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Exploring young people's attitude to mental health: challenges and supports in rural West Cork

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Abstract

This research attempts to explore rural young people's perception of mental health and mental distress. The main focus was on what young people found stressful and what supports they thought were helpful in maintaining a sense of well being through difficult or stressful times. I used an interpretive methodology involving semi-structured interviews, and a 'graduated' questionnaire with a group of young people. My main conclusions were that these young people lacked awareness and information in the area of mental health; they did not know what was available for them if they needed help. Some of the main stresses and challenges faced by this group included lack of transport, lack of work and opportunities, lack of money and a dearth of affordable leisure activities and social venues (outside of the pub scene). The main supports were seen as family, friends and General Practitioners, although these were not unproblematic. Counselling was seen as desirable, informal helpers or some kind of youth friendly services.

Key Words: young people, mental health, rural context



Introduction

In order to fully understand 'where young people are at,' at any given time we must also hear their voices and views. To develop meaningful strategies which address health issues relevant to particular young people, it is important that their needs and understandings be embraced (World Health Organisation, 2001, Ashton & Speymour, 1988; cited in Armstrong, Hill and Secker, 2000, McAuley and Brattman, 2002). Young people's perspectives are important because they are the precursors of future beliefs and attitudes (ibid.). These in turn can affect both service development and the quality of life of those in distress. This reflects a wider trend to value and respect the competence of children and young people and give them a greater voice (United Nations Convention on the Rights of the Child, 1989; The Children's Rights Alliance, 1998).

There are always some young people in any community who will experience mental health problems; up to 1 in 5 young people (West, 1997 cited in Armstrong, Hill and Secker, 2000; World Health Report, 2001). According to the Department of Health Report (1999) *Youth as a Resource*, all young people suffer some stress in their lives. Burke considers all the social and economic situations in a young person's life such as home environment, exams, social networks etc. as playing a role in stress levels (Burke, 1999:15). With the appropriate available supports in place, serious problems could be diverted or eased considerably. Secondly, it is also important to take into account that attitudes and stigmatisation around mental health issues, which are a serious deterrent to accessing help (Mental Health Conference in Bantry, 2006; Royal College of Psychiatrists, 1995; Aware's Submission to Expert Group on Mental Health Policy, 2003).

There has been much concern about suicide levels amongst young people, especially men (National Task Force on Suicide, 1998). The Task Force also found that depression, self-harm and psychotic behaviour are common problems impacting on young people, and that rural and western parts of the country seem to experience higher levels of mental distress than the rest of the country (National Task Force on

Suicide, 1998). Fitzgerald (1996) found that isolation and loneliness compounded stresses impacting on young people, making rural young people more vulnerable to mental health problems.

I worked with many young people over five years at a rehabilitation centre. Most clients had been referred by the psychiatric services. It seemed there were few services in the community to foster positive mental health at that time (1997-2002). From my observation, individuals must experience a crisis before they are hospitalised and receive help; but for those struggling to stay out of the institutions, there is very little recognition or assistance. My son experienced a psychotic episode when he was 19 years old in 1998. I found there was no help for him or myself until he reached crisis point and had to be committed. I noticed reluctance among young people to use psychiatric services and to stop as soon as possible, which is also reflected in the literature (Triseliotis *et al*, 1995; McKay *et al*, 1996; Gough, 1998; Health Advisory Service, 1995; cited in Armstrong, Hill and Secker, 2000). This lack of support can have a long term detrimental affect and may result in re-admission (Schizophrenia Ireland in their submission to the Expert Group on Mental Health Policy, 2003).

During my work delivering 'Personal and Social Health' modules with the YMCA (Young Movement for Christian Action) on the STEP (Supportive, Training and Enterprise Programme), a number of trainees suffered from mental distress. We (the staff) try hard to create an atmosphere which is nurturing and supportive, and promotes wellness. For most young people (not in such a training programme), there are limited or no supports available. The trainees on the STEP programme are between 18-25 years old and have mostly left school early and are presently unemployed. These factors make them more vulnerable and at risk of mental distress than young people their age who are working or in further education (Giddens, 2001; Macionis & Plummer, 2002).

