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A qualitative assessment of adolescents' attitudes to health and seeking help for health-related problems

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Abstract

Background and Objectives: Adolescence is a time of substantial change, bringing about the transition from childhood into adulthood. Patterns for future health behaviors are developed and continue into adult life. Little is known about adolescents' perceptions of health and help-seeking within healthcare services. The objective of this study was to explore adolescents' attitudes to health and seeking help for health-related problems.

Methods: A qualitative design was chosen. Interviews were conducted with 5 adolescents visiting a youth health clinic in Moss, Norway. The interviews were audiotaped, transcribed and analyzed according to systematic text condensation.

Results: The participants were 2 boys and 3 girls, ranging from 17-19 years of age. We found that all adolescents incorporated psychological and social qualities in their view on health. Positive social connections with family and friends were the most important factors for good health for all participants. They all conveyed resistance to disclosing mental health issues, although this was recognized as the most important barrier for good health. Establishing a trusting relationship with a healthcare provider was necessary before disclosing mental health issues and receiving help.

Conclusion: In our small qualitative assessment of adolescents' attitudes to health and seeking help for health-related problems, we found that adolescents' focus was on mental and social aspects of health and that a trusting relationship with healthcare providers was necessary for the adolescents to seek help within the healthcare system. Future research should be conducted to study more deeply what characterizes the relationship between adolescents and healthcare providers in order to provide the most effective and appropriate healthcare to patients during this particular period of life.

Keywords

Adolescence, clinical relationship, health, healthcare, health-perception, help-seeking, mental health, person-centered healthcare, qualitative assessment, trust

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Introduction

In the Western part of the world, adolescence is generally a time of good somatic health. Even so, nearly two-thirds of premature deaths and one third of the total disease burden in adults are associated with conditions or behaviors that began in youth [1]. Also, the health of adolescents worldwide has improved far less than for other age groups over the last 50 years [2]. Adolescence is defined by the onset of puberty and traditionally ends with the establishment of adult social roles. It is a time of substantial physical, psychological and social development, representing one of the critical transitions in the lifespan and is characterized by a tremendous pace in growth and change that is second only to that of infancy [3,4]. The combination of children beginning puberty earlier and taking on adult roles at an older age, has

increased the length and changed the shape of adolescence in recent times [3]. Health status in adolescence tends to continue into adult life [5]. Future health habits are established, which means substantial opportunities for preventive healthcare investments are available. Strategies focusing on preventive incentives in adolescence as an entity, rather than focusing only on specific health *agenda*, can provide important opportunities to improve health, both in adolescence and in later life [3].

In Norway, adolescents have an average of 1.7 contacts *per annum* with a general practitioner (GP), while the average for the whole population is 2.6 [6]. Adolescents who have experienced various negative life events seek help in the healthcare system more often than those without such experiences [7]. Negative experiences such as physical or psychological abuse, or relatives with drug or mental health issues, are correlated with increased levels of physical and psychological symptoms and disease [8].

There is evidence that young people are not seeking assistance from healthcare services sufficiently, especially when they have mental health problems [9]. A Norwegian study from 2006 found that only 34% of individuals aged 15-16 years with a mental symptom load above the 99th percentile, reported help-seeking for their problems during the previous 12 months [10]. The quality of the interaction between adolescents and healthcare professionals will influence both present and future use of healthcare services. Help-seeking is widely recognized as a protective factor and is vital for early intervention in the management of mental health problems during adolescence [9].

Adolescence and young adulthood thus offer opportunities for health gains both through prevention and early clinical intervention. In order to provide such services in an optimal way, it is necessary to know what adolescents themselves think of as important health issues and to determine their attitudes towards seeking help from healthcare services. This appears to be little explored.

The aim of this study was to investigate perceptions of health and attitudes to seeking help from the healthcare system within a group of presumed healthy Norwegian adolescents seeking help at a drop-in youth health clinic in Moss, Norway.

Materials and Methods

Ethical approval and study design

The study was approved by the Norwegian Social Science Data Services and the data collected were stored in accordance with their regulations. The regional ethics committee was contacted, but further approval was not needed for this study. A qualitative design was chosen, with the aim of gathering adolescents' associations around the topic of health and help-seeking in an individual setting. We chose a semi-structured interview with presumably healthy adolescents recruited while visiting a drop-in youth health clinic in the city of Moss in Southern Norway. The semi-structured design included a 5-question interview schedule designed by the authors (see Box 1).

Box 1 The 5-question Interview Schedule employed by the study

Interview guide
What is health for you?
If a person your age had a physical health problem. How would that person go about solving it?
If a person your age had a psychological/emotional problem. How would that person go about solving it?
If a person your age had a social problem. How would that person go about solving it?
Which issues could be difficult to present to a healthcare professional?

The Youth Health Clinic

The youth health clinic is a local, free-of-charge, low-threshold, drop-in service for adolescents aged 13-20 years. It is staffed with a nurse, midwife, a general practitioner and psychiatric nurse. The youth health clinics are part of the local municipality's preventive health activities and their main purpose is to conduct health promotion and prevention. Their main topics of concern are sexual and reproductive health, social issues and general counselling.

Interviews

The interviews were conducted in the spring of 2010. Five adolescents were interviewed, 2 boys (aged 17 and 19) and 3 girls (aged 17, 17 and 18). The data collection was performed over 2 days. Each adolescent visiting the youth health clinic was given written information about the study by the local personnel as they arrived. After their consultation with a doctor or nurse, they were invited to participate. All but one of the adolescents asked replied positively to participation, the one who declined gave lack of time as the reason for not participating. The adolescents recruited stated their name and age with written consent, no information was gathered about their reasons for the visit, health status, social status and no other personal details were collected. The importance of privacy for the participants was more important than supplementing more information about the subjects' health and social situation.

Volunteer recruitment and confidentiality was emphasized and every participant was debriefed after the interview to ensure that the adolescent did not feel pressured into participating. The duration of the interviews varied between 30-40 minutes. A level of saturation was reached after only 5 interviews. Topics had been repeated and no new information or angles emerged. The collection was therefore terminated as this gathered enough information for this topic of analysis.

Data Analysis

The interviews were audiotaped and transcribed *verbatim*, then analyzed according to the principles of systematic text condensation [11]. All the material was initially read through without any form of systematization. Temporary themes were identified with regard to the text. The original transcript was read, line by line, to extract meaningful units. These units were extracted, then sorted according to the themes and each theme was divided into subgroups. From each subgroup new and general information was extracted. These results were validated by finally reading through the original text to ensure that the information was within its original context.

Results

Conceptualization of health

Conceptualization of health embodied physical, mental and social aspects - and they were all intimately connected:

“Health is to have a healthy diet, that I am physically active and have good friends around me who push me upwards. And a family behind me that is supportive.” (girl 17y)

The adolescents’ main focuses were on social aspects of health. To be confident and relaxed in everyday life and to have a solid support system in family and friends were described as very important health aspects by all the participants:

“It is to feel that you have friends you can trust, that you have a family where things are ok, where things are stable, not to be afraid that something serious will happen all of the time.” (girl 18y)

Functionality as a health assessment

The participants measured health according to functionality. A health problem would occur when functionality was impaired:

“A health issue would have to be that there are things you cannot do because of your health. If I couldn’t go to school because of it, I would check it out.” (boy 17y)

Importantly, functionality was described by all participants as encompassing physical, mental and social aspects of health:

“It is to be in good shape, not sick of course, to be in a good physical condition, to feel that you master everyday life without tiring yourself out.” (girl 18y)

Positive health aspects

“Health is if you look at your life as something positive.” (girl 17y)

To cope with everyday life with ease, be social, outgoing and self-confident, combined with a functional body were the central aspects of good health. Solid and intimate social bonds with family and friends were put forward as the most important indicators of good health:

“Health is to have a life you like, to live your life like you want to.” (girl 17y)

Negative health aspects

“Your health will suffer if you don’t have friends.” (girl 17y)

Isolation, poor family bonds, insecurity and lack of close friends were put as health risk factors that could give rise to psychological problems such as anxiety and depression, or somatic health problems due to lack of self-care. Loneliness and seclusion from others and not being able to be open about your innermost self were recognized as risk factors for developing mental health problems:

“It is not being able to talk, to walk around with an anxiety that tears down a person. Then it gets harder to go to school and talk to people, and you become very insecure about yourself.” (girl 17y)

The stigma of mental health issues

Participants described mental health problems as being associated with shame:

“If you have a broken leg, your functionality is impaired. But it is nothing to be ashamed of. But if you have psychological problems, it is like you don’t function as a person.” (girl 18y)

Participants reported significant reservations about disclosing mental health problems with peers or others. Further to this, participants reported that if mental health problems were overtly identifiable by peers this could lead to social isolation and an associated drop in social status:

“People might fear those people (with mental health problems). So you talk about them behind their back. It is difficult to connect with them, so you connect with others against them instead.” (boy 17y)

Disclosure of underlying mental health issues

Although all participants recognized the importance of seeking help for mental health problems, participants reported feeling ill equipped to initiate such discussions as it was correlated to a lot of insecurity:

“You know that you have to talk to someone if something is difficult, but you don’t really know how to do it.” (boy 19y)

Disclosure was also considered unsafe, as it involved showing personal vulnerabilities:

“You feel weak, or it is some kind of defeat. If you open up about it, you have lost. And it makes it more real, more true.” (girl 18y)

Trust is important when seeking help

All participants focused on the importance of establishing trust with a healthcare professional prior to disclosing certain aspects of their health; however, this was particularly true for mental health problems. Participants unanimously indicated the importance of time to build a trusting relationship with a healthcare professional:

“You feel you know your doctor quite well, so you can be more open than if you had to talk to a doctor you didn’t already know. (girl 17y)

There was confidence among all participants that trusted and familiar healthcare professionals could deal with the issues professionally as they arose:

“They can put you on the right track. They are educated to deal with these situations. They should have something to contribute.” (boy 17y)

Discussion

The adolescents described a comprehensive view of health, with emphasis being placed on social health as well as mental aspects of health. Somewhat surprisingly, physical aspects of health such as diet, exercise and body-image were barely mentioned. The adolescents did not conceptualize health as relating to specific symptoms, the manner healthcare professionals tend to do [12]. Although there is limited research on adolescents’ perceptions of health, the current findings correspond with Hughes *et al.* who contend that adolescents have a wider definition of health than other age groups - they focus on social aspects of health and a sense of wellbeing more than just absence of disease [13]. Adolescents see health as a reflection of their lifestyle and wellbeing more generally and place a strong emphasis on their feelings. Their health is in this sense strongly influenced by their relationships and friendships and also affected by their environment [14].

Unlike physical health concerns, mental health concerns were stigmatized by the adolescents and largely viewed as a sign of personal weakness. Such stigmatizing attitudes seem to be common in adolescents and can lead to negative feelings, stereotyping and discriminatory behaviors [15]. Although all participants recognized the importance of disclosure, they demonstrated significant concerns about doing so. The risk of stigmatization was identified as one of the major barriers towards help-seeking. Several studies have shown that stigmatizing attitudes can act as barriers to help-seeking, interfere with treatment and adversely affect quality of life [16-18]. The main indicator of help-seeking was the need to establish a trusting relationship with a healthcare professional. This is consistent with various studies on coping that have suggested that trust, rather than the need for help *per se*, is the key variable in determining whether a young person seeks help or not [19].

The aim of this study was to explore adolescents’ attitudes to health and help-seeking, a field that has not previously been afforded much attention. There were a small number of participants, all presumably healthy adolescents from the same local community in Norway. These factors affect the generalizability of the findings. The intention was not to achieve a comprehensive documentation of adolescent opinion, but rather to shed important light on the subject and to stimulate larger scale investigations. After five interviews the participants had given clear opinions, which provided sufficient material

for reflection. No new topics were added and a level of saturation [20] was reached for the aim and scope of this study.

Conclusion

Given adolescents’ broad conceptualization of health, healthcare professionals should be mindful to explore *all* dimensions of adolescent patients’ health, that is, physical, mental and social aspects. However, this is best done within the context of an established and trusting relationship, a key principle of person-centered healthcare. Adolescents might fail to see a GP because of lack of trust in protection of their privacy [21]. The importance of trust and creating a safe environment are central to adolescent patients disclosing information around mental health concerns. Adolescents want better information on available services, services that are confidential and also respectful professionals who will listen to them and take their views properly into account [14]. Healthcare professionals need to establish a safe environment for adolescent patients. Further research is required to explore how healthcare personnel can best engage with adolescents experiencing social and emotional health challenges to ensure that such patients receive appropriate healthcare and support.

Acknowledgements and Conflicts of Interest

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