

# Bridging the Digital Disconnect

Exploring Parents' Views on Using Technology to Promote Young People's Mental Health

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**YOUNGANDWELL**  
Cooperative Research Centre



  
An Australian Government Initiative



*Inspire*  
inspiring young people

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## **Young and Well Cooperative Research Centre**

The Young and Well Cooperative Research Centre is an Australia-based, international research centre that unites young people with researchers, practitioners, innovators and policy-makers from over 75 partner organisations. Together, we explore the role of technology in young people's lives, and how it can be used to improve the mental health and wellbeing of young people aged 12 to 25. The Young and Well CRC is established under the Australian Government's Cooperative Research Centres Program.

[youngandwellcrc.org.au](http://youngandwellcrc.org.au)

## **Inspire Ireland**

The Inspire Ireland Foundation was incorporated in 2009 to deliver ReachOut.com in Ireland. While independent, Inspire Ireland retains strong connections and has a close working relationship with Inspire in Australia and the United States. Most importantly, Inspire Ireland shares the mission of helping young people get through tough times. Our work is focused on service delivery through ReachOut.com, mental health promotion and research.

[inspireireland.ie](http://inspireireland.ie)    [reachout.com](http://reachout.com)

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# Executive Summary

Bridging the Digital Disconnect is a three-year program of research that aims to develop online mental health and digital literacy resources for adults – including parents, teachers, youth workers, social workers, general practitioners and mental health professionals – who wish to support the mental health of young people aged 12 to 25. This program of research is being carried out by the Health Promotion Research Centre at the National University of Ireland Galway and Inspire Ireland Foundation in collaboration with Young and Well Cooperative Research Centre, Australia. The first online resource to be developed is designed to meet the needs of parents.

This report will outline key findings from a needs assessment carried out with parents in Ireland. The specific aims of this study were to:

- determine parents' current use of online technologies;
- examine parents' needs in relation to youth mental health;
- explore parents' views regarding the use of online technologies to assist them in supporting young people's mental health and wellbeing; and
- explore parents' needs in relation to using online technologies to support young people's mental health.

A total of 355 parents of second and fifth year students (young people aged between 14 and 17) from randomly selected secondary schools across Ireland completed a postal questionnaire. In addition to this, four focus groups were carried out with 32 parents nationally in order to further explore their views.

Overall, the results from this study reveal important findings regarding parents' needs in terms of youth mental health and the use of online technologies to assist them in supporting young people. In relation to mental health, parents endorsed the association between positive youth mental health and the development of coping skills, confidence, communications skills and supportive peer and adult relations. Parents frequently referred to the pressures (academic, peer, societal) young people currently experience and the impact this has on their mental health.

Over two thirds of parents (69.8%) stated they were likely / very likely to look for help on the internet if their child was going through a tough time. Parents with second or third level education, females and younger parents (>45 years) were significantly more likely to use online supports. Receiving mental health information through a website was the second most frequently requested information source after a leaflet. In addition, 22.1% of parents stated they had used the internet to search for mental health information in the past month. These findings, coupled with the finding that one quarter of parents (24.6%) disagreed / strongly disagreed that they could help their child through a tough time points to A) the need for mental health resources and training for parents, and B) the potential of developing an online youth mental health resource to meet parents' needs.

Regarding the types of online resources parents requested, there was a strongly expressed need for youth mental health information, specifically:

- information about local services available to support young people;
- reliable information provided on mental health issues concerning young people;
- guidelines about what to do if a young person is experiencing mental health problems;
- guidelines about how to promote wellbeing in young people and develop their communication skills, self-efficacy and coping skills; and
- resources to support parents' own mental health, in particular, stress management skills.

Parents who took part in the parent focus groups reviewed an Irish youth mental health website (ReachOut.com) and expressed a desire for the development of a website with similar content for parents. In addition to youth mental health information, parents repeatedly spoke about the need for training in relation to young people's use of technology, specifically the use of social networking sites. Information around online safety was frequently requested. Analysis of the parents' findings according to level of education revealed that parents with a second or third level education were significantly more likely to A) indicate a need for youth mental health resources, and B) view the role of technology as important in providing these resources.

Potential barriers that would prevent parents from using online resources included: lack of confidentiality; over-complicated style; uncertainty about the reliability and source of information provided; lack of IT skills; and lack of awareness of the online resource. Parents referred to the need for a transparent, joined-up approach for parents, teachers, youth workers, general practitioners, health and mental health professionals. Over 80% of parents felt that the online resource should also cater for adults working with young people and young people themselves, thus indicating their preference for an all-inclusive online resource that addresses multiple needs. Related to this, parents requested the variety of online resources already available be brought together in a coherent manner to assist parents in their awareness and use of reliable online information and resources. In addition to receiving information through an online resource, parents also emphasised the need for face-to-face training in relation to youth mental health, developing parents skills and enhancing parents' use of technologies.

Overall, the results from this study highlight the positive response from parents regarding the development of online parent resources to support youth mental health. In interpreting the findings, the limitations of this study should be taken into account, including the non-representative sample who participated in the study and the low response rate (16.7%) to the parent survey. The majority of participants that took part in this needs assessment study were female, aged 44 to 55, had completed third level education, and were in employment. Despite these limitations, the findings underscore parents' need for guidance in relation to youth mental health and the potential of online technologies in providing support to parents.

# 1. Introduction

The Health Promotion Research Centre at the National University of Ireland Galway in collaboration with Inspire Ireland Foundation is undertaking a three-year program of research working with young people and adults to determine how best to use technology to improve the mental health and wellbeing of young people. This initiative is part of an international research project being led by Young and Well Cooperative Research Centre in Australia. Bridging the Digital Disconnect seeks to develop online mental health and digital literacy resources for adults, including parents, teachers, youth workers, social workers, general practitioners, health promotion and mental health professionals, who wish to support the mental health of young people aged 12 to 25 years.

For most young people, online technologies are a part of their everyday lives. In Ireland, young people aged 16 to 24 years are the most frequent users of the internet. Data from the European Commission highlights the steady increase in young people's use of the internet over the past seven years with 34% of young people reporting they had accessed the internet in 2005; In 2011, 92% of 16 to 24 year olds reported having accessed the internet. Of this group, 78% of young people accessed the internet on a daily basis (European Union, 2012). Similar figures have been reported in Australia, with 91% of 12 to 17 year olds reporting the internet as a 'highly important aspect of their lives' (Australian Communications and Media Authority, 2009).

Results from the recent My World Survey (Dooley & Fitzgerald, 2012) carried out with over 14,306 young people aged 12 to 25 in Ireland highlight the importance of the internet as a source of support for young people's mental health and wellbeing. For young people aged 12 to 19 years in secondary school, the internet was the third most frequently reported source of support after friends and parents. For young adults aged 17 to 25 years (post-second level), the internet was the most frequently reported source of support for mental health and wellbeing, followed by friends and parents (Dooley & Fitzgerald, 2012). The findings from this study provide evidence that for young people the internet can be seen as a 'tool and a setting for action' (Blanchard et al, 2011) in improving their mental health and wellbeing.

The evidence regarding internet-delivered mental health interventions has been accumulating. A recent systematic review of online mental health promotion and prevention interventions available for young people aged 12 to 25 highlights the potential role of the internet for the delivery of mental health interventions for young people (Clarke et al, 2013). A total of 18 web-based interventions were identified. Interventions included structured online modules, mental health information resources, online gaming interventions, blogging and online therapy. Findings from the mental health promotion interventions indicated that there is moderate evidence regarding their impact on young people's mental health literacy skills, support seeking behaviour and wellbeing. In terms of the mental health prevention interventions, there is medium to strong evidence that computerised cognitive behavioural therapy (cCBT) interventions can have a significant and lasting impact on anxiety and depression among young people identified at risk of developing a disorder, with the MoodGYM intervention providing the most consistent positive findings. There is also some promising evidence regarding the potential of online group support interventions.

The growing demand and expansion of online mental health resources has significant implications for adults and the role they play in supporting young people. Little is known, however, about adults' views on the role technologies can play in supporting youth mental health and adults' needs in relation to mental health and digital literacy. Given that the first online resource to be developed as part of the Bridging the Digital Disconnect study will be designed for parents, a needs assessment survey was conducted with parents in Ireland in order to determine how best to support parents in using technologies to promotion young people's mental health.

## 1.1 STUDY AIMS

The specific aims of this study were to:

- determine parents' current use of online technologies;
- examine parents' needs in relation to youth mental health;
- explore parents' views regarding the use of online technologies to assist them in supporting young people's mental health and wellbeing; and
- explore parents' needs in relation to using online technologies to support young people's mental health.

## 2. Methods

This study was conducted in two phases – phase one consisted of a parent questionnaire, with phase two featuring in-depth focus groups with parents.

### 2.1 PARENT QUESTIONNAIRE

A parent questionnaire was devised examining parents' A) current use of technologies, B) needs in relation to youth mental health, C) attitudes regarding the use of technologies to promote and improve young people's mental health and wellbeing. A questionnaire was chosen over other approaches as it was deemed the most appropriate method to obtain the views of a large sample of parents nationally.

#### 2.1.1 Sample

Parents of students in first year (ages 13 to 14) and fifth year (ages 17 to 18) in secondary schools were chosen to take part in the first phase of this study. The sample of parents was recruited based on a random selection of schools in Ireland. Five percent of the schools across each region were randomly chosen to be contacted. Principals in 37 schools, (17 schools in Leinster, five schools in Ulster, 10 schools in Munster, and five schools in Connaught) were contacted regarding permission to send the parents questionnaire home with students in first and fifth year. A total of 12 schools agreed to distribute the survey, resulting in 2121 parent questionnaires being distributed across the 12 schools (Table 1).

Table 1: Parent questionnaire study sample

	Total number of schools	Number of schools contacted (5%)	Number of schools agreed to distribute survey	Number of parents received questionnaire
<b>Ulster</b>	50	5	1	78
<b>Munster</b>	213	10	4	762
<b>Leinster</b>	355	17	6	1146
<b>Connaught</b>	103	5	1	135

#### 2.1.2 Measure

The questionnaire was informed by current literature and a similar questionnaire that has been used with mental health professionals in Australia (Blanchard et al, 2011). It was composed of fixed-choice and open ended questions, the majority of which were fixed choice. The questionnaire was divided into two main sections. Section one explored parents' current use of computers and the internet. Section two explored parents' sources of support in relation to youth mental health and their awareness of local, national and online mental health organisations. This section also presented ideas around the development of an online resource to help parents support their children's mental health. Parents were asked to rate how strongly they agreed / disagreed that the resources should be made available to parents. They were also asked to identify topics on which they would be most interested in receiving information on. In addition, parents were asked about factors that would prevent and/or facilitate their use of the online resource. The final section of the questionnaire collected demographic information on the respondents. On completion of the questionnaire, parents were asked to return the questionnaire in the post using the free-post envelope provided.

#### 2.1.3 Data Analysis

The data from the parents' questionnaire were entered into SPSS, and a summary of descriptive statistics was produced. The data were subject to univariate analysis with some bivariate analysis carried out to determine relationships between parental demographics and the respective variables.

## 2.2 PARENT FOCUS GROUPS

Following the completion of phase one, focus groups were carried out with parents across the country. The purpose of these focus groups was to explore in detail parents' needs in relation to youth mental health, and the use of technologies to promote and improve youth mental health and wellbeing.

