

Unheard Voices: Non –service using mothers perceptions of their adolescents’ social and emotional wellbeing

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List of Abbreviations

HETI – Health Education and Training Institute
CAMHS – Child and Adolescent Mental Health Services
BOSTES - The board of studies teaching and education standards
CIAP - Clinical Information Access Portal
WHO – World Health Organisation
MHFA – Mental Health First Aid
YMHFA – Youth Mental Health First Aid
GP – General Practitioner

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Abstract

Background

Only a small percentage of young people who experience mental ill-health will access professional help and receive care. Young people tend to turn to their parents for support, advice and information. However we know very little about what this support looks like and how parents identify social and emotional wellbeing in their adolescent children. This research aims to find out what parents observe and consider being of importance relating to their adolescent children's wellbeing and how they respond to their social and emotional needs.

Method

Semi structured interviews were conducted in an inner regional area of Australia, with nine mothers of adolescent children aged 12-17, who were deemed of lay knowledge, having not had contact with Child and Adolescent Mental Health Services (CAMHS) or seen a private psychiatrist or psychologist for their children. This qualitative study used hermeneutic phenomenology to guide thematic description and analysis of the data, to explore the lived experience and identify key themes.

Results

Social and emotional wellbeing was not something that parents described giving much conscious thought to. They spoke of feeling like they knew their children and believed they would be able to see changes to indicate concerns. Participants identified the role of other people, in their adolescents' wellbeing. This centered on the people close to them and the people they felt knew their children well. Interview data indicated two overall thematic areas that described how non-service using parents perceived the social and emotional wellbeing of their adolescent children; 'Mothers perceptions of knowing their children' and 'The influence of others'. Five sub themes were also identified. 'The significance of the parental relationship', 'The presence and absence of contact', 'Making connections', 'Gaining knowledge' and 'Support'.

Conclusion

A mother understanding of the social and emotional wellbeing of their adolescent children is complex and constantly changing. This research gives voice to the large group of parents who are not currently accessing services, helping to develop a shared understanding of what works for them in promoting and monitoring their child's wellbeing. Inherent in this understanding is the perception that mothers know their children and how they are influenced by people and experiences. By focusing on these core themes, professionals may be better placed to engage and target mental health promotion, prevention and early intervention, to people identified by mothers as being part of their informal support network as well as to one of the key supporters of adolescent social and emotional wellbeing, mothers.

Keywords: Adolescents, mothers, emotional and social wellbeing, mental health.

Executive Summary

Context

Adolescent mental health services are being developed and designed by health professionals, based on information from service using or referred populations. The content of mental health promotion materials and campaigns are based on studies of problem identification of mental illnesses and help seeking pathways of those who have already reached services. The vast majority of adolescents with diagnosable mental health disorders do not reach specialist mental health services.

Rationale

Health services may be better able to identify first episodes of mental ill health in adolescents by focusing mental health promotion, prevention and early intervention education towards parents and caregivers. Mental health services may be able to reduce the impact of mental ill health on the individuals functional performance, and the impact on their social systems including their family, promote pathways to care, including informal pathways and health promotion initiatives and therefore potentially reduce the need for specialist mental health services. Mental health professionals know that early intervention for mental ill health and health promotion, may prevent a mental illness, may increase resilience, may identify mental ill health early, may reduce the impact of an illness and may support recovery, if a young person is experiencing a mental illness (1).

Approach

A qualitative research study using hermeneutic phenomenology to guide thematic descriptive analysis was used by the researcher. The views of nine ordinary parents, with lay knowledge of mental health, their adolescent child or children having not had contact with CAMHS or seen a private psychologist or psychiatrist, were interviewed using semi-structured interview questions. The researchers' goal was to explore lay views of social and emotional wellbeing in adolescents as described by their parents.

Implications

This research has implications for policy makers and adolescent mental health promotion, prevention and early intervention service providers, due to the limited literature on non-service users' perspectives of wellbeing. Policy makers and services include; The Department of Health, particularly mental health service policy makers who are striving to engage parents and carers as integral stakeholders in adolescent mental health promotion, prevention and early intervention; The Australian Institute for Teachers and School Leadership who are responsible for the Australian Professional Standards for Teachers, ensuring standards of teacher education programs and The Quality Teachers Council of each state who monitor continuing professional development; And adolescent mental health promotion, prevention and early intervention service providers, responsible for population health initiative. This research study has given voice to the population that these services aim to target, as non-service using parents voices have seldom been heard and considered in service and policy design, and implementation.

Findings

Two major themes and five sub themes were identified to distinguish how mothers describe the social and emotional wellbeing of their adolescent children.

1. Mothers perception of knowing their children

This theme captured the inherent belief that mothers perceived that they know their child and could identify their social and emotional wellbeing needs. Mothers know their adolescent children because of the relationship they have with them, the time they spend with them and through the presence or absence of contact their children have with them. Mothers built this knowledge and understand of their children through making connections with their children. Various personal constructs shaped and influenced mothers' perceptions of wellbeing and how they viewed their adolescent children.

2. The influence of others

Mothers present to be the gatekeepers for adolescents seeking help and support, playing a pivotal role in supporting, monitoring and mentoring wellbeing, yet they also described the important role other people played in their adolescents' social and emotional wellbeing. Participants identified the importance of peers, community (particularly school teachers, tutors and coaches), family (highlighting siblings and grandparents) and friends, viewing these influences at times as both positive and negative. Parents gained knowledge and advice about their adolescents' wellbeing through informal supports, only considering seeking formal professional advice when they had exhausted all informal options or when they felt helpless to influence their adolescent children.

Recommendations

- The National Program Standards for Teachers needs to endorse all teacher education programs to include evidence based training in adolescent mental health. Aiming to increase the mental health literacy of a population identified by mothers as being influential on Adolescent social and emotional wellbeing.
- Those responsible for teacher's continual professional development (The board of studies teaching and education standards (BOSTES) in NSW), need to make evidence based adolescent mental health education (such as Youth Mental Health First Aid) an essential requirement under the teacher's accreditation policy, to support continuing professional development for all teachers.
- Make readily available evidence based adolescent mental health training to key stakeholders who mothers identify as supporting their adolescents, such as tutors and coaches.
- Develop collaborative partnerships between The Department of Health and The Department of Education, working to increase the number of mental health professionals embedded in schools. Making a key part of the school based mental health professionals' role, engagement with parents and carers both formally and informally.
- Future research needs to validate parents' perception that they know their children. This may be measured by comparing adolescent self-rating of social and emotional wellbeing with parents rating of their adolescents' social and emotional wellbeing.
- Further research needs to explore the implications of adolescent social and emotional wellbeing being measured by parents 'pathic' knowledge of perceiving that they know their children and the implications this may have on non-biological parents or carers and their ability to identify difficulties with their adolescents wellbeing.

Introduction

The Australian government has gathered evidence of the costs and benefits of early intervention and prevention activities and has developed policy's and various national and state wide strategies that promote Youth Mental Health (2). Parents are identified as key stakeholders in monitoring and supporting social and emotional wellbeing of their adolescent children, however there is limited literature and guidance on how parents should be engaged in mental health promotion and early interventions for their adolescents. Research carried out by Mission Australia annually since 2006 has consistently found that young people turn to their friends first and parents second for support and advice(3). Yet there is limited research into this area of 'pre' help seeking between parents and their adolescents. An understanding of this interaction and how social and emotional wellbeing is viewed by parents, will inform early intervention, promotion and prevention strategy targeted at adolescent populations.

Rather than marginalise non- service using or lay persons knowledge as unscientific or uninformed, it may be useful to consider them as having alternate knowledge to those of professionals (4). Through this project the researcher questions what mental health literacy is to parents of adolescents by exploring how they perceive and then describe wellbeing from the perspective of the experiences they have with their adolescent children. Past research has focused on finding out why parents do not access services when they needed to, and on what influenced parents to access services for their children. This research focuses on parents whose children have not accessed services, some may have children with mental health difficulties that have not been identified; some may be managing mental health difficulties without professional support.

In Rogers and Pilgrim (1997) (4) research with lay persons, found the term 'mental' followed by the word 'health' or 'illness' was regarded in fearful and negative terms and when asked about mental health there was a tendency to focus immediately on mental ill health or learning difficulties. In this research study the researcher is using the term emotional and social wellbeing to attempt to address some of this stigma and to ensure behaviour is not being inappropriately labelled as symptoms of an illness. These terms are in line with the descriptions of mental health outlined in the WHO Comprehensive Mental Health Action Plan 2013-2020. The Action Plan emphasises that in respect to children, developmental aspects, such as, having a sense of identity, the ability to manage thoughts and emotions, as well as to build social relationships and the aptitude to learn and gain an education, enables children's full active participation in the community, and defines their mental health.

For the purpose of this research the researcher will focus on the age group 12-17 and will refer to these young people as adolescents.

Literature review

Background

A Clinical Information Access Portal (CIAP) search identified a large body of evidence relating to adolescent help seeking and recognition of mental health disorders, there was limited research focusing on parents perspectives of help seeking and parents perceptions of mental health and wellbeing. Further searchers manually and via 'hand searches' of reference lists from literature identified via the initial CIAP search, revealed there appears to be a gap in the research, with no qualitative research found by the author on parents perspectives of Adolescent Mental Health from parents who were not help seeking for their adolescent children. The researcher regularly screened for new literature over the course of the research study.

One in four young people between the ages of 16-24years, will suffer from a common mental illness in any one year (5). Despite the potential impact of a mental illness and the availability of a range of effective treatments, only a small percentage of those will consult with a health professional about their mental health and even fewer will receive care (6). The majority of mental illness goes untreated. With a large study in the United States reporting that half of all life-long mental disorders start by the age of 14years (7). Services nationally are targeting early intervention and prevention of mental ill health, early in life, early in the illness and early in the episode of the illness (8). The process for young people to access help for a mental illness is complex. Young people need to be able to identify that they may be experiencing mental ill health or they need to express or exhibit signs to those around them, whom are in a position to identify these and assist them to access help. Due to the risk of developing a mental illness during adolescence it is important for young people and those close to them to have a good understanding of mental ill health and the appropriate strategies to access help (9).

There is limited literature and guidance for health professionals around how to engage parents in mental health promotion and how to support them in identifying early signs of mental ill health or mental illness. The process of help seeking from the perspective of parents seeking help for their children has been poorly explored (10). There is limited qualitative research on what parents actually know about mental health and how they manage and respond to the emotional and social wellbeing of the young people in their care. Wilson, Cruickshank, & Lea, (2012) (11) identified a need for future research to determine the enablers to facilitate early intervention among young people and their parents, rather than the barriers, to explore factors which invite early help seeking and engagement with mental health services. There is a need to go beyond professional knowledge and explore problem definition from those not seeking help, to help gain an understanding of their perspective and of what influences their knowledge and understanding (12).