A small town like Bantry, which has a large rural hinterland, may have different needs to other locations. I would argue that this research can indicate areas where resources would be most useful. The focus on mental health in itself will generate discussion and bring issues out in the open which are traditionally not easily spoken about. Much of the recent research has been with psychiatric service users or school children. I believe we need to consult the very young people who suffer from higher than average stress and difficult life experiences.

Research aim

My research explored two key questions: first, rural young people's perception of mental health and mental distress; and second, to focus on what they find stressful and what supports they think are helpful in maintaining a sense of well being through difficult or stressful times.

Theoretical Approach and Methodology

Three dominant theoretical perspectives have influenced the direction of social research and provide the basis for the methodologies used in the social sciences. These are positivism, anti-positivism and critical theory. Positivism is the oldest paradigm, stemming from the natural sciences. It tries to deal in 'social facts' and assumes that social reality exists separately and externally to the individual – the concept that 'the truth is out there'. Positivism is linked to the work of Comte and more recently Durkheim and relied on quantifiable social facts which could be verified and proved. Research methods included surveys, testing and experiments. The popularity of this approach has waned since the 1960's as the focus on individuals acting independently has increased (Sarantakos, 2005). Anti-positivism, generally known as interpretivism, developed as a reaction to positivism; it contends that reality is not 'out there' but is created by people. Individuals place their own meanings and understandings on situations and events. There is no fixed meaning waiting to be revealed but only the reality of people's everyday experience. This is their 'constructed' reality based on individual interpretation (Holliday, 2002). Weber is associated with interpretivism and introduced the concept of 'verstehen', a particular

methodological concept which can be translated as ‘to understand’. Researchers tend to use qualitative methodologies in an attempt to understand and interpret the meanings an individual gives to specific events. Methods used include case studies, ethnographies, semi-structured and unstructured interviews and participant observation. The critical perspective is associated with Habermas and Marx, and shares similarities with interpretivism in that it argues people shape their reality, but it focuses on the power systems and inequalities that dominate and oppress people in society.

Mental health is a sensitive and emotive subject which is understood uniquely by different people, therefore I have opted for an interpretive perspective using qualitative methodology which is concerned with communication and understanding. It is not the kind of subject which can be understood through statistics but only through the meaning an individual gives to it (Holliday, 2002).

Methods

Initially, I undertook a literature review to familiarize myself with the research and the main theories in this domain; and secondly, I reviewed the relevant policies as part of the research process. I chose to use primary research; as situations in modern times change so quickly, I felt it was important to hear directly from young people here and now.

In relation to the research method, I chose to use semi-structured interviews, which could explore the subject in a confidential and secure environment. The prevalence of stigma around mental health issues made me think that one to one interviews (especially for those who had experienced mental-distress) was preferable and would feel safer for the respondents. The semi-structured format meant using a number of fixed questions and some open questions, guiding the respondents but leaving them free to pursue issues they deemed important. I planned to audio record the interviews with a Dictaphone so the transcriptions would be accurate and take notes to help identify the main themes.

A questionnaire was also employed to supplement my data, using fixed alternative questions in a Likert scale to help explore attitudes. I would argue that this type of questionnaire fits perfectly well into a qualitative methodology, by virtue that it is exploring and understanding the individual's perspective (Sarantakos, 2005). In terms of validity I was not trying to uncover 'definitive truths' but rather create awareness about what rural youth find stressful and what they might find helpful to manage distress in their lives. It was therefore exploratory research, looking at a small number of individuals and their experience (Silverman, 2005).

The Respondents

I have been working with a group of young people on a Support Training and Enterprise Programme (STEP) in Bantry, Co. Cork. It is a second chance education for the 18-25 age groups. The programme targets early school leavers and so respondents have a lower than average educational achievement, are unemployed and on a low social welfare payment. These factors suggest they are more at risk of mental health problems as discussed previously. Initially, I intended to interview eight trainees; however, three dropped out before I did the interviews, leaving five. Out of those five, I actually interviewed four, one being mainly absent and difficult to contact. There were two males and two females in this group, and they were from varied socio-economic backgrounds.

I felt that I had a good and trusting relationship with them and chose them as possible respondents due to their proximity and accessibility. I reasoned that the positive relationship we had would enhance a more natural and honest response during the interview process. Sarantakos argues that the interview is enhanced by being close to the respondent, encouraging trust and respect, he suggests the researcher should be friendly and sensitive whilst staying professional (Sarantakos, 2005).