### 2.2.1 Sample

The sample of parents for the focus groups was obtained through purposive sampling. A sample of parents from the four provinces in Ireland was selected. All parents that took part in the focus groups had at least one child aged 12 to 25. One group of parents were known to each other through work (N = 8). Another group of parents attended a family support service that is designed to promote positive parenting by empowering and supporting parents to identify and improve their skills and abilities (N = 12). Another still lived in a disadvantaged urban area (N = 5). The final group of parents were involved in training young people in computer programming (N = 7). The four groups of parents were recruited with the assistance of Health Promotion Officers in the local area and Inspire Ireland.

### 2.2.2 Measure

Focus groups were conducted to explore parents' views in greater detail. Parents were asked a set of key questions that were designed to:

- explore parents' understanding and views on youth mental health and wellbeing, the supports that young people need, and risk factors that affect youth mental health;
- examine parents' views on training they would like to receive in relation to youth mental health;
- determine parents' use of technology and concerns with using technology;
- examine parents' impression of a youth mental health website (ReachOut.com); and
- explore parents' views on what an online resource designed to assist parents in supporting young people's mental health should provide.

As a result of findings from the parent questionnaire, which indicated parents' lack of familiarity with online mental health resources, parents were asked to review an Irish youth mental health website (ReachOut.com). The purpose of reviewing the youth mental health website was A) to provide parents with a concrete example of an Irish-based mental health website; B) to determine parents' views of an online youth mental health resource; and C) to ascertain parents' views on what a similar online resource could provide for parents. As part of reviewing the website, parents were asked to complete a questionnaire. The questionnaire asked participants to review five sections of the website: Inform Yourself, Getting Help, Real Stories, Ask the Expert, and Blog. Each section is designed to provide young people with relevant information through the use of education text (Inform Yourself and Getting Help), case study examples (Real Stories), short presentations from professionals in the field of mental health (Ask the Expert), and a youth blog. Parents were asked to choose a topic within each section, review it based on its content, appearance and appeal, and rate it on a likert scale from 1–10 (1 being poor and 10 being excellent).

### 2.2.3 Data Analysis

The focus group review sessions were recorded using digital recorders. All four focus groups were transcribed verbatim and analysed using inductive thematic analysis approach (Braun & Clark, 2006). This method means the themes identified are strongly linked to the data themselves, thus providing a rich and detailed account of the entire data set. Using Braun and Clark's six phases of thematic analysis, after reading and re-reading the data, the data was coded and collated. Following this, the codes were sorted into potential themes, gathering all data relevant to each potential theme. The themes were checked by two researchers (AC and TH) in relation to the coded extracts (Level 1) and the entire data set (Level 2). Further analysis was carried out to refine the specifics of each theme and the final step of analysis involved selecting compelling extract examples. An inter-coder reliability test was carried out, with two researchers (AC and TH) analysing the data separately in order to

examine the reliability of the coded and themed data. The level of correspondence across the researcher analysis was high (inter-coder reliability 97.4%).

Data from the demographic questionnaire and the ReachOut.com questionnaire were entered into SPSS and analysed using univariate analysis.

## 3. Parents' Questionnaire Results

### 3.1 DEMOGRAPHICS

A total of 355 parents returned the postal questionnaire. This represents 16.7% of the total number of parents that received the questionnaire (N = 2121). The demographic profile of the parents is shown in Table 2.

**Table 2: Demographic profile of parents**

		<b>N</b>	<b>%</b>
<b>Gender</b>	Male	42	<b>11.8</b>
	Female	293	<b>82.5</b>
	Missing	20	5.6
<b>Age</b>	26 to 35	14	<b>3.9</b>
	36 to 45	139	<b>39.2</b>
	46 to 55	174	<b>49.0</b>
	56+	9	<b>2.5</b>
	Missing	19	5.4
<b>Nationality</b>	Irish	302	<b>85.1</b>
	Other European	22	<b>6.2</b>
	Non-EU National	10	<b>2.8</b>
	Missing	21	5.9
<b>Province live in</b>	Munster	151	<b>42.5</b>
	Leinster	162	<b>45.6</b>
	Connaught	21	<b>5.9</b>
	Ulster	0	<b>0</b>
	Missing	21	5.9
<b>Urban / Rural</b>	Urban (town +1500)	82	<b>23.1</b>
	Dublin city	71	<b>20</b>
	City other than Dublin	6	<b>1.7</b>
	Rural	177	<b>49.9</b>
	Missing	19	5.4
<b>Highest level of education</b>	Primary or equivalent	4	<b>1.1</b>
	Intermediate / Junior Certificate	21	<b>5.9</b>
	Leaving Certificate	90	<b>25.4</b>
	Diploma / Certificate	113	<b>31.8</b>
	Primary degree	45	<b>12.7</b>
	Postgraduate / higher degree	58	<b>16.3</b>
	Missing	24	6.8
<b>Current work status</b>	Employee	178	<b>50.1</b>
	Self-employed outside farming	43	<b>12.1</b>
	Farmer	4	<b>1.1</b>
	Student full time	2	<b>0.6</b>
	On state training scheme	6	<b>1.7</b>
	Unemployed	12	<b>3.4</b>
	Long-term sickness or disability	7	<b>2.0</b>
	Home duties	80	<b>22.5</b>
	Retired	2	<b>0.6</b>
	Missing	21	5.9

The majority of parents that completed the questionnaire were female (82.5%). Almost half of the parents (49.0%) were aged 46 to 55. The majority of parents were Irish (85.1%) and from the provinces of Munster or Leinster (42.5% and 45.6% respectively). No parents from Ulster returned the questionnaire. There was an even rural / urban divide with 49.9% of the parents living in a rural area. In terms of education, a high proportion of parents completed third level education (60.8%), of this group 29% had a degree or postgraduate qualification. Just under a third of all parents (31.3%) had a second level education and four parents (1.1%) reported completing primary school only. Chi-square tests for independence indicated that there was no significant association between level of education (primary, secondary and third level) and age, gender, nationality, rural / urban location. Regarding employment, the majority of parents (63.3%) were in employment. Just under a quarter of parents (22.5%) reported working in the home, and 3.4% were unemployed.

Comparing these demographic data with demographic information from the 2007 Survey of Lifestyle, Attitudes and Nutrition (Barry et al, 2009), which had a national representative sample of 10,364 respondents aged 18 and over, there are notable demographic differences across the two samples. Unlike the SLAN survey which had a 49.% male response rate, 11.8% of participants that responded to the parent questionnaire were male. The age profile of the SLAN sample was younger with 25.2% aged 18 to 29 and 31.1% aged 30 to 44. In addition, there was a significant difference in education profile across the two samples. While 55% of parents that completed the parent survey had third level education, 36.3% of the sample in SLAN survey had completed a third level education, 44% had post-primary education and 19% had primary education. In terms of working situation, the results were similar, with just over 60% in employment.

## 3.2 USE OF TECHNOLOGY

Figures related to parents' access to a computer and the internet at home and their level of confidence using computers are shown in Table 3. Only two of the 355 parents (0.6%) reported not having a computer at home. The majority of parents (>80%) reported being confident or very confident using a computer, with 16.6% stating they could use some help and 3.7% stating they were not confident at all. Chi-square analysis indicated a significant association between level of education and level of confidence using a computer [ $\chi^2(1, n = 330) = 6.78, p = .034$ ], indicating parents with a primary or secondary school education were significantly less confident using a computer than parents with a third level education. Of those that reported having a home computer, almost all parents had internet connection (98.3%). Half of the parents stated they had access to the internet on their mobile phone (50.7%). Over 90% of parents reported using the internet on a weekly basis with almost two thirds of parents (65.7%) reporting using it on a daily basis.

**Table 3: Parents' use of computers and the internet**

		<b>N</b>	<b>%</b>
Computer at home	Yes	353	<b>99.4</b>
	No	2	<b>0.6</b>
Confidence using computer	Very confident	109	<b>30.9</b>
	Confident	176	<b>49.9</b>
	Could use some help	55	<b>16.6</b>
	Not confident at all	13	<b>3.7</b>
Computer with internet access	Yes	349	<b>98.6</b>
	No	5	<b>1.4</b>
Access to internet on mobile phone	Yes	177	<b>50.7</b>
	No	171	<b>49.0</b>
	Don't have a mobile phone	1	<b>0.3</b>
Use of internet	Every day	232	<b>65.7</b>
	Once or twice a week	90	<b>25.5</b>
	Once or twice a month	20	<b>5.7</b>
	Less often	11	<b>3.1</b>

Parents were asked to indicate what they had used the internet for in the past month (Table 4). The most frequently reported uses of the internet were general Google searching and sending / receiving email. Just over one fifth of parents (22.1%) stated they had searched for mental health information on the internet over the past month. There were no significant associations between searching for mental health information and age, gender or education. Searching for health information was the third most frequently reported use of the internet (68.1%).

These results are comparable with a recent ehealth literacy survey conducted with a sample of 321 primary care service users in Ireland (age range 18 to 82, mean age 40.9 years) (Fox, 2011). Results from this survey showed 59.5% of respondents had previously engaged with health information seeking online. Additional analyses revealed that those with lower ehealth literacy were more likely to be male, living in a rural area, less educated, in poorer health, and older (45 years+). Results from the parents' needs assessment revealed that respondents living in a rural area were significantly less likely to use the internet to search for health information than respondents living in a rural area [ $\chi^2(1 n=301) = 3.95, p<0.05$ ].

**Table 4: Parents' use of the internet in the previous month**

	<b>N</b>	<b>%</b>
1 General Google searching	339	<b>96.6</b>
2 Send / receive email	304	<b>88.6</b>
3 Searched for health information	216	<b>68.1</b>
4 Visited social networking site	199	<b>62</b>
5 Read / watched news on internet	191	<b>61.2</b>
6 Watch video clips	187	<b>59</b>
7 Skype	122	<b>40.3</b>
8 Downloaded music or films	104	<b>34.2</b>
9 Posted photos, videos or music to share	95	<b>31.8</b>
10 Instant messaging	90	<b>30.5</b>
11 Used webcam	71	<b>24.1</b>
12 Searched for mental health information	64	<b>22.1</b>
13 Played internet game	65	<b>21.7</b>
14 Posted message on website forum	48	<b>16.4</b>
15 Used file sharing sites	37	<b>13</b>
16 Wrote blog	15	<b>5.2</b>

### 3.3 YOUTH MENTAL HEALTH

Parents were asked about how equipped they felt in relation to youth mental health (Table 5). The majority of parents (>80%) agreed that they felt equipped to promote wellbeing in their child's life and to determine if their child needs help. Significantly fewer parents (57.4%) agreed that they felt equipped to help their child if they had a mental health problem. Chi-square analysis indicated a significant association between gender and feeling equipped to help a child with mental health problems [ $\chi^2(1, n = 330) = 6.1, p = .048$ ], with females feeling significantly less equipped than males.