While much research has gone into the help seeking pathways and the perceived barriers to mental health care, most have focused on the later stages of mental illness and access to secondary health services or formal services. These studies have been completed with populations whom are seeking help, whom have accessed services or through responses to vignettes depicting young people with symptoms of diagnosable mental illness (9, 13-16). Research has tended to focused on referred populations (12-15) or parents responses to

case studies of persons presenting with diagnosable mental illness (9), rather than on the problem recognition and informal help seeking processes. Little is known about the help seeking stages that parents go through in order to initially recognise that there is a problem, making the decision to seek help and then actually seeking out that source of help (12). Studies have found that families develop skills in helping young people with mental health difficulties before they access the medically orientated primary care framework that exists within mental health services (11, 17). This review looks at literature that explores adolescent mental health from the perspective of parents across the world. It also looks at how policy's support the need for further research in this area.

The World Health Organisation's comprehensive Mental Health Action Plan 2013- 2020, aims for equity through universal health coverage, taking a life-course approach that stresses the importance of prevention. Recognising that any health policies and programmes need to focus not only on the needs of people with defined mental disorders, but also to protect and promote the mental well-being of all people, recognising there is an important role in looking at protective factors particularly for children and adolescents and the importance of promoting mental health and preventing mental disorder.

Priorities for promoting youth mental health in Australia highlight the need for action and advocacy that acknowledges the needs of parents and families caring for adolescents (18). The review, using the five platforms of the Ottawa Charter; public policy, supportive environments, community action, personal skills and reorientation of health services, highlighted the need for investment in resources for parents and families (18). Rickwood (2011) (18) stated that this group have distinct needs, and that action and advocacy were needed to acknowledge and address the needs of parents and families, to know how to better support the mental health of those they cared for. The World Health Organisation (19) states that one of the main characteristics of mental health promotional strategies is making a commitment to explore and value lay understandings of mental health and to develop appropriate strategies and programmes it is crucial to identify the needs in a population.

Help Seeking. Why focus on parents

There are many formal and informal sources of help that are accessed before the decision or the pathway leads to mental health services. Few studies have focused on the initial stages of help seeking, identifying the need for help, which may be important for understanding who initiates the help seeking process (20). Research undertaken in rural Canada found that youths use of informal helpers was dependent on age and to what degree they defined themselves as having 'problems' (20). A recent Australian study targeted 15-19 year olds across Australia, found when choosing from a list of identified sources of help that young people ranked friends first, followed closely by parents for who they turn to when looking for advice and support and rated parents second to the internet when looking for information (21).

A national Australian telephone survey in 2006, found when asked who they would turn to for help if they or a close friend presented with symptoms outlined in a number of mental illness vignette, that for the adolescent group surveyed, family were by far the most commonly mentioned source of help (9). Co resident parents of those surveyed were also asked questions pertaining to vignettes of young people their child's age, portraying either

depression, depression with alcohol misuse, social phobia or psychosis (9). Of the choices of help given, using a closed-answer format, General Practitioners (G.P's) were the most favoured source of intended help by parents, however it is unclear how closely the reported responses to vignettes translates into actual parenting behaviour with parents own children.

Broadhurst, 2003 (12) in her review of the research on help seeking and how it may inform the engagement of parents and carers with family support services, found that the process used by mothers to define a problem in relation to their child arose out of interactions between the mothers' own knowledge, culturally available understandings and their professional knowledge. Mothers were referred to as 'the gate keeper' to services (12). Suggesting that it is how mothers define problems which determines how, when and why they will ask for help, with mothers being found to approach professional services when they arrived at an understanding that their children's behaviour was outside 'the normal range' (12).

Fuller, Edwards, Procter & Moss (2000) (22), underpinned their research with the belief that the first step in the pathway to seeking help was the recognition of symptoms of distress in oneself or in others. Their research explored how peoples definitions of mental health problems can influence help seeking in rural and remote communities and study participants were 22 'key informants' who were described as being knowledgeable about mental health problems in their communities, they ranged from a teacher and mental health professionals to mental health service consumers (22). The researchers found three major themes emerged from their data regarding definition of mental health problems; 1) Reluctance to acknowledge mental health problems and avoidance of appropriate help, 2) Stigma and the avoidance of mental health services, 3) Rural and remote circumstances (22). These findings raised further questions about the delivery of mental health services in rural areas and how to include mental health promotion as part of services delivery and raised questions around the best people placed to provide care in these potentially isolated communities (22).

Help seeking models would suggest that the decision for an adolescent to seek help starts with their development of an awareness of the problem, then their expression of the problem and need for help to others, identifying appropriate help to access and their willingness to engage with the source of help (23). Little is known if this same model applies to parents, nor about the responses parents have to adolescents' awareness or unawareness of problems they present with, how parents identify supports or direct their adolescent children to resources or how they find out about these resources? What prompts parents to think their adolescent needs more support with an issue than they can give them? What guides their decision making when it comes to managing difficulties their adolescent present to them?

Problem Recognition

Research exploring parental recognition of mental health problems has been completed from the perspective of what parents identify as signs of mental ill health, with researchers preferring to use standardised scales and measures (24). Vignettes depicting people with mental illnesses have also been used to research parents problem recognition of mental illness and their proposed pathway to supports (16). Less still has been found on the parents

perspective of early signs of mental ill health when they support young people whom have not been identified as needing professional support (9, 25). In most studies professionals have defined the problems typically using quantitative approaches and asked participants 'what if' questions to explore proposed pathways to care (16). Limited research exists exploring what symptoms or behaviour parents recognise as being problematic in their adolescent children.

A longitudinal study in the United States of America, on mental health problem recognition found over half of parents of children assessed to have a mental health diagnosis did not perceive problems (26). This study used standardised assessment, one of which was interview based, however used structured questions looking for symptoms as outlined by an extensive glossary, potentially missing the lay peoples descriptions of problem perception or mental ill health (26). How an adolescent and their parent or carer define and judge the problems that they face, influences help seeking (26, 27). Teagle (2002) (26) suggested that parents and caregivers need to be educated to help them identify serious mental health problems, however did not explore how to engage parents nor if this should be targeted or universal population promotion. Other research has found that often the outcome of whether a young person developed a mental disorder was dependent on their parents response to their behaviour (9).

When presented with vignettes that researchers believed portrayed young people with disorders that clearly warranted professional help, researchers found young people were more unlikely than adults to see the need for professional help (9). Research into adolescents responses to a series of standardised questionnaires, exploring level of perceived problems and adolescent help seeking, found that further research needed to be carried out to "examine how youths perceive symptoms and whether they distinguish between symptoms that are part of the problem itself (eg depression, substance abuse) and symptoms that are a response to a problem (eg. Family problem or academic problem)."(Sears, 2004 : 403) (20). Fuller, Edwards, Procter & Moss (2000) (22), found that people talked about mental health problems, not as disease or illness states, but as problems in everyday living.

A United Kingdom based study used a combination of interviews and focus groups as well as a standardised scale, with parents of children and adolescents who were concerned about their child's emotional health or behaviour (13). The researchers wished to explore the influences on parental help seeking of a population that had not yet accessed child and adolescent mental health services yet were accessing primary healthcare services for support (13). Of interest in their findings was the theme of 'parental perception and knowledge' which outlined the different views between participants of the role of the GP in help seeking for behavioural and emotional problems, with some noting these problems as not being due to health conditions so they did not see it as necessary to discuss these concerns with their GP (13). This raised questions about mental health literacy and parents perceptions of emotional and behavioural problems, and must be explored further if we are to make a difference in mental health promotion and the early identification and treatment of mental illness in young people.

Similarly a recent qualitative study in Australian with parents whom had sort help for their child's mental health problems, were interviewed to elicit their experiences of how they perceived their child's problems, how the parent coped, and the influences on help seeking

(10). Through the thematic analysis of interviews the researchers found that help seeking pathways were influenced by the type of problem experienced by the young people, those with primarily behavioural problems (usually younger children) were referred to services by parents and those with emotional problems entered into help seeking via both teacher and parent initiated pathways (10). Most of the parents noted that they had been prompted to seek help due to not being able to manage their child's problem themselves (10). Differing from UK based research (13), the Australian based study by Boulter & Rickwood (2013) (10) found that participants had in common that they had all accessed a GP in their help seeking pathway, in line with the Australian Healthcare system, as a necessity to access psychological services, however this was a study of parents receiving services from mental health professionals.

Stigma and shame exists around the term mental illness or mental ill health, and this impacts not only on help seeking but also on the identification of illness in those in close relationships (9). Although a relatively old study, Rogers & Pilgrim (1997) (4) study of exploration into the process of understanding how individuals arrive at and appraise problem recognition, continues to be sighted in the literature today, as it is one of the few qualitative studies that focused on lay constructs of mental health problems. In this UK based study the researchers explored the views of 'ordinary' , 'non-clinical' people in a variety of family types with teenagers and children(4). Respondents consistently provided elaborate descriptions of physical healthiness and mental illness, but gave 'poor' accounts of mental healthiness (4). The research found that GPs were not viewed as the primary source of emotional support, with professional help being viewed as a last resort when lay networks and self-reliance had been tried (4). Rogers and Pilgrim in 1997, highlighted that their findings indicated a need to expand and be innovative with primary care services, extending or re-orientating the role of primary care professionals and responding to the non-help seekers agenda in relation to psychological wellbeing (4).

Mental Health Promotion, Prevention and Education strategies

There is overwhelming evidence that the foundations for lifelong mental health begins in childhood, particularly in adolescence, a time when mental ill health is poorly identified and undertreated (1, 28). There is growing momentum amongst policy makers and service developers to address the mental health needs of young people and their families (26). The need for people to have a better understanding and recognition of mental health problems and mental illness is indicated, with change being monitored by looking at the rates of understanding of mental health problems and mental illness in the community, however little is stated about how mental health literacy will be improved and how increases in understanding and recognition will be measurement (8).

Traditional clinical driven approaches to mental health are being challenged to transformational change to ensure they are more inclusive and empowering of young people and their families(29). Stakeholders in mental health service development are being challenged to listen to the expertise of young people and their families in order to achieve progressive service development and systemic change, and reflects a minimum standard that young people and their families should expect from mental health services (29).

Licence (2004) (1) in her literature review of health promotion in childhood, bound the promotion of positive mental health in childhood with positive parenting. Others have

proposed that parents and carers are in an influential position to promote mental health in those in their care and that by raising awareness of the positive contribution parents can make they can positively influence causal pathways by enhancing protective factors for mental wellbeing for those in their care(30). However if we cannot engage parents to attend awareness raising campaigns, or if we can by chance engage them, we need to make sure we are doing so at their level of interest, using lay persons language and addressing their priorities for youth mental health.