Initially, I carried out two pilot interviews for the purpose of getting feedback on the questions and to test the Dictaphone. These respondents fitted the category of age and

were both unemployed at the time, one of each gender. I knew the families, and the young people were happy to participate. Subsequently, I adapted the questions to make them clearer. I decided to include the data from these interviews in my findings.

Ethical Considerations

Ethics are central to the research process and are defined by different bodies such as the British Sociological Association (ethical guidelines cited in Harvey and MacDonald, 1993) and institutes of learning such as Massey University, New Zealand (Code of Ethical Conduct, 1999), as principles to act as guidelines for research. According to Harvey and MacDonald (1993), the well-being of the respondents is paramount and their trust should never be abused. The five main principles identified in the Massey University Code of Ethics include: informed consent of the participants; confidentiality of data; minimizing of harm to all; truthfulness (avoiding deception) and social sensitivity. I have considered and acted on these different issues to maintain conduct which seems ethical and acceptable.

During one of my sessions with the group, I outlined my research proposal and introduced the idea of them playing an important role through the interview process. I felt it was necessary for them to have time to consider my request and ask any questions about it. We also talked of the importance of and limits to confidentiality in this setting; particularly due to the sensitive nature of mental health I wanted to assure them of anonymity and that information would be strictly for my research. I contacted them individually after a week; to avoid any group pressure if they did not want to be interviewed and also to emphasize it was fine if they chose not to take part; they all chose to participate. I then scheduled the interviews as was convenient for them over the next couple of weeks.

I carried out the interviews in a comfortable office at the YMCA premises, where they felt at ease. I kept to approximately 30 minute sessions, so that the participants were not over tired, and knew how long they would be there. I used a dictaphone to record all the interviews and then transcribed them. During the interview I asked the

respondents to hold the equipment and help me check that it was operating correctly; this helped them feel less self-conscious and reduced the intensity of the situation by providing a subtle distraction.

I sought to minimize the power issues arising from our different positions by making the space different from the normal training environment, creating an adult to adult meeting. I emphasized the importance of their opinions and knowledge, that there was no right or wrong answers; only their 'truth'. As a researcher I was asking the respondents to give me something (their time and thoughts); ethically I felt I was giving also, my attention, and my respect, in valuing them and their opinions. The process made them feel important, which I sensed enhanced their self-esteem; another benefit I anticipated was an increased awareness of services and supports.

Findings and Analysis

In this section I present the analysis of the information provided by the respondents. First, I draw together the perceptions around mental health that these young people expressed (mainly through the questionnaire). Secondly, I explore their main stresses and challenges as young people living in a rural area and finally, what supports and services they feel have helped or might help them or other young people who feel distressed and /or unable to cope.

Perceptions of mental health

The respondents (six in total) were asked a number of questions aimed at exploring their perceptions of mental health. The questionnaire was taken from an educational pack called 'Mental Health Matters' (Jones & McCarthy, 2001). In response to the questions they mostly agreed that people generally are not sure what is meant by mental health; one was unsure and one disagreed. It seems it is an area of uncertainty, and implies that there is also uncertainty about what constitutes mental ill-health. All the respondents agreed, some strongly, that personal problems are hard to talk about, that strong personal feelings are also difficult to deal with, although one was unsure. Similarly, four indicated that communication of feelings was not easy (two were

unsure). In more general terms, three agreed that mental health issues were not openly discussed, two were not sure and only one disagreed. This would indicate a lack of awareness and discussion on mental health matters, both in the community and amongst their peers. Four respondents felt they had some control over their mental health (some had problems which they had dealt with previously), one wasn't sure and one thought it was beyond their control. All except two respondents thought mental health (looking after it) was relevant for everyone, one disagreed and one was unsure. None of the respondents disagreed with the statement 'people with mental health problems make us feel uncomfortable'; two agreed (one strongly) and the others were not sure. To some extent this group had an advantage over most young people in that they had been encouraged over their training course to look at health and personal issues in the widest sense. Consequently, their attitude was possibly better than other young people but still reflected the uncertainties, stigma and difficulties in facing and communicating mental health issues. They also felt awkward relating to people suffering from mental health problems. Bracken and Thomas (2005) and Swinburne (2004) suggest education around mental health is needed to help inform people and change attitudes which are 'socially constructed'.