**Table 5: Parents and feeling equipped to promote wellbeing and deal with youth mental health problems**

<b>I feel equipped to...</b>	<b>Strongly disagree / Disagree</b>		<b>Neither agree nor disagree</b>		<b>Agree / Strongly agree</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Promote wellbeing in my child's life	14	<b>3.9</b>	35	<b>9.9</b>	303	<b>86.2</b>
Determine if my child needs help	17	<b>4.8</b>	41	<b>11.6</b>	295	<b>83.6</b>
Help my child if they had a mental health problem	86	<b>24.6</b>	63	<b>18</b>	201	<b>57.4</b>

### 3.4 PARENT SUPPORTS

Parents were asked about what they were likely to do if their child was going through a tough time (Table 6). A family member was the most likely point of contact for parents, with 89.8% stating they were likely / very likely to talk to a family member. This was followed by talking to a friend (82.1%), talking to a health professional (79.9%) and talking to a teacher (77%). Just under 70% of parents stated they were likely or very likely to look for help on the internet, while 63.8% said they were likely / very likely to look for help on a mental health website. Females were significantly more likely than males to look for help on the internet [ $\chi^2(1, n = 320) = 5.63, p = .018$ ]. Analysis according to education level revealed that parents with a second or third level education were significantly more likely to A) look for help on the internet [ $\chi^2(1, n = 316) = 8.31, p = .016$ ], B) look for help on a dedicated mental health website [ $\chi^2(1, n = 294) = 6.76, p = .034$ ], and C) look for help in books / magazines [ $\chi^2(1, n = 314) = 6.81, p = .033$ ]. Regarding age differences, parents aged 45 years or younger were significantly more likely to look for help using a social networking tool than parents aged 46 years or older [ $\chi^2(1, n = 315) = 4.36, p = .037$ ].

**Table 6: Sources of support for parents if their child was going through a tough time**

	Very unlikely / unlikely		Likely / very likely		Not sure	
	N	%	N	%	N	%
Talk to a friend	52	15.1	284	82.1	10	2.8
Talk to a family member	32	9.1	315	89.8	4	1.1
Talk to the child's teacher	70	19.9	271	77	11	3.1
Talk to a health professional	54	15.5	278	79.9	16	4.6
Talk to someone on telephone helpline	249	71.8	69	19.9	29	8.3
Talk to someone through email support	271	78.3	48	13.9	27	7.8
Look for help on the internet	96	27.6	243	69.8	9	2.6
Look for help on mental health website	95	27.5	220	63.8	30	8.7
Look for help in books / magazines	126	36.0	211	60.3	13	3.7
Look for help by using a social networking tool	297	85.9	35	10.1	14	4.0

Additional sources of support that parents said they might use included:

- Parent with a child of similar age / parents of class friends;
- Good friend of my child;
- Talk to my child;
- School chaplain / school support service / school counselling;
- Priest / religious organisation / prayer; and
- Parenting support groups.

### 3.5 AWARENESS OF YOUTH MENTAL HEALTH ORGANISATIONS

Parents were asked if they were aware of local / national mental health organisations that support young people's mental health. Just under 30% of parents (N = 105) said they were aware of such organisations, with the majority of parents (69.3%) stating they were not aware of any. The organisations that parents were most familiar with (unprompted) are listed in Table 7. Aware (a voluntary organisation to assist those affected by depression) was the most frequently cited organisation, followed by the Samaritans (N= 21), Health Service Executive (HSE) Psychological Services (N= 13), Headstrong, (N = 11), and Bodywhys (N = 9). These results highlight the range of mental health organisations / websites / campaigns that parents thought of, not all of which were mental health organisations (e.g. Foróige – Irish youth organisation, Aspire – support organisation for Asperger's Syndrome, ISPCC – Irish Society for the Protection of Cruelty to Children, Alateen – support for friends and family of problem drinkers, Barnardos – children's charity, Brainwave – UK charity working with children with brain injury or developmental delay, Belongto - national organisation for lesbian, gay, bisexual and transgender youth).

**Table 7: Mental health organisations parents reported being aware of (unprompted)**

Organisation and number of times cited			
Aware – voluntary organisation to assist those affected by suicide	49	Private Counselling	2
Samaritans – voluntary organisation to assist those in despair or suicidal	21	Cura – crisis pregnancy support service	1
Headstrong – national centre for youth mental health	11	Aspire – support organisation for Aspergers Syndrome	1
Health Service Executive Psychological Services	13	1 life.ie – national suicide helpline	1
Bodywhys – voluntary organisation supporting people affected by eating disorders	9	ISPCC – Irish Society for the Protection of Cruelty to Children	1
Grow – international organisation assisting those with mental health problems	5	Console – national suicide charity	1
ReachOut – online service providing health and mental health information for young people	4	Teenline – phone service for young people in distress	1
Jigsaw – community based projects across Ireland developed to support youth mental health	4	St Patrick's University Hospital – Ireland's largest mental health hospital	1

Yourmentalhealth.ie – HSE online mental health information site	4	Willow Grove Adolescent Unit – adolescent unit within St Patrick’s Hospital	1
Pieta House – organisation providing treatment programme for attempted suicide or self harm	3	Cluan Mhuire / St John of Gods – outpatient adult mental health service	1
Foroige – Irish youth organisation	3	Family support clinic	1
Walk in my shoes campaign – campaign to support mental health in Ireland	2	Belong – national organisation for lesbian, gay, bisexual and transgender youth	1
Mymindmatters – online mental health and wellbeing portal for third level students in Ireland	2	Alateen – support for friends and family of problem drinkers	1
Spunout – youth led national charity providing online information to support youth wellbeing	2	Barnardos – children’s charity	1
Shine – national organisation supporting people affected with mental disorders	2	Brainwave – charity working with children with brain injury or developmental delay	1
Childline – provide telephone support for children in distress	2	Turn2me – online mental health service providing support for people in distress	1

### 3.6 AWARENESS OF MENTAL HEALTH WEBSITES

In addition to identifying youth mental health organisations, parents were asked to indicate if they had heard of or visited a range of mental health related websites designed to provide support for young people and adults. The number and percentage of parents that had heard of and visited the sites are shown in Table 8.

**Table 8: Percentage of parents that have heard of and visited online mental health websites**

	Have heard of website but have not visited (N = 355)	Have visited website (N = 355)
InspireIreland.ie	16.3%	1.1%
ReachOut.com	33.8%	2.8%
Letsomeoneknow.ie	10.7%	0.3%
SpunOut.ie	3.4%	2.0%
Yourmentalhealth.ie	43.1%	4.2%
Turn2me.org	3.7%	0.5%
Headsup.ie	9.0%	0.3%
Samaratins.org	81.7%	5.6%
Aware.ie	76.1%	9.9%
Bodywhys.ie	15.2%	2.5%
Mymindmatters.ie	16.9%	0.8%
Headstrong.ie	23.1%	3.4%
Beatingtheblues.co.uk	2.5%	0.3%
Moodgym.anu.edu.au	2.3%	0%
Mindyourmind.ca	4.2%	0.6%

The majority of parents had heard of two websites: Samaratins.org and Aware.ie. Just over 40% of parents had heard of the Health Service Executive’s mental health website (Yourmentalhealth.ie), and one third of parents had heard of the youth mental health website ReachOut.com. Parents were least familiar with the Australian computerised CBT resource Moodgym.anu.edu.au (2.3% heard of it), the UK online depression prevention resource Beatingtheblues.co.uk (2.5%), the youth health website SpunOut.ie (3.4%) and Turn2me.org, the online resource providing peer and professional support to those in need (3.7%). The majority of parents had not visited these mental health websites, with 11 websites being visited by less than 3% of the sample. The most visited websites included Aware.ie (9.9%), Samaratins.org (5.6%) and Yourmentalhealth.ie (4.2%).

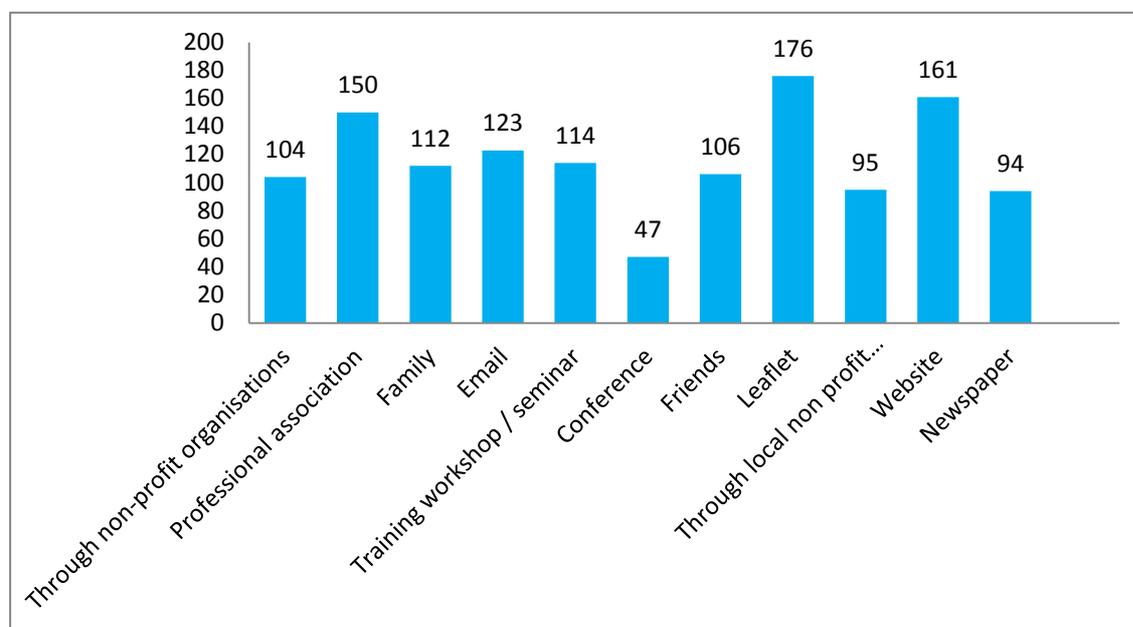
## 3.7 RECEIVING YOUTH MENTAL HEALTH INFORMATION

Parents were asked how they would prefer to receive information on youth mental health. Figure 1 shows the number of parents that choose each option. Receiving information through a leaflet was the most preferred method for parents (49.6%), followed by receiving information through a website (45.4%) and a professional association (42.3%). Over 30% of parents said they would like to receive information through email, a training workshop / seminar, or through family members. The least preferred options included receiving information through a conference (13.2%) and an online newsletter / ebulletin (19.4%).

Parents' suggestions for other ways they might like to get information included:

- Through schools – teacher meetings, talks run through parent associations;
- Medical profession – parents' own GP;
- Young people hosting workshops;
- Books;
- Television – including advertisements;
- Website providing list of available facilities / organisations; and
- Online recorded lectures by professions.

**Figure 1: Parents' preferences for how they would like to receive youth mental health information**



## 3.8 DEVELOPMENT OF ONLINE RESOURCE FOR PARENTS

Regarding the development of an online resource to help parents support young people's mental health, Table 9 shows the number of parents that agreed or disagreed with the development of suggested resources. Overall, the results indicate that the parents responded positively to the development of these online resources. The resources that received the highest percentage of agree / strongly agree responses included:

- directory of relevant local services available to support young people;
- reliable information provided on mental health issues concerning young people;
- guidelines about what to do if your child is experiencing a mental health problem;
- guidelines about how to promote wellbeing in young people; and
- reliable information on how parents can support their own mental health and wellbeing.