Learning more about how parents identify and cope with their young person's social and emotional wellbeing, will help better inform professionals including policy makers to understand informal helpers and assist professionals to work with parents around managing their young person's wellbeing. This will ensure appropriate supports and help are accessed when they are needed to support early intervention with mental ill health. The literature review has highlighted the need for further research that supports us to understand how parents view social and emotional wellbeing, why and how individuals make decisions to seek support and information on a voluntary basis. This will help form new approaches to service delivery that look to increase early intervention rates, targeting one of the most influential supporters of adolescent help seeking, parents.

Research Question

Goal: To explore the lay views of social and emotional wellbeing in adolescents as described by their parents.

Primary Objective: To talk to parents and gain a first person, in-depth understanding of what they perceive to be characteristics of emotional and social wellbeing in their adolescents.

Secondary Objectives:

- To gain an understanding of the language parents use to identify emotional and social wellbeing.
- For health professionals to gain an understanding of how adolescent mental health needs emerge and are identified and expressed by parents.
- To gain an understanding of how parents respond to emotional and social wellbeing concerns they or their adolescent(s) identify.
- To understand what influences parents decision making when managing emotional and social wellbeing issues raised by their adolescent(s).

Method

Methodology

This qualitative study was guided by hermeneutic phenomenology. The interviewer engaged participants in an exploration of how they viewed social and emotional wellbeing, giving them the space and opportunity to reflect on the lived experience of life with their adolescent. Using Heidegger's hermeneutic phenomenology the researcher sought to gain an understanding of the phenomenon of interest at a point in historical time, the phenomenon being what parents perceived to be social and emotional wellbeing and time being this point in their child's adolescence. Heidegger viewed people as being constructed by the world, while at the same time people are constructing this world from their own experiences and background, from ones historicity (31).

Participants & Recruitment

Semi-rural residence on the mid north coast of NSW, Australia, were invited to participate in the research project. Participants were recruited through various means. A media release to local radio and newspapers (Appendix One) initiated radio, newspaper and television interviews with the researcher. A copy of the media release was also placed in local informal and social settings, such as public notice boards. The researcher also spoke about the research to her personal and professional networks to inform people of the project and the recruitment process. Participants were selected based on the below criteria and their willingness to talk about their experiences.

Inclusion criteria;

- Parent of an adolescent (aged 12-17).
- A resident of the set geographical area on the mid north coast, defined by the Accessibility Remoteness Index Australia as inner regional.

Exclusion criteria;

- Parent to one or more children over the age of 18 years (even if they also had adolescents below this age).
- Having a child whom is currently or has previously been under the care of CAMHS or a private psychologist or psychiatrist.

Parents of adolescent aged 18 years or over were excluded due to research findings that parent and adolescent relationships, including support networks and boundaries, change around this age (9, 32).

Parents of adolescents whom had been referred and or seen by CAMHS or private psychologist or psychiatrists were excluded from the study. Exclusions of these parents was felt necessary as the contact with mental health professionals suggests the parents of the adolescent have already become aware of a mental health concern that has lead the adolescent to access support from specialist mental health services. It would also suggest they may have spoken to a mental health professional about their adolescent, influencing there knowledge and experience of mental ill health (4). It is believed these conversations

or interactions would influence the parents' perspective of what constitutes an 'important' issue, influencing emotional and social wellbeing. The researcher wishes to explore 'pre' help seeking, the earliest stages of help seeking and have parents identify what they see as important issues for the emotional and social wellbeing of their adolescents.

Twenty four potential participants volunteered to join the study by phoning the researcher from contact details provided on the media release (Appendix one). Of these, nine were eligible and received verbal information about the study, with further information mailed or emailed to the volunteers (Appendix Two & Appendix Three). All nine parents who met criteria participated in the research study. Interviews were undertaken in a variety of locations including participants' place of work, the local community health centre, a local park and the participants' homes. Interviews ranged from 40minute to 75minutes in length. Interviews were carried out over a seven month period from September 2013 to April 2014.

The researcher also used snowballing to recruit participants. On completion of their interview with the researcher parents were given copies of the media release and encourage to pass this information onto others in the community, however no participant reported being recruited in this manner (33).

Data Collection

One on one interviews with participants were carried out by the researcher. A semi structured interview was used with predetermined open questions and prompts (Appendix Four), with follow up discussion, led mostly by the participants, attempting to stay as close to the lived experience as possible (31). Through this interview technique participants were given the opportunity to tell their stories, to speak freely and reflectively, and to develop their ideas and express and explore with the researcher their perceptions at some length (33, 34). The researcher encouraged participants to interpret their own responses through exploratory questions such as "what do you think influenced you to think or respond like that?". Interviews were digitally recorded using two different recording devices and all interviews were included in the analysis.

Interviews recordings were transcribed verbatim, by the interviewer and thematically analysed (35). All participants were offered a copy of their transcription, three participants requested copies, of these none made additional comments. The researcher kept a reflective diary of each interview, noting the environment of the interviews, non-verbal communication, the interviewers' internal dialogue and external influences and capturing thoughts and feelings of the researcher post interview, to support self-reflexivity and to assist in interpreting the experiences of the participants (31). Notes were taken by the researcher during the interview.

In keeping with qualitative research, interviewing ceased when analyses of the information collected by participants reaches a point of saturation, in which case the objective of the research question was attained and would not have been made any clearer if the researcher continues to do further interviews (35).The sample size of nine, was believed to have been large enough to capture a range of parents interpretations of adolescent wellbeing, this was found in the repetition of themes that emerged through the process of data analysis (36).

Data Analysis

The researcher wished to form a partnership with those being researched to have them research 'with' them. Participants were encouraged to reflect with the researcher on how they perceive the wellbeing of their adolescent children and to reframe the phenomena. Interviews and analysis occurred simultaneously. Using thematic description, subjective analyses of the transcripts occurred to explore the parents lived experience and the meaning which they made of their experience of adolescent social and emotional wellbeing (33, 34). In-depth analysis identified many codes, with the researcher emphasizing both convergence and divergence, commonality and nuances across all parents interviewed (33). Transcripts were read and re-read to check the researcher's subjectivity in interpretation of codes, with codes and themes critically discussed with the researchers mentor and supervisors.

The researcher immersed herself in the act of reading literature, reflecting, reading her reflective journal, re-reading participants' transcripts and engaging in critical discussions with her mentor and research supervisors, all experienced researchers. Microsoft OneNote was used to manually cut and paste transcripts into separate pages/notes to identify codes as they were identified from the data, this being labelled as the first level of analysis, exploring what the participants said in the interviews. The second level of analysis involved looking at what they, the codes actually meant, to determine the themes of the data. This was achieved through critical discussion, first level codes were sifted and sorted into potential main themes (second level themes) that evoked a deeper understanding of the phenomena being studied and best answered the original research question. The results are discussed in 'Findings'. Significant quotes from participants were identified and attached to themes to give the reader an appreciation of their importance. All names have been changed.

Reflexivity

The researcher is an experienced mental health Occupational Therapist with a Masters in Adolescent Mental Health. She is a novice researcher with some previous experience collecting data for a large quantitative study. The researcher gave considerable thought to her own experience as a parent when collecting data and was conscious of these views not being reflected during the interview process. The reflective journal was used to capture these thoughts and to assist with self-reflection and thematic analysis, supporting the hermeneutic approach (31). The researcher had developed this project with the assumption that parents cared about the social and emotional wellbeing of their children. The researchers' personal experience as a clinician currently working in adolescent mental health promotion, trying, unsuccessfully, to engage parents of adolescents in the promotion of mental health and early warning signs of mental ill health, prompted this exploration of how parents perceive the social and emotional wellbeing of their adolescent children.

Ethics

Ethics was obtained on 27/06/13 with site specific assessment approval being granted on 06/8/13 by the Hunter New England Research Ethics & Governance Unit, New Lambton, NSW, Australia.

Findings

The nine participants interviewed for this study were all mothers. All were married or in a defacto relationship. All lived with their adolescent children. Two were not living with the father of the adolescents focused on in interview. All were employed full or part time. Seven had more than one child, however only two had more than one adolescent child. The mean age of the 11 adolescents the interviews focused on was 14.2 years and 80% were males. Two main thematic areas that captured the phenomena were generated from analysis of the data, with five sub themes found within these two main themes.

1. Mothers perception of knowing their children

- 1.1 The significance of the parental relationship
- 1.2 The presence or absence of contact
- 1.3 Making connections

2. The influence of others

- 2.1 Gaining knowledge
- 2.2 Support

Participants build the perceptions of social and emotional wellbeing that they have for their adolescent children around their personal experiences which are shaped and influenced by their cultural and social practice.

1. Mothers perceptions of knowing their children.

All mothers described knowing their children. Knowing was viewed by participants as an inherent understanding of who their children are, their personality, how they manage and respond to life and its challenges. The mothers described understanding their adolescents' wellbeing as being what they notice and surmise through spending time with them, watching them grow, develop, transition and experience the world. Mothers understood this to be their role, to know their child.

"I feel that you know, you certainly know your own children, surely by the time they get to teenagers....you just have that inner gut feeling that there is something wrong with your child, like you know, it hasn't been a good week, or, that's how I look at it" Debbie

"I don't know, just knowing him, I think, just being with him so much. I just know him" Alice

The participants were able to identify each child (for those that had more than one child) as having their own way of expressing themselves, be that internalising or externalising their feelings. Most did not specifically relate this to their gender, but rather to whom they were, their personality and their genetic makeup.

"We are going to have to handle him [middle child] very differently,... I can already see he

would be the one that we would need to watch, because he is a lot more emotional. I would be more concerned about him, slipping down that slippery slope to depression a lot easier than what [eldest child] would. I think [middle child] reads into things a lot more where [eldest child] just sort of skims along. So I think the more you start to read into things, then you can kind of get yourself a bit unstuck” Fiona

Of importance was the idea that mothers knew their children through intuitive recognition and through knowing how their children expressed difficulties, verbally and non-verbally. Knowing enabled them to identify changes in their children’s behaviour, when and if they experienced difficulties with their social and or emotional wellbeing.

“You can tell straight away what kind of mood he is in just from the look on his face really and the tone of his voice and yeh and the time, and the time he spends around you as well” Beth

“He is an open book he can, I don’t know how to explain it. He is very animated, very you can read his cues and his facial expression”. Cara

When mothers described things as going well, families interactions appear to occur spontaneously and in a transparent fashion. Mothers that identified periods when their child did something unexpected or out of character reflected that they could not accurately judge their children’s behaviour, and spoke of guilt and embarrassment, or saw this as a learning experience and part of their child growing up and getting to know their child. One mother describes learning about the inherent nature of her sons’ developmental disability as he developed into an adolescent. She spoke of her need to adapt communication to meet his needs, constantly trying to learn from her son to help understand him better and to be able to support his wellbeing.