I used an interview schedule as a rough guide to keep myself on track during the interviews; however, I varied the way I asked the questions depending on the responses and allowed flexibility to probe where I felt it was appropriate. Two of the respondents found it impossible to imagine being in a serious state of mental distress, I felt they believed it would never happen to them. They could only really talk from their personal experience of being stressed, angry or a bit down. Their attitude came across as one of being independent and in control. One would "*just go somewhere quiet and relax*" and the other "*have a sit down in my bedroom or something and just chill out*". On the other hand, respondent 2 had experienced clinical depression and when talking about mental health said; "*... people don't really understand these things say 'poor you' kind of thing... doctors are great but a lot of people don't understand*".

Stress in rural life

A number of issues linked to rural living made life difficult and stressful for the respondents. Firstly, the lack of public transport, made it troublesome to get into town, see friends/family or get to work, even the one girl who lived in town was glad she didn't have to “*drive miles to come into town*”. Respondent 5, who has a car stated “*you really need to have transport down here in a rural area to get around and see your friends and do things - you have to have transport!*” The others without cars found it hard to get into town or visit friends, one girl (respondent 6) said

“I suppose transportation would be a big thing. Needing parents to give you a lift to places makes me feel way too reliant and you know I'd prefer to be a bit more independent”. It was found that lack of transportation, dependency on parents and lack of amenities were major challenges for young people in rural areas (Kerry Diocesan Youth Service, 2002).

Other challenges identified included lack of work, having nothing to do, and very few social outlets or affordable activities in the area. Interviewee 1, said it was difficult “*not getting bored, keeping 'self busy*”; he is keen on gym and swimming but “*it's the expense really 'cause the one we have costs so much*”; referring to facilities in the local hotel. Respondent 5, says “*it's very quiet here and there isn't a lot to do unless you entertain yourself*”. All the respondents were on a training allowance (a minimal benefit) barely enough to survive on, however, two girls were living at home which made finances easier. Respondent 3, found not having enough money was stressful, “*no it's because of money I have to pay out all the time like on bills and rent and stuff like that*”; he has run out of money each week by the weekend.

The Community Worker's co-op (2000) in their rural based research, linked poor transport, no third level education and unemployment (resulting in poverty and isolation) to poor physical and mental health. Phillips and Skinner (1994) argue that limited mobility and social isolation could lead to narrowed horizons and negativity. There was a sense of acceptance from the respondents about being unemployed and poor if you wanted to stay in the area.

Bullying at school was another issue mentioned which had affected the respondents and possibly impacted on their mental health. One respondent strongly felt there should be more help (counsellors) available and more health promotion in schools to prepare children for life and help deal with their problems; *“A lot of kids their problems come about when they start secondary school, going from a rural environment, bullying starts you know”* (respondent 4). Respondent 2 found going to school difficult and felt; *“young people aren’t taken seriously enough”*. I sensed that the respondents viewed schools as being intolerant of difference allowing bullying to flourish; and this may have contributed to them being early school leavers.

Supports

In general interviewees felt supported by family and friends and they would turn to them in times of need (evidence of this is also shown by Geraghety et al.,1997); though one respondent said it was a mixed blessing *“they can be (helpful) or they can add to the stress as well, it's hard to know really”* (respondent 5). The girl in town also sees family in a mixed way, *“But family oh they're everywhere, everywhere you turn there's one of them. It's difficult 'cause everyone knows you like....you're such and such's niece or grand-daughter or cousin – it's like, I have my own identity!”* (respondent 4).

Doctors were the first suggestion if things got really tough and most respondents felt comfortable attending *“he understood because I was trying to explain to him something about it and I didn't know how to explain but he completely understood. It was really good to have someone understand”* (respondent 2).

A number of respondents thought counselling should be more accessible and freely available and also suggested a less formal person at a drop in or on a phone line; but it was important that they ‘cared’, they were ‘non-judgmental’ and whilst being taken seriously that they didn’t make a big deal about things. Respondent 5 says,

“maybe if there was a free counselling service or something like that, with a sit down have a cup of tea and a chat sort of thing but like a drop in centre.....someone to recognize you’re in a tough situation and they might have more information or point you in the right direction-more casual you know”.

As young people they all wanted more to do; either leisure activities or social venues (for young adults) which didn’t involve alcohol and was within their budget. Respondent 1, suggests; *“say something like a gym, somewhere you can go and just not think about every worry, somewhere to go free...other than the pub”*. This parallels research findings by Jorm and Wright (2007), Farrand et al. (2007) and NYCI (2006).

Summary

I have tried to give a good cross section of the ideas, thought and attitudes of the young people who took part in my research. They mainly like the rural peace and quiet, and (all but one) would like to stay there. Clearly the respondents need work/training opportunities, a way to get about and more amenities and social outlets which are affordable. Family and friends were important supports, but being independent and autonomous was also important. There was a general consensus that they would like a social venue (without alcohol) where someone to talk to could be accessed including the possibility of free counselling.

The participants seemed to enjoy the process and the attention I gave them; however, I was disappointed with the lack of information in the responses. The gap between beliefs and action and between what people say and what they do has been identified as one of the problems of interviewing (Silverman, 2005). I knew there was information they were holding back on; and my role in the course I believe influenced this, I felt they did not want to mention anything which they thought might reduce my respect/acceptance of them. I sensed that a more anonymous type of situation, for example, may have elicited the ways some respondents used drugs or alcohol as a

temporary escape from problems or stress. Overall, however, I think the one-to-one situation suited them best.

It was hard to extract any other new ideas for supporting mental health as they just didn't know; they did not have enough knowledge or examples to draw on, this uncertainty and lack of clarity was also reflected in the questionnaires. I would suggest that more comprehensive education on mental health is given at the start of secondary school, and services to support young people's mental health are extended, available and sign-posted more clearly.

Conclusions

The main conclusions from researching this topic:

- There are some excellent mental health strategies and policies put forward by the government, but they have yet to be translated into practice and the resources promised have not been made available. The young people consulted could not identify any community based mental health initiatives to which they could turn for support.
- There is a lack of knowledge about mental health issues (the respondents and in the community), which precipitates unease and stigmatisation towards those who have mental health problems; this was demonstrated in the questionnaires the respondents answered. Little or no education on mental health matters during school years was evident in the research group.
- Some of the stresses and challenges faced by this group included; lack of transport, lack of work and opportunities, lack of money and lack of affordable leisure activities and social venues (outside of the pub scene). These findings were echoed in other studies discussed in the literature review (Community Worker's Co-Operative, 2000; Phillips & Skinner, 1994; and Kerry Diocesan Youth Service, 2001).
- The main supports were seen as family, friends and General Practitioners.

- Free counseling, informal helpers, more casual support persons and youth friendly services were looked on as desirable. This and the above conclusion were noted by the National Youth Council of Ireland, in their 2006 research.
- There was a general sense of not really knowing what would help. I connected this to a lack of awareness and information in the area of mental health as mentioned in the first point above.
- Alcohol or drug use was conspicuously not mentioned in relation to mental health or coping with difficulties. Either the respondents did not equate mental health with drug and alcohol consumption or they did not want to reveal their habits to me.

Recommendations

I would recommend an increase in education on mental health issues for children whilst still at school. I envision this on the one hand, to promote well-being through building confidence and positive relationships, and on the other hand to recognise mental health problems and know where to access help. Information and discussions to dispel fears and myths would reduce negative attitudes and encourage young people to seek help earlier and prevent more serious problems developing. Mental health care would become a normal part of early learning. Armstrong *et al.* (2000), agrees strongly with health promotion but emphasises that it must also be meaningful to the target group.

A community approach to promoting young people's mental health that would be user friendly and resourced properly, including local youth services and access to free counseling (KDYS, 2001). The government needs to be reminded of their promise to fund both community mental health initiatives and the youth sector.

Value given to young people and their needs, would be demonstrated by providing affordable facilities for social and leisure activities. Young people who are students, unemployed or have a medical card could be given concessions to use local facilities. County councils could be encouraged to finance skateboard parks, bike tracks, arts



and music events and actively involve young adults in the planning stages (Fitzgerald, 1996, found that active community involvement promoted young people's mental health).

My research was relatively broad in its scope, exploring a number of different aspects affecting young people. Bearing this in mind, I would recommend further studies and research to specifically pinpoint services or projects which would most benefit rural young people's well-being and mental health.

Young people are the future parents, workers and leaders of our society, so if we value our future we should also value our children and youth.

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