Chi-square analyses indicated a significant association between level of education and the development of certain resources. The analyses revealed parents with a second or third level education were significantly more likely than parents with a primary education to request the need for:

- reliable information provided on mental health issues concerning young people [ $\chi^2(1, n = 330) = 14.04, p = .007$ ]
- guidelines about how to promote wellbeing in young people [ $\chi^2(1, n = 330) = 10.55, p = .032$ ]
- guidelines about how to identify mental health problems in young people [ $\chi^2(1, n = 329) = 23.91, p = .000$ ]
- guidelines about what to do if your child is experiencing a mental health problem [ $\chi^2(1, n = 328) = 14.1, p = .007$ ]
- list of relevant books that support young people's mental health [ $\chi^2(1, n = 329) = 12.61, p = .013$ ]

**Table 9: Development of online resources for parents: number and percentage of parents that strongly disagree/disagree and agree/strongly agree**

	Strongly Disagree / Disagree		Agree / Strongly Agree	
	N	%	N	%
Reliable information provided on mental health issues concerning young people	6	1.8%	343	98.2%
Guidelines about how to promote wellbeing in young people	7	2%	337	98%
Guidelines about how to identify mental health problems in young people	15	3.4%	436	96.6%
Guidelines about what to do if your child is experiencing a mental health problem	6	1.8%	341	98.2%
Directory of relevant local services available to support young people	5	1.5%	338	98.5%
'Ask the expert' – parents email in problem situation / concern and will receive guidance from a mental health professional	16	5.0%	302	95%
Discussion forum, parents can discuss youth wellbeing tips, concerns with other parents	24	9.4%	231	90.6%
Short online training course that teaches positive parenting skills to support young people	14	4.7%	284	95.3%
Directory of online self-help material that young people can use to support their own mental health	13	4.2%	295	95.8%
List of relevant books that support young people's mental health	7	2.2%	283	97.8%
Examples of real life situations concerning youth mental health followed by questions and answers about how to deal with the situation	10	3.2%	306	96.8%
Reliable information on how parents can support their OWN mental health and wellbeing	6	1.8%	328	98.2%

Parents were asked if they had any suggestions regarding what else could be provided as part of the online resource for parents. Thematic analysis was used to assess the parents' responses, six main themes emerged:

#### *Connection with Schools*

The most frequently reported suggestion related to schools. Parents suggested the need for training for school teachers: 'Support system in the schools – staff are not trained to deal with mental health issues or even given direction hence family feel isolated' (Parent 90). Another parent wrote: 'Yes, would recommend teacher training on these subjects. Starting in primary schools. It's too late to address this when they are in secondary school' (P293). Parents suggested the need for 'a link between school, teachers and parents' (P134). Several parents suggested mental health should be part of the school program through Social Personal and Health Education (SPHE) curriculum, and that pupils should receive regular classes on mental health. Parents also suggested the need for a trained counsellor in schools that young people could talk to.

### *Parent Face-to-Face Training Sessions*

Some parents spoke about the need for parents' awareness evenings and / or parenting courses. One parent wrote: 'Often just getting together with other parents gives you a sense of your own abilities with regard to parenting, a sense of solidarity, a sense of "yes, I'm doing ok"!!' (P20). Another parent suggested the need for a parenting course which included mental health for parents of children who leave primary school and enter secondary school. One parent suggested the need for training for young people: 'I often wish there was some course to help teenagers to communicate with their parents, our son can't seem to as much as we try' (P245).

### *Information on Mental Health Topics*

Several parents requested information in relation to mental health and related topics, examples of which include:

- 'Signs / symptoms of wellbeing and mental ill-health' (P34)
- 'How to identify if an issue exists and what to do about it' (P241)
- 'Advice on how to communicate with young people' (P81)
- 'How to improve young people's self confidence' (P44)
- 'How to promote a positive self-image' (P102)
- 'Differences between "normal" behaviour and "abnormal" mental health behaviour' (P143)
- 'General health advice, physical activity, nutrition, sport, community work' (P301)
- 'Advice on food that would help mental health' (P107)
- 'Information about the link between alcohol / drug use with mental health issues in young people' (P10)
- 'Examples of real life situations for adults concerning their wellbeing while rearing teenager' (P231)

### *Local Resources*

Several parents reported the need for services to be set up locally and for information to be provided about these local services. Parents' comments included:

- 'Local services that can deal with crisis situations with children. Parents often feel alone in their homes when dealing with difficult situations with children' (P177)
- 'Names of local youth clubs, drama, musical society, sports clubs/summer camps etc' (P257)
- 'Local classes maybe once a month or so' (P316) and 'A discussion group to be help in each parish' (P136)

### *Website*

Suggestions related to the website included the need for a more joined up approach: 'There are so many websites and resources going to different organisations. Could organisations come together and have fewer, more focused websites?' (P110). Another parent wrote a similar comment: 'My daughter and I are very fortunate to have good health but if that were to change I would love one site to visit that was reliable. Too much time can be spent trawling through the internet' (P154). Other parents suggested the need for online resources for their children: 'To have a site for kids to log-on for support and questions also with stories and situations and video clips to help them in bad situations and to advertise it on Facebook, Youtube etc' (P205). One parent suggested the need for a website that included parent content and youth content. Parents also suggested the need to advertise and market the resource through advertisements on television, the radio, in schools and in church bulletins. One parent recommended involving '...celebrities that have experienced mental health issues as this would show that it could happen to anyone and no one is exempt' (P256).

## **3.9 YOUTH MENTAL HEALTH TOPICS**

Parents were asked how interested they would be in receiving information on a range of mental health related topics. The number and percentage of parents that stated they were interested / not interested in the topics is show in Table 10. These results indicate there was a high level of interest from parents in receiving information on the suggested youth mental health topics. The four topics the parents were most interested in receiving information on included: alcohol awareness (89.3% interested / very interested); drug awareness (88.6%); bullying (87.7%); addressing school problems (86.6%); and developing adolescent coping skills (84.7%). Chi-square analyses revealed a significant association between level of education and parents' interest in certain

topics. Parents with a secondary or third level education were significantly more interested than parents with a primary education in receiving information on:

- depression [ $\chi^2(1, n = 327) = 10.45, p = .034$ ]
- developing communication skills [ $\chi^2(1, n = 326) = 11.96, p = .018$ ]
- alcohol awareness [ $\chi^2(1, n = 325) = 10.59, p = .032$ ]
- eating disorders [ $\chi^2(1, n = 327) = 11.4, p = .022$ ]

**Table 10: Topics parents were interested in receiving information on**

Adolescent topics	Not at all / not really interested	Somewhat interested	Interested / Very interested
Positive mental health & wellbeing	7.7%	16.8%	75.5%
Developing adolescent coping skills	6.3%	9.0%	84.7%
Depression prevention	5.1%	11.1%	83.8%
Anxiety prevention	6.6%	11.1%	82.3%
Developing communication skills	5.2%	13.2%	81.6%
Suicide prevention	5.1%	11.2%	83.7%
Dealing with loss	5.7%	12.1%	82.2%
Addressing school problems	3.7%	9.7%	86.6%
Promoting positive family relationships	4.3%	11.5%	84.2%
Promoting positive peer relationships	4.9%	13.7%	81.4%
Bullying	4.6%	7.7%	87.7%
Cyberbullying	6.0%	10.3%	83.7%
Sexuality	6.6%	14.1%	79.3%
Drug awareness	3.4%	8.0%	88.6%
Alcohol awareness	3.2%	7.5%	89.3%
Smoking awareness	7.8%	10.3%	81.9%
Eating disorders	9.5%	14.4%	76.1%

Additional topics that parents reported interest in receiving information on centered around four main themes:

#### *Technology*

Parents suggested the need for information around young people's use of the internet and in particular social networking sites. Parents requested information about the dangers of these sites and how to supervise young people. Some of the parents' comments included:

- 'Dangers of mobiles and internet – social networking sites allowing people to say and do things which would not be said in a face-to-face situation. Not just bullying but all matters' (P10)
- 'Facebook, how to supervise teenagers on it, how to discuss appropriate and inappropriate topics, pictures, how to get teenagers to think / reflect on what they say or upload' (P302)

#### *Building Self-Esteem and Confidence*

Parents requested information and guidance on how to develop their children's self-confidence and self-esteem. Parents' comments included:

- 'Thinking positively / improving self-esteem' (P32)
- 'Tips on increasing children's self confidence and self-esteem especially when going through puberty' (P169)
- 'How to ensure your child has good self-esteem and issues to help with shyness etc' (P205)

#### *School Issues*

Parents suggested the need to address school issues such as exam stress, how to communicate with the school / teachers. Parents wrote:

- 'Exams and pressure children find themselves under' (P243)
- 'Dealing with teacher, school, Board of Management and other professionals who input into young people's mental health' (P215)

## Stress Management

Suggestions around the topic of stress management included:

- 'Stress, management, problem solving skills' (P305)
- 'Stress management – work (study) life balance' (P336)
- 'Work/job/financial security and /or independence even as students. How parents and children cope' (P319)

Other topics included:

- meditation, mindfulness practice;
- sexual abuse;
- teenage pregnancy;
- miscarriage;
- abortion;
- diet;
- children living in separated homes; and
- interaction for parents or children with existing mental, behavioural problems gambling

One parent wrote 'I feel 12 years of age is too late for a lot of the above issues. Need to be addressed sooner' (P293).

## 3.10 USE OF ONLINE RESOURCE

Parents were asked if the online resource should be restricted for use among parents only, if it should provide resources for adults working with young people, and if it should provide mental health resources for young people to use. The number and percentage of parents that agreed / disagreed is shown in Table 11. Less than one quarter of parents thought that the resource should be restricted for use among parents only. In addition to providing resources for adults, the majority of parents agreed that the website should provide resources for adults working with young people (86% agreed / strongly agreed) and young people themselves (81.7% agreed / strongly agreed).

**Table 11: Parents' views on whom the resource should provide information and support to**

The online resource should	Strongly disagree / Disagree		Neither agree not disagree		Agree / Strongly agree	
	N	%	N	%	N	%
be restricted for use among parents only	168	<b>48.2</b>	94	<b>26.9</b>	87	<b>24.9</b>
provide mental health resources for adults working with young people	25	<b>7.1</b>	23	<b>6.6</b>	302	<b>86.3</b>
provide mental health resources for young people to use	27	<b>7.7</b>	37	<b>10.6</b>	286	<b>81.7</b>

## 3.11 BARRIERS TO USING THE ONLINE RESOURCES

A total of 63 parents said nothing would prevent them from using the online resource. One parent wrote: 'Anything at all which would help me to understand, support and encourage my child would be greatly appreciated. Knowledge, the right knowledge, is empowering' (P162). Thematic analysis was used to analyse the remainder of the parents' responses to this open question. Seven main themes emerged:

### *Lack of Confidentiality*

Lack of confidentiality was the most frequently reported barrier by parents. Parents said there was a need to ensure confidentiality: 'Would have to be confidential otherwise would not use it' (P11). Some parents raised issues about having to register their personal details: 'If the site was looking for too much personal information' (P134); 'Having to register with log-on ID and password etc' (P8). Some parents expressed concerns about

details being passed on to a third party: 'Fear of data being shared with parties who may exploit information, watertight data protection has to be given' (P177). Related to this, parents were also concerned with the amount of information they might receive as a result of registering with a site: 'Bombardment of emails after visiting the site' (P185). Other parents wrote about the importance of privacy: 'Privacy is a major factor' (P161); 'Being known or identified, this is the problem with sites and with forums etc. nothing is private on the internet' (P160); 'People knowing that you visited the site' (P193).

#### *Complicated Style of Content*

A complicated, difficult to navigate website was the second most frequently reported barrier for parents. Some comments included: 'If it was too complicated and didn't use every day language' (P18); 'Website that was difficult to follow' (P43); 'Difficult to navigate' (P288). Parents talked about the importance of the language used: 'Keep the advice simple and in plain English' (P302); 'If it comes across as moralistic, judgemental and overly prescriptive. If it were sponsored by any medical pharmaceutical companies' (P15); 'Excessive jargon, too many buzz words' (P350). One parent explained they would not use the website if 'it was too technical, not user-friendly e.g. design and information needs to be parent and adolescent friendly. Include links to other organisations' (P319). Other parents said the website needed to be practical 'Needs to be practical and have the ability to be implemented easily' (P332). Another commented that the 'website not being updated regularly' would pose as a barrier (P263).

#### *Reliability of Information*

Parents being unsure about who developed the website and the reliability of the information provided were reported barriers in using the website and resource. Parents' comments included: 'Not knowing who developed the website' (P79); 'Reliability of information given' (P102); 'Not sure if it's from a reliable source' (P169); 'If the website was not based on scientific research results' (P320). Parents wrote about the need for the website to be overseen by a professional organisation: 'If it is not run by professional body, if the information is not reliable or anyone can post information that is not screened' (P219).

#### *Person-to-Person*

Some parents felt an online resource was not sufficient and that there was a need for face-to-face communication. Parents' comments included: 'It may not be enough, a professional consultation may also be required' (P90); 'I feel that reading a lot of information can confuse you. I personally think that all issues dealing with mental health need to be dealt with by people talking to each other. I don't agree with the use of the internet for these problems' (P289). Another parent wrote: 'Time! But just also a feeling that a person-to-person chat can be more beneficial in terms of talking. I don't want to depend on technology to solve my issues. Too impersonal' (P20). Other parents felt that an online resource was not something they would use: 'Would prefer person-to-person contact' (P192); 'Totally impersonal, not for me' (P145); 'Options to make contact with a human, I guess I'm old fashioned! Computers are after all, just machines!' (P285).

#### *Lack of IT Skills*

Lack of computer skills and uncertainty about using the internet / lack of comfort with using the internet were reported as barriers by a small group of parents. Parents' comments included: 'Not confident enough to use the laptop confidently' (P128); 'Not very good on the computer' (P210); 'Unsure how to use the internet properly' (P277).

#### *Lack of Awareness of Website*

Some parents commented on the issue of not knowing that the resource is available: 'Not knowing about it' (P169); 'Lack of knowledge and awareness of resource being available' (P214).

#### *Poor Internet Connection*

Poor internet connection, lack of access to the internet and not having broadband were reported as barriers by a minority of parents.

## 3.12 HOW TO OVERCOME BARRIERS

After reporting the barriers, parents were asked to suggest what was needed to overcome these difficulties / barriers. Thematic analysis was again used to analyse the parents' responses and seven main themes emerged. These themes directly mapped on to the barriers that parents identified.

### *Confidentiality*

Parents reported the need to ensure confidentiality and general peace of mind around privacy. Comments included: 'Guarantee / promise of confidentiality security' (P85); 'Knowing that personal details would be private and not shared' (P177). Anonymity was mentioned repeatedly: 'Need to be assured that everything is done in confidence and is anonymous' (P328).

### *Clear Concise Online Resource*

The need for a clear, well-laid out, easy to use site that provides clear, concise information was identified. One parent wrote: 'Once it would be written in a way that we can understand' (P158). Another suggested the need to: 'Keep data simple and clear, user-friendly. Avoid registration / log-in, requirement for personal information, emails etc' (P319). Another parent requested: 'An easy to follow, step-by-step guide to using the online resource, well balanced format, also age-related options' (P350). One parent suggested the need to combine all the information already available into one user-friendly resource: 'I feel that if there was one resource with the difference agencies feeding into it, would be more user-friendly, a one stop shop, where one could find the issue that concern him/her and then see what different agencies are out there to help' (P138).

### *Reliable Information and Sources*

Parents requested that information be provided on the contributors to the website, how the site is regulated and monitored: 'Knowing that the site is properly regulated' (P79); 'Up-front information on contributors' (P254). Parents also requested that all information would come through professionals / a professional organisation: 'An assurance publically that this was coming from professionally qualified people' (P107).

### *Face-to-Face*

Some parents stated there was a need for face-to-face interaction or to provide the option to speak with professionals. One parent suggested the need for a 'local workshop that informs you of options' (P152). Another wrote: 'Access to professional support' (P260).

### *Computer Course*

Several parents suggested the need for a computer course or a course on how to use the internet.

### *Advertising*

Regarding the issues of resource awareness, parents suggested advertising through television, radio, leaflets and advertising through schools. Parents' comments included: 'Advertising campaigns, especially through radio ads' (P206); 'Maybe adverts or leaflets reminding me of the existence of the website' (P300). 'Being informed through school of the address of the website' (P169).

### *Internet Connection*

Two parents suggested the need for better internet connection.

### 3.13 ROLE OF TECHNOLOGY IN ASSISTING PARENTS

The final set of questions that parents were asked were related to the role computers and the internet play in helping parents support youth mental health, parental mental health, and linking parents with professionals working with young people. The results from these questions are shown in Table 12. Overall, the majority of parents viewed computers and the internet as having an important role to play in terms of supporting young people and themselves as parents. Parents were most likely to agree with the statement 'Computers and the internet have a role to play in helping me identify services available for young people in need of help' (86.9% agreed / strongly agreed). Three quarters of parents agreed that 'Computers and the internet have a role to play in helping parents link in with professionals working with young people.' Chi-square analysis revealed a significant association between level of education and the number of parents that agreed that computers and the internet have a role to play in helping them support and enhance their child's mental health and wellbeing [ $\chi^2(1, n = 330) = 14.9, p = .005$ ]. Significantly more parents with a second or third level education agreed / strongly agreed with this statement when compared with parents with a primary education.

**Table 12: Parents' views on the role of computers and the internet in supporting youth and parental mental health**

Computers and the internet have a role to play in helping me...	Strongly disagree/disagree		Neither agree nor disagree		Agree / Strongly agree	
	N	%	N	%	N	%
support and enhance my child's mental health and wellbeing	27	7.7	79	22.6	244	69.7
support and enhance my own mental health and wellbeing	35	10	90	25.7	225	64.3
identify services available for young people in need of help	13	3.7	33	9.4	304	86.9
link in with professionals working with young people (teachers, youth workers, GPs, mental health professionals)	22	6.3	64	18.4	261	75.3

### 3.14 ADDITIONAL COMMENTS

To conclude the questionnaire, parents were asked if they had any additional comments to make. Thematic analysis revealed three key themes:

#### *Training*

Parents consistently raised the issue of the need to train professionals working with young people, in particular teachers: 'More training for teachers to help support young people in second level education' (P25); 'Some public health professionals can be difficult to deal with and unhelpful when parents are experiencing problems with children' (P44). Another parent wrote: 'My personal experience in regard to my children in primary / secondary and third level is that there is not enough information / support / training for staff in regards to the above and I strongly feel that it should be a compulsory part of teacher training, as children spend most of their youth in an education facility' (P339). Another parent suggested the need for multidisciplinary work: 'HSE staff should work with teachers to identify stress, depression among young people. Help teachers to build children's resilience' (P352).

#### *Person-to-Person*

Similar to the barrier mentioned in a previous question, parents called on the need for face-to-face support for young people: 'Totally relying on the internet and computers for support and help would be a mistake. Nothing replaces the human interaction in all events in our lives. Our younger generation may forget that this is most vital resource and should never be excluded from mental health issues' (P177). 'Face-to-face advice and confidence in whom I'm talking to are paramount to any health problem including mental health' (P213). One parent wrote about the gap between what young people and their parents would do in terms of looking for support: 'The internet is all very well but at the end of the day I prefer the written word and speaking to a person either face-to-

face or on the telephone. I realise for young people this is not the case and I realise this is a generational thing. I'd pick up the phone faster than I would access websites, but for teenagers it's different' (P309). Another parent stressed the importance of parents talking to their children: 'Unfortunately the computer and internet have become such a huge part of our young people's lives, but I still think that it is very important that home/school should continue to have talks/discussions so that we/our children can continue to communicate' (P33).

#### *Type of Parent Training Needed*

Some parents commented on the type of training and support that parents need:

- 'Advice as to when to contact or go to other professionals as to when problems overtake the mind' (P136)  
'For me it's knowing what is normal behaviour in a teenager and what's not – how strict to be and when to go with the flow' (P152)
- 'Internet and social media sites are no longer a "fad" but fundamental to the development of our children's lives. I strongly agree that to serve them and the next generation we need to focus on how they communicate, which is the internet' (P270).

Other parents mentioned causes of problems for young people today:

- 'I believe Facebook is responsible for a lot of bullying and development of social skills are affected by time spent on social network sites. Alcohol needs to be addressed. Binge drinking is contagious and definitely alters young people's minds' (P160)
- 'Computers, mobiles, Facebook, twitter etc are the cause of a lot of these problems' (P183).

## 4. Focus Group Results

A total of 32 participants took part in the focus groups which were carried out across the four provinces of Ireland. The demographic details of 27 parents who took part in the focus group are presented in Table 13. The majority of parents were female (74.1%), lived in an urban area (66.8%) and were age 46 to 55 years (55.6%). Regarding education, less than one fifth of all parents (18.5%) had a second level education only, with the majority of parents (81.4%) having a third level education. In terms of employment, the majority of parents were either employed or self-employed (>85%). Parents were asked to identify the type of work they were engaged in. Nine parents worked in the health sector, seven parents worked in education, four parents worked in administration and three parents worked in IT or sales. Over 70% of this group of parents were married, four parents (14.8%) were single, two parents (7.4%) were co-habiting and one parent (3.7%) was divorced.

**Table 13: Demographic information of parents who attended a focus group**

		N	%
Location	Ulster	10	37.0
	Munster	6	22.2
	Leinster	4	14.8
	Connaught	7	25.9
Gender	Male	7	25.9
	Female	20	74.1
Nationality	Irish	23	85.2
	Other European	3	11.1
	Non-EU National	1	3.7
Urban/ Rural	Rural	9	33.3
	Urban	14	51.9
	Dublin city	4	14.8
Age	23-35	1	3.7
	36-45	11	40.7
	46-55	15	55.6
Level of education	Intermediate / Junior Certificate	2	7.4
	Leaving Certificate	3	11.1
	Diploma / Certificate	6	22.2
	Primary Degree	9	33.3
	Postgraduate Degree	7	25.9
Employment	Employee	16	59.3
	Self-employed outside farming	7	25.9
	Student full time	2	7.4
	Home duties	3	11.1
Marital Status	Single	4	14.8
	Co-habiting	2	7.4
	Married	20	74.1
	Divorced	1	3.7

A coding frame which included seven sections was applied to the four transcripts. The sections included A) youth wellbeing and mental health, B) supports for youth wellbeing, C) risks affecting youth wellbeing, D) parent training needs, E) parent concerns about technology, F) ReachOut.com website, and G) parent recommendations for resource development. The common themes that emerged across the transcripts are described under each section. Sample quotes are provided with parent number and parent group being identified after each quote.

### 4.1 YOUTH WELLBEING AND MENTAL HEALTH

Parents discussed their understanding of youth mental health and wellbeing. Four main themes emerged from this discussion: confidence, coping skills, emotional and physical health and the negative associations related to mental health.

### *Confidence*

Parents talked about youth wellbeing in terms of young people being confident and happy with the choices they make in life. One parent commented:

- 'I suppose to me personally it means that the child or teenager is quite happy with their own actions and choices with their friends, that they're comfortable in what they do and what they're going to do' (D4)

### *Coping Skills*

Parents recognised coping skills as an important aspect of youth mental health and wellbeing:

- 'I suppose being able to cope with any difficulties that might arise in school or their lives' (A1)

### *Emotional and Physical Link*

Parents across the four focus groups identified a link between physical and emotion health:

- 'They are healthy, in a healthy place emotionally and physically' (B4)
- 'Healthy body, healthy mind' (C2)

### *Negative Associations Related to Mental Health*

Parents in one focus group understood mental health to have a negative connotation associated with the term. One parent compared the stigma attached to the term mental health as opposed to physical health. Parents' comments included:

- 'First thing for me is it makes me think that there's something wrong with a child, so when you mention it as a subject it kind of begs the question is there a problem? The fact that there's a subject youth mental health, makes me immediately think there's a problem' (D5)
- 'Well there's a negative stigma. When you talk about physical health there wouldn't be a negative stigma associated with it whereas if you talk about mental health...you immediately think of the negative aspects rather than perhaps the positive aspects of it' (D6)

## 4.2 SUPPORTS FOR YOUTH WELLBEING & MENTAL HEALTH

Parents were asked to identify what young people need in order to support their mental health and wellbeing. Four main themes emerged:

### *Communication*

Parents identified the need for open communication, particularly between parents and young people:

- 'Some way of encouraging dialogue...kids can bottle things up so um...anything that helps open up a dialogue and get the issues on the table that in their minds may be very big issues and insurmountable but that in the grand scheme of things can be talked out quite easily' (B3)

Parents in one group talked about the need for parents to equip themselves with knowledge and to have confidence in their own parenting skills:

- 'If parents are confident in what they are doing then that will come across to the child as well' (A5)

### *Positive Relationships*

In addition to the need for open communication, parents talked about the importance of young people having positive relationships not just with parents but with their peers and other adults in their lives.

- 'I think it's all about safety nets, the peer group, the parents, the trusted older adult is very important I think. And it might well be the sports coach. But I wouldn't underestimate the power of a sympathetic and empathetic teacher that young people would approach outside of the family network' (D1)
- 'They need positive peers and adults in their lives' (C4)

### *Self-Confidence*

Belief in themselves was considered an important support for young people. Again parents talked about young people's belief in themselves in terms of dealing with the problems they will inevitably face through adolescence and adulthood. Parents' comments included:

- 'There are always going to be challenges and difficulties, if somehow during childhood and adolescence they can learn skills or believe in themselves, that they can work things out...that they can manage this, life is tough' (B12)
- 'Self-confidence is huge too I think, if the young person is confident, it's half the battle, you know, an awful lot of problems come out of not being confident and not being able to say no or whatever' (A8)

### *Being Involved / Stimulated*

A common theme across three groups was the need to engage and stimulate young people. One parent stated:

- 'I think a lot of children I talk to don't have a focus for their interest or their intellect...it's essential, how much better do we feel if you read a good book that stimulates you and interests you, you feel better about life and kids don't do that a lot of the time' (D6)

## 4.3 RISKS FACTORS

Parents were asked about factors that affect young people's wellbeing and mental health. The theme of pressure emerged from the parent discussions, this theme was made up of four sub categories A) academic and performance-related pressures; B) peer pressure; C) societal pressure and related to this; D) pressures from the media.

### *Academic and Performance-Related Pressures*

Parents repeatedly spoke about the pressures young people are under as a result of school, exams and expectations. The academic pressure placed on young people included the pressure to succeed in school, to be successful in exams and the expectation that most young people go to college. Parents' comments included:

- 'Exams in school play a big part, it depends on the child I suppose, if they are an over achiever or if they set goals for themselves or compare themselves to their friends or older brothers and sisters, but the stress of exams is huge' (A6)
- 'There are expectations everywhere, you know, ever other person is going to college, you know there is a percentage of young people who don't want to go to college or are not really capable' (A8)

Parents also spoke about additional performance related pressures in relation to sports and extra-curricular activities:

- 'I see it with training young children in rugby, I find there is a big pressure on them to be successful, to score tries or score goals, the focus isn't on to have fun and be happy...There's lots of pressure on success' (D4)

### *Peer Pressure*

Parents recognised the importance of peers in young people's lives but equally how these friendships can place pressure on young people. Parents repeatedly mentioned the issue of bullying. Some parents commented on the freedom that other friends have and the pressure this can put on their own children.

- 'The friendships they have at school, they are falling in and out with people and somebody in the class may decide to pick on them and all these things are shaping their perception of who they are, because they are measuring who they are, based on other people's reactions to them and by the way other people treat them and they way other people react to them' (B6)
- 'Some of the friends are allowed to do a lot more than and that's pressure, peer pressure' (A6)
- 'Bullying' (C2)

### *Societal Pressure*

Parents talked about a range of societal pressures that young people are under. These pressures were mostly in relation to the pressure to conform and pressures in relation to alcohol and drugs. Some of the parents' comments included:

- 'They come under so much pressure to be the same as everybody else and to like the same things as everybody else. It's very hard to tell them it's alright for them to be whoever they are and then they go into school and they must behave a certain way to be accepted and you know, they have a lot of change to cope with and I think they are the most vulnerable' (A3)
- 'I suppose drugs as well, they experiment' (C2)
- 'Alcohol would be a bigger problem, that's what I would see at the minute, a lot of street drinking in gangs and a lot of them really fairly young. If they're getting their hit out of drink at age 10, 12, 13, what's next?' (C1)

### *Media Pressures*

Parents specifically identified media pressures as being a risk factor to wellbeing. Parents spoke specifically about their concerns about Facebook and the information it exposes young people to at such a young age:

- 'Facebook and the social media and the internet, it's brilliant in some ways, but I think it has brought that information to a younger age completely, I don't know where it's going to stop...where the 25 year old wouldn't have had access to it until he was 17, the 16 year old had access to it at 11 or 12, 10 even, it's just completely different' (A8)

Additional risks parents discussed included A) a lack of supportive relationships and the impact that this can have on a young person, B) young people being idle and not having anything to do, and C) related to this was the lack of 'rules or boundaries' for young people.

## 4.4 PARENT TRAINING

Parents discussed the need for training in relation to four main areas A) technology, B) information on young people's lives, C) mental health awareness, and D) parenting skills.

### *Technology Skills*

Parents discussed the skills gap between young people and their parents in terms of technology and more specifically, the use of the internet. One parent spoke about the issue of introducing technology into education without informing or training the parents:

- 'Like last year, my young fella was given the new iPad from the school...before they had diaries where they would write homework in and the parents could check it. Now he uses the iPad but I wouldn't be great on technology and there was no parents shown how to use them. I didn't know how to get into his homework or anything like that... I think I needed to be educated on that before they introduced it to the children' (A4)

Other parents commented:

- 'People who work in offices forget that there is a huge volume of parents who don't really know much about computers. A young person can very quickly minimise something or delete histories, so in a lot of cases they are more clever than we are. So you are up against it. Yeah we need training in this' (A8)

#### *Information on Young People's Lives and Resources Available*

Parents identified a need for training and advice in relation to what their children are faced with in society today. Parents again mentioned the gap between what parents experienced and young people and what young people experience nowadays:

- 'Just to help parents be aware of all the things kids are facing, the things that we never faced when we were younger... You have to know what your kids are getting involved in and where they are' (D2)

Related to this, parents spoke about the role schools could play in communicating with and supporting parents.

#### *Mental Health Awareness*

Parents reported that there was a need for training in relation to understanding mental health so that parents can deal with issues related to it when they arise:

- 'Maybe there needs to be some education around mental health, around not being scared of using the word mental health with youth and that parents need to start getting familiar with it or something, so then if an issue arises for them they are not frightened of the term and then they might know where to go, because I actually think I wouldn't be thinking of mental health, I'd be just thinking that it's bad behaviour' (C1)
- 'How do I know my son or daughter isn't going to commit suicide, that's the biggest worry' (D1)

#### *Parenting Skills*

Several parents spoke about the need for training in relation to general parenting skills, particularly in relation to communication skills:

- 'It's very hard as a parent to know where your place is and to know the balance between over compensating and molly coddling, promoting independence, helping them to solve problems on their own, like you know where your place is, how much you contribute and how much you step back' (B11)
- 'If there was some way parents could learn how to communicate effectively, it would be really useful because otherwise they go to their peers or they kind of look for role models in like music stars and sports stars' (D5)

#### *Stress Management / Managing Family Life*

Related to parenting skills, parents spoke about the impact of stress on the family and the need for training in relation to dealing with stress:

- 'I feel that maybe parents have problems or their own issues, young people are reluctant to go to them, so I suppose it is about looking at parent self-esteem as well' (C4)
- '...I really wish I could turn back the clock, that we had talked a lot more about roles within the family and also dealing with stress ourselves' (D2)

## 4.5 PARENTS AND TECHNOLOGY

In relation to parents' confidence using computers and the internet, parents acknowledged feeling wary of using the internet as a source of information particularly in relation to mental health:

- 'If I typed in say mental health, I'd wonder if it was ok, wouldn't be confident about it. I'd prefer to go to a GP and ask them "Where would you recommend I look?" If they gave me a website by all means I'd go to it but I wouldn't know what to trust' (A6)

- 'Yes, the reliability of them, if you're going to check something on headaches, it's not very serious but something as serious as that (mental health). I'd just be afraid myself' (A6)

Some parents also noted the terms used can be confusing and intimidating:

- 'I find a lot of the terms are very, you know, you can't understand. You need the simple terms' (C3)

Others spoke about the intensity of the information not just for parents but also for young people:

- 'For me it's the intensity, it's almost 24-7 bombarding of communication and peer pressure that young people are subjected to...it's a tsunami and actually it's getting to the stage that you can't block it. I mean it's coming at you so fast. It is just about trying to educate them' (D6)

Parents were particularly concerned with social networking sites and the need for parents to educate their children around ways to behave on these sites:

- 'I think that if you're looking at a way of educating them, an important aspect of educating children is how do you behave on Facebook, what is acceptable' (D6)

## 4.6 PARENTS' VIEWS OF REACHOUT.COM

Given the fact that the results from the parent questionnaire highlighted parents' lack of awareness of national and international online mental health resources to support youth wellbeing, it was deemed necessary to provide parents in the focus group with a concrete example of a youth mental health site in order to explore parents' views of online resources and the potential of developing a similar resource for parents. Prior to attending the focus group, parents were asked to review the ReachOut.com mental health website. As part of this exercise, parents completed an evaluation questionnaire based on their views of the website. Parents were asked to choose a topic within the five sections of the website (Inform Yourself, Getting Help, Real Stories, Ask the Expert and Blog) and to review these topics based on their content, appearance and appeal. Parents rated each section on a Likert scale (1 = poor, 10 = excellent). Table 14 presents the mean scores for each section. A total of 21 parents completed and returned the ReachOut.com questionnaire. The results from this questionnaire revealed that parents rated the content, appearance and appeal of all sections highly, with each section receiving a mean score rating of >8. Two areas of the website appealed the most to parents, these included:

- 'Getting Help' which provides information about urgent help, face-to-face help, online help, support for family and friends, medication, minding your mental health and costs and confidentiality; and
- 'Real Stories' which details real life stories from young people about stresses they have endured, how they dealt with it and what advice they would give to others. Examples include: 'Becoming a young mother', 'A letter to self harm', 'Learning from mistakes.'

'Getting Help' received the highest rating in terms of its content (M = 8.81) and appearance (M = 8.43). Parents gave 'Real Life stories' the highest rating in terms of appeal (M = 8.81). 'Ask the Expert' received the lowest rating across content, appearance and appeal. This feature consisted of short videos given by mental health professionals on topics relevant to youth mental health (e.g. self-harm, anxiety and depression, bullying).

**Table 14: Mean parent scores for key sections of ReachOut.com website**

	<b>Content</b>	<b>Appearance</b>	<b>Appeal</b>
<b>Inform yourself</b>	8.57	8.29	8.00
<b>Getting Help</b>	8.81	8.43	8.38
<b>Real Stories</b>	8.76	8.33	8.81
<b>Ask the Expert</b>	8.28	8.17	8.00
<b>Blog</b>	8.55	8.25	8.35

During the focus group review sessions, parents were asked for their views on the ReachOut.com site. Parents identified several positive aspects of the website including its clarity, relevance, the straight-forward language

used, the use of real life stories throughout the website and the fact it was an Irish website. Some of the parents' comments included:

- 'The language is good in it...would appeal to a young person' (A8)
- 'Felt research based to me, very much' (B7)
- 'Felt Irish as well, didn't feel like it was UK or American' (B3)
- 'I loved the real stories, the letter to self harm. This was people's experiences and they've been there' (C3).

Several parents commented on the fact that they had not heard of the website before and that it needed to be the first link that parents or young people would find if they were searching for information online. Other suggested the need to link schools and the SPHE curriculum in with this website:

- 'But I was wondering how would it be easily found unless we know the name of the website' (A4)
- 'Get it into the curriculum, it would be a way of getting awareness to our teenagers' (B6)
- 'School journals, they all have one' (B12)

Some parents were less positive about certain aspects of the website, The most frequently reported problems were related to Ask the Expert videos. Several parents stated that these videos were too theoretical, too drab, not appealing enough for young people. Some parents commented that some of the professional speakers would not appeal to young people due to wearing dull clothes and not looking directly at the camera:

- 'I thought it (Ask the Expert) would be more detailed, rather than say somebody who is suffering from depression or whatever. Listening to him would be too much like listening to a parent talking about what it is...I think if a kid freaked out he doesn't want to hear the theory of something' (A7)

Other parents felt there was too much content for young people who might be distressed:

- 'Someone who is freaked out doesn't want to read a lot of lines either, think of school' (A7)

One parent noted that the content was not visually appealing:

- 'Apart from the opening page, the rest of the pages were long pages of solid black and white colours and that's a little boring. It's well laid out but for a kid I think it's a bit boring' (D2)

Several parents, however, felt that this would be a useful resource not just for young people but also for parents:

- 'There's a lot in there that is suitable for parents I think already, even the information that's there. I was looking up around bullying...reading it from the perspective of a parent, I thought it was very good, I think a lot of the stuff already there is suitable for a parent' (C2)
- 'Straight away I thought I'm recommending that to all parents...I don't think you would have to change it too much' (C2)

## 4.7 RECOMMENDATIONS FOR RESOURCE DEVELOPMENT

Several themes in relation to developing an online resource for parents emerged. These themes included A) content, B) delivery path, C) relevant local services, D) parent-to-parent support, E) two sites vs. one, F) awareness, and G) sustainability.

### *Resource Content*

Parents recommended specific content for the online parent resource:

#### Identifying and dealing with problem situation

The most frequently requested content was related to recognising signs of mental health distress and how to recognise problems. Parents talked specifically about recognising signs in relation to suicide:

- 'Recognising problems' (D6)
- 'How do I know my son or daughter isn't going to commit suicide...how do I know, how do I recognise the signs they might commit suicide, that's the biggest worry. So it's recognising danger signs. When do I need to go for help, how do I go for help?' (D1)

#### Promoting wellbeing

Parents requested the need for training in promoting positive mental health in families, it was suggested the resource could be used for parents to share their tips and experiences with each other:

- 'Tips to help us promote good mental health in our families' (B3)

A small minority of parents felt that the resource would be only suitable for parents of young people who were experiencing problems:

- 'You'd hope that parents wouldn't need to go on it regularly. I suppose that people know it as a resource that gives them enough information and directs them appropriately when they need it' (D1)

#### Online safety

Parents spoke about the need for information and guidelines around use of the internet and putting safety measures in place. Parents also referred to the need for training in recognising reliable and validated websites suitable for use:

- 'That you can put in the safety around the internet, some sort of training...I think a lot of people my age wouldn't have the confidence to touch a computer you know what I mean' (C1)
- 'There's websites for everything but it's knowing that this is the trusted, the recommended site' (D1)

#### School issues

Parents requested guidance on dealing with school related issues such as exam stress:

- 'There could be timely things like, for example, after Easter something for parents on how to support kids who are doing exams' (B12)

#### Up-to-date youth related information

Several parents spoke about the need to be informed about current trends among young people. The gap between young people's experiences and parents' knowledge was frequently referred to:

- 'There's fads and these trends that go through these communities of kids very, very quickly and if parents were at least made aware of these' (B6)

#### Resource Delivery Path

Several parents suggested the use of videos to deliver relevant content. Some parents suggested broadcasting talks from psychologists or radio presenters. Others suggesting emailing the guest speaker after watching the video with specific questions related to youth mental health, the answers of which would then be posted online:

- 'Could you have something like John Murray or Richard Coleman or something, if one of them was doing a talk or something, you could watch and then after you could have the peer support for parents as well, in chat rooms' (A7)
- 'Yeah, parents just need a hand full of videos, some by professionals and some by other parents to give them some credible information examples to see how it works in practice' (D5)

One parent spoke about the need to provide a forum where parents could indicate their needs so that the resource was able to meet parents' current needs:

- 'I think another thing is that if there was a way in which parents could say, what they need, so that the website is being responsive to what people are saying they need...that somebody will respond and post an article or put up a link' (B12)

#### Relevant Local Services

All four groups discussed the need for local information. It was unanimously agreed across the groups that the resource needed to provide information about services and sources of support relevant to where the parent was living. Parents' comments included:

- 'I think on a website for parents, you need to have the option of clicking on a town to see what's available there, where it's located, route to it, how do you get referred and what happens when you're there' (B2)
- 'You have a calendar of things that happen in the county, you know, of things, one school might have someone talking or speaking to parents, you mightn't be at that school, but you might be interested in going along if there's a calendar like mental health related talks or things like that, updated so you can look and see what could help' (B11)

#### Parent-to-Parent Support

Parents consistently recommended the need for an interactive resource where parents could link in with other parents and receive / offer relevant advice:

- 'I think if a parent is having trouble with their children and there was another parent in the same situation and you were able to talk or chat back and forth. It gives you comfort' (A4)

#### Two Sites Cersus One

All groups engaged in discussions about whether the resource should be a stand-alone resource for parents or a parent-child resource that is designed to encourage openness and communication on the topic of mental health between parent and child. Some parents felt that young people would not engage with a site if parents were using it and, therefore, should be kept separate.

- 'Very rare that a teenager will sit down with parents' (B12)

Other parents felt that it had to be the one site that everyone was operating out of, including young people, parent, teacher etc:

- 'Look at it like a family unit, whether it be to whoever's involved, teachers to parents to the children, so if it's somewhere that everybody can go, and you can link all the one site for everything' (C2)
- 'Maybe it just needs a sub heading that's for parents or for teachers, or a link to extra pages for parents' (D2)

#### Awareness

Parents across the groups recommended the need to market the resource in order to create awareness. Parents spoke about specific advertising methods. Comments included:

- 'Awareness I think, if you are aware of it then you could use it' (A3)
- 'Or even the TV's, they should advertise in the GP's waiting room, use posters' (B4)

#### Sustainability

Parents were asked for suggestions regarding what would encourage them as parents to visit the site regularly. Parents recommended the use of weekly or monthly emails / blogs to keep parents up to date with the latest advice, training or information. Comments included:

- 'Some way that you get a notification monthly, a new piece of information monthly. I don't think people will keep going back to the website without that' (B6)
- 'Yeah if you added in more content like that or you hooked it to some sort of a daily blog or weekly. It pops up on your phone and if that heading is not something you're interested in, you can delete it, but if it is then you go into it when you have time' (D2)

## 4.8 BRAINSTORMING SESSION

As part of the brainstorming session parents were asked to suggest in pairs:

- what the resource should provide
- what topics the resource should cover
- what the resource should look like

### *What the Resource Should Provide*

The parents' responses to this question were grouped into meaningful themes. The need for local resources, support from other parents and professionals, and specific skill development in relation to mental health (developing problem solving, communication and coping skills etc) were reported most frequently. Parents' suggestions included:

#### Local resources

- Information on contacts
- Links to Irish support services

#### Support from other parents

- Access to other parents (blogging)
- Supervised chat rooms

#### Ask the expert / receive professional advice

- Guest lectures / talks / presentations
- Person online to direct people to the right area of the site. If fear of site the person speaks to user

#### Information on technology

#### Healthy mental health check / tips for families

#### Skills

- Problem solving
- Coping skills
- How to promote wellbeing
- Signs to look out for, red flags
- How to communicate with young people
- Positive parenting

#### Up-to-date relevant information

#### Use simple language

- Define mental health in simple terms
- Gear it towards parents, youth workers, teachers, using similar terms and common language

*Topics Resource Should Cover*

Parents' responses to the question 'What topics should the resource cover?' are shown in Table 15. Parents were also asked to vote on what they regarded as the three most important topics that parents should receive information on through the online resource. Similar to the results from the parent questionnaire, information on bullying / cyberbullying was the most frequently requested topic. This was followed by up-to-date information on drugs and alcohol, friendships and relationships, and emotions and feelings. In addition to requesting information about specific mental health topics such as depression, anxiety, suicide and self-harm, the results from this exercise indicate that parents were also interested in receiving mental health promotion information such as how to enhance young people's confidence and self-esteem, developing communication and coping skills, stress management and developing resilience. Parents also requested information on topics in relation to supporting themselves as parents, e.g. coping skills for parents, parent mental health / relationship problems. Information on technology was also requested.

**Table 15: Parent focus groups: Topics parents would like to receive information on**

Topics	No. votes		No. votes
Cyberbullying / Bullying	9	Technology	2
Drugs and alcohol with updated terms	6	Stress management	2
Friendships and Relationships	6	Resilience	2
Emotions and feelings	5	Good, positive success stories	2
Building confidence & resilience	5	Information on mind, body, spirit	2
Anger	5	Health	2
All issues relevant to youth mental health	4	School pressure	2
Communication skills	4	How to support child & parent	2
Resources available	4	Eating disorders	1
Consequences of ignoring problem	3	Family separation / divorce / death	1
Information about medical resources	3	Peer pressure	1
Sexual issues	3	Behavioural problems	1
Depression, anxiety	3	Parent mental health	1
Suicide and self-harm	3	Isolation	1
Going out social – what to look out for	3	What positive mental health is	1
Coping skills for parents	2	Transitions – primary to secondary and secondary to college	1

*What the Resource Should Look Like*

Parents' suggestions in relation to what the resource should look like, as well as the number of votes each suggestion received, are shown in Table 16. Parents repeatedly stated the need for a clear, user-friendly resource. The second most frequently reported recommendation was that it would adopt a positive approach to mental health. Related to this, parents requested that it would be supportive and would use easy-to-understand language with no medical jargon. Parents also requested that it would be updated regularly, with no advertising and that it would be confidential. It was also suggested that phone apps could be used.

**Table 16: Parent focus groups: What the online resource should look like**

What should the online resource look like?	N
Easy to follow links – user-friendly, easy layout, visually appealing	16
Positive approach to mental health – change the face of mental health issues, supportive	13
Easy to read and understand – clear topics, no medical jargon	11
Professional and endorsed by professional body / Expert input	9
Updated regularly	6
Reliable links to holistic / alternative approaches	5
No advertising	2
Real – use examples / case studies	3
Be able to use without signing up	1
Blogging – better hints to stimulate discussion, interactive	1
Apps, phone and website email prompts	1

## 5. Discussion

This discussion will address the main finding from the parent questionnaire and the focus group sessions in relation to the four aims of this needs assessment study. The specific aims of this study were to:

- examine parents' understanding of youth mental health;
- determine parents' current use of online technologies;
- explore parents' views regarding the potential use of online technologies to support them in promoting positive youth mental health and wellbeing; and
- explore parents' needs in relation to using online technologies.

### 5.1 PARENTS' UNDERSTANDING OF YOUTH MENTAL HEALTH

Parents' understanding of youth mental health and wellbeing centered around four main themes: A) young people feeling confident about themselves; B) young people being able to cope with the inevitable difficulties during adolescent years; C) the link between young people's physical and mental health; and B) the negative connotations that are associated with the term mental health for them as parents. Parents identified four main supports for positive youth mental health including: self efficacy; open communication between young people and their parents; positive relations with peers and other adults in their lives and being involved or stimulated. In terms of risks, parents identified the variety of pressures that young people face including A) academic and sporting pressures to succeed; B) pressure from peers and related to this bullying; and C societal pressure, in particular the pressure the media exerts on them. The internet and social networking were identified as being contributing factors to the increasing pressures that young people face.

The majority of parents (>83%) strongly agreed / agreed that they felt equipped to promote wellbeing in their child's life and determine if their child needs help. There was, however, a significant decrease in the percentage of parents that felt equipped to help their child if they had a mental health problem. Regarding supports, parents were most likely to talk to a family member, a friend or a health professional if their child was going through a tough time. Interestingly, 70% of parents said they were likely / very likely to look for help on the internet, with females being significantly more likely than males to use this as a source of support.

Collectively, parents listed over 32 organisations that they were aware of that support young people's mental health. The most frequently cited organisations were Samaritans and Aware both of which are national voluntary organisations that are designed to support not just young people but adults in distress (Samaritans) or coping with depression (Aware). Some youth specific mental health organisations were identified e.g. Headstrong, ReachOut and Jigsaw. Other more general youth organisations were identified with similar frequency. The results from this question indicate that parents were unable to identify mental health organisations that are designed to meet the specific needs of young people, but rather, an array of fragmented services that are provided at a regional and national level. When asked about how they would like to receive information on youth mental health, a leaflet was the most preferred method and this was followed by a website and a professional association.

### 5.2 PARENTS' CURRENT USE OF ONLINE TECHNOLOGIES

The results from the parent questionnaire indicate that level of computer and internet use was high among parents in this study. The majority of parents (99.4%) stated they had a computer at home and of those almost all had access to the internet on their computer (98.6%). Half of the parents had access to the internet on their phone. Over 90% of parents said they access the internet on a regular basis (daily / weekly). Confidence using a computer varied. Whilst the majority of parents stated they felt confident using a computer, just over 20% stated they could use some help / were not confident at all. Parents with a primary or secondary education were significantly less confident using a computer than parents with a third level education. Related to this, parents with a second or third level education were significantly more likely than parents with a primary education to look for support on the internet if their child was experiencing a mental health problem. These results point to the potential need for education around computer and internet use in combination with educating parents in promoting positive youth mental health, particularly among parents without third level education.

Examination of uses of the internet revealed that parents mostly use it to carry out general Google searches and to send and receive emails. Searching for health information was also high among parents. Furthermore, one in five parents stated they used the internet to search for mental health information in the past month. These findings point to the importance of the internet as a source of information in relation to mental health for parents. Interestingly, however, the majority of parents had not visited or weren't even aware of specific online mental health information websites. The most visited online mental health website was Aware.ie, the national website designed to assist those affected by depression (9.9% stated they had visited it). During the focus groups, parents repeatedly referred to the quantity of information available on the internet from a variety of sources and being concerned about the reliability and validity of the information provided about mental health online. Parents stated they would prefer to receive face-to-face advice on appropriate website e.g. a GP guiding them towards a reputable and safe information site. Parents also commented on the quantity of websites available and the need for a joined up approach.

### 5.3 PARENT ONLINE RESOURCES

Parents responded positively to the potential use of technologies to support youth mental health. The most requested resources from a list of suggested resources included A) directory of relevant local services available to support young people; B) guidelines about what to do if your child is experiencing a mental health problem; C) reliable information provided on mental health issues concerning young people; and D) guidelines about how to promote wellbeing in young people. Reliable information about how parents can support their own mental health and wellbeing was also viewed as desirable. These results are supported by qualitative feedback from parents during the focus group sessions during which parents repeatedly requested information on how to identify and deal with problem situations. Related to this, parents repeatedly spoke about the need for local information such as the services available locally if their child is experiencing difficulties and also sports, recreational facilities available locally to engage young people. During the focus group sessions parents also spoke about their desire for information around mental health in order to promote parental awareness and to reduce the stigma attached to the term. Parents also requested information on promoting wellbeing, in particular tips from other parents about what's working for them. Additional recommendations from the focus group included up to date information on young people's lives and current trends among young people.

Specific topics that parents were most interested in receiving information from included cyberbullying / bullying; drugs and alcohol use; addressing school problems; developing adolescent self esteem and coping skills; developing parenting skills and stress management. These results were consistent across the parent questionnaire and focus groups. Parents also specifically requested information and guidelines regarding young people's use of the internet and in particular social networking sites. Information around the supervision of young people's use of these sites and how to put safety measures in place was requested. Some also spoke about the need to upskill parents in the use of computers and online technologies. In addition to receiving information through an online resource, parents also requested the use of face-to-face training. Parents suggested the roll out of parenting courses with a focus on youth mental health, and the development of parenting skills. Several parents consistently referred to the benefit of face-to-face support over seeking advice / information through the internet. It is possible that parents' lack of confidence using computers and the internet could be one reason for their request for face-to-face training.

### 5.4 PARENTS' NEEDS

In terms of the online resource, parents stated that the resource needed to be confidential, user-friendly with easy to understand content that is delivered in a non medicalised format. Parents felt that it was important to know that the resource was developed by professionals and that the information provided was reliable. Parents also spoke about the need for the information to be updated regularly. There were conflicting views among parents about the development of a site for both parents and young people to use. Some parents suggested the integration of separate parent and youth platforms within the one website. Factors that would sustain parents use of the online resource included the use of apps, monthly email prompts, blogs related to issues that arise during the course of the year e.g. exam stress, and transition from primary to secondary school.

Upon reviewing the ReachOut.com website for young people, parents regarded the information provided on this site as relevant not just for young people but also for parents. Parents commented on the easy-to-navigate format of this site and the use of multiple methods to engage the participant (evidence-based information, real-life stories, short videos provided by mental health professionals, blogs).

Additional parents' needs included being made aware of the online resource. Parents referred to the need to advertise the resource through settings that parents engaged with such as schools, general practitioners' clinics and through radio/television. Related to this, parents spoke about the need for a joined up approach, in particular, teachers receiving training in mental health and communicating with parents to meet the needs of young people in secondary schools. Parents regarded the online resource as a useful platform to enable parents, the education profession and the health profession work together in providing information and support in the promotion of positive youth mental health.

## 5.5 LIMITATIONS

In reviewing the findings from this needs assessment, it is important to acknowledge the limitations of this research. The results from the survey are limited by the non-representative sample of parents that agreed to take part in the survey. The demographic results indicate that the majority of parents that completed and returned the parent questionnaire were Irish, had completed third level education and were in employment. Additional research with a more representative sample, including higher risk families (low income, unemployment, social disadvantage) is necessary to determine if the needs of parents in relation to youth mental health differ. The results from the parent questionnaire are further limited by the low response rate from the parents (16.7%). Sending the questionnaire directly to parents, as opposed to through the school could have increased response rates. It would have also been useful to follow up with parents that did not complete and return the survey in order to understand the reasons for not responding. In addition, the result from the focus groups are limited by the sample of parents that agreed to participate, all of whom had an interest in either youth mental health or online technologies.

## 6. Implications

Regarding resource development, parents' needs in relation to youth mental health centered around five main areas A) the need for a directory of relevant local services that parents can refer to should a problem arise; B) what should parents do if their child is experiencing a mental health problem, C) the need for reliable information on youth mental health and issues concerning young people; and D) tools to promote positive wellbeing and lifeskills (coping, problem solving, communication and stress management skills) in both themselves and their children.

Parents frequently spoke about the need to develop mental health awareness among parents and young people in order to reduce the stigma attached to mental health. Parents requested a focus on positive mental health and a reorientation of the language away from mental illness. Regarding youth mental health topics for the online resource, parents most frequently requested information in relation to drugs / alcohol, bullying / cyberbullying, school problems and young people's use of online technologies, in particular, social networking sites.

Future research needs to investigate the manner in which this information and support will be delivered to parents. Parents spoke about the need for a holistic joined up approach with one online resource linking to all other relevant resources. Parents also requested face-to-face training in relation to youth mental health in addition to the online resources. The potential of linking parents with schools in the promotion of positive youth mental health needs to be explored as this was frequently suggested. Lack of awareness was considered the most significant barrier in parents' use of the resource, thus, creating awareness through health and education professionals in the community (general practitioners, teachers, social workers, health promotion and mental health professionals), should also be explored. Additional research into the needs of parents based on a national representative sample would significantly enhance the strength of the findings from this study.

## 7. Conclusion

This needs assessment is the first study to be carried out in Ireland on parents' views concerning the use of online technologies in supporting youth mental health. Overall, the results from this study highlight the positive response from parents regarding the development of online parent resources to support youth mental health. Parents recognised the importance of technology in young people's lives and were aware of the gaps between themselves and young people regarding new and emerging technologies and how to use these technologies. Parents were most interested in the receiving information through an online resource in relation to mental health issues concerning young people, what to do if their child is experiencing a mental health problem, local supports and services available for young people and guidelines on how parents can support their own mental health. In addition to receiving information through an online resource, parents emphasised the need for face-to-face training on youth mental health, parenting skills and enhancing parents' use of technologies. The findings from this needs assessment point to the strong need for guidance for parents in relation to youth mental health and the potential of online technologies in combination with face-to-face training in providing support to parents.

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