“I knew there [were] all these frustrations and angers and stuff in there, and um, and he is probably not going to volunteer it. So I sort of got to handle it in a way where I might be able to work [it] out... you got to sort of have the conversations” Ingrid

While mothers recalled the importance that knowing their adolescent child had on their interpretation of their children’s’ social and emotional wellbeing, they also identified that knowing their children was not a linear process. One participant highlighting that parents can really only surmise their adolescents’ wellbeing and although parents may feel they know their children it is really their perception of knowing their children.

“Even if you are the parent of your own child I can’t see that a second person could describe how somebody else is thinking... Well it’s only what you perceive that they are thinking and feeling, isn’t it?” Ingrid

The researcher found very little literature available exploring how mothers perceived to know their children. Yet this seems to be inherent in the participant’s responses when describing the phenomena of their children’s wellbeing, that they measure wellbeing and identify problems though knowing their child. Using a phenomenological point of reference this knowing, may be viewed as pathic knowledge, understanding that it is felt, rather than thought, and seemingly so inherent that it is invisible (34). There was various experiences

that influenced this pathic knowledge which are described as the sub themes under this major theme.

1.1 The significance of the parental relationship

The relationship that mothers talked about having with their adolescent children, was of significant importance to knowing their children. This included the relationship they perceived their children had with their father or stepfather. Mothers described knowing their child as being their responsibility or their role as a parent. Participants talked about their obligations and that of their partners, as being to give their children good values and support, backing them up when necessary and establishing good boundaries. These foundations, which are built from the parental relationship, created good social and emotional wellbeing for their adolescents and support the development of resilience.

"It's not necessarily going through the hard thing that is going to cause [him] a problem it's how we handle the hard things that can cause a problem or not" Elizabeth

Being a good role model was of significance to mothers as they identified their children mirror their behaviour and moods.

"He would just escalate, and I would escalate and you know I would be yelling he would be yelling. He would feel crap about himself, I would feel crap about myself and the thing that worried me about that was that, he was learning, he would learn that I couldn't help him or sooth him or comfort him and I was learning that too. I was thinking I can't comfort my child or help them if something is wrong. So I kind of worked out that wasn't good for either of us" Elizabeth

Each parent, including step parents, played different roles in supporting their adolescent and children sourced the support they needed from who was going to best provide it.

"I said to [son] 'do you really think Mums can fix everything?' 'Nah not really, but you know, I just knew you were stronger than Dad'. You know! So he sees that as in us as parents, that Dad is the weaker link. You know! Mums just go. Mums an organiser. You know! Dad, Dads just, Dads our confidant. Mums an organiser. And I think, they know that... They will go to [Dad] for certain things but they will certainly come to me, you know ! When things are looking, you know! Rough" Debbie

Participants talked about the expectations they perceived that others put on their parental relationship, for examples school staff expecting parents to manage a suspended child at home with no guidance or support from the school, and other parents, including fathers and step fathers perceived expectations of mothers. Mothers felt like they had failed as a parent or let their children down, because they did not know how to deal with their child's behaviour when something went wrong for their child, like they got in trouble or did something unexpected. This was when some talked about not really knowing their child and a sense of guilt at having let them down or having failed in their parental relationship with their child.

“When she was in trouble at school, like when she was suspended last year. I actually had no idea, until like, until later I kind of went , Ohhhh you know like, you know,... I just didn’t realise...I was shattered because I had no idea, that it was that bad. And I think I felt bad because that was, I was just gutted really” Heidi

Parental relationships were described or surmised to start to change in late adolescence. Mothers spoke about the growing influence of others and how their significance or their influence on their adolescent children’s wellbeing changed as they developed more independence from their parents.

Parents have for many years been identified as being one of the most common sources of support, advice and information (3, 26). These findings have explored the parents perspective of this interaction and suggest that adolescents choices for help seeking go beyond the simple definition of parents. The parental relationship plays a significant role in how and who provides support and advice, with mothers suggesting this relationship can influences their adolescent’s social and emotional wellbeing. Literature supports this idea with a significant positive association between parental mental health and the mental health and happiness of their children (1).

The significance of the parental relationship, is supported in the literature with others finding good evidence to support the need for at least one good parent-child relationship being associated with greater emotional resilience and positive self-esteem in children, both protective factors for good mental health (1).

1.2 The presence or absence of contact

Mothers measured social and emotional wellbeing through the presence or absence of contact with their adolescent. Participants described contact as being conversations, physical contact and physical presence and they perceived changes in social and emotional wellbeing when patterns of contact varied from the usual.

Mothers valued conversations as a measure of wellbeing and through ‘knowing’ their children they had developed a style of communication dependent on the social and emotional wellbeing needs of their children. Approaching their children about difficult topics or concerns they had for them sometimes required time between conversations, an absence of contact, to give their adolescent space and time to think and process. A change in connection over conversation was found to be an important measure or wellbeing for mothers.

“ I know the children are well when they can both tell me, their worries and their sadness and things their angry about, and also when they can process it with me and then come out and manage it at the other end, so that tells me that they are traveling well” Elizabeth

“Her not talking at all, I think would be the hardest thing... Cause really if they don’t tell you, you don’t know, whether you get it from somebody else, and then you ask the questions, but if she wouldn’t tell me anything, then I would be concerned” Heidi

Participants identified the need for each child to have their own physical space and identified this need for space changes with fluctuations in their social and emotional wellbeing as well as needs varying between children. Children would seek space from their parents at times of distress or would seek out their parents at times of distress; both were identified by mothers due to the behaviour being a change from the norm for their adolescent. Physical touch was identified as important to wellbeing. Mothers described their children seeking touch and this being an indicator of them needing the physical presence of their mother. Physical touch was also used by the participants as a form of support to social and emotional wellbeing when their children were struggling psychologically.

“When they are cranky it just means they need release, or something, when she was little she would get really cranky and I would just hold her there, so just hold her, well just squeeze, her like nice tight hugs, so I still do that know, she is the same person, just a bit bigger” Heidi

Mothers talked about how they perceived the behaviour of their children and how they measured perception of a problem based on change in behaviour and the length of time, of that change in behaviour.

“But I think, it’s probably there’s something around that not talking and not having that closeness, that you, just that sense of, you know,... he is quite an affectionate kid as well, ...and the way he behaves with his [siblings] as well, I guess if he wasn’t bothering with them anymore, I mean they absolutely adore him and he adores them, but they obviously do irritate him quite a lot,...I think if we didn’t have that, that communication, that would worry me” Beth

The car was an ideal environment described by mothers, where they could connect with their children and have that ‘contact’ both physically and verbally. Participants talked about this being valuable time with their adolescents, with some manufacturing this contact and others just identifying it as quality uninterrupted time with their adolescent. Mothers valued the importance of making time to connect with their children.

“But I notice too if we are driving in the car and you know him sitting alongside of me, just chatting, that is a time he might tell me stuff, but I think you do have to have some sort of time with them to connect with them, so that they can talk to you about things” Elizabeth

The literature supports the link between social and emotional wellbeing or preserving good mental health, and individuals needing to find space or having time alone (4). Research has also found that parents reporting of their children’s internalising problems and externalising problems, each predicted the perception that their child had a problem (37). This literature correlates with the researcher’s findings that mothers measure wellbeing based on their interpretation of changes in their adolescents contact with them and or other family members and peers.

1.3 Making Connections

The theme of mothers perceiving that they know their children was supported by the participants’ reflection on their own social and emotional wellbeing. Mothers made

connections between their own behaviour when they were an adolescent and how they responded to social and emotional challenges. Mothers learnt from what worked for them in the past and what worked for them now, to manage their wellbeing needs and used this knowledge to identify with their children's behaviour. Participants made connections to their children through self-reflection.

"I know what I am like, so if I am cranky I want to be left alone, so I just do that [leave him alone]" Cara

"Well she is a lot like me, so I kind of see lots of her traits in myself or my traits in her" Heidi

Mothers make connections between what they were like as an adolescent and what they see in their child's behaviour and respond with what worked or didn't work for them at their adolescents' age.

"I think its mainly from my experiences growing up, from my experiences with my family, my mum and dad. Yer but, um, mainly from, you remember what you were [like] when you were a teenager and I sort of, you go, ok they are not going to talk to me about that, but maybe we can open the door and talk around other things" Cara

How the adolescents father managed social and emotional needs was also used to guide how mothers perceived knowing their children, as they could identify similar behaviour in themselves and or their child's father. These comparisons or connections were sometimes described as a conscious process that involved discussions with others, often the mothers' partner. For other mothers these connections were unconscious with mothers responding to their child's internalising or externalising behaviour based on the fact that that's what worked for them or that was what they liked or thought was needed based on their personal experience. Mothers made connections between themselves or their partners' personality in their children and this informed how they perceived their adolescents social and emotional wellbeing.

"My husband is quite a reserved man, when it comes to you know death and showing your emotions, [son] is very much like him, [daughter] is very much like me" Debbie

By making these connections mother's perception of knowing their children is strengthened. This finding has not been noted in the literature reviewed by the researcher.

2 The influence of others

When participants were asked about their adolescent social and emotional wellbeing and how they perceived the wellbeing of their children, they talked about the influence of other people. This was the second major thematic area. Mothers perceived their adolescents' wellbeing was supported by others in the child's network, shaped by their child's engagement with others and measured by their child's interactions with other people. Participants talked about the importance of their children's friends, adults in their community (including school teachers, tutors and coaches), family (highlighting siblings and grandparents) and their children's surrounding peer groups, which influenced them.

Children's role models were talked about by some mothers as being of both positive and negative influences on social and emotional wellbeing. All participants also talked about the role of others (such as like-minded friends, teachers and other adults who cared for their children) in how they as parents, viewed, supported and measured their adolescents' social and emotional wellbeing.

Mothers talked about the changes of influences and how these influences shaped their children as they grew older and the recognition that the mother's influence decreased and the influence of others increased as their children went through adolescence. The influence of others was both positive and negative. In late adolescence one participant spoke about her concern and the realisation that she was losing influence over her son and that the influence of others far outweighed her influence. Her child's wellbeing was no longer solely in her hands.

"A part of me is a little bit anxious for the next couple of years, you know! I am starting to get a little bit, oh my god, there is all these outside influences on my son" Grace

A number of participants identified a diverse range of other people or things (such as sport) that influenced, maintained and supported the social and emotional wellbeing of their adolescent children. Mothers did not identify one single influencer, but rather identified many.

