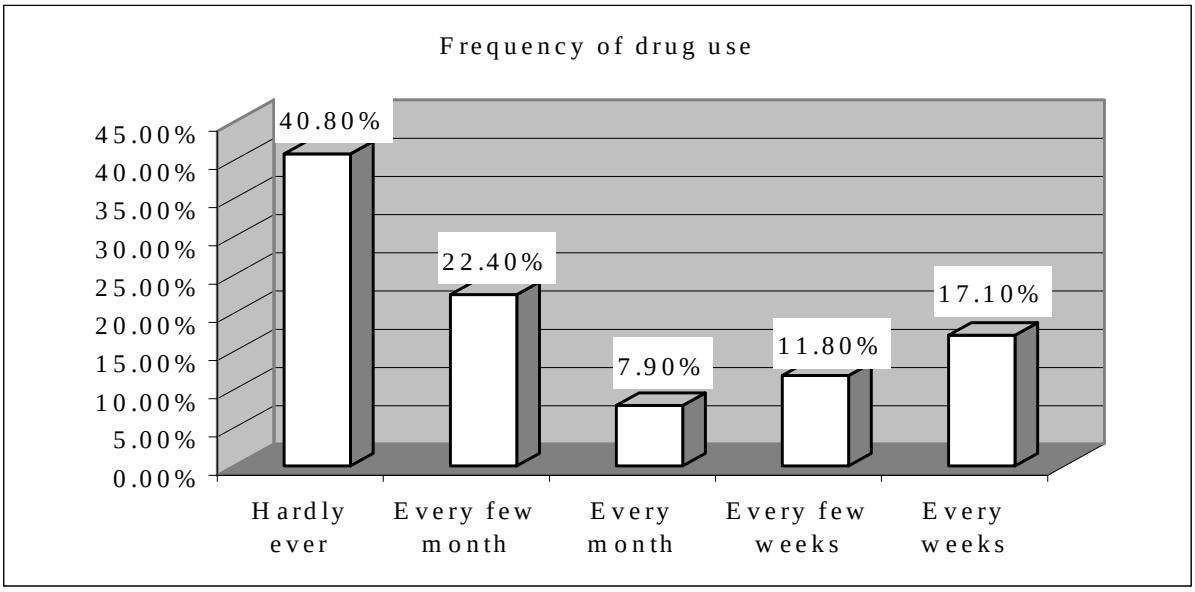


Figure 4. The frequency of drug use for those identified as users in the sample.

experimented with drinking. Those living in the Newry area (60.7%) were more likely to drink than their counterparts in Dungannon (51.6%) and Portadown (52.3%). Drinking

was substantially higher in non-grammar controlled schools with a prevalence rate of 62.7%. Grammar schools had a much lower rate of alcohol users, with the controlled grammar schools having a prevalence rate of 44.6%. Analysis of the data according to all demographic characteristics, showed that males attending a mixed non-grammar controlled school, living on a housing estate in Newry, were the most likely to drink.

Almost nine percent of the sample used illicit drugs for recreational purposes. Forty percent of this subgroup had experimented with drugs, classifying their frequency of use as 'hardly ever'. Figure 4 shows the frequency of use among those who experiment with illicit drugs. More males than females used drugs; 10.5% to 7.2%. As expected the percentage of users increased with age, as did the frequency of use. Interestingly, there was a higher prevalence among adolescents in all-male schools, compared to the other two types of schools. Schools in the Dungannon area had the highest rate of use, at 9.9%. Those attending schools in Portadown were the least likely to have ever used drugs (7.1%). The small size of the sub-sample prevents further analysis of the demographics.

Self-reported risk-taking behaviours involving substance use (including alcohol, legal and illegal drugs and tobacco) was much lower for the sample than that reported nation-wide. Over fifteen percent of the sample smoked, in excess of 55% had experimented with alcohol, and almost nine percent had used illicit drugs. Two point five percent reported using illicit drugs at infrequent intervals. The reasons for what appears to be under-reporting for tobacco use are unclear. The overall picture, however, suggests that substance use is an issue which needs ongoing attention.

Young People, Self-esteem, Risk-taking Behaviours and Services Uptake

The general rule of thumb regarding the relationship between levels of self-esteem and risk-taking behaviour (smoking, drinking alcohol and drug use) is that the lower the level of self-esteem, the higher the likelihood of engaging in the risk-taking behaviour. This rule holds true for alcohol and drug use to a level of significance $p < 0.05$. It is not the case for smoking where there is a lower prevalence rate than would be expected for the low self-esteem group. In all cases, those with high levels of self-esteem were least likely to engage in any risk-taking behaviour.

Each respondent was also asked to rate to what level they could trust people within the community with their personal problems. Those with low self-esteem rated their level of trust lower than the other two self-esteem levels for all but two potential sources of help. These were ''friend' and 'other', which included sisters/brothers and other family members.

Four questions gauged the respondent's belief that there is help available to personal problems. In all four of the questions those with low self-esteem felt that there was no help available within the community. This was significant to a level of $p < 0.01$.
Poor body image was also associated to low self-esteem.

Young People Seeking Help

All respondents were asked to rate the persons' they would be willing to discuss problems with and the extent to which they would do so. Overall, mothers and friends were the people most likely choice to discuss problems with. As Figure 5 shows, local priests and ministers of religion were the people whom the students considered least approachable for help with problems. When analysed according to gender of respondent, the ordering changed with males confiding in their mothers more than their friends. This was statistically significant ($p<0.05$). Males were more likely to seek advice from their fathers than would females. Both genders rated general practitioners, teachers and priests/ministers as being the lowest.

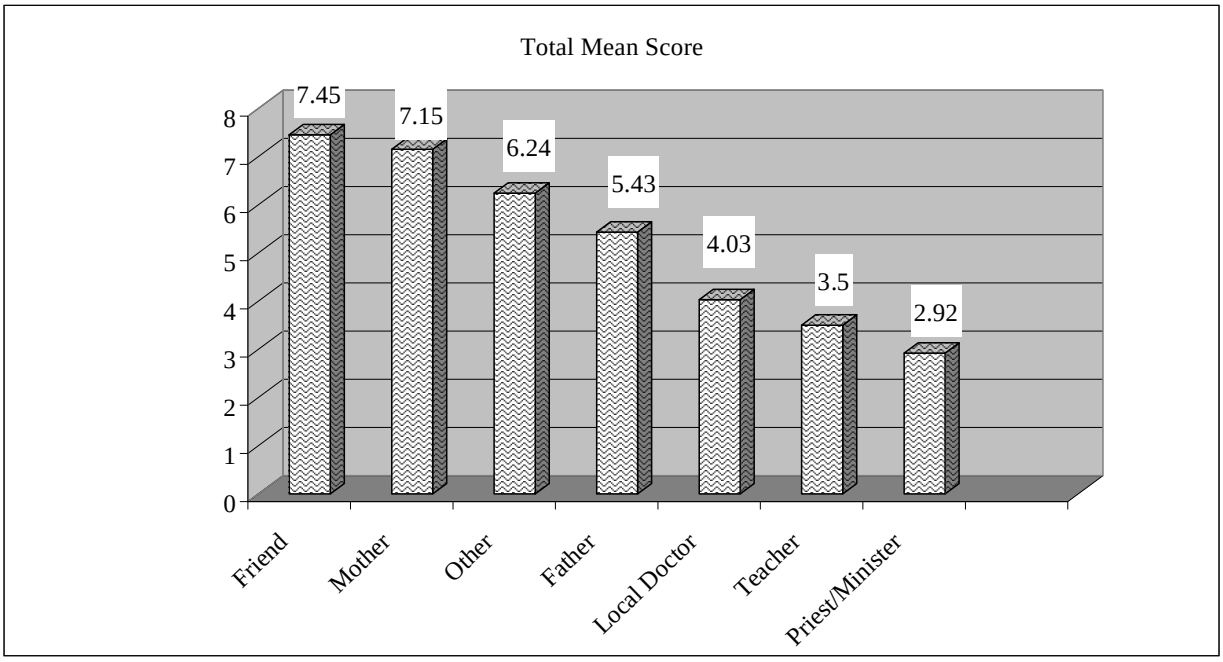


Figure 5. Mean scores for those people whom young people feel they can trust

The presence of a disability did not affect the ordering of each of the potential sources of help and the sixteen year old sample, which was predominantly male, identified their fathers as the person most likely to discuss personal problems with. This was significant to a level of $p<0.01$. No other statistical differences were found for age.

Students attending all-female schools would confide in their friends, mothers and others while all-male schools rated mothers, friends and fathers highest. Mixed schools mirrored that of all-female schools. All three types of school relegated doctors, teachers and priests/ministers to the bottom half of the table respectively. There was no difference in the rank order of the people within the community adolescents could talk to when compared across housing location.

Young People Using Services

The participants were asked to grade their attitudes to four questions regarding the provision, availability and confidentiality of youth services and resources in the community. Two of the questions were negatively worded and two positively. Table 6 shows how each responded to these questions.

Question	**Strongly Agree %**	**Agree %**	**Disagree %**	**Strongly Disagree %**
There is not enough help available if I have a problem (negative)	8.4%	29%	53.4%	9.3%
I cannot talk about my problems with an adult because they will tell my parents (negative)	10.7%	28%	50.7%	10.6%
There is someone to talk to regarding my worries and concerns (positive)	22.2%	59.7%	16.2%	2%
There is help available where I could get confidential advice on my problems. (positive)	19.8%	52.1%	21.7%	6.4%

Table 6. Frequencies of levels of agreement with statements relating to the provision of services.

While the majority of the sample responded positively to the availability of channels of communication should they experience potential problems, a substantial minority, ranging from 18% to 39% felt disenfranchised and helpless regarding their problems. This subgroup was evident across all the demographics and not specific to any one particular grouping. Age, type of school and housing location did not differentiate the number of individuals within this subgroup. However more males than females felt that there was a lack of help and resources in the community.

Cross-tabulation of the negatively phrased questions, *'there is not enough help available if I have a problem'* and *' I cannot talk about my problems with an adult because they will tell my parents'*, show a core subgroup of 20% that believe there to be no help available in the community. This percentage is substantially higher for males than females, 23.2% and 17.3% respectively. For the positively worded statements *'There is someone to talk to regarding my worries and concerns'* and *'There is help available where I could get confidential advice on my problems'*, males formed the larger percentage of this group of 10.2% with 11.2% of all males disagreeing with both statements compared to the 9.2% of the female sample that felt likewise. Overall males tended to rate the availability of help, the usefulness of the help and confidentiality of the helper below that of the females in the study.

In the vignette groups students also reported that they were more likely to seek help from their family and friends than from professionals in the community. While the majority of the sample felt that there was help available when needed, there was a group of respondents, more males that females, who felt that there was no help available. There was evidence of a willingness to seek help, but the young people were very selective about who they felt they could confide in. When participants in the focus groups were asked to identify traits of individuals who they could confide in they identified issues such as trustworthiness

> *''Someone you can trust…''*

confidentiality

> *''How well you get on with them and how well you think they can keep it to themselves… they wouldn't talk behind your back. ''*

approachability

> *''Whether they can see it from your point of view." How well they will understand you, to see who you really are, ''*

and being non-judgmental. In addition, a majority of focus group participants reported feeling more confident in talking to a younger, experienced counsellor about their problems.

> *''They're nearer your own age and they're good enough to care about how you feel and listen to your opinion…''*

In relation to use of dedicated services such as helplines and drop-in centres, one respondent voiced the feelings of a large proportion of the students when she said

> *'' They [helplines] don't seem real…you don't know who your talking to. They have better things to do than listen to your problems, they could be laughing at your problems…''*

SUMMARY OF KEY FINDINGS

Young people indicate that those areas where they have greatest worries are:

- academic and school work;
- change and transition in their lives;
- choosing and finding a job;
- their own psycho-social health;
- personal image and appearance (particularly those with low self-esteem;
- parental pressure, particularly related to academic performance;
- the re-emergence of the troubles;
- the possibility of contracting a sexually transmitted disease.

The reasons for living, which would provide the strongest prevention factors to suicide, are:

- responsibility to family;
- survival and coping strategies

Religious belief and commitment displays the weakest links with suicide prevention.

Low self-esteem is positively linked with:

- greater fear of suicide;
- engaging in risk taking behaviours
- low reporting of substance use;
- poor body image;
- decreased likelihood of finding someone to trust;
- a perception that there is little or no help available for mental health issues.

There is a sub-group of the study population, dominated by males, who display less positive attributes of mental health which could lead to problems at a later stage.

RECOMMENDATIONS

Recommendation 1 – Adapting and creating appropriate curriculum and pastoral support mechanisms

This study has shown that self-esteem is a key predictor of the state of emotional wellbeing of young people. A range of efforts is therefore needed in the educational and youth settings (statutory and voluntary) to enhance self-esteem. These efforts, primarily focused in curriculum and pastoral care provision, should be focused specifically on:

- Coping with issues which lead to worry, notably the volume and complexity of academic and other school work;
- Adapting to changing situations in the context of the changing nature of adolescence;
- Self-image – learning to accept and adapt;
- Reasons for living – reinforcing the value which young people place on family and friends.

This recommendation could be achieved by focusing on:

- Peer education programmes – consideration should be given to peer education projects, particularly those which would address gender-related issues;
- Other training programmes – the need for ongoing training programmes which address the mental wellbeing (including self-esteem) needs of young people should be highlighted. These programmes should ensure that they target social need, gender issues and respond to the expressed needs of young people, particularly those who contributed to this research;
- Specific worries of young people such as body image/weight issues, perceived parental pressure, return of 'the troubles' and fear of contracting sexually transmitted diseases need to be addressed;
- Education and training of teachers – consideration should be given to ascertaining the education and training needs of teachers in relation to addressing the mental wellbeing (including self-esteem) needs of young people in the school setting.

Recommendation 2 - Adapting and creating appropriate formal and informal mental health support services

Young people will most often seek help from family and friends in the first instance. Where this is not possible or appropriate, efforts must be made to identify and engage appropriately with young people, particularly the relatively small group who perceive themselves as alienated from professional help in relation to their mental wellbeing. All those who work to provide responsive and empowering mental health support services for young people should ensure that their efforts are characterised by non-judgmental attitudes. Provision across all sectors should take into account the fact, highlighted by this study, that young people appear to relate more readily to professionals who are approachable, trustworthy, can respect confidences and who, preferably, where possible,

are nearer in age to themselves. Approaches and strategies should be based on strict ethical principles, particularly that of confidentiality.

This recommendation could be achieved by:

- Service providers taking into account the profile of those currently undertaking face-to-face work with young people and seeking, through recruitment, education and training and policy development, to develop user-friendly mental health support services within their specific setting.
- Service providers identifying and addressing the barriers which currently exist and make their services as accessible as possible to young people. The importance of confidentiality needs to be paramount.
- The perceived inaccessibility of specific professional groups, notably general practitioners and the clergy, should be investigated to ascertain what measures can be adopted to remedy the situation.
- The role of parents needs to be highlighted in a positive way, especially in relation to the findings that parental pressure is a negative experience for young people and that males are more likely to confide in their mothers. The influence which fathers have as a reassuring influence should also be highlighted. Relevant groups who have a remit to work with parents should also plan training needs accordingly.

Recommendation 3 – De-stigmatising mental health issues

In the wider arena, all those involved in providing services to young people should continue efforts to de-stigmatise not only mental health issues, but also the acceptability or help-seeking from a range of formal and informal sources.

Recommendation 4 – Addressing young people's mental wellbeing needs in the wider arena.

The world of the early 21st century is a challenging environment for young people. Multi-sectoral action needs to be undertaken at both regional and local levels to address young people's needs.

This recommendation could be achieved through:

- Recognition by the Department of Education that an over-emphasis on academic attainment at the expense of mental wellbeing (including self-esteem) is undesirable. The effects of education policy on the school environment, teachers attitudes and approaches and thus on young people needs further consideration.
- The Consortium should give consideration to the development of an action plan outlining the need for a co-ordinated approach to addressing the key issues highlighted by the research.
- The summary research report should be disseminated widely to all organisations with responsibility for providing services to young people. The relevant government departments should be made aware so that an appropriate response

can be formulated. The full report should be made available through an appropriate website thus maximising dissemination and limiting production costs.

ACKNOWLEDGEMENTS

SOUTHERN HEALTH PROMOTION CONORTIUM

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