"He [son] has got very strong views on smoking and drugs and stuff. I thank the schools for that, obviously we have put our little bit in there, but he certainly doesn't see anything at home or in our social circle, but you always worry about school... I think the sport may be helping that, the fact that he is in sport" Alice

Mothers reflected that their adolescents' interaction with other people, particularly family members, was an indicator of how well they were doing with their social and emotional wellbeing. Some participants talked about the changes in interactions with others as being a way of measuring their child's wellbeing.

"He is very forgiving with [his sibling], [sibling] always picks on him, you know brotherly love and all that, but you know when he is not dealing with life to great, he hasn't got the time to sort of play and muck around with [his sibling]" Cara

Mothers perceived the significance of their adolescents 'fitting' in with others, such as their peers, and identified the impact they believed this had on their children's wellbeing.

"He is in year seven and the kids are all trying to do the cool thing, so even though it is fake to do the cool thing,...it's 90% of the people that he has got to spend the next seven years with, so [I] give him a few, a few little bits and pieces to make him look a bit cool, like his blond and long hair and his rip curl wallet and all of his socks have got um Quicksilver or Levi written on it, his school shorts, I have got him ones that say Volcom...I do all these little things that [son] wouldn't pick or care about and then it's silly, but it helps him, with the kids that are all doing it" Ingrid

Mothers talked about the influence others had on how they as parents perceived their children's wellbeing. The mothers perception was influenced by others in their (the mothers) social networks, influence from communication (such as from school reports and year advisors), influence from people in the adolescents physical space (such as siblings and grandparents) and sport (such as coaches and other team members), all impacting and having a role in the social and emotional wellbeing of their adolescent children.

Many participants highlighted the significance of people in positions of authority over their children, such as teachers and coaches, and identified them as a source of support, advice and information for themselves on their children's social and emotional wellbeing.

"They [music teacher and son] have become sort of good friends. Which and I haven't discouraged, because boys need to have role models and I have always liked the fact that there is another person there if he has a problem, he can go and talk to them, if he's not comfortable talking to [Husband] and I ... So it's just another little comfort to know there is another man"
Cara

Mothers spoke about the importance of parents talking openly about their concerns for their children, sharing their concerns, looking out for each other and some spoke of the strength of a small close knit community where people communicated, and influencing their children's wellbeing. One parent shared her role as a supporter of other adolescents' social and emotional wellbeing through her position as a sports coach to high school aged students and spoke of her perceived role in passing on concerns raised by the students to their parents and of the value of this informal role.

"My Girlfriend's daughter was having all these dramas last year and you know, cause I coach teenagers.....they will come home[from school to practice] and go, 'oh my gosh, so and so is having, she was teary, is she alright' and I will ring her mum and say, 'she is having a bad day', and she will say, 'I didn't know', so you know, that's communication in a small town...so I suppose I am just that person that, I am not their parents...I say to them don't tell me anything I can't tell your Mum and Dad...but maybe kids need that [link], without directly saying anything to them [their own parents]" Heidi

While mothers identified at times the supporting nature of others (such as friends, family and the community), some also identified the importance of removing their adolescent from others when they felt their adolescent child was vulnerable. A number of mothers made reference to escaping from society and the influence of people, the stress of work and technology, if something happened to make them worry or if their adolescent got into 'serious trouble'.

"If I was really worried about him I guess we would go camping" Grace

Seemingly to remove their adolescents from external influences and reportedly to "get back to the basic fundamentals of life" Fiona. An interesting finding considering the research was undertaken in an inner regional area of Australia, an area defined by one parent as being "close knit" Heidi, an area removed from many social influences seen in urban centres and a finding not apparent in the researchers' review of the literature. Some participants had

drawn strength from this close knit, inner regional area whereas other described its influences as being negative. It is however difficult to determine if mothers were trying to remove their adolescents from the external influences that exist in any community or specifically those identified as being found in a small community where familiarity amongst community members is common.

"I remember [Husband] saying if any of the kids ever get themselves into serious trouble, you know with drugs or with gangs or depression, he said 'I would just pack that car' and he said, 'we would just get in that car and we would just drive as far as we could get and camp on a beach or in a paddock or in the outback for as long as it takes to get them back on track'" Fiona

Mothers talked about symptoms as being a response to problems (such as getting into the wrong crowd, using drugs or becoming depressed), rather than symptoms being the problems themselves, and therefore reported the removal of external influences and the isolation and opportunity to exert their (the parents) influences to be the answer to the problem, rather than directly treating the symptom as the cause of the problem. That parents are responding to problems and not identify them as being responses to symptoms, for example participants did not anecdotally identify the need to treat, for example anxiety, rather chose to treat the alcohol and drug use that has been a consequence of the anxiety, seemingly by removing the adolescent from the external influence, thought to be the cause of the problem. This finding around mothers perceptions of symptoms, adds depth to Sears (2004) (20) request for more research into how youth perceive symptoms and how they distinguish between symptoms that are part of the problem itself and symptoms that are a response to a problem.

Mothers had a broad view of the influences of others on maintaining and supporting mental healthiness, or wellbeing. All participants had not sought help from a private psychiatrist or psychologist, or been referred to the Child and Adolescent Mental Health Service (CAMHS) so when exploring the role of other people in their adolescent's wellbeing it was from a non-formal help seeking perspective, with many parents hypothesising how they would respond if they believed their child's wellbeing was at risk. Rogers and Pilgrim's (1997) (4) research participants, like those in this study, also highlighted the need to escape, however described the views on escape as being that of an individual strategy to preserve mental health, unlike this research were mothers described escape as being escape from influences on their adolescents and escape as being captured time between adolescent and parent.

The idea of people in positions of authority supporting children's social and emotional wellbeing has been reflected in the literature (9). Researchers have found that people in positions of authority, such as parents, teachers, tutors and coaches were able to identify what they believed they could do to ensure the mental health of those in their care, such as building self-esteem and confidence, respecting them, being positive role models, teaching values, morals and social skills (30). However this study did not explore what those in positions of authority actually did to support those in their care and did not explore the role of monitoring the mental health of those in their care, as described by a number of mothers in this current study (30).

2.1 Gaining knowledge

Under the theme of 'The influence of others', emerged the sub theme of gaining knowledge. This included the influence other people had on mothers' 'frame of reference', how they perceived that they knew their children as well as the influence of the mothers' cultural and social practices. Gaining knowledge involved the desire of mothers to affirm or confirm how and why they reacted in certain ways to their children and how they viewed their children's wellbeing. Some mothers used others (such as like-minded friends, family members and colleagues) to informally investigate, through discussion, how they were responding and managing their children's wellbeing. Mothers talked of these comparisons or investigations as assisting them to identify how they should respond or managed their children as well as getting reassurance around how they were managing difficulties with their adolescents'.

Mothers gained knowledge of what constitutes social and emotional wellbeing, from various sources and through various means. Participants spoke of gaining knowledge through practice and making mistakes, through reading literature, through the mothers' vocation, through their own experiences with their parents when they were growing up and through communicating with others, such as friends, family and people in authority over their children. Some mothers talked of learning to judge social and emotional wellbeing through talking to other parents about their (the parents) child's behaviour. Given the importance mothers placed on 'knowing' their children, some mothers talked of gaining the knowledge that they wanted to hear, seeking help and affirmation of their thoughts from like-minded people, people of similar 'cultural' beliefs and social practice or people who they believed knew their child.

"I would get advice off friends who, you know! I would say, well what would you do in this situation? I think that's important, but obviously likeminded friends who parent similarly so, I guess you probably already know the answer but they are just reiterating what you already think, because you think similarly. It just makes you feel better about what you have already decided to do, because you are not going to ask somebody who parents completely differently because you are probably going to go 'Oh that's a bit off the wall I'm not going to do that'"
Fiona

Many mothers talked of gaining knowledge by reflecting on their experiences now as adults and in the past when they were adolescents. Mother's knowledge and experience of support influenced who they would turn to for support for their children. The knowledge mothers gained from both positive and negative experiences of how they personally and how others around them, managing their social and emotional wellbeing influenced how mothers supported their adolescent children's wellbeing.

"Cause my mum is an adamant, you know! You go to a counsellor, you do this you do that, like she will always do that. Whereas I go, oh I think you can be constructive in other ways, you know like, don't think we are there yet, or whatever. My mother has mental illness and um, always has...I probably rebel against what's available because of that...that's why I probably try and do everything self-help wise" Heidi

Most mothers spoke of a lack of formal learning around how to support their adolescents.

Most participants did not seek out information or learning. The knowledge they gained was often by chance.

"I suppose mostly from reading, reading stuff, and they send stuff out with like school newsletters as well sometimes. So they will send stuff out about the internet and bullying, and, I just, anything that is relevant. I may not actually go out and search and search and search for things, but if things come across my path, then I will read them" Beth

Mothers that did speak of formal learning spoke of how the knowledge gained through courses, reading or through their employment, was not the only source of their knowledge around how to assist their children. Knowledge was gained through many different ways and involved many different people.

"So much of your parenting comes from how you have been parented, the bulk of it. I have learnt a lot from my job, you know I am a counsellor with children. I work with parents all the time, so I have learnt heaps from that. But even then, I have also been really heavily influenced by extended family members, so aunts and uncles and how they have parented, and I have been very lucky in that I have had probably multiple family members who have, you know parented me at different times" Elizabeth

These findings propose a transgenerational link between attitudes and perceptions of wellbeing and mental ill health, and therefore suggest help seeking patterns are learnt behaviours, dependent on how individuals perceive their childhood or adolescent experiences of help seeking and the wellbeing of those around them. Other have highlighted the possibility of this link in their research but have not been able to evidence the link due to using closed questions in their studies (25).

Mothers desire to affirm their thoughts or reactions to their children has been noted in the literature by others as a desire to boost ones morale and enhance mental health by using support, making comparisons or seeking positive feedback (4). A few mothers also spoke of the stigma they had about help seeking pathways and support for social and emotional wellbeing, however little has been explored in the literature around how and where these attitudes and this knowledge has been gained.

2.2 Support

The second sub theme under the influence of others was that of support. Support was found to be multifaceted with many interactive influences impacting on each mother's concept of support. Support was described by mother's as being; verbal, physical and emotional support from other people in the parents' life as well as support that mothers perceived their children found for themselves through physical actions and the support they perceived their children received from other people in their child's life. This support, of both mothers and their children was talked about as being of both positive and negative influence on their adolescents' social and emotional wellbeing. Seeking support is a mother's and adolescents first step to informal help seeking.

Pathways to support were shaped by mothers knowledge; their personal experiences, some

mothers childhood experiences and mothers social networks, both positively and negatively, as outlined under 2.1 Gaining knowledge. All mothers in this research had not seen child and adolescent mental health services or sought help from a private psychologist or psychiatrist, many had never thought about who they would access if they were concerned about their adolescents social and emotional wellbeing. Mother's talked with the researcher about informal help seeking and explored with the researcher foresight into their actions if they were concerned about their son or daughters social or emotional wellbeing. Support for social and emotional wellbeing was talked about from a social perspective, not medically, even from those who had formal training in helping professions. A few mothers talked about not wanting people to judge or "label" their children with psychological difficulties.

"I didn't want to seek professional help, because I don't want [son] to be labelled as a, you know, a child with behaviour issue. Because to me, he didn't have behavioural issues, there was something he wasn't happy about in that house..." Beth

All mothers talked about their efforts to be self-reliant when help seeking, seeking support their own personal way without accessing formal professional support.

"You know I think a fishing trip with a male adult would probably do just as good as a psychological you know, appointment, and a label. I really don't want to label him, yer, I want him to find his own way, however that is" Grace

Mothers used resources they were familiar with, some also spoke of their adolescent children sourcing their own wellbeing supports, such a physical exercise, and internet gaming or time with friends. Many participants supported their friends (who were also parents of adolescents) to access supports, again through using a social perspective, sharing knowledge of past experiences of help seeking or having connections with people, who knew people, in the health service.

Most participants talked about a pattern of informal support networks that they accessed or would access, if they were concerned about their child's social and or emotional wellbeing. This started with talking to their adolescent child, then to people who they felt knew their child well, the adolescents' father or stepfather, their extended family and then moved onto their school teachers, in particular their child's year advisor or other adults their children had contact with, such as tutors and coaches, and then to friends or acquaintances they found supportive.

"It would more likely be [Husband] and I talking for a bit...then it would be Mum and Dad, I talk to them a lot if I have any problems. They would probably be the first person, if they needed more than that, and it was looking like I needed more of a professional input I would be asking questions around here [community health centre], probably even um! I know there is different people that the boys are dealing with. They have music lessons and they have a really good report with the guys that teach them guitar and that... I found out a few things about [son] when he was little through the guitar teacher" Cara

Many mothers did not want to think about accessing supports for their child's wellbeing until they needed to and did not identify further learning about adolescent wellbeing as a

need. Parents when using foresight did not identify General Practitioners as a source of support for their adolescent children's social and emotional wellbeing. One parent that did mention her GP did so in relation to personally knowing her GP. Mother perception that they know their children presented to stop them from giving foresight into the idea that they may ever need to access formal supports of help seeking.

"I don't know, I don't really know what's available to tell you the truth, I really don't. I know community health is down there so maybe there is something there. But I really don't know what's out there because I really haven't had to look" Alice

"I haven't actually sought help because I don't think, he hasn't done anything that's out of my... not my expertise, but that I haven't felt helpless or that I haven't been able to handle or control" Cara

Mental health services were talked about by many parents as being the last resort for support and advice around their adolescent child's social and emotional wellbeing. Seeking professional help would only be considered when all other social supports had been exhausted and parents felt helpless or out of control.

"I try to fix everything myself before [I go to mental health service], got to be at rock bottom to go and seek that" Heidi

This is also reflected in the literature where health professionals were seen as a "fall back" position when lay networks and self-reliance had been tried and tested (4). However mothers that had personal acquaintances or friends who were health professionals reported they would access these people for support and advice about their adolescents, on an informal basis. Accessing health professionals on an informal level, outside of formal referral pathways was viewed as being more acceptable by many parents. The researcher found, as is noted in the literature, the importance of 'word of mouth' and supportiveness in inner regional communities, to facilitate access to mental health care, making apparent the important role of informal supports to accessing appropriate service for adolescents with social and emotional wellbeing concerns (38).

The majority of mothers who participated in this research did not identify GP's as a source of support for social and emotional wellbeing needs. This finding was similar to that reflected in literature that focused on non-service using lay people and help seeking populations who had not yet accessed specialist mental health services (4, 13). Those in the literature who had reached specialist service via their GP had been promoted to do so by others (10). Yet to access services in NSW under the Better Outcome in Mental Health Care programme, aimed to improve community access to quality primary mental health care, individuals must first see their GP for assessment (16). This primary health care programme does not appear to be set up to support young people to access early intervention nor did parents who participated in this study, reflect on the role GP's have in supporting people to access services for social and emotional wellbeing early, before the need for specialist mental health services.

The help seeking pathway parents have taken with their adolescent children in mental health services and parents perspective on pathways to services after being presented with vignettes of young people with mental health difficulties has been widely studied (9, 16). Parents use of teachers at school for support and advice (16) and the research findings of mothers being “gate keepers” to their children accessing services, has also been found in other literature (12) with the findings of this qualitative study giving a deeper understanding to the reasoning behind this. Mothers see themselves as knowing their own children and being the deciders or the drivers to seek, and from whom to seek support for their adolescent children, who they still perceive they have influence over. Mothers choose to deal with problems that arise by cognitive ingenuity and selective use of supports from others; this has also been found in the literature (4, 20).

Strengths and Limitations

Strengths : To the best of the author’s knowledge, this is the first qualitative study of non-service using parents of adolescents, that explores social and emotional wellbeing. The study was undertaken in an inner regional area of Australia and therefore includes a population of parents that are rarely researched. Very few qualitative studies in the area of mental health promotion have been found in the literature. This study will provide a valuable contribution to the literature.

Limitations: Participants voluntarily responded to various forms of recruitment strategies all targeted at the general population, potentially biasing the sample towards respondents with pro-social attitudes to helping others and sharing information. All participants were mothers who worked full or part time and 80% had adolescent sons. This may limit the generalizability of the findings to a small group of parents with similar characteristics.

Discussion

The research findings will be discussed from the perspective of a mental health professional working in adolescent mental health promotion prevention and early intervention.

The major theme of ‘Mothers perception of knowing their children’, and its sub themes, give potential understanding to why many parents do not access formal supports or seek information about mental health promotion. Could it be because they sense seeking formal support and information, as a sign of failure, due to the inherent perceived belief they know their children. When and if parents do approach others for support or others identify concerns for an adolescent under their care or authority, this research finding may assist those they approach to offer support and advice with an informed sensitivity and empathy.

The researcher found that parents were not looking out for diagnostic symptoms nor did they want to think with foresight into what they would do if they had concerns for their adolescents' wellbeing. They spoke of dealing with it when and if it occurred. This finding has significant implications for engaging parents in mental health promotion, prevention and early intervention.

Increasing Mental Health Literacy

Mental health promotion is part of the solution to improving mental health literacy and although as indicated from the research findings mothers are difficult to formally engage in mental health promotion, a more appropriate target group mothers identified was those in authoritative or teaching roles with their adolescent children. The question is then around how to provide and what information to provide people such as school teachers, tutors, coaches and family and friends with. Mental Health First Aid (MHFA) training needs to be explored as a means to meet this need. Much as the way regular first aid provides techniques to respond to a physical health crisis, MHFA helps individuals identify and respond both to a developing mental illness and a psychiatric crisis (39). MHFA also provides a greater and more compassionate understanding of mental illness and has been adapted to meet the needs of various populations including an adolescent version, Youth Mental Health First Aid (YMHFA) targeting people who care for youth. YMHFA is an evidence based program delivered by accredited instructors that is rapidly spreading worldwide, with its developers aiming for the training to become as common as regular first aid with MHFA certificates becoming a requirement for many professions that provide human services (39). The Australian government has already recognised the merits of this training, with the Government funding MHFA training, targeting frontline community workers in the financial and legal sectors, relationship counsellors and healthcare workers, targeting those in sectors who interact with people in financial, legal or relationship crisis where risk of suicide is increased (40).

Collaboratively working with schools

Mental health services and Education services need to work collaboratively to support adolescent mental health. As the mothers in this study have indicated, teachers and schools are seen as both a support to social and emotional wellbeing for their adolescent children, as well as a deterrent. Promoting this identified role of teachers and schools, to support wellbeing is essential to support parents in their caregiving role as monitors and supporters of their adolescents' social and emotional wellbeing. Teachers job demands can constrain their roles in a school and the pressures of keeping up to date with changing curriculum requirements can make the idea of additional responsibilities of monitoring a student's wellbeing seem overwhelming. If mental health services move more towards working collaboratively with schools rather than taking on the role of dictator (providing services to schools or providing service to school students), schools may view this as a commitment and an investment by health services, therefore putting more energy into building a collaborative relationship with mental health services.

There are various ways mental health professionals and services can review their roles in schools. School counselling services are available to all school students in NSW government schools, however their availability in inner regional areas is limited, with time being focused on assessment of students learning and behaviour, addressing the needs of students with disabilities and learning difficulties. Mental health services need to work with existing services to review their models of care and to work to engage parents, especially mothers in a 'population' based mental health promotion campaign. MindMatters is the leading national 'whole-school' mental health initiative for secondary schools, assisting schools to build their capacity to promote and protect the mental health, resilience and social and emotional wellbeing of their students and school community(41). MindMatters is currently being revised with the Australian Government Department of Health commissioning the delivery and rollout to all schools nationally(41). There is a need to revise mental health service design to reflect the Mental Health Action Plan (2013- 2020), targeting prevention and promoting mental wellbeing, by resourcing services with lower entry criteria so that mental health services are not seen as the "last resort" for parents when looking for support around social and emotional wellbeing.

Pathways to mental health support

Mental Health professionals are being based in community health centres, youth focused centres such as *Headspace* and more recently in General Practices. This model is however based on existing 'psychiatric' or 'clinical psychological frameworks' without researching the understanding of the ordinary, non-service using population with no history of identified mental illness. This research gives a voice to the population who are parents of adolescents. Mental health policies and programs need to focus not only on the needs of people with defined mental disorders, but also to protect and promote the mental wellbeing of all people. Recognising there is an important role in looking at protective factors, particularly for children and adolescents and the importance of promoting mental health and preventing mental disorder.

Mothers in this study did not recognizing GP's as a source of help or advice for social and emotional wellbeing, however this is how the government has set up services to assist the general population in Australia, access early intervention through 'Better Access' mental health plans or shared care arrangements coordinated by their GP's. Mothers will approach other lay people in their social network or their child's 'learning' network (through school, tutors or coaches), who are often not equipped to identify or signpost to more appropriate mental health support services (39). Mothers will wait till a situation becomes extreme or detrimental to an adolescence functioning before specialist support is considered, potentially influencing the long term outcomes of their adolescent's mental ill health. The general population can contact the local mental health access line however this appears to have a very low public profile, not being mentioned by any of the participants in this study and referral criteria to this secondary mental health service has a very high threshold, not targeting early intervention or prevention. If services are going to prevent mental ill health

and promote and encourage early intervention for social and emotional wellbeing parents need to be aware of the services that do exist and services need to be targeted to engage parents and carers at their level, using parents understanding of social and emotional wellbeing. Mental health professionals whom have the skills and knowledge around mental health promotion, prevention and early intervention are currently seen by parents as the last resort for help and support. This is in keeping with the current service design, based on a medical model of help seeking, with secondary services only treating those with diagnosable mental illnesses. We need to focus our attention on who parents are currently turning to for support and advice if we are to engage parents to increase their trust and knowledge in early intervention, prevention and promotion of adolescent mental health.

Recent youth mental health service design in Australia has focused on improving adolescents' access to services. Services such as *headspace* have been designed by The National Youth Mental Health Foundation aiming to enhance primary mental health care for young people aged 12-25years (42). *Headspace*, a Commonwealth funded initiative was set up to provide youth friendly, easily accessible and effective services, prioritising mild to moderate mental health issues, an area of care not currently serviced through secondary mental health services (42). *Headspace* focus on the adolescent and offer information to parents and carers on their website about talking to their adolescent about mental health concerns and about accessing services. However the researcher's findings indicate that non-service using mothers do not identify services as information sources to support the decisions they make around their adolescent children's social and emotional wellbeing needs. Informal help seeking from people that knew their children, such as school teachers or year advisers, or from people whom the mothers trusted and respected, such as their parents, partner or a like-minded friend was the most common identified source of support for mothers. This would suggest that youth focused services such as *headspace* are not meeting the needs of mothers of adolescents, the main gate keepers of young people accessing services and the people adolescents most frequently access, second to their friends, for support and advice(21). The area of mental health promotion and prevention needs to focus on engaging the people that mothers in the research identified in their informal pathways to support and care.

Future Research

The parents in this study describe an inherent understanding of their children. This is not a phenomena widely researched in the literature as it is difficult to capture and to measure, due to its invisible pathic nature. This finding suggests that parents believe they could identify difficulties with social and emotional wellbeing based on their inherent knowledge of their children. This raises the question of how accurate their measures of social and emotional wellbeing are, compared to how their adolescent children and mental health professionals view their wellbeing. Further research directly comparing how parents and their adolescent children monitor and measure social and emotional wellbeing may add a deeper understanding to this finding in the research and may better inform the educational needs of parents and mothers.

Mothers placed critical importance on the perception of knowing their children, raising questions of how this knowledge is derived and questions around the implications this finding has on parents and carers of adolescent children whom are adopted or in care. Mothers used their knowledge to understand and determine that their children were managing their emotional and social wellbeing.

For mental health professionals to be accessible to parents and support the early phase of help seeking, policy makers need to direct resources to cater to the needs of the greater population, with services being funded to lower their entry criteria to provide support and advice, and exploring variations from the medical model of case management with the identified client being the parent or carer not just the adolescent. Taking note from the research finding to target support and advice at times when mothers have identified they want additional support, such as when their children are suspended for the first time or at times of transition at school. Mental Health Promotion Prevention and Early Intervention targeting parents needs to look to engage parents on an informal level, to build trust and a relationship with parents. Service also need to focus on providing information to the people that parents identify they go to for support and advice about their adolescents social and emotional wellbeing.

Conclusion

Non-service using mothers do not see the social and emotional wellbeing of their adolescent children as a tick box rating scale, measuring mental health or mental ill health. Mothers describe wellbeing as 'knowing' their children and most believe that they can identify social and emotional wellbeing needs and could identify if something was going wrong for their child. Mothers were able to 'know' their child because of the emphasis they placed on the relationship they and their partner had with their children, identifying the importance of this relationship in being able to 'read' their sons or daughters and being able to respond to their wellbeing needs. This perception of knowing their adolescent was developed through spending time with their children. Mothers through the process of 'knowing' their adolescent children were able to measure their child's wellbeing by the presence or absence of contact their children had with them or those around them. Parents identified change as a sign that further exploration of their child's wellbeing was needed. This exploration was pre dominantly undertaken by mothers.

When measuring or exploring their adolescent children's wellbeing, and making decisions on how to manage their concerns, mothers made connections to their own wellbeing needs. Mothers managed difficulties by making connections with their own experiences and how they dealt with them in the past and in the present moment. For some mothers this meant making connections by reflecting and learning from what worked well for them when they were an adolescent, as well as gaining knowledge from what did not work so well and behaviour they would not follow with their own family. Mothers also made connections between their adolescent's behaviour and the behaviours of the adolescent's father and siblings, using these connections to measure wellbeing and to make decisions on how to respond to wellbeing needs.

Mothers of adolescents present to be the gatekeepers for adolescents seeking help and support. Mothers viewed their role as pivotal in supporting, monitoring and mentoring wellbeing, yet also described the importance of the role of other people in supporting them to provide this social and emotional support. Other people were also seen by mothers as influential on their adolescents, supporting them, influencing them (whether that be positively or negatively) and engaging and shaping who they were and how they reacted to life and its stressors. Mothers did not believe that they had all the answers to meet concerns that may arise in their children and could identify various ways they gained knowledge to support their adolescent children. They relied on others close to their adolescent children including, teachers, year advisors, tutors, coaches and other adults involved with their children to gain knowledge about their child's wellbeing.

Mothers did believe that they should be able to find the support that their children needed or may need in the future and gained support for themselves as well as their children through informal help seeking pathways. Mothers used informal supports on a regular basis, talking to the father of their child, talking to their parents and to female peers, who they felt parented in a similar way, looking for reassurance and advice. Mothers would do all that they could to support their adolescent child, with some suggesting they would remove their child completely from external influences if major concerns arose, opting to go remote camping. Mothers would only seek professional advice for their adolescents' social and emotional wellbeing concerns, when they had exhausted all other informal options, when they felt helpless, where forced to or felt that they had lost control of the situation. Unless their child was experiencing 'big trouble' they would not look to seek support or advice from professional support services.

This research gives voice to the large group of parents who are not currently using services, helping to develop a shared understanding of what works for them in promoting their son or daughters wellbeing. The findings give us rich information that can guide future policy and service design to support mental health promotion, prevention and early intervention for adolescents.

Recommendations

The research findings suggest the majority of the population, non-help seeking parents, are not going to voluntarily access mental health promotion services in their current design, for support or advice. Mental health promotion, prevention and early intervention services need to explore different ways of engaging parents of adolescents and need to focus on the informal support networks mothers in this research identify they already use. The researcher recommends the following outcomes from this study;

- The National Program Standards for Teachers, responsible for nationally consistent accreditation of initial teacher education programs, needs to endorse all teacher education programs to include evidence based training in adolescent mental health. Aiming to increase all new graduate teachers mental health literacy. Training needs to include raising awareness of teacher's roles as perceived by parents and students, their role in identifying mental ill health, managing mental health needs in the

classroom and referral pathways. Such evidence based programs as YMHFA should form the basis of this training.

- Those responsible for teacher's continual professional development (The board of studies teaching and education standards (BOSTES) in NSW) need to endorse YMHFA and make evidence based training such as this an essential requirement under the teacher's accreditation policy. This would ensure all teachers have awareness and skills to manage adolescents and their family's mental health needs.
- Make readily available evidence based adolescent mental health training to key stakeholders who support adolescents. Local councils need to back community organisations to support the social and emotional wellbeing of adolescents in their care. This would include those in coaching and tutoring roles who are often not members of professional associations with codes of ethics and continuing professional development standards. Such support may be gained through means such as *Club Grants* to provide free or nominal training events targeting sports coaches and private tutors, promoting their key role in supporting and providing advice for adolescents who may be vulnerable to having difficulties with their social and emotional wellbeing. *Youth Mental Health First Aid* may be one such course appropriate for this group. Local Mental Health Services would need to support and guide this initiative.
- Increase the number of mental health professionals embedded in schools. The Department of Education and Communities needs to work in partnership with The Department of Health and the Minister for mental health and ageing, to develop and implement a pilot project that explores the role of adolescent specialist mental health professionals being based in high schools. These workers would form partnerships with education providers and community, helping create a whole school approach to building resilience through mental health promotion and programs such as *MindMatters*, as well as being actively involved in prevention initiatives and acting quickly when mental illness is evident. The mental health professional would be available not only for students but for parents and carers too, providing a place for parents and carers to find out what they can do to support their children and to get support themselves. For this model to effectively engage parents and carers mental health professionals would need to focus on establish informal and formal connections with parents and carers, as the gatekeepers to adolescents accessing support services. The school based mental health professional would work to engage parents and carers at critical times such as the transitions to high school, entry into senior years, parent's teachers interviews and suspension planning.
- Future research needs to validate parents' perception that they know their children. This may be measured by comparing adolescent self-rating of social and emotional wellbeing with parents rating of their adolescents' social and emotional wellbeing. Without these direct comparisons it is difficult to say that parents' perceptions are predominantly accurate or inaccurate measures of their adolescent children's social and emotional wellbeing.
- Further research needs to explore the implications of adolescent social and emotional wellbeing being measured by parents 'pathic' knowledge of perceiving that they

know their children. A replica study using a population of non-biological parents or carers of adolescents may derive further knowledge of the implications of this phenomenon on 'problem' recognition.

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Appendix One

Media Release



Health

Hunter New England
Local Health District

Date (TBA)

TAREE STUDY TO DISCOVER HOW PARENTS SUPPORT TEENS

New research launched in Taree today will uncover how parents discern between normal adolescent behaviour and behaviour that might suggest their teenager needs further emotional or mental health support.

Taree Youth Mental Health Occupational Therapist Lauren Vaughan is calling on parents to be part of the study to help mental health workers understand more about the very early stages of mental health problems.

“We know from past research that teenagers are most likely to ask their parents for support if they have emotional and social wellbeing concerns,” Ms Vaughan said. “However, we don’t know much about how parents provide that support and what they do to help their teenager.”

“I’m interested in find out from parents about how they manage things at home with their teenagers,” Ms Vaughan said. “What kinds of conversations do they have with their teenagers about emotional and social wellbeing? Importantly, how do parents identify when a difficulty is more than just a normal part of adolescent behaviour, and something that needs further support.”

The research findings will help mental health workers understand how they can support parents to identify mental health issues earlier, so young people can get access to help as soon as possible.

Ms Vaughan is interested in talking to volunteer parents of teenagers aged between 12 and 17 years living in the Greater Taree City Council area.

The private, in person interviews will take about one hour and can be arranged at a mutually agreeable time and place.

All personal information will be kept private, and in any information included in the research report will be kept anonymous.

There are no financial or other rewards for participating in this study. Ms Vaughan is being supported by the Health Education and Training Institute as part of the Rural Research Capacity Building Program.

If you are interested in participating or would like to find out more about the project please contact the researcher, Ms Lauren Vaughan, on (02) 6539 6300.

Media Enquiries: Emma Gibbs on 6767 7137 (HNE- xxxx)

Hunter New England Local Health District – Communication & Stakeholder Engagement Unit

Tel 02 4985-5522 Fax 02 4921-4969 A/Hours 0418 463 031 Email communication@hnehealth.nsw.gov.au
healthdirect AUSTRALIA – providing expert health advice 24 hours a day to NSW residents – Tel. 1800 022 222

Appendix Two



Health
Hunter New England
Local Health District



How do parents describe the emotional and social wellbeing of their adolescent children?

Chief Investigator: Lauren Vaughan
Forster Community Health Centre
Youth Mental Health Project Officer
Manning Mental Health
16 Breese Parade
Forster NSW 2428
Ph: 6539 6300
Fax: 6554 8874

(Version Three25/06/13)

Participant Information Sheet

You are being invited to participate in a research study investigating how parents describe emotional and social wellbeing in their adolescent children.

The study is being conducted by Lauren Vaughan, an Occupational Therapist working for Hunter New England Local Health District with the Youth Mental Health Project in the Manning area.

It is important that you understand the purpose of the research study and what your participation will involve. Please take your time to read the following information and ask questions you may have, or discuss further with the research team or your family/friends before agreeing to participate.

Why is the research being done?

This study will explore how parents describe social and emotional wellbeing for the young people in their care. The Researcher wants to talk to parents who have not had any contact with Child and Adolescent Mental Health Services for their children, to gain a greater understanding of what they see as characteristics and difficulties for their adolescents. The researcher wants to learn more about the language that parents use to describe emotional and social wellbeing. The objective being that with this in-depth understanding, professionals will have a language to use with parents that will inform mental health promotion topics that are centred on what parents identify as important emotional and social wellbeing issues for adolescents. By focusing on the people that are caring and supporting adolescents in our community, the researcher wishes to meaningfully engage parents and to guide future mental health promotion, prevention and early intervention initiatives targeted at parents.

Who can participate in the research?

You have been invited to participate in this research study because you are a parent of an adolescent aged 12-17 years. Any parent with a child over the age of 18 is excluded from the research. Parents who have had or currently have children seen by the Child and Adolescent Mental Health Service or a private psychiatrist or psychologist will not be able to participate in the study.

Your participation

If you agree to participate, you will be invited to attend a single, face to face interview with the researcher, which will last approximately one hour. The interview will take place in a location mutually agreed between the researcher and yourself. You will be encouraged to choose a location where you feel comfortable and where your privacy can be respected. During the interview, you will be asked questions about your experiences as a parent of an adolescent and what you see as issues that impact on your young person's emotions and social wellbeing. You are not required to answer any or all of the questions asked of you. You may ask to skip any question that makes you feel uncomfortable or that you do not wish to answer. The interview will be audio recorded and you may ask for the tape to be stopped and sections of it edited or erased, at any time during the interview. You may also ask for the interview to stop to allow you to take a break and the interview can be resumed when you are ready. You will be offered a copy of your interview transcript. You may at any time during the interview, or during the research period withdraw from this study without giving a reason. There are no repercussions for not participating or withdrawing. If you have any concerns regarding this please discuss with the researcher now.

Benefits and risks of participating.

The interview will include some topics which may be sensitive, such as discussing your feelings and emotions about your son(s) and or daughter(s). If you find that you become in anyway distressed by any of the topics discussed or by your participation, this can be discussed with the researcher. There is a range of services available to provide support, such as Carers Assist, Lifeline, websites such as Youth Beyond Blue and Headspace, your local General Practitioner and the local Mental Health Service. Everyone who participates in this research study will be given written information on various sources of further information and support on this topic.

How will your privacy be protected?

The face to face interview will be audio recorded using a digital voice recorder so that the researcher can focus on the discussion rather than taking lengthy notes, and to ensure that the researcher is accurate in recording your responses. You may ask for the recorder to be turned off at any time during the interview. The audio recording will be transcribed verbatim (word for word) by the researcher and then studied/analysed. Your name will not be recorded on the audio recording and your name and any identifying information will not be associated with any part of the written report of the research. All of your information and interview responses will be kept anonymous. Only the researcher named above will have access to your identifiable responses and will keep all of your information and data in a secure (password protected) location for a period of 5 years.

The only instances when confidentiality may be broken would be if the interviewer identifies that you or your children are at risk of abuse or neglect. If concerns are raised during the interview, the researcher will attempt to raise these with you before seeking further assistance from the child protection services. The mandatory reporting of concerns relating

to the welfare of children is a NSW Ministry of Health Policy that all health professionals are mandated to follow.

How will the information collected be used?

It is planned that the results of this study will be published in peer reviewed professional journals and may be presented at conferences. A summary of the results of the research study will also be provided to the local media for publication. None of the information included in the report will be able to identify you. You will be offered a copy of your interview transcript. If you would like to receive a copy of the results of the study please let the researcher know and a copy will be provided at the conclusion of the study.

Funding

Participation in the study will not cost you anything other than your time and you will not be paid for your participation in the study.

The study is being sponsored by the Rural Directorate of the Health Education and Training Institute as part of the Rural Research Capacity Building Program by allowing the researcher time to complete the study. No money or financial payment, other than the researcher's usual pay, is being made directly to the researcher.

What do you need to do to participate?

When you have read this information sheet, the researcher, will discuss it with you and answer any questions that you might have. If you have any questions or concerns at any stage, please don't hesitate to contact the researcher.

If you would like to participate in this research study, please read the attached participant consent form and contact the researcher Lauren Vaughan on the details above. A time will then be mutually arranged for you to meet with the researcher for an interview.

If you have complaints or concerns about this research?

This research has been approved by Hunter New England Human Research Ethics Committee of Hunter New England Health (Reference 13/05/15/4.08). Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, to Dr Nicole Gerrand, Manager, Research Ethics and Governance, Hunter New England Human Research Ethics Committee, Hunter New England Health, Locked Bag 1, New Lambton NSW 2305, telephone (02) 49214950, email Hnehrec@hnehealth.nsw.gov.au.

*Chief Investigator: Lauren Vaughan
Occupational Therapist
Youth Mental Health Project Officer
Manning Mental Health
Hunter New England Local Health District*

**This information sheet is for you to keep.
Thank you for taking the time to consider participating in this research study.**

Appendix 3



Health
Hunter New England
Local Health District



How do parents describe the emotional and social wellbeing of their adolescent children?

Chief Investigator: Lauren Vaughan
Forster Community Health Centre
Youth Mental Health Project Officer
Manning Mental Health
16 Breese Parade
Forster NSW 2428
Ph: 6539 6300
Fax: 6554 8874
(Version Two: 30/04/13)

Participant Consent Form

I _____ (your name) agree to participate in this research project and give my consent freely.

In giving my consent to be a part of the research and I agree and understand that:

1. I have read and understood the Participant Information Sheet and have had the opportunity to discuss the research and my involvement in the project with the researcher, Lauren Vaughan. I am satisfied that any questions that I have had about the project have been answered.
2. I consent to participate in a single, face to face interview regarding my experience as a parent of an adolescent. I understand that this interview will be audio recorded and that I am able to request the interview and/or audio recording to stop or cease at any time during the interview.
3. I consent to the audio tape of my interview being transcribed (word for word) and understand I will be offered a copy of the transcription.
3. I understand that my participation in this research is completely voluntary and that I am not under any obligation to consent.
5. I understand that I can withdraw from the research at any time during the research period and do not have to give any reason for withdrawing.
6. I understand that my information and interview responses will be treated with strict anonymity and stored securely (password protected) in accordance with ethical research standards.
7. I understand that the interviewer, as a mandatory reporter, has the lawful responsibility to identify and report children, young people and/or unborn children who are at risk of significant harm from abuse or neglect.
8. I understand that the data and findings from this research project may be published and that any potentially identifiable information will not be used in any reports.

Name of Participant: _____

Signature of Participant: _____

Date: _____

I have informed the above person about the research and answered any questions he/she had.

Signature of researcher: _____

Name of researcher: _____

Occupational Therapist

Chief Investigator

Date: _____

Appendix Four

Interview Schedule- Version Two

“A conversation with purpose” (Smith et al, 2012)

Introductions:

Introduce myself and thank them again for agreeing to participate. Ensure Participant Consent Form is signed. Explain that I will be recording the interview and may take notes. Inform the participant that they may stop the interview at any time.

In line with interpretive phenomenology the researcher is using a semi structured interview, with questions prompting a dialogue between participant and the interviewer. Initial questions may be modified in light of responses throughout the interview process. Below is a research interview guide to prompt the participant to ensure the research objectives are met by the researcher.

Remind the participant that they have responded to my request of wanting to know more about how parents define emotional and social welling issues in their adolescents.

What they identify as Emotional and Social Wellbeing

“Research has found that adolescents are most likely to ask their parents for support if they have emotional and social wellbeing concerns. Can you tell me a bit about how you see emotional and social wellbeing in your family?”

“What kinds of behaviour would you say define/describe good emotional and social wellbeing?”

(using prompts such as “Can you tell me a bit more about that?” “ Could you explain what you mean by....” “ What makes you say that...” to gain a more in-depth understanding of their responses.)

Describing Difficulties

“What kinds of things would you look out for if your concerned they have had a bad day or aren’t traveling so well?” (may use the words Emotional and Social Wellbeing depending on parents response to previous questions).Further probes may be “Why did you think they reacted like that?,” “How did you react when.....” “ What was it about his/her behaviour that made you react like that...?”

Depending on response from above;

Understanding Concerns and responses

“ How do you figure out whether your son/daughters behaviour is just part of being an adolescent or if its something more serious?” “As a parent what signs do you look for, what causes you concern?”. “What were they doing or saying that made you think that”.

Further probing may be “Why do you think that’s (behaviour) important/significant (use the parents language)?”

“what do you usually do if your concerned about(adolescents name)?” “How do you talk to (approach) your son/daughter about concerns you have for them?”, “ How does the conversation start?”. Depending on the participants responses questions such as “Can you tell me about a time when you were worried your son/daughter didn’t have their head in the right place?” “what prompted you to think that?” may be asked. If they identify that they have managed a serious issue ask how they responded to that, how did they react,” what did

it feel like when...”, “tell me more about what happened?”. “Has anything (or “would anything”) prompt/ed you to think about how you react?”

Managing Emotional and Social Wellbeing

“ Has there ever been a time when you felt you needed more information or further support?” Who did you turn to?” What were you looking for?” “Where you happy with the response you got?” “ How did it help you or not?”

Ask participants questions around seeking support or advice around concerns for their son/daughter/children. Ask if they have ever sort out advice or support for something they felt they needed more information on. The interview may use the prompts “what prompted you to do that or how did you decide that was the best thing to do?” “ Did you find the help/advice/support you were looking for?” “Tell me more about what happened”.

Headings have been used above to assist the researcher to ensure the objectives of the research as met. Not all questions will be asked of each participant. Participants themselves will lead the discussion reflecting on